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REPORT ON THE MANAGEMENT AND ADMINISTRATION (TOT) COURSE
FOR HIV/AIDS PROGRAMME MANAGERS
25th Feb – 7th March, 2008
ESAMI HQ, ARUSHA, TANZANIA

BACKGROUND

Despite increased levels of political commitment and financial investment at both regional and international levels in recent years there still exists substantial deficiencies in the development and provision of relevant and comprehensive training for health care practitioners involved in the design and implementation of HIV/AIDS related prevention, treatment, care and support. Experience has demonstrated that the impact of such intensified investment and advocacy efforts will be constrained, however, without improved capacity and training among health care practitioners, particularly among those heavily engaged in HIV/AIDS related service delivery.

There is a consequent need to develop human resource development management strategies that take into account the impact of the epidemic on national health systems. Basic pre-and in-service training, as well as continuing education, will be necessary to produce qualified health personnel in sufficient numbers to effectively respond sector across the African continent, the development and/or sharing of high quality and regionally-relevant curricular training materials and programmes for health practitioners at all levels can be viewed as public good.

The formation of the African Regional Capacity Building Network for HIV/AIDS (ARCAN) a sub regional project enables the potential harmonization of approaches with respect to improved HIV/AIDS related capacity development and greater knowledge sharing across countries. The ARCAN project places particular emphasis on ensuring that its training programmes are delivered by recognized sub-regional institutions, working in close partnership with the public and private sector, civil society organizations, inter-sectoral programmes and with a wide range of technical partners.

The development objectives of the ARCAN project is to expand access to comprehensive and evidence-based HIV/AIDS prevention, treatment, care and support by supporting a network of sub-regional “learning sites” to expand training of health care practitioners. The project will support HIV/AIDS related health sector human resources capacity building in Kenya, Ethiopia and Tanzania using a trainers of training model. It is expected that as a result of increased capacity among health care practitioners in the sub region. This project will contribute to the enhanced delivery of HIV/AIDS related services, and develop stronger linkages between prevention and care interventions and expand south-south partnership.

Ethiopia, Kenya and Tanzania among the most heavily affected countries by the HIV/AIDS epidemic. UNAIDS estimates that as of December 2003, the annual adult these already over-stretched systems, as the demand for health services continues to grow in parallel with increasing morbidity and mortality. HIV/AIDS also has led to

resurgence in tuberculosis, a lethal synergy which urgently requires additional efforts and resources to redress. The combined impact at country-level generally included a dramatically increased workload for health care practitioners, over-crowding of health facilities at all levels, high hospital bed occupancy rates, and more frequent shortage/stock-outs of medical commodities and basic pharmaceuticals.

In addition to the above complexities, the output of health care providers in high prevalence countries can be substantially reduced due to attrition/burn-out, morbidity and mortality among co-workers, personal illness, among family members./relatives, frequent absences to attend funerals, and perceived risk of occupational transmission of HIV infection. Two decades of experience with HIV/AIDS have clearly indicated that the “business as usual” approach to addressing such health sector challenges will not suffice. A more comprehensive, coordinated, and inter-sectoral response to health sector capacity development will require greater government stewardship, particularly with respect to Ministries of Health and National HIV/AIDS Councils/Commissions, in close partnership with private sector and civil society entities.

The report of a recent series of assessments supported by USAID (Regional Economic Development, Services Office for East and Southern Africa), to examine the needs for HIV/AIDS-related training in 12 Eastern and Southern African countries, including Ethiopia, Kenya and Tanzania, serves to highlight these gaps. The major findings of this assessment indicated that although countries have developed national strategies that clearly indicate priorities in the prevention and control of HIV/AIDS, these plans provide limited attention to human capacity development. In essentially all countries included in this assessment, there was a significant disconnect between training gaps reported by key informants and national-level training programs/opportunities. Interestingly the report notes that the degree to which this limited national focus on capacity development stems from resource constraints, versus the presumption that the needed training would “somehow” occur, remains unclear.

The most critical training gaps identified in the country-specific report for this assessment included: management skills for program administrators and/or coordinators; clinical management of HIV/AIDS for health care practitioners at all levels; counseling and communication skills for health care practitioners at all levels; and community-based service deliver. Importantly, this assessment identified the need to also address specific training needs in non-health sectors in order to strengthen the requisite multi-sectoral and multi-partner response to HIV/AIDS. The results of this series of country assessments emphasize both the enormity of the existing HIV/AIDS-related training gaps and the critical need to enhance capacities of regional training institutions so that they are more effectively and proactively able to respond to these long-term needs (*Source: USAID/REDSO, 2003*)

The course under review was conducted from the 25th of February to the 7th of March, 2008.

PROGRAMME OBJECTIVES

The programme had the following objectives.

Like all the other courses, the programme had the following objectives:-

Explain to the participants the general management and technical issues in HIV/AIDS projects and programmes.

