



Photo Credit: USAID Zambia Communications Support for Health (CSH) Project

Strengthening Capacity and Commitment in Health Programming

As the development community continues to reorient its strategies and partnership models to support countries on their paths to self-reliance, there is an opportunity to further hone governments' and local groups' technical, financial, and management capacity to independently oversee development programs and achieve locally sustained results.

At Chemonics, we facilitate this process by integrating capacity strengthening, skills transfer, and organizational development into all our work, including global health. We recognize that strengthening capacity and commitment to champion health services and programs requires a shift from conventional formal training to more active, experiential learning. That is why we use multiple avenues to support government, civil society, and individual actors to advance their health goals — from self-assessments, peer learning and research, and communities of practice to social and behavior change communications, hands-on mentoring and coaching, and adaptable tools and policy frameworks.

Our Work



In Cameroon, Chemonics provided community mobilization and private sector engagement tools to support the National Association for Family Welfare's initiative to train community leaders to mobilize residents, grassroots organizations, educational institutions, businesses, and local governments to improve accessibility to and acceptability of family planning services. The Ministry of Public Health is now scaling up this



SNAPSHOT

- Provide **\$512 million** in capacity building grants programs through **56 projects in 30 countries**
- Mentored **25,050 community health workers in Rwanda** to boost their technical knowledge of high-impact practices and interventions, which they then used to expand access to integrated services, including case management of malaria, diarrhea, and pneumonia; family planning; and obstetric fistula and gender-based violence prevention and referral
- Introduced the behavior-centered programming methodology to **674 health sector and government staff in Zambia**, which they then used to address and tackle public health challenges via social and behavior change communications campaigns, including their widely televised Safe Love HIV Prevention campaign

approach by engaging family planning district health officers in multiple districts to conduct similar outreach and service referrals.



In Ukraine, Chemonics partnered with the national government to jointly conduct a study on the cost effectiveness and impact of TB care models through a gender lens. As part of this process, we mentored government staff to disaggregate data to compare social determinants and patient outcomes by gender. The government used the findings to shift TB care from hospitals to outpatient clinics, which improved health outcomes, saved costs, and increased financial protection for both male and female TB patients.



In Tanzania, Chemonics fostered the capacity of civil society organizations to manage direct grant awards from USAID. With Chemonics' guidance in using the Organizational Capacity Assessment (OCA) tool to self-evaluate strengths and weaknesses, seek out potential capacity building interventions and support,

and create technical assistance plans, civil society organizations were able to improve their grants and subgrants management skills to comply with USAID regulations, employ best practices in financial management, and create efficient monitoring and evaluation systems to measure and report impact.



In the West Bank and Gaza, Chemonics partnered with the Ministry of Health to modernize its health information system, institutionalize continuous quality improvement, expand health services, and integrate communities into health planning and oversight. With Chemonics' facilitation support, the ministry established community clinic boards that identified and responded to local health priorities in 82 West Bank communities. This created a feedback mechanism for the ministry to improve its resource planning, prioritization, and management, while increasing citizens' participation in health and social and behavior change initiatives. As a result, the ministry saw the value of — and has since committed to — engaging citizens to improve health planning and governance, while communities saw the value of investing their time and resources in the health sector.

PRACTICAL TOOL



Optimizing the Health Workforce in High HIV Burden Settings

The Chemonics-implemented Human Resources for Health 2030 (HRH2030) project has developed, piloted, and field-tested an HRH optimization tool for antiretroviral therapy (ART) – HOT4ART. This tool helps facility staff and district health management teams optimize their health workforce to roll out “Test and Start” using differentiated service delivery models.

With the tool, staff can estimate the human resource requirements for differentiated service models, including efficiently distributing ART tasks among existing health workers to implement differentiated service delivery and organizing site services (such as patient flow and hours of operation) to meet daily client needs. Facilities and districts can then effectively address staffing gaps by sharing tasks among health worker cadres and inviting stable clients to participate in models of care that better meet their needs, while

requiring fewer interactions with facilities and reducing the burden on the health system.

Access the HOT4ART tool at: https://hrh2030program.org/tool_hrh-planning-for-hiv/.



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