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SPECIAL ARTICLE

Evaluating regional workshops on strengthening the capacity of healthcare professional associations to achieve Millennium Development Goals 4 and 5

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ABSTRACT

Objective: In 2007–2008, the Partnership for Maternal, Newborn and Child Health (PMNCH), Geneva, organized capacity-building workshops in Malawi, Burkina Faso, and Bangladesh. Their aim was to strengthen the role of healthcare professional associations (HCPAs) in national reproductive, maternal, newborn, and child health (RMNCH) planning and programs. The present cross-sectional study evaluated the outcomes of these regional workshops. *Methods:* In 2010, a structured survey, telephone interviews of workshop participants, and a document review were used to analyze the impact of these workshops. *Results:* Overall, HCPAs in only 2 of the 17 participating countries (11.8%) were able to increase their impact on RMNCH planning. Although all countries developed action plans, 15 (88.2%) were unable to fully implement them despite increased interactions among HCPAs and with the Ministry of Health (MOH). Nine countries (52.9%) implemented their action plans partly. Engagement of the MOH emerged as a strong indicator of HCPA contribution toward RMNCH planning. *Conclusion:* Strong and sustained follow-up by PMNCH, a clear sense of ownership by HCPAs, designated staff, and financial resources emerged as important determinants for the implementation of action plans. These workshops were generally successful in both encouraging HCPA collaboration and marching toward Millennium Development Goals 4 and 5.

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1. Introduction

Many low-and middle-income countries are not on track to reach the public health targets set out in the Millennium Development Goals (MDGs) defined in the UN Millennium Declaration [1,2]. Research has indicated that healthcare professional associations (HCPAs) can contribute to improving child survival and reducing maternal mortality—that is, to achieving MDG 4 and MDG 5 [3–6]. As a result, in line with the HCPA Joint Statement [7], the Partnership for Maternal, Newborn and Child Health (PMNCH), Geneva, organized 3 capacity-building workshops. The objective of these workshops was to recognize the role of HCPAs in addressing the human resource crisis, to strengthen national HCPAs, and to enhance their involvement in the advocacy of reproductive maternal, newborn, and child health (RMNCH) programs and policies.

The 3 workshops were held in Malawi (Blantyre), Burkina Faso (Ouagadougou), and Bangladesh (Dhaka) in 2007 and 2008. Multidisciplinary representatives from national HCPAs, public-sector organizations, and multilateral development partners attended the workshops. PMNCH structured the workshops around 5 key growth areas: advocacy, human resource, organizational strengthening, service quality improvement, and RMNCH planning. The 17 participating countries were Afghanistan, Bangladesh, Burkina Faso, Democratic Republic of Congo (DRC), Ethiopia, Haiti, India, Malawi, Mali, Myanmar, Nepal, Niger, Nigeria, Pakistan, Senegal, Tanzania, and Uganda.

The aim of the present study was to assess whether these workshops were instrumental in (1) enhancing interactions among HCPAs, the Ministry of Health (MOH), and development partners; (2) implementing country-specific action plans (CSAPs); and (3) improving the capacity of HCPAs to contribute toward national RMNCH policies.

2. Materials and methods

A cross-sectional evaluation of the 3 PMNCH workshops was conducted between November 1, 2010, and May 31, 2011. The evaluation comprised a structured survey, a desk review of available documents, and telephone interviews with participants of the workshop. Ethical approval was obtained from the ethical review committee of Aga

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Khan University, Karachi, Pakistan. For the survey questionnaire and interviews, written informed consent was obtained from the respondents.

The survey was designed to assess the progress of HCPAs with respect to the implementation of the CSAPs. A semi-structured guide was used to conduct the telephone interviews to probe into the pre- and post-workshop RMNCH initiatives in each country. Positive effects of the workshop and barriers toward implementation of the CSAPs were also reviewed during the interviews. The desk review consisted of an analysis of the available documents such as minutes of the meetings, reports, memoranda of understandings (MOUs) signed by HCPAs, and email communications, among others. Representatives of the PMNCH Board from FIGO, the International Confederation of Midwives (ICM), and the International Pediatrics Association (IPA) gave their input in the development of the data collection instruments.

The survey questionnaire was sent to all workshop participants for whom a valid email address could be found (n = 154). Similarly, for telephone interviews, all participants whose phone numbers were available were approached (n = 159). For the desk review, 23 documents were available from the Malawi workshop, 73 from the Burkina Faso workshop, and 29 from the Bangladesh workshop.