Equip participants with the skills to develop projects and Programmes to combat HIV/AIDS.

Describe the role of information management in HIV/AIDS projects/ programmes.

Equip participants with Training of Trainers' skills to enable them facilitate HIV/AIDS seminar/workshops at places of work.

Enable participants manage and effectively implement HIV/AIDS projects.

Share national and regional experiences in the management and fight against HIV/AIDS

TARGET GROUP

The participants were carefully selected by the ARCAN Project Coordinator Unit using the criteria jointly agreed upon between ESAMI and ARCAN. The selection criteria was as follows:

The participants were to have:-

- a) Minimum one year experience in HIV/AIDS project management
- Proven track record of previous experience HIV/AIDS involvement in prevention, care and treatment
- Regional and International working experience in the area of HIV/AIDS management.

All the selected participants met the selection criteria.

The course attracted twenty - nine (29) participants, out of whom ten (10) were from Ethiopia, eleven (11) from Kenya and eight (8) from Tanzania and Zanzibar.

	Male	Female	Total
Ethiopia	7	3	10
Kenya	4	7	11
Tanzania	1	5	6
Zanzibar/Pemba	1	1	2

The participants were distributed as follows:

Non-government organisations	13
Government organisations	14
Private	2

The list of participants, including their functional titles, addresses and organizations, is at Annex 1.

TRAINING VENUE

The programme was held at the headquarters of the Eastern and Southern African Management Institute, Arusha, Tanzania. The venue provided a beautiful ambience conducive for adult learning. The venue also provided an opportunity for the participants to mix freely with others from various countries.

All the participants who were sponsored by ARCAN were accommodated at the Institute in single self-contained rooms, equipped with telephones and television sets.

FACILITATORS

The programme was facilitated by a group of ESAMI consultants and external resource persons. The lead facilitator was Mr Lewis Pumulo Sooli; Principal Consultant. The others included Dr. Simon Ntabaguzi, Medical Practitioner, Prof Johannes Monyo Consultant, and Mr Bandali batchu, Chief Consultant.

Other ESAMI staff supporting the implementation of the TOT course were Mr. Gasper Maimu, Senior Admissions Officer and Mr. Alex Nyinge, Participants Affairs Officer.

The workshop was instructional, but very interactive and participative. Case studies were also used to facilitate the learning process. Throughout the sessions participants willingly shared their experiences and exchanged ideas on various issues pertaining to project implementation, monitoring, and evaluation.

Facilitation in the course was base on the transfer of presentation skills to participants to enable the conduct seminar and workshop in HIV/AIDS at their places of work with the materials handed out to them. The adopted training of trainers approach proved to be very effective in the transfer of knowledge.

This adult – centered training approach was supplemented by training aids such as LCD, overhead projectors and flip charts and encouraged individual presentations.

6. PRE-COURSE EVALUATION

The participants were requested to fill in pre-course evaluation form in which they expressed their expectations and also tested their knowledge on the issues of HIV/AIDS

and programme management. All the questions in the pre-course form were multiple questions and covered all the modules that were to be covered during the programme. The pre-course questionnaires were administered so as to have assess the knowledge gap for the participants.

The pre-course questionnaire provided information of the participants knowledge and expectations. It revealed that even though a number of them some knowledge, the course was timely. They needed the course to up grade their skills, especially with the many cross-cutting issues posed by the pandemic.

They expressed the need to acquire more knowledge and skills and more importantly, establish networks with the other participants.

A copy of the pre-course form is at Annex III.

PROGRAMME CONTENTS

The timetable for the course is at Annex II. It shows the modules covered, the times and dates for delivery.

MODULE 1: FOUNDATION

Introduction to Programme and Project Management
Contents:

Introduction to Course
Concepts and Terms
Overview of project management
The Project Cycle and its features

The module was meant to bring ensure that all the participants were at par in issues regarding HIV/AIDS.

The discussions on the project management and the project cycle were quite useful.

Introduction to HIV/AIDS
Contents:

Concepts and terms
Epidemiology
Routes of transmission and prevention
Life cycle of HIV
Manifestations of disease
Testing and counseling
Maternal – to - child – transmission (MTCT)
Care and Support

The lesson was introductory and set the stage for the other modules. The participants were guided through a series of HIV/AIDS related concepts. The module gave the participants an insight into what was to follow in the course.

Social and Cultural Aspects HIV/AIDS

Contents:

Social and cultural impact of AIDS
Economic and political impact of AIDS
Gender dimensions

The presentation introduced the subject on the social, economic and cultural impacts of the virus.

HIV/AIDS Programme/Project Management

Contents:

Application of basic management functions to HIV/AIDS programmes
Organizational typologies
Management functions and roles of HIV/AIDS programme managers
Management challenges presented by HIV

Project Design

Contents:

Logical Framework development
Technical design
Organization and staffing
Allocation of resources
Project writing

The presentation included the design of projects and the allocation of resources. Unlike in other courses, the participants expressed the need for more time on the module. An exercise was given which made participants work late most nights. They appreciated the module contents.

