FBO contributions to scaling up the health workforce Challenges and opportunities



Doris Mwarey, HR Technical Advisor, Capacity*Plus/IMA* World Health October 27, 2014







FBO Challenges

Integration with government systems

- FBO workforce and service statistics not always integrated into national databases such as HMIS and HRIS
- In some countries FBOs not recognized or involved in national dialogue and planning
- Non-execution of MOUs and service agreements continue to be a challenge
- " Unclear structures and regulations, especially in devolved systems





FBO Challenges

Workforce development and support

- Many FBO facilities and training institutions lack necessary HR management systems to ensure adequate health workforce
- " Lack of funds to implement effective retention strategies
- Increasing demand for provision of chronic care in health systems
- " Lack of evidence base to share HRH best practices among FBOs





FBO Challenges

Other challenges

- In some contexts FBO leadership may not consider health and HR a priority
- Organizational priorities among FBOs makes advocacy challenging
- Client and donor expectations on FBO institutions to provide free or subsidized care
- Ebola crisis has heightened acute HR challenges in responding to outbreaks





Training and service delivery



FBO training institutions potential centres of excellence and research

FBO facilities perceived to provide better quality of care compared to public sector

FBO presence in rural and hard-toreach locations increases access and equity of health services

Increased FBO role in Ebola crisis, calling for coordinated response and integrated systems



ACHAP and national FBO networks

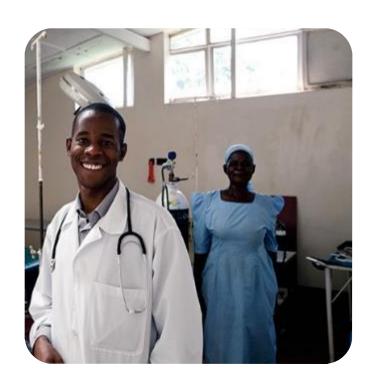
- Existing FBO platforms promote coordination, joint advocacy, south-to-south learning on health issues
- Strong FBO leadership and representation at national levels provide good environment for advocacy
- Community mobilization for behavioural change through vast networks
- Foster **partnerships** with governments, civil society, INGOs, donors for unified response on health issues





FBO culture and sustainability

- FBOs often provide health services without receiving external funding or support
- " High **commitment** to improving health
- Trust between FBOs and local communities
- Capacity for FBOs to advocate for improved health care for all citizens and government accountability
- Existing service delivery infrastructure including health facilities and supply chain management institutions





Capacity and financial stewardship

- Financial stewardship in managing multimillion-dollar grants from GF, USAID, WB, others
- " More flexible and streamlined autonomy in FBO sector makes adoption of best practices more feasible
- Given successes in piloting and scaling up CapacityPlus products, growing evidence for gaining results with minimal investment in FBO institutions





THANK YOU







Recommendations?

- What can be done to address these challenges?
- " How can we use the existing opportunities to scale up the health workforce?





Recommendations

- Explore ways to build ACHAP HRH technical working group as interactive knowledge gateway for all HRH field practitioners extending beyond FBO networks
- 2. Work to increase FBOs' application and institutionalization of evidence-based tools
- 3. Increase monitoring and evaluation of FBO HRH efforts





Recommendations

- 4. Advocate for strengthened Ministry of Health and FBO partnerships
- Increase HRH research and studies among FBOs
- 6. Increase FBO visibility
- 7. Increase documentation and publication of FBO accomplishments





THANK YOU

The CapacityPlus Partnership

IntraHealth International, Inc. (lead partner)
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IMA World Health
Liverpool Associates In Tropical Health (LATH)
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