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#### INDICATORS TO HELP PLANNING AND EVALUATION OF CAPACITY BUILDING IN HEALTH PROMOTION

The *Capacity Building Process and Outcomes Indicator Project*, Department of Public Health and Community Medicine, University of Sydney, developed nine checklists for use in planning and evaluation:

- the strength of a coalition
- opportunities to promote incidental learning among other health workers
- opportunities to promote informal learning among other health workers
- whether a program is likely to be sustained
- the learning environment of a team or project group
- capacity for organisational learning
- capacity of a particular organisation to tackle a health issue
- the quality of program planning
- community capacity to address community issues.

Source: Hawe P, King L, Noort M, Jordens C, Lloyd B. *Indicators to help with capacity building in health promotion*. NSW Department of Health and the Australian Centre for Health Promotion, Department of Public Health and Community Medicine, University of Sydney, 2000.

## CAPACITY BUILDING FOR INTERNATIONAL HEALTH GAINS

**Jan Ritchie, Sally Nathan and Ann Mehaffey**  
*School of Medical Education*  
*University of New South Wales*

This article describes the recent experiences of the School of Medical Education, at the University of New South Wales, in working with Pacific Island countries, and draws

those experiences together with some lessons from the published literature to propose a set of key principles that relate to capacity building. Capacity building is a key component of international health development and is a primary activity in the School of Medical Education at the University of New South Wales (UNSW), one of three

schools that make up the UNSW Centre for Public Health. The School was established in 1973, when the World Health Organization (WHO) designated it a Regional Training Centre for Health Development to work with the personnel of developing countries to improve the health of those countries. Initially the focus was on improving training, however it soon became obvious that training alone was insufficient to achieve the preferred ends. Cox (1999) has traced the lessons learned over these 26 years showing how the School discovered that education needs to be accompanied by institutional strengthening if goals of positive sustainable change are to be achieved.<sup>1</sup>

For the purposes of this article, capacity building is defined as creating and expanding desired qualities and features rather than just managing what is already available.<sup>2</sup> Training lies at the heart of this approach, but institutional building must also be a focus.<sup>2,3,4</sup> Institutional building includes addressing organisational structure and culture, systems and processes, linkages with other sectors and human resource development, such as supervision and incentives. This capacity is, in turn, intended to be used to build the capacity of communities to participate in defining—and acting to solve—public health problems.

### **BUILDING CAPACITY IN THE PACIFIC ISLANDS**

The School currently works with Pacific Island countries to build capacity in two ways. Firstly, it has taken a role to support the training of health workers whose current job descriptions include a partial or total dedication to the implementation of health promotion programs. This has been conducted primarily in-country, with the School going to the learners. From a recent learning needs analysis,<sup>5</sup> it appears the skills identified in the Ottawa Charter of:

- enabling communities
- advocating to policymakers
- mediating when working intersectorally,<sup>6</sup>

are clearly identified by Pacific health promoters as relevant and required. Skills to implement settings approaches are also requested. One of the authors is involved with the development of in-service training along these lines with small teams from eight different countries and varying institutions.

The School has taken a second role to minimise the risk that the educational approach will be unsustainable without supporting structural change. The Western Pacific Regional Office of WHO has commissioned the School to contribute to the development of draft Guidelines for Healthy Islands. A unique situation exists in the Pacific where the health ministers of the region are signatories to a series of agreements committing their countries to become Healthy Islands.<sup>7,8,9</sup> This concept is a unifying

theme, and all Pacific countries are in the process of developing a coordinating mechanism and a national action plan. The guidelines will ultimately aim to support Departments and Ministries of Health in putting in place appropriate structures for their countries to become Healthy Islands. Monitoring and evaluation of the implementation of these processes is taking place on a case study basis, but with plans to use regional indicators.

### **KEY PRINCIPLES FOR SUSTAINABLE CAPACITY BUILDING**

The following principles do not represent an exhaustive list, but highlight some key learnings we have drawn from the published literature and the School's experiences to date.

#### **Matching the system and the people**

Capacity building efforts must create a culture whereby people support and develop the system while the system supports and develops the people to achieve organisational outcomes. The system includes all the procedures, protocols, structures and processes in an organisation, and the wider context that can support or hinder people's ability to achieve health goals. People therefore need to have the skills to understand and develop the appropriate systems, such as clear internal procedures and incentives for performance. In turn, the system can support and further develop their skills.<sup>1,2,3,4,10</sup>

#### **Paying attention to the demand side**

Capacity building should not have a pure supply orientation; it should pay special attention to the task of understanding, creating and stimulating demand to use the capacity generated.<sup>2</sup> If people are trained for tasks for which there is little demand then their capacity to perform will diminish over time.<sup>1,11</sup>

#### **Working within the local context**

A careful assessment of the local context, a partnership approach and consultations with potential users of the proposed capacity should be central to any capacity building activity.<sup>1,2</sup>

#### **Creating linkages between different people and institutions**

Partnerships and collaboration between different people and institutions are important in creating the conditions for sustainability.<sup>3</sup> For example, providing training for individuals from different agencies can create natural support networks.

#### **Training people as agents of change**

Training and education needs to create a readiness in trainees to take on the challenge of being an agent of

change to build people's capacity and systems to respond effectively to health needs.<sup>1</sup>

### **Community capacity building**

Capacity building should not be limited to organisations, but should also extend to working with communities to enable them to more actively participate in defining and addressing public health issues. Health organisations often have a central role in building capacity in communities.

### **Working simultaneously from bottom-up and top-down directions**

The development of high level commitment and action supports the development of local level skills, which in turn builds support within communities and organisations.

### **CONCLUSION**

The School's work with the Pacific Islands reflects these key principles, which are important to sustain the gains from capacity building. It clearly recognises the need to match the system and the people and to pay attention to the demand side. The development of Guidelines for Healthy Islands, ministerial commitment and national action plans are designed to support the training of key personnel in health promotion to ensure their skills fit into a clear framework, are utilised and are evaluated. The training is based on skills identified as important by local workers in their own context, and focuses on developing change agent skills, such as working intersectorally, with communities and policymakers. The training program, through its focus on intersectoral collaboration and the participation of workers from a variety of institutions, is designed to create linkages and a critical mass of expertise. Working both bottom-up and top-down enhances the potential for sustained change in health promotion capacity in the Pacific Islands.

Another important consideration in building capacity in these small island countries is the role of external agencies.

It needs to be recognised that their contribution can be much greater than mere technical support, and that their potential political and strategic influence needs to be acknowledged and harnessed if best results are to ensue.

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## **CAPACITY BUILDING FOR PUBLIC HEALTH: A STATEWIDE PERSPECTIVE**

**Doris Zonta**

*Public Health Physician  
NSW Department of Health*

**Andrew Wilson**

*Chief Health Officer  
NSW Department of Health*

### **WHAT DO WE MEAN BY CAPACITY AND CAPACITY BUILDING AT A SYSTEM LEVEL?**

The word *capacity* is used in a number of different ways and is often related to ability (real or potential aptitude or

skill), power or authority (duty, position or role), and capability (power to produce, perform or deploy).<sup>1</sup> The word *capacity* when applied to the public health system can be taken to refer to the system's ability to perform or produce desired outcomes.

Human systems consist of organisations that, in turn, consist of individuals. The ability of the system to produce desired results depends on the performance of the constituent organisations, and the relationships between the organisations. The performance of an organisation depends on its leadership; on the effectiveness of the