

Overview of Capacity*Plus's* Approaches and Tools for Scaling Up and Transforming Health Workforce Education

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Challenges to health workforce production

1. Human resources for health (HRH) challenge

- Shortages of skilled workers
- Imbalanced distribution of workers
- Migration
- Skills mix (mix of different types of workers)

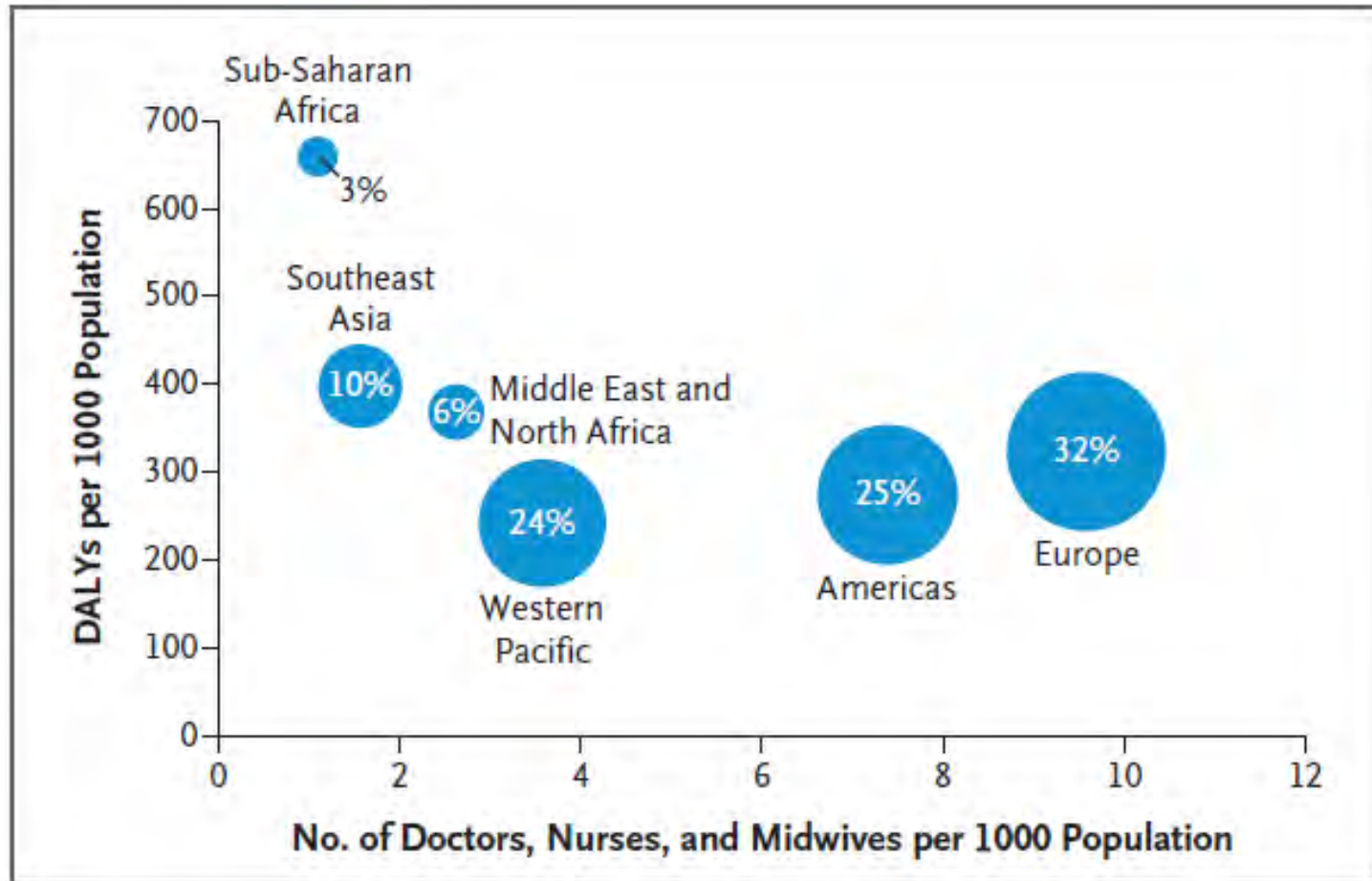
2. Education and training challenge

- Limited production capacity
- Weak links between education and health systems
- Calls for reform: instructional and institutional

