

Capacity-Building and Competencies-Based Training in Health Communication and Development

The CHANGE project has carried out a competencies-based approach in **health communication** capacity building. Project activities have achieved two goals:

- to develop maps of competencies for health communication and development professionals. CHANGE co-sponsored two international meetings to discuss and produce maps of competencies.
- to implement competency-based approaches in partnership with educational institutions. The CHANGE project is working with a consortium of universities (Consortio de Universidades) in Peru on capacity-building programs.

What is a competencies-based approach?

Competencies refer to a series of tasks required by a specific job and the necessary abilities to perform those tasks based on established standards. Competencies include motivation, personal traits, skills and knowledge. Learning skills and knowledge are insufficient if they are not applied in actual work. Competencies are “mobilized skills and knowledge.”

Depending on the position and responsibility of individuals and groups within an organization, competencies can be generic or specific, basic or advanced. Competencies refer to the individual and collective expertise required to carry out tasks.

Competencies are defined in practice according to the expectations of relevant parties. In contrast to training models that are divorced from actual work contexts, competencies need to be defined within the work contexts.

To implement a competencies-based training program, four steps need to be taken:

1. Define tasks and activities that workers are expected to perform.

Stakeholders need to identify, code and harmonize key goals and functions, competency units and elements, performance criteria, the range of application and the proof of

performance and knowledge. This process brings together several stakeholders (workers, employers, supervisors, training institutions among others) to provide input in defining necessary competencies.

2. Standardize competencies to clarify roles and responsibilities of workers.

This process aims to produce maps of competencies that identify roles, functions and units of competencies. After the maps are created, educational needs and goals can be defined.

3. Define the training curricula.

Because the competencies-based approach links performance and training, educational goals start with the competencies already identified. Curricula and courses should help students acquire the units of competence.

4. Evaluate.

The competency-based model is outcome-oriented. Assessing whether competencies have been acquired requires measuring whether knowledge and skills are applied effectively in the work environment. Competency assessment is based on criteria that the learner/worker already knows. Both the evaluator and learner/worker need to be cognizant of the requirements of different tasks and what needs to be demonstrated to prove competency. The evaluation reviews competencies for particular skills that are relatively simple to perform and easy to observe.

Developing a competencies-based approach

In partnership with the Rockefeller Foundation, the Pan-American Health Organization (PAHO), and the United States Agency for International Development (USAID), CHANGE convened a meeting in Bellagio in January 2002. The goal of the meeting was to define a functional map of competencies in communication for development and social change. Representatives from the aforementioned institutions as well as academics and practitioners from a number of organizations in different regions participated. A group completed the functional map in follow-up working sessions in Washington. The final results are presented in a conference report available on the CHANGE Project website (www.changeproject.org).

Developing a map of competencies for health communication in Latin America

In November 2002, CHANGE, PAHO, USAID, and Peru's Consorcio de Universidades organized a meeting in Ica, Peru. The purpose of the meeting was to discuss the functional map developed at the Bellagio meeting and to explore ways to strengthen health communication capacity in Latin America. Participants included representatives from USAID, UNICEF, Johns Hopkins University, Peru's Ministry of Health (MOH), non-government organizations (NGOs) and academic departments (communication, public health, and nursing) from several countries in the region. The Consorcio presented the results from a needs assessment on health communications capacity.

Recommendations from the assessment included:

- Clarify the tasks of communication to several stakeholders (MOH officials, medical community).

- Make medical personnel aware about the contributions of communication to health promotion.
- Train communication staff in strategic message design.
- Emphasize cultural diversity issues in communication programs.
- Train media personnel in health communication.
- Change hierarchical dynamics in the interaction between health personnel and communities.
- Help communities become active participants rather than passive receivers of communication activities.
- Increase awareness of centers of documentation and improve access to their information.
- Develop sustainable training programs.
- Strengthen relations among universities, NGOs, MOH and donors.

During the plenary sessions, participants agreed that the scarcity of opportunities for health communication training is common to all Latin American countries. Few undergraduate courses are offered. No graduate program exists. Training programs offered by Ministries of Health rarely deal with the communication aspects of health issues. This contrasts with the growing demand for health communication professionals in government, non-governmental organizations (NGOs), and the private sector. Due to the lack of educational opportunities, the majority of professionals currently in communication positions have been trained in other fields. They lack appropriate knowledge and skills as well as a comprehensive set of communication competencies.