Data from the survey were entered and analyzed in Excel 2010 (Microsoft, Redmond, WA, USA). Data collected via the telephone interviews were analyzed manually. Data obtained from the survey, desk review, and interview questions were collated into various common themes (Fig. 1).

To assess the impact of these workshops, countries were rated on a sliding scale of + to +++. A rating of + was denoted if there was enough evidence to demonstrate interactions among HCPAs, and among HCPAs, the MOH, and development partners. A rating of ++ was given if CSAPs were also implemented. In addition, if the HCPAs demonstrated capacity to contribute toward national RMNCH plans, a rating of +++ was assigned.

3. Results

The survey questionnaire was answered by 14 of the 154 workshop participants with a valid email address (9.1%). Telephone interviews were conducted with 30 of the 159 participants whose numbers were available (18.9%). Maximum interviews (n = 16) were conducted with participants from the Bangladesh workshop owing to better and easy telephone access. No interviews were held with participants from the Malawi workshop owing to poor telephone connectivity and changes of phone numbers. Only 6 interviews were conducted with participants from the Burkina Faso workshop. There was good response to the telephone interviews from members of the advisory board (n = 8).

Table 1 indicates the key growth areas selected by each country during the 3 workshops and the ratings assigned to them. Organizational strengthening was the most popular area chosen, being selected by 13 of the 17 countries. This seems to indicate that organizational challenges hinder the ability of HCPAs to fulfill their roles and responsibilities; however, there was no obvious correlation between the key growth areas chosen by any country and that country's eventual success—or lack of success—in achieving the workshop objectives.

Table 2 provides detailed supporting evidence of the specific ratings assigned to the participating countries. In general, post-workshop meetings, conferences, open days, and email exchanges were all considered as positive interactions among the HCPAs (+). Development of protocols and revision of national MNCH policies, among others, were considered as examples of the implementation of CSAPs (++). Strong evidence of consensus building and creation of a national HCPA network

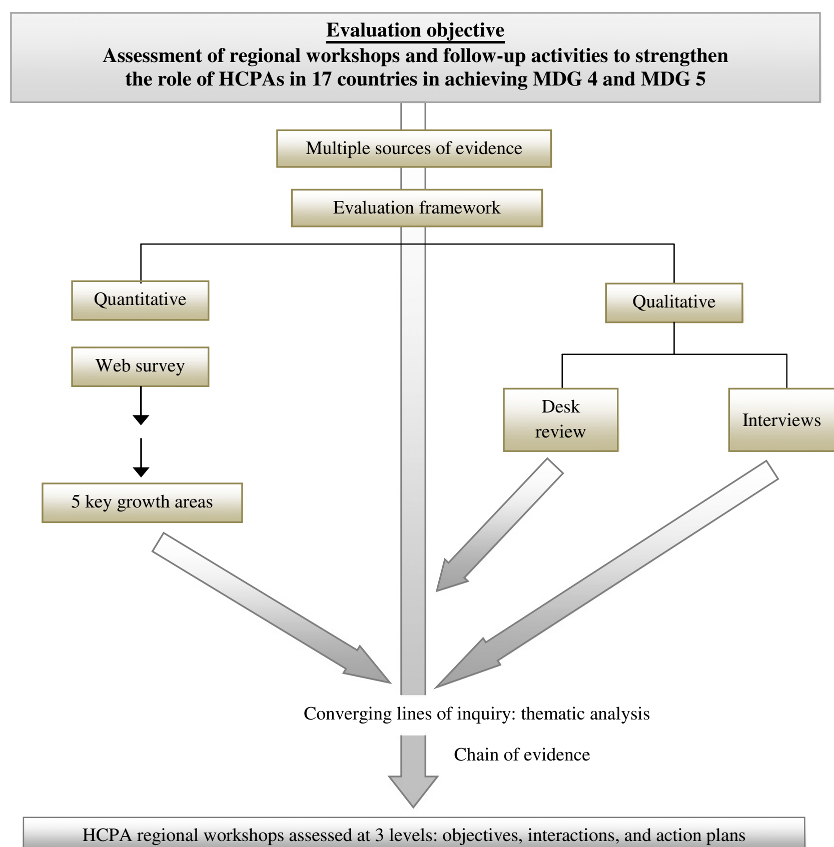

Fig. 1. Logic model of workshop evaluation. The 5 key growth areas were advocacy, human resources, organizational strengthening, quality improvement, and reproductive maternal newborn and child health (RMNCH) planning. Abbreviations: HCPA, healthcare professional association; MDG, Millennium Development Goal.

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