3. Investment challenge

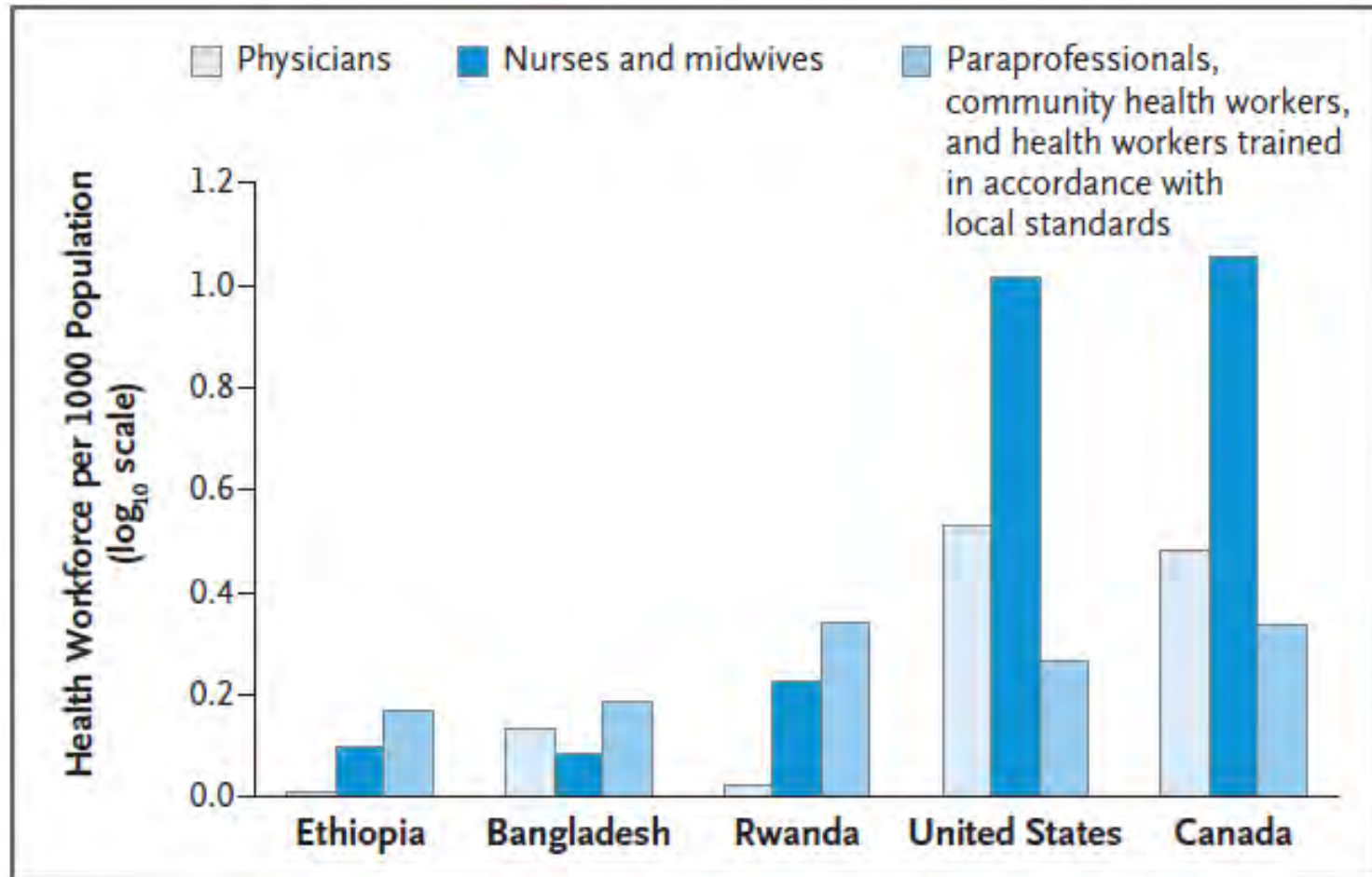
- Less than 2% of total health spending invested in educating the health workforce

Global distribution of the health workforce



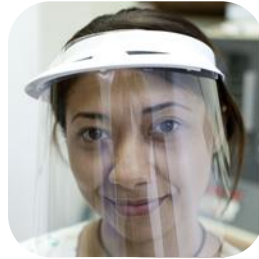
Source: Crisp N, Chen L (NEMJ, 2014)

Skills mix: New roles and new cadres



Source: Crisp N, Chen L (NEMJ 2014)

CapacityPlus: Serving health workers, saving lives



Global project

dedicated to human resources for health (HRH)

