National Health Systems Resource Centre

Technical Support Institution with National Rural Health Mission

Ministry of Health & Family Welfare Government of India

Approaches to Capacity Building

Capacity building (or capacity development) is a process that improves the ability of a person, group, organization, or system to meet objectives or to perform better.

It has also been described as the "stock of resources" available to an organization/system. It is also indicates towards the process that transforms resources into performances.

Capacity Building is much more than training

- Human resource development: is the process of equipping professionals with essential knowledge/understanding, skills, and training that enables them to perform effectively.
- Organizational development: is the elaboration of management structures, processes and procedures, not only within organizations but also management of relationships between different organizations/sectors (public, private, community), infrastructure and service development, etc.
- Institutional framework development (at all levels) to enhance institutional capacities: to establish competent professionals at each level, to define and streamline work channels, to institutionalize process documentation and reporting systems, etc.

Capacity Building in terms of HMIS

Human resource development	Organizational development	Institutional framework development
Deputation of Fellows	Availability of computers and internet connectivity at each level (preferably at Block level)	Establish HMIS teams
Continuous training of health personnel	Develop formal feedback processes	Establish formal Supervision guidelines/processes
Developing skills in HMIS application, formats, and indicators	Structure the evidence -based decision making process	Institutionalize verification and validation process
Developing skills on analysis and data utilization	Develop and utilize appropriate evaluation strategy	Define information flow

PROCESS OF CAPACITY BUILDING

- Need Assessment : Capacity gaps are identified by first defining the essential capacities at different levels for achievement of policy or organizational or programme goals and objectives.
- Strategies and Actions in capacity building are tailor-made for each situation on the basis of identification of capacity gaps.
- Monitoring and Evaluation, has been largely neglected and is now only emerging. It is important to focus on the motivation for the evaluation:

Capacity Building Strategies

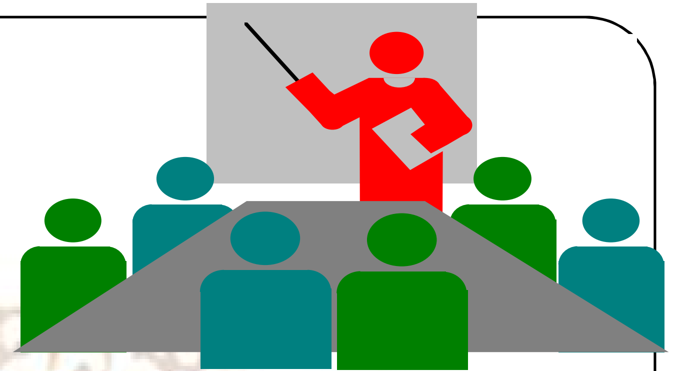
- Technical skill building
- Management skill building
- Management systems development
- Network building/ collaboration

Training

KEY ASPECTS OF EFFECTIVE TRAINING

1. • Defining training objectives/competencies to be attained
2. • Identification of trainees
3. • Training plan
4. • Selection of training methodologies
5. • Role of facilitator
6. • Assessment of competencies
7. • Monitoring and evaluation of training
   • Refresher training and supportive supervision

TRAINING METHODOLOGIES



Principles of Participatory Training

- Participatory training is trainee centred
- Learning through experience is encouraged
- Views and experience of trainees are acknowledged and respected
- Conducive learning environment is created
- Focus is on learning and growing as a group
- Trainer should be aware of own self and be sensitive to others
- Use of energisers

METHODS OF PARTICIPATORY TRAINING

Methods	Key points
Lectures	Lectures convey information systematically and give a good overview of the topic. Good lecturers know to modulate their voice, keep good eye contact with their audience, intersperse lectures with interactive questions and dialogue, and use humour effectively. Repetition is used to emphasize key points rather than to overload lecture with information. Distribution of handouts, copies of presentations before the lecture is useful.
Presentations	Power point presentations, charts, posters, or even writing on black board makes it easier to focus and recall. Needs good presenter and a good preparation. Eye contact with as many participants is possible. Interrupting flow of presentation for questions, jokes, visuals, etc. are helpful. Distribution of copies of presentations before the lecture is useful.
Demonstrations	Best for teaching hands-on skills. Facilitator demonstrates and all participants observe and repeat the demonstration using a check list. Demonstration models/computers/software required.
Group Discussions	A topic is given to group(s). Participants voice their opinions. A good moderator gives everyone time and allows more time for those who have new insights to offer. Moderator sums-up and draws generalisations.
Small Group Discussions	Participants are divided in small groups (3-5 people). Set of tasks or questions is given to them for discussion. Group has to reach a consensus which is presented to the larger group/plenary. Moderator then facilitates discussion in large group.
Case Simulation (oral/posters/videos)	Real life data are shown as a video clips, excel file, or presentation. These may be positive or negative deviance case. Group then comments and discusses the issues that arise from the case.

- HMIS trainees can be broadly categorized into four groups:

- **Service Providers**: ANMs/LHVs/MPHW and Medical Officers in-charge of facilities.
- **Program Managers:** District Programme Managers, Block Programme Managers, CMHO, BMHO, Maternal and Child Health Programme Officer, Immunisation Officers, Family Planning Officers, any other.
- **HMIS Managers**: Data Entry Operators, Data Managers/Monitoring and Evaluation Managers/Statistical Officers, HMIS Consultants.
- **HMIS Resource Persons**: National level trainers

TRAINING FOR COMPETENCIES…

Competency	Evaluation of Competency….
• Knowledge of datasets/formats and data guidelines	**Competency 1**- Data Guideline
• Knowledge of indicators	**Competency 2**- Indicators
Addressing data quality issues	**Competency 3**-Data quality
• Data Analysis	**Competency 4**-Use of information
• Skills on functionalities of National Web Portal and State specific application.	**Competency 5**- Web Portal uploading and Data Analysis **Competency 6**- DHIS 2 Basic Functionalities **Competency 7**-DHIS 2 for Analysis and Feedback

FOCUS OF SKILL BUILDING SHOULD BE ON…

- Understanding the indicators
- Analysis of data – Converting data into indicators
- Using information – Analyze data for programme improvement
- Data Quality Issues

Management Systems Development

- Establishing teams at each level and assigning roles and responsibilities
- Standardise information flow
- Guidelines for data definitions and indicators
- Guidelines for validation and verification
- Framework development
- Fixing accountability
- Protocols for monitoring and evaluating the district health information system
- Establish Feedback system

Network Building – Institutional Collaboration

- Multi-sectoral engagement is necessary, while managing the distinctive priorities, motivations, and constraints of different agencies. We need to explore the following questions:
  - ✓ How can we move beyond the health sector to work with relevant agencies/ministries?
  - ✓ How do these bodies currently interact? Is there an effective mechanism in place for these interactions and, if not, what would it look like?)

PHASES OF HMIS BUILDING

- **Phase 1 : Data Collection and uploading electronically**
- **Phase 2 : Systems up and running (Address and reduce data quality issues**
- Phase 3 : Information for use at local levels
- Phase 4 : State Ownership (ability to customize application by state

Requirements of MCH Tracking

- To be implemented in District X (expected pregnancy is 55000 in a year thus 4600 data entry in a month for mothers and approx 4000 for immunization).
    - Computer at each Block with printer
    - Internet connectivity
    - State Server for all pregnancy and child tracking data
  - **HR**
    - Data entry operator at block level on regular basis
    - Data entry operator at Hospital and urban centres Establishing the standard process for data entry and next month activity report to ANMs
- Standardizing protocols for the information flow
- Finalising organisation units upto sub-centre
- Finalising coding sequence/ nomenclature

THANK YOU