After a series of presentations and group discussions, the participants produced a functional map of competencies for health communication professionals.

The key goal identified:

Develop a sustainable communication process to promote public policy and social processes that contribute to achieving egalitarian and culturally diverse societies as well as healthy people and communities.

Five key functions were defined:

1. Promote individual and community empowerment in health management and action
2. Promote dialogue and negotiation among social actors and state institutions to facilitate social management and promote health practices.
3. Advocate for health public policies.
4. Develop communication interventions to improve conditions for individual and collective adoption of health practices.
5. Identify and analyze factors to determine health and disease conditions in a given context to provide strategic guidelines for health communication interventions.

After identifying these five functions, participants discussed the units of competency for each function and defined evaluation criteria to measure performance. Based on the units of competency, they drafted training modules for the following programs: communication track for a M.A. degree in Public Health; communication course for MOH officials; communication courses for nursing students; and communication courses for health promoters. A complete report in Spanish is available on the CHANGE website (www.changeproject.org).

Peru: Developing and Implementing a Competencies-based Approach

The functional map produced in 2003 at the Ica meeting was used in several USAID-funded capacity-building activities organized by CHANGE and the Consorcio de Universidades.

The goal of the project is to build a sustainable, nationwide network of universities committed to strengthening capacity in health communication. The Consorcio signed cooperation agreements with national universities in eight regions in Peru. These agreements provide the institutional framework for activities. They are the basis of cooperation for faculty and students from different departments to participate in programs.

The following activities were implemented during 2003:

1. Communication training for health personnel
2. Workshops on coverage of health news for radio journalists
3. Setting up a M.A. program in health communication
4. Research grants program for interdisciplinary teams
5. Internship programs for undergraduate students
6. Workshops on culture and health communication

The first and second activities required the development of maps of competencies for health professionals and journalists, respectively.

Competencies for health professionals in communication

As part of this activity, the Consorcio team developed and implemented maps of competencies for health communication professionals. During the first phase, approximately 60 health professionals undertook a “self-diagnosis” about the health situation in six regions. The diagnosis incorporated the opinions of MOH officials about health conditions, the perceptions of the population about the quality of health services, the opinions of community health workers about the relationship between services and communities and information about availability of health news. University staff and undergraduate students worked in the data-gathering process. The results were presented and discussed in workshops held in six regions. MOH authorities, faculty and NGO personnel participated.

Based on the results and suggestions, the second phase focused on the development of maps of competencies for regional health authorities, physicians, nurses and obstetricians, health technicians and health promoters. The maps were developed in a series of regional workshops. Participants agreed that the key goal (for all health professionals identified) is to develop communication processes between health actors and the population to generate rights and responsibilities for the care of citizens’ health. Three key actions were identified:

1. Empower citizens individually and collectively to make community participation in health care possible
2. Incorporate intercultural perspectives in communication processes
3. Promote dialogue and debate among social actors to build common interests and reach a consensus on health issues

Units of competency for each function were identified for each one of the four groups of health professionals.

During the third phase, representatives from the six regions used the maps of competencies to develop workshop modules and curricula for each professional profile. The workshops were conducted in the last quarter of 2003. Results will be published in 2004.

Competencies for radio journalists in coverage of health news

During 2003, the Consorcio carried out this activity in six regions (Tarapoto, Huanuco, Ayacucho, Cusco, Huancayo and La Libertad). In developing the map of competencies for radio journalists, the Consorcio team examined the competencies map produced in Bellagio and Ica as well as the results from a meeting on health journalism convened by PAHO in Ecuador in 2001.

The key function identified for radio journalists is to promote health practices and empowering communities in health management and action. Three key competencies were identified:

1. Promote participation in the diagnosis, planning, management and accountability of human and environment health problems.
2. Produce and disseminate programs (in different formats) that promote healthy practices independently or in partnership with other institutions involved in research, prevention and treatment of health problems.
3. Design sustainable strategies for radio programming focused on health promotion.

A number of units of competencies were defined for each competency. Training was conducted in three modules in staggered schedule. The content of the activities was adjusted based on the needs and progress in each region. Lessons from different regions were incorporated in the planning of each module. This activity has been completed. The results are currently being compiled and analyzed, and will be presented in meetings and published in late 2004.

CHANGE and the Consorcio de Universidades are currently developing competencies for students of a graduate program in health communication that will be launched in August 2004.

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