Launched Oct. 2009, closing 2015

Led by IntraHealth International with Abt Associates, IMA World Health, Liverpool Associates in Tropical Health (LATH), Training Resources Group (TRG)

Leader in innovations and cost savings

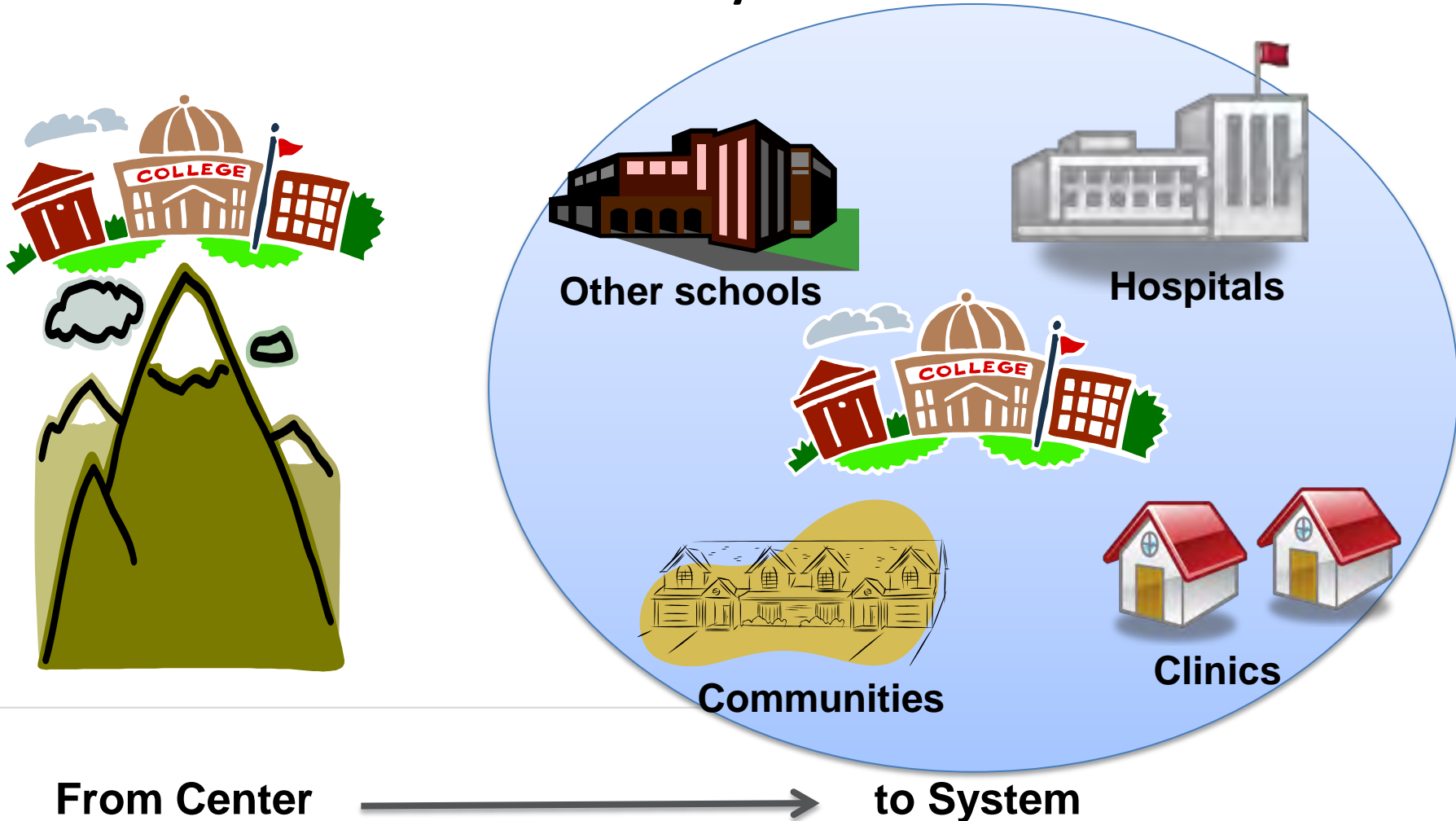
Catalyze systems-wide change

www.capacityplus.org

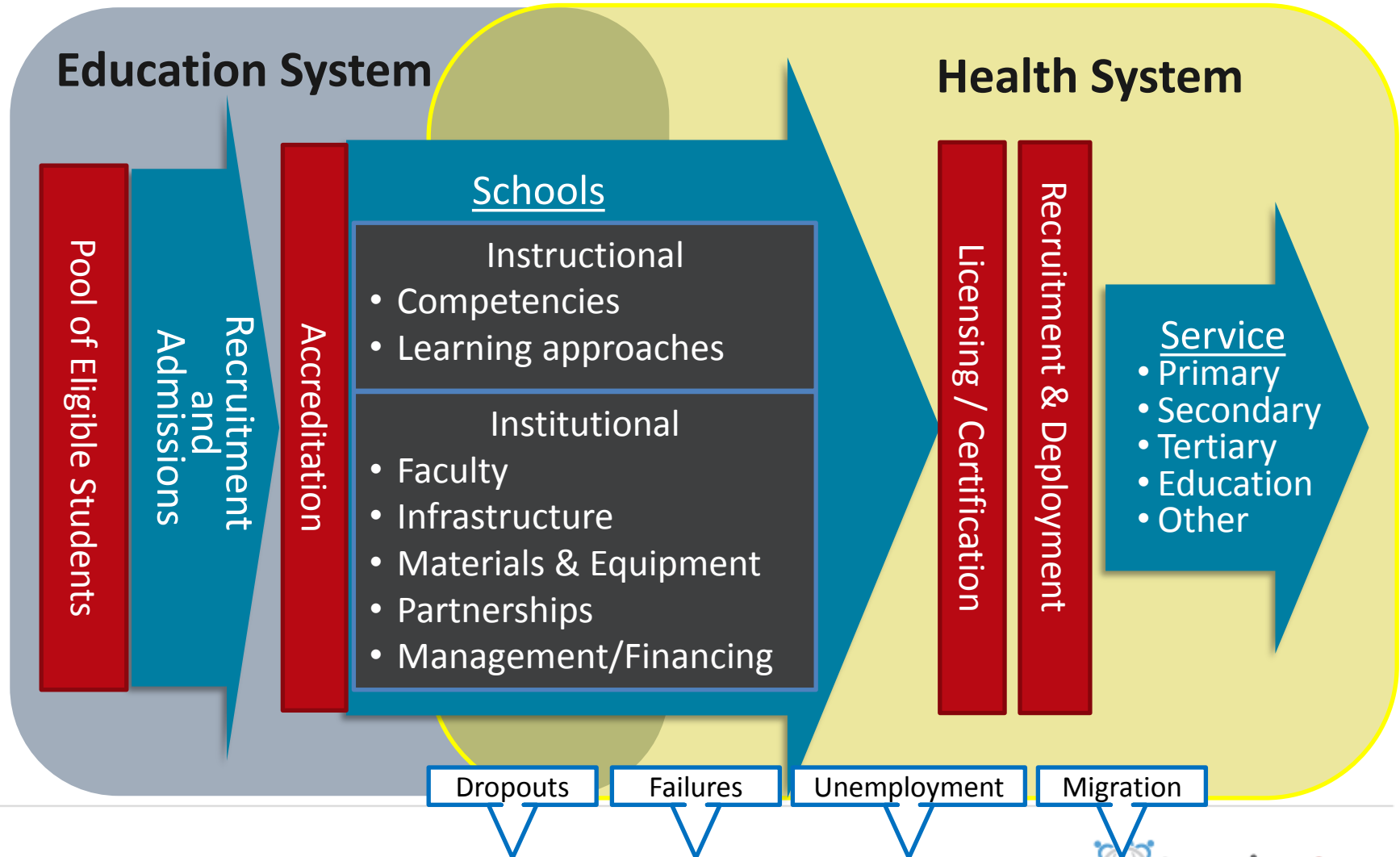


CapacityPlus: Embedding education in health systems

Moving health workforce education and training from academic centers to academic systems



CapacityPlus: Building institutional capacity within interconnected systems



CapacityPlus: Education and training approaches and tools

Highlights

1. Bottlenecks and best buys approach
2. School management package
3. Estimating the cost of producing a graduate
4. Strategies for overcoming gender barriers
5. Contributing to PEPFAR's nursing and medical education partnership initiatives (NEPI and MEPI)

Bottlenecks and best buys

Goal: Identify *areas for targeted investment* that are most likely to increase the capacity of an institution to produce a larger number of competent and qualified graduates.