HIV/AIDS Prevention, Mitigation, Care and Support

Contents:

Strategies for HIV/AIDS prevention, mitigation, care and support
Prevention
Mitigation
Care and support
Social and Economic impact of HIV/AIDS (continued)
Gender mainstreaming

The discussions included actual case studies narrated by the participants. These generated discussions that enriched the learning experience.

MODULE 2: PROGRAMME/PROJECT APPRAISAL

Introduction to Appraisal

Contents:

Assessment of Social and Economic Impact

Content:

Social impact and economic impact

Social profiling

Vulnerable group assessment

Occupational health and safety issue

Policy implications of assessment activities

The module covered the assessment of the social and economic impact of HIV/AIDS.

Assessment of Institutional and Organizational Impact

Contents:

Purpose of assessing institutional structure

Organizational structures

Process of undertaking an institutional assessment

Linkages between units of organization

Special institutional features of an HIV/AIDS organization

The module assisted the participants assess the structures of their organizations' capability to handle the HIV/AIDS pandemic.

HIV/AIDS and Financing

Contents:

Sources of funding/cost of financing

Donor and government procedures

Financing agreements

Disbursement procedures

Networking and collaborating

Reporting

Fund raising principles

The module presented issues regarding the financing of HIV/AIDS projects and conditions attached by the funding organisations. It was the feeling of the participants that financing provided the most challenging aspect of project management.

MODULE 3: PROGRAMME/PROJECT IMPLEMENTATION

Introduction to Implementation and Planning

Contents:

Roles and functions of project managers
Participatory approaches to project management
Ethics and values with HIV/AIDS project implementation

The lesson was exhausted within the time allocated and provided an overview of project implementation.

Project Planning and Implementation Techniques

Contents:

Scheduling techniques
Application of scheduling techniques in monitoring and control

The discussions focused on the use of network analysis and activity scheduling in the management of HIV/AIDS projects.

MODULE 4: PROGRAMME/PROJECT EVALUATION

Introduction to Evaluation

Contents:

Rationale for project evaluate
Difference between monitoring and evaluation
Project evaluation – concepts and principles
Methods and tools for evaluation
Designing a project monitoring system
Methods and techniques for data collection
Interpreting evaluation findings
Writing a report

The module explained the need for effective and efficient monitoring and evaluation of projects. Participants were later on in the course, requested to design monitoring systems for their projects and draft the evaluation terms of reference.

Monitoring and Evaluation Planning

Content:

The module was well presented and discussions related to the topic were focused.

Implementing the Evaluation Plan

Contents:

Review the M&E plan and report format
Application of the log-frame as a evaluation instrument
Analysis of questionnaires
Report writing and dissemination

The lesson was delivered with time and generated interesting discussions.

MODULE 5: INTERGRATION AND TRANSFER OF LEARNING

Action Plans

Content:

Unlike in the previous programmes, participants spent most of their time preparing the work plans. They all expressed the desire to prepare workable and realistic plans that would be funded for cascading.

The participant's work plans demonstrated that they had fully appreciated the contents of the course. Special emphasis was placed on the training of trainers methodology in HIV/AIDS management.

Copies of their work plans are included for ease of reference.

MODULE 6: FACILITATION SKILLS

In order to assist the participants with limited presentation skills, a module on facilitation was included. It proved to be useful as most intended to use the skills for cascading.

8. FIELD VISIT:

Like in all other programmes, the participants visited Kilimanjaro Christian Medical Centre (KCMC)

The participants went to the Kilimanjaro Christian Medical Centre (KCMC) which is about 80 kilometres south of Arusha. They visited the section dealing with HIV/AIDS cases and really appreciated the practical part of the course.

Thereafter, the participants were take to the foot of Mount Kilimanjaro for an outing. The experience was well appreciated.

PROGRAMME CONCLUSIONS AND EVALUATION

The end – of – course evaluation noted that the programme objectives were met and that there had been transfer of knowledge.

The evaluation noted that the time allocation for some modules was not enough. They suggested that in future more time be allocated for modules like Monitoring and evaluation. In fact they were of the views that M & E should be taken at the expense of other modules. It was vital and related to their work environments. The participants noted a number of modules they wished had more time allocated to them. In particular, the evaluation noted that more time should be allocated to project management and work plans preparation. They also requested ESAMI to provide more facilitators for the course so as to give them a variety in presentations.

Facilities like food, accommodation and recreational facilities were ranked as fair.

Over ninety per cent (90%) of the participants fully understood the social and economic impact of the virus and were not in a position to design mitigation and home based care strategies to contain the disease.

Their action plan demonstrated their keenness to mount training workshops for their colleagues at places of work upon their return.

There was an official closing of the programme

A copy of the action plans is at Annex IV and the end of programme questionnaire at Annex V.

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