



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

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Amref Institute of Capacity Development

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