Bottlenecks and best buys

Focus and methods

	Education System	Institutions	Health System
Students	Recruitment, Progression, Retention, Certification, Placement		
Educators	Qualifications, Retention, Continuing Professional Development		
Management	Governance, Structure, Financial management		
Infrastructure	Classrooms, Internet, Facilities, Skills Labs, Clinical Practice Sites		
Materials	Textbooks, Computers, Simulators, Clinical Supplies		
Curriculum	Mix of Theory and Practice		
Clinical Practice	Simulated Practice, Variety of Sites		
Quality Assurance	Accreditation		Certification
Partnerships	Teachers	Other Institutions	Health Facilities

Process of: desk review, situation analysis, goal setting, bottleneck identification, prioritization, and costing of best buys.

Bottlenecks and best buys

Conducted in:

Seven Countries

- DR Congo (NEPI)
- Ethiopia (NEPI)
- Ghana
- Kenya
- Mali
- Nigeria
- Uganda

More than 50 Institutions

- Health Assistant
- Community Health Extension Workers
- Nursing
- Midwifery
- Medical (Kenya only)



Bottlenecks and best buys



Partnering with PEPFAR's Nursing Education Partnership Initiative (NEPI)

Capacity assessments of nursing and midwifery education

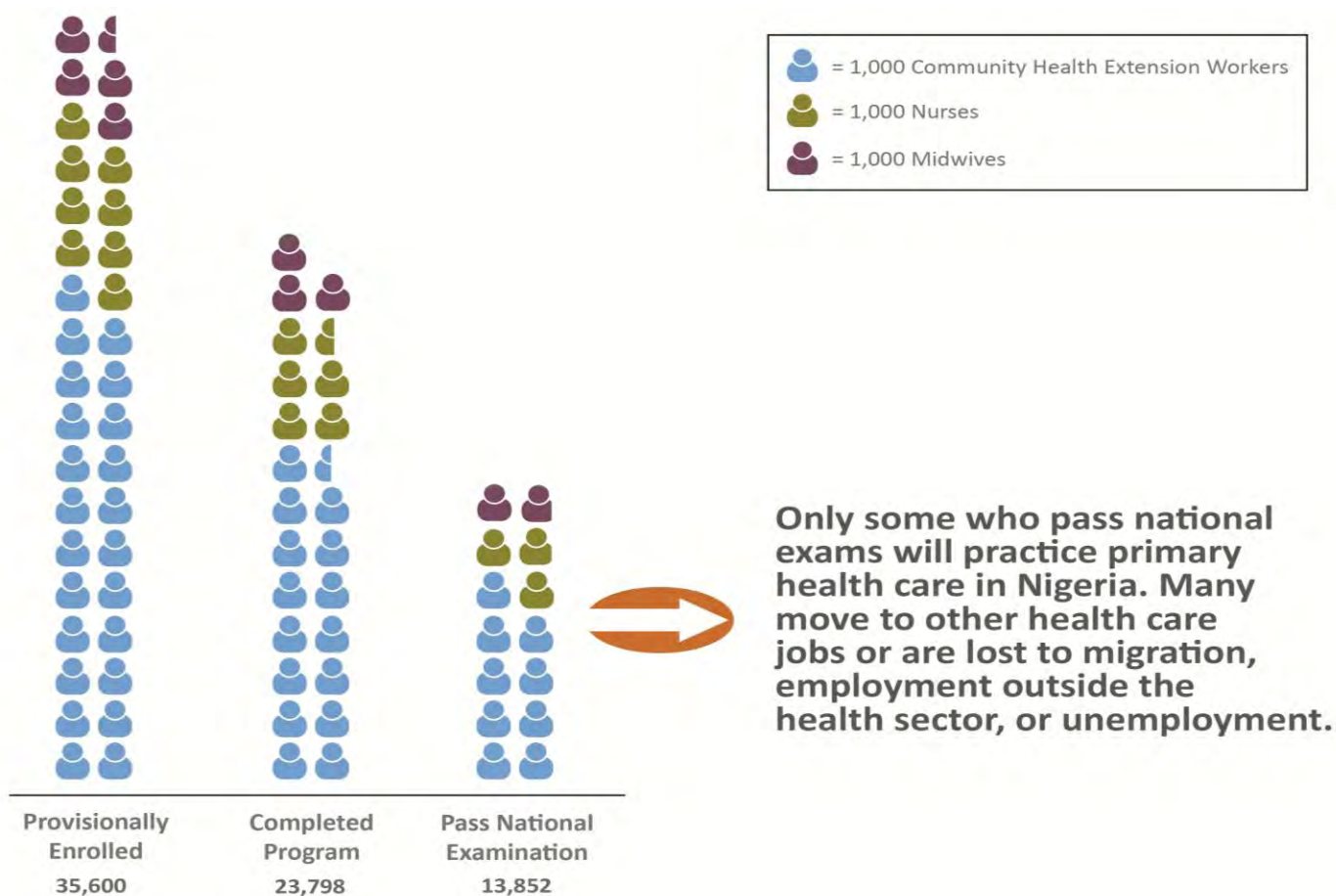
- DR Congo (7 Institutes of medical sciences)
- Ethiopia (3 colleges of health sciences)

