Capacity Building of Frontline Health Workers for Effective Management and Control of NCDs

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Presentation Outline

• About Amref Health Africa
• Background
• Our Approach
• Results
• Recommendations
• Conclusions
Headquartered in Nairobi, Kenya
Country Offices in Africa
10 offices
Number of projects in Africa
>150 projects
People reached across Africa annually
~12m people
Annual budget
~$100m

1,500 staff
$115m Revenue (2018)

Subsidiaries:
• Amref Flying Doctors
• Amref University
• Amref Enterprises
Vision: A responsive health workforce in Sub-Saharan Africa

Mission: To develop the capacities of individuals, institutions and health systems through innovative approaches for improved health service delivery.

Innovative Health Learning Solutions
- Partner with countries to develop and deploy innovative HW training solutions e.g. e&mLearning

Increase numbers and priority skill sets
- Senior, mid-level and community level specialized courses

Strengthen capacity of health training institutions and organizations
- Curriculum review, content development, faculty preparation, Operations Research

Innovate and incubate ideas in health
- Identify innovative ideas, mentor entrepreneurs, link with financing institutions
The Gap in Management and Control of NCDs

Kenya’s Ministry of Health estimates 53% of all hospital admissions are NCD related.
- Type 2 diabetes is estimated at 4.2% and ranges between an average of 2.7% in rural and 10.7% in urban areas; Asthma affects approximately 10% of the total population
- Health workers are too few currently employed are 43,612 against a standard of 282,525 healthcare workers required as per the Norms and Standards Guidelines by MOH therefore 62% shortage.
- Inadequately skilled to effectively treat and manage complications of NCDs with only 39.9% trained on NCD management
- Laboratories not able to screen NCDs due to lack of basic equipment and supplies
- Low community and public awareness hence minimal demand for services.
- Lack of accurate population-based data for decision making.
Our Journey in HRH Capacity Development ...

1950’s – 60’s AMREF is founded using the flying doctors service to deliver healthcare and training to remote areas in Africa.


2000 & beyond - Introduction of technology supported learning including telemedicine, eLearning and mLearning.
The Scope

Overall Aim: To improve the management and control of non-communicable diseases (diabetes and childhood asthma)
Objectives

1. To train frontline health workers for effective management and control of NCDs.

2. To strengthen community-based disease surveillance to increase public awareness for prevention and better management and control of diabetes and asthma.

3. Monitoring and Evaluation to generate and use evidence for Policy and Practice Change for quality care.
The Approach

Reduced morbidity and mortality due to NCDs & IDs

Prevention
• Health Promotion
• Promoting healthy diet, physical activity, reduced alcohol and cessation of tobacco use
• Community disease surveillance

Capacity development
• CHWs and CHEWs training through Leap
• Community screening
• Referrals

Training HRH
• eLearning
• Face to face training
• OJT’s and CME’s
• Leadership, management & governance (LMG)
• Mentorship
• Advocacy for NCDs Supplies, equipment and medicines

Advocacy
• Advocacy for supplies and medicine
• Inclusion of NCDs in AWP
• Improve disease surveillance and screening services
• Strengthening referral system

Advocacy
• Continued advocacy for diagnostic tools
• Strengthen TWGs for NCD
• Sharing lessons for policy change

Collaborations
• Build multi-stakeholder partnerships for NCDs management

Project strategies
• Training of Human resources for Health (HRH): through face to face, e&mlearning
• Community health system strengthening (CHSS)
• M & E: to generate and use evidence for advocacy to influence action & policy for effective service delivery to prevent, treat, and control infectious diseases.

County Level

Community level

Health Facility Level

National level

Gap
Double burden of NCDs
Low community awareness
Poor health seeking behaviors
Poor adherences to treatment

Few & Inadequately skilled HRH
Lack of basic equipment
Limited access to medicines & supplies
Weak referral systems

Low priority to NCDs
Underfunding
# Results

## Per County

<table>
<thead>
<tr>
<th>County</th>
<th>Skilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kilifi</td>
<td>649</td>
</tr>
<tr>
<td>Nyeri</td>
<td>629</td>
</tr>
<tr>
<td>Nairobi</td>
<td>710</td>
</tr>
<tr>
<td>Kakamega</td>
<td>625</td>
</tr>
<tr>
<td>Total</td>
<td>2613</td>
</tr>
</tbody>
</table>

## Per Cadre

<table>
<thead>
<tr>
<th>Cadre</th>
<th>Skilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutritionists</td>
<td>144</td>
</tr>
<tr>
<td>Lab. Techs</td>
<td>139</td>
</tr>
<tr>
<td>Clinical Officers</td>
<td>293</td>
</tr>
<tr>
<td>Nurses</td>
<td>447</td>
</tr>
<tr>
<td>Pharm. Techs</td>
<td>100</td>
</tr>
<tr>
<td>CHAs</td>
<td>233</td>
</tr>
<tr>
<td>CHVs</td>
<td>1170</td>
</tr>
<tr>
<td>Health managers</td>
<td>87</td>
</tr>
<tr>
<td>Total</td>
<td>2613</td>
</tr>
</tbody>
</table>
Skilled 2613 frontline health workers

Improved knowledge & Skills (40% - 96%)

Equipment & commodities by counties(inhalers, peak flow meters, glucometers, insulin,..)

Over 100 NCD clinics and support groups

4 million people reached with services

Reduced frequencies of hospitalization due to elevated sugars or asthma attacks

The Ripple Effect of Capacity Building
Proposed Next Steps.....

1) **Strengthen diagnostic and reporting tools** for NCDs in order to generate evidence for decision making.

2) **Community sensitisation** needs to be scaled up – prevention, promotion, screening, demand for services.

3) **Supply chain** - There is need to ensure supply meets the demand for NCD commodities which are limited at the moment.

4) **Innovate and Replicate** – Scale up capacity building and strengthen community health systems to improve access of services at grassroots level.

5) **Address NCD co-morbidities** - health workers should be aware of the wide spectrum of comorbidities to optimize patients health outcomes. E.g Diabetes and hypertension.
Conclusion

i. Capacity building creates a ripple effect in the continuum of care from prevention to treatment and supply chain. It was clear that those health facilities whose health workers were trained/mentored included NCD supplies and drugs in their procurement plans.

ii. There is need then to replicate this and scale up to other regions with high burden of NCDs as well as intensify advocacy for NCDs due to its rising burden.

iii. Technology, provides leverage to reach a larger group that would otherwise be impossible via conventional capacity building approaches.
Take Home?

1) Increase **prioritization for NCDs** through increased **budgetary allocation**

2) Ensure **availability and affordability of NCD medication** to match the demand for the same at facility level

3) **Continuous Capacity building** for frontline health care workers – (at health facilities and community level)
Thank You!

Additional info?
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