

Developing Capacity of Medical Organizations

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Definitions of Capacity Development

- “The sustainable creation, utilization and retention of capacity, in order to reduce poverty, enhance skills, achieve growth, equalize opportunities and enhance people’s lives”(UNDP)
- “A process that focuses on enhancing the skills, knowledge and social capabilities available to individuals, organizations, social and political systems” (UN)
- “Capacity building is an investment in the effectiveness and future sustainability” of an organization (Nat Council of Nonprofits)

9 components of systemic capacity building

- *Performance capacity:* Are the tools, money, equipment, consumables, etc. available to do the job? A doctor, however well trained, without diagnostic instruments, drugs or therapeutic consumables is of very limited use.
- *Personal capacity:* Are the staff sufficiently knowledgeable, skilled and confident to perform properly? Do they need training, experience, or motivation? Are they deficient in technical skills, managerial skills, interpersonal skills, gender-sensitivity skills, or specific role-related skills?
- *Workload capacity:* Are there enough staff with broad enough skills to cope with the workload? Are job descriptions practicable? Is skill mix appropriate?
- *Supervisory capacity:* Are there reporting and monitoring systems in place? Are there clear lines of accountability? Can supervisors physically monitor the staff under them? Are there effective incentives and sanctions available?
- *Facility capacity:* Are training centres big enough, with the right staff in sufficient numbers? Are clinics and hospitals of a size to cope with the patient workload? Are staff residences sufficiently large? Are there enough offices, workshops and warehouses to support the workload?
- *Support service capacity:* Are there laboratories, training institutions, bio-medical engineering services, supply organizations, building services, administrative staff, laundries, research facilities, quality control services? They may be provided by the private sector, but they are required.
- *Systems capacity:* Do the flows of information, money and managerial decisions function in a timely and effective manner? Can purchases be made without lengthy delays for authorization? Are proper filing and information systems in use? Are staff transferred without reference to local managers' wishes? Can private sector services be contracted as required? Is there good communication with the community? Are there sufficient links with NGOs?
- *Structural capacity:* Are there decision-making forums where inter-sectoral discussion may occur and corporate decisions made, records kept and individuals called to account for non-performance?
- *Role capacity:* This applies to individuals, to teams and to structure such as committees. Have they been given the authority and responsibility to make the decisions essential to effective performance, whether regarding schedules, money, staff appointments, etc?

Systemic capacity building

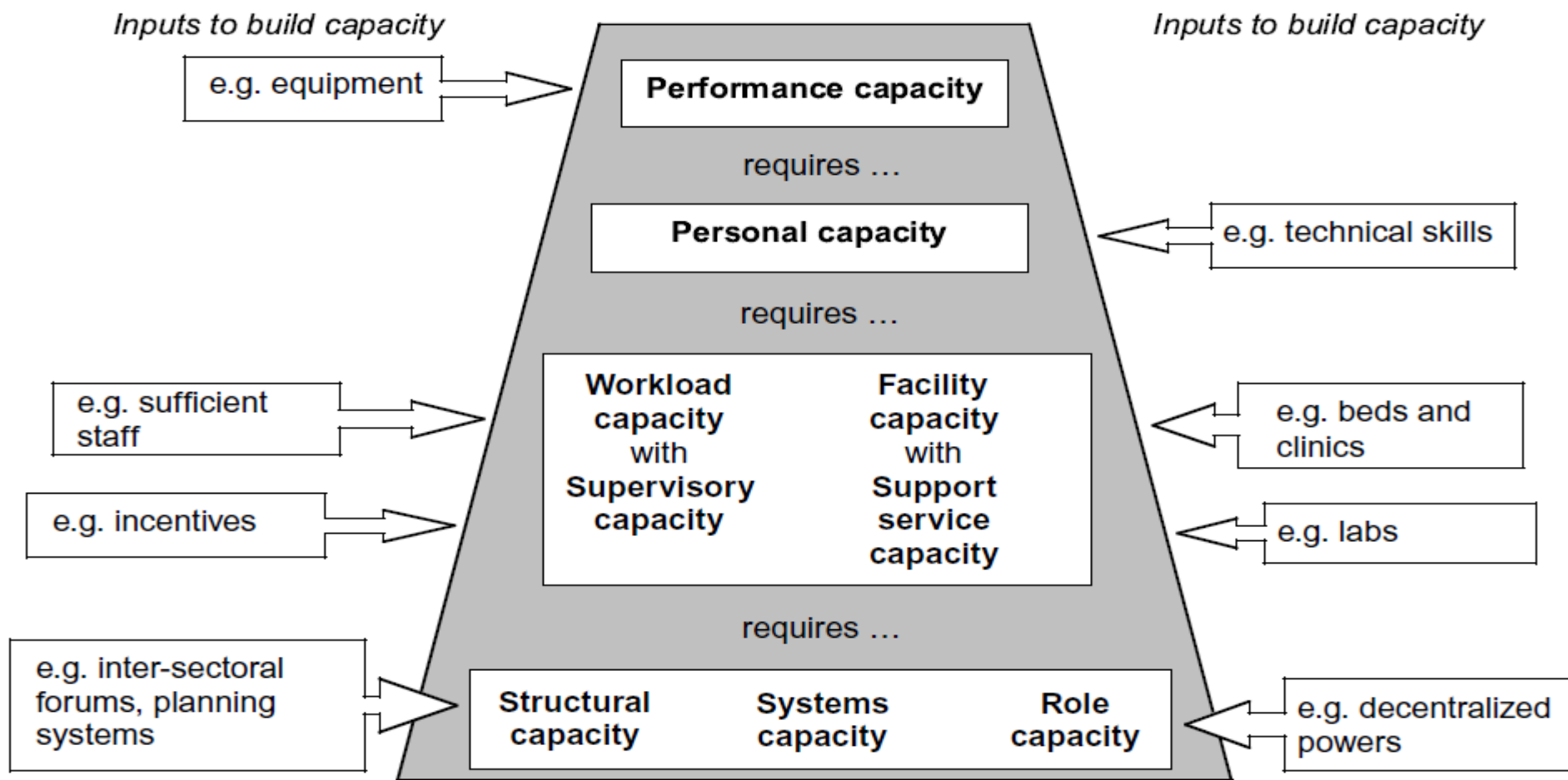


Figure 2. Pyramid of effective capacity building

Keerti Bhusan Pradhan (2009)

Capacity Development



TCC group

In summary, CD can be achieved by...

- Secure the basics: Buy-ins (strategic), leader(s)/champions, experts, budget/resources, etc.
- Perform a comprehensive assessment of the org.
- Identify intervention areas
- Design, Plan and Implement interventions e.g.
 - Training, Infrastructure Improvements, Consulting/TA, Coaching, Peer Mentoring/twinning, Peer Exchange/Benchmarking, Referrals/resources
- Monitor effectiveness of interventions
- Sustain the gains

Case study

- Capacity Development of Public Hospitals and their leaders.

Thank You for your attention!

Any Q's??

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