Findings contributed to the development of multiyear scale-up plans



Bottlenecks and best buys

Example Goal: Increase graduation rates and pass rates on certifying exams (Nigeria)



Bottlenecks and best buys

Examples of frequent bottlenecks

Outside the control of institutions:

- Poor quality secondary education
- Shortages of qualified teachers and clinical mentors
- Weak accreditation systems

Within the control of institutions

- Students: narrow admissions policies, large class sizes, drop outs in final years
- Educators: poor continuing development, high turn over
- Management: Lack of control over program finances
- Infrastructure: Shortages or damaged classrooms, demonstration rooms, no Internet
- Materials: Insufficient and damaged equipment
- Clinical practice: Limited, poorly supervised

Bottlenecks and best buys

Example best buys: Nigeria, Mali, Ghana

- Pedagogical and curricular training, CPD
- Procurement of learning materials and equipment
- Upgrading facilities and infrastructure
- Scholarships to students at risk of dropping out in final years

Health Assistant Training School in Ghana

- One time investment of \$39,000 needed to add one classroom and five educators.
- Increase enrolment by 100 students
- Additional tuition covered salaries



Bottlenecks and best buys

Preliminary Results – Nigeria

Health Extension Worker and Midwifery Schools (11 Schools)

- Benefit more than 8,000 students over the next 5 years (\$60/student reached)
- Increase graduation and certification rates at the focus schools (5% increase – statistically significant)



School management package

Goal: More *efficient and effective management* of human, financial, material, and knowledge resources.



Elements of ***Curriculum Management*** integrated into all categories

School management package

Components

1. Guidance document

- Presents a process and tools for strengthening management practices

2. Set of tools/resources

- Self assessment tool, prioritization and planning matrix
- Various tools to help strengthen practices in specific management areas
- **Dean's dashboard open source software** to help school leadership define management goals and monitor progress towards those goals



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School management package

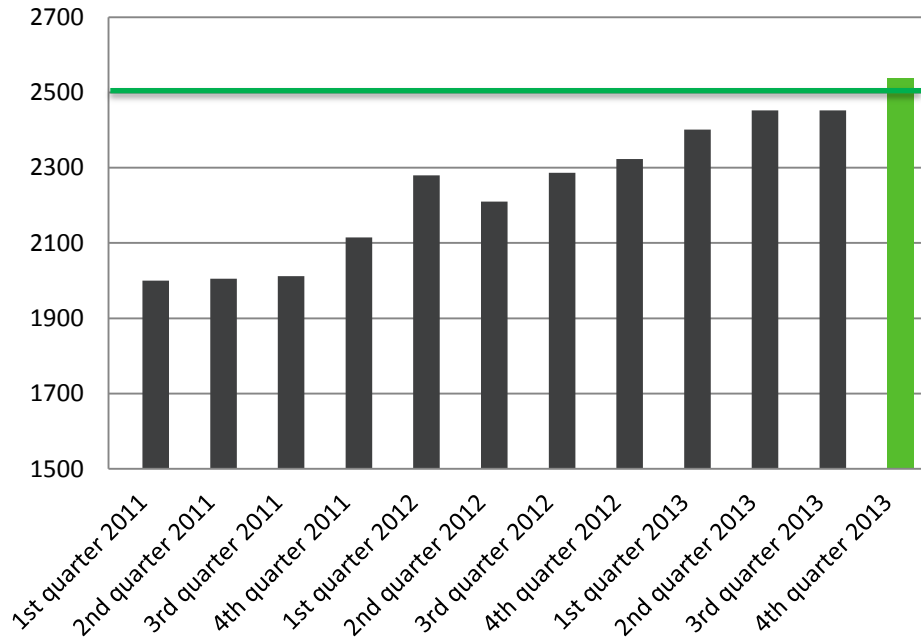
Approach



School management package

Dean's Dashboard

- Track progress
- Open source and customizable to fit a school's goals



Sample: Management Category	Goal (set by the school)	Indicator	Reporting
Student Resources	Increase student body from 2,000 to 2,500 in 5 years	Number of students actively enrolled (total)	Every 3 months to show increase/ decrease

