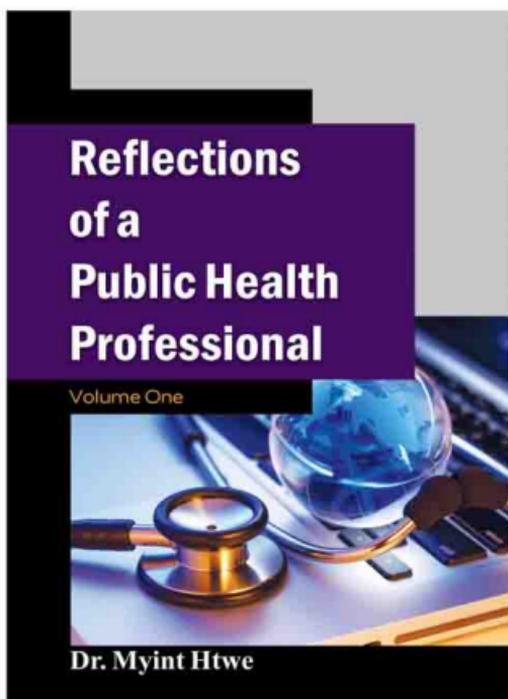


# Increasing the Effectiveness of Capacity Building Activities



**Dr Myint Htwe**

## 21. Increasing the effectiveness of capacity building activities

Almost all health programmes of the Ministry of Health have “Capacity Building Activities” (CBAs) mentioned as part of their work plan. We need to give serious attention to it so as to obtain the desired effect. It is one of the key activities for increasing the efficiency and effectiveness of programme performance from all perspectives. It is also noted that a sizeable budget is allocated to conduct CBAs. We need to aim for “value for money”. It is also a labour-intensive activity. CBAs can be done in various ways and one of them is conducting training or reorientation courses. The discussion that follows is focused on training or reorientation courses only.

### *Issues to consider before developing plans to conduct CBAs for next budget cycle*

1. How many CBAs had been conducted programme-wise during the last three years? These must be further explored in a general sense at least in terms of topics, duration, categories and number of participants/trainees, list, and categories of faculty/facilitator/resource person involved? This will give an overview of CBAs being conducted in the country. (Because of rapid staff turn-over, it may be necessary to hold CBAs regularly but systematically).
2. Get more detailed data for each CBA in terms of topics given, categories and number of staff who attended, categories of faculty involved, duration of each CBA, immediate post-evaluation/ assessment findings of each CBA, number of participants who dropped-out, MoH sponsored or development partners or any outside agencies sponsored, budget spent in detail (per diem for participants, honoraria for facilitators/resource persons, costing for many other CBAs related administrative and management activities, handouts given, etc.). It is noted that sometimes *per diem* and honoraria

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were wrongly given (intentional or unintentional) to participants, facilitators and resource persons who did not attend.

3. Get the agenda and programme of each CBA for critical review in terms of time allocation for each topic - balanced or not, feasibility, appropriateness, and relevance to objectives of CBA, etc.
4. Conduct focus group discussions and key informant interviews with facilitators/resource persons, participants, and administrative personnel conducting CBA in separate groups (proper technical procedures must be followed in conducting focus group discussions and key informant interviews). It is better to get technical support from professionals of Department of Medical Research. Relevant and useful information can be obtained and used appropriately for improving future CBAs.
5. Analyze all the above data and information in detail for each CBA (Analysis method will not be discussed here, as it will require writing another article. Any full-fledged epidemiologist can easily do it). However, the following perspectives, at least, must be analyzed: (a) Is the objective of each CBA in line with overall goal and objectives of the concerned programme?; (b) Can the agenda of CBA achieve the objective of CBA?; i.e., matching and cross-referencing of agenda *versus* objectives: (c) Quick and dirty analysis on the experience and caliber of the lecturer or faculty of CBA; (d) Quick review on teaching learning methods used and its appropriateness to the topics of CBA? (teaching learning methods like table-top exercise, didactic lecture, scenario review, problem-solving exercise, debate, presentation, question-based exercise, game, functional exercise, simulation exercise, operation-based exercise, etc.); (e) Review of end-training evaluation/assessment reports.

### ***Issues to consider just before conducting next CBAs***

- Based on findings of the analysis made as mentioned above, plan for next CBAs. All the weaknesses identified can be improved before conducting next CBAs.

***Issues to consider while conducting the CBAs for improvement in future***

- Take videos for a certain section of two or three CBAs. Review and delete it completely. No specific personal reference must be made. It is sensitive but there are many ways to circumvent the uneasiness of doing this or do participant observation instead. Ethical perspectives need to be taken into account.

***Issues to consider after conducting CBAs***

- Immediate post-training evaluation/assessment and analysis is a must for every CBA. A generic format for evaluation/assessment can easily be developed and each CBA can adapt it to suit its specific requirement. If we are serious about it, we can have cost-effective and time-effective CBAs in future. Our objectives of conducting CBAs can be achieved satisfactorily.

***Conclusion***

To effectively plan CBAs, a meeting of all project/programme managers should be called to discuss the CBAs to be carried out in the next 12 months and to share their experience. The main reason is that many similar CBAs can be combined so that precious staff time can be saved. Some of the CBAs are generic in nature and cut across all programmes and staff from different programmes can attend. One side advantage is that staff from different programmes can share their experience from different perspectives. Currently, many officials are attending one CBA after another and time for actual programme implementation is compromised. Let us work together to achieve the overall objective of the Ministry of Health. In essence, CBAs must be properly planned and conducted in a very systematic manner.