School management package

Examples of progress after 1.5 years

Garden City University College, Kamuli, Ghana

- *Leadership:* Awarded accreditation to run a Bachelor of Science in Midwifery
- *External Relations:* Developed a marketing strategy to attract applicants with higher qualifications to its programs
- *Student Resources:* Increased student enrolment
- *Faculty Resources:* Hired a president using a newly-adopted competitive, competency-based process



Estimating the cost of producing a graduate

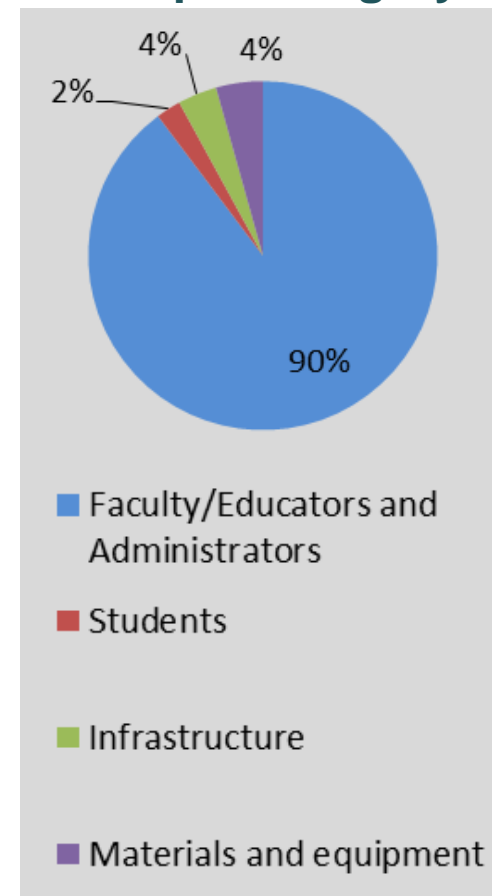
1. Costing methodology developed in partnership with PEPFAR's Nursing Education Partnership Initiative

- Unit cost to an institution and clinical practice sites to produce a graduate
- Cost constraints to scale up number/quality
- Modelling of new unit cost after applying actions to increase number/quality

2. Pilot in South Africa

- Bachelor of Medicine and Surgery Program at Walter Sisulu University
- Findings informed the school's response to government's request to scale up production of graduates

Cost per category



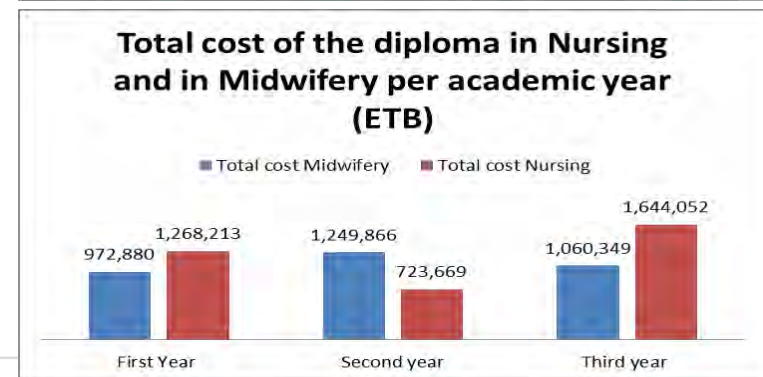
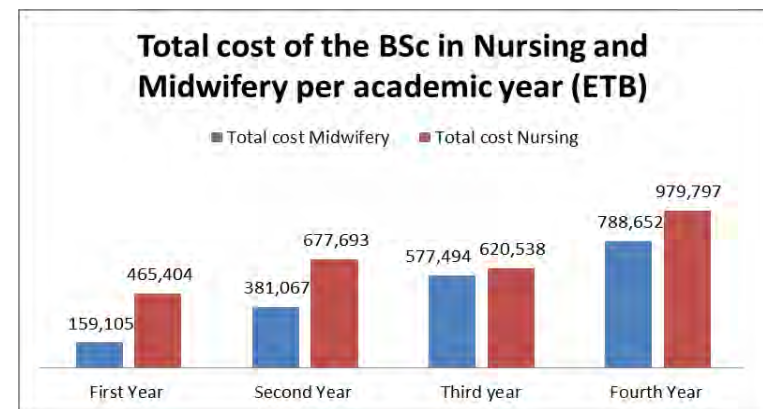
Estimating the cost of producing a graduate



PEPFAR's Nursing Education Partnership initiative (NEPI)

Estimating the cost of producing nursing and midwifery graduates:

- Ethiopia (two colleges of health sciences)
 - Preliminary results presented in Ethiopia this week
- Democratic Republic of Congo
 - Data collection began this month

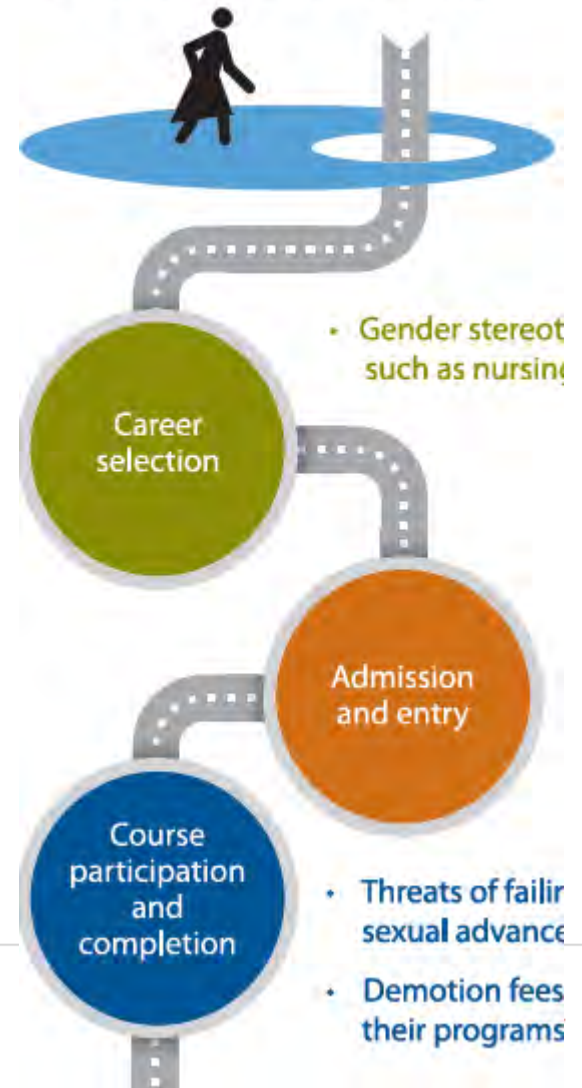


Overcoming gender barriers in health workforce education

Example issues

- *Gender stereotypes and segregation by cadres, such as nursing and nutrition*
- *Lower admission rates of female students at tertiary institutions*
- *Sexual harassment during training*
- *Fees levied against students for taking time off for pregnancy*
- *Unsafe living conditions, limiting student's ability to safely access university facilities*

PHASE OF ACADEMIC LIFECYCLE



Overcoming gender barriers in health workforce education

Selected recommendations

- *Sexual harassment policies, including a single code of conduct for students faculty and staff*
- *Continuation and re-entry policies that don't require pregnant students to terminate their studies*
- *Pregnancy/maternity and parental leave*
- *Child care financial assistance*
- *Flexible course schedules, such as part-time or reduced work load*

FIGURE 1: INTERVENTIONS INCLUDED IN THE "BASIC BUNDLE" TO COUNTER SEXUAL HARASSMENT



FIGURE 2: INTERVENTIONS INCLUDED IN THE "BASIC BUNDLE" TO COUNTER PREGNANCY AND FAMILY RESPONSIBILITIES DISCRIMINATION



Partnering to increase medical education capacity in sub-Saharan Africa



PEPFAR's Medical Education Partnership Initiative (MEPI)

Partnering to build capacity in:

- Graduate tracking
- eLearning
- Community-based education



Learn more at the knowledge café roundtables

Round One

1. Improving school management
2. Eliminating gender discrimination in health workforce education
3. Financing health workforce education and training
4. Measuring success through graduate tracking
5. The Nursing Education Partnership Initiative – NEPI

Round Two

1. The bottlenecks and best buys approach
2. Increasing faculty attraction, retention and development
3. Engaging with private schools
4. Estimating the cost of pre-service education
5. The Medical Education Partnership Initiative -MEPI



The CapacityPlus Partnership

IntraHealth International, Inc. (lead partner)

Abt Associates

IMA World Health

Liverpool Associates In Tropical Health (LATH)

Training Resources Group, Inc. (TRG)



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Serving health workers, saving lives.



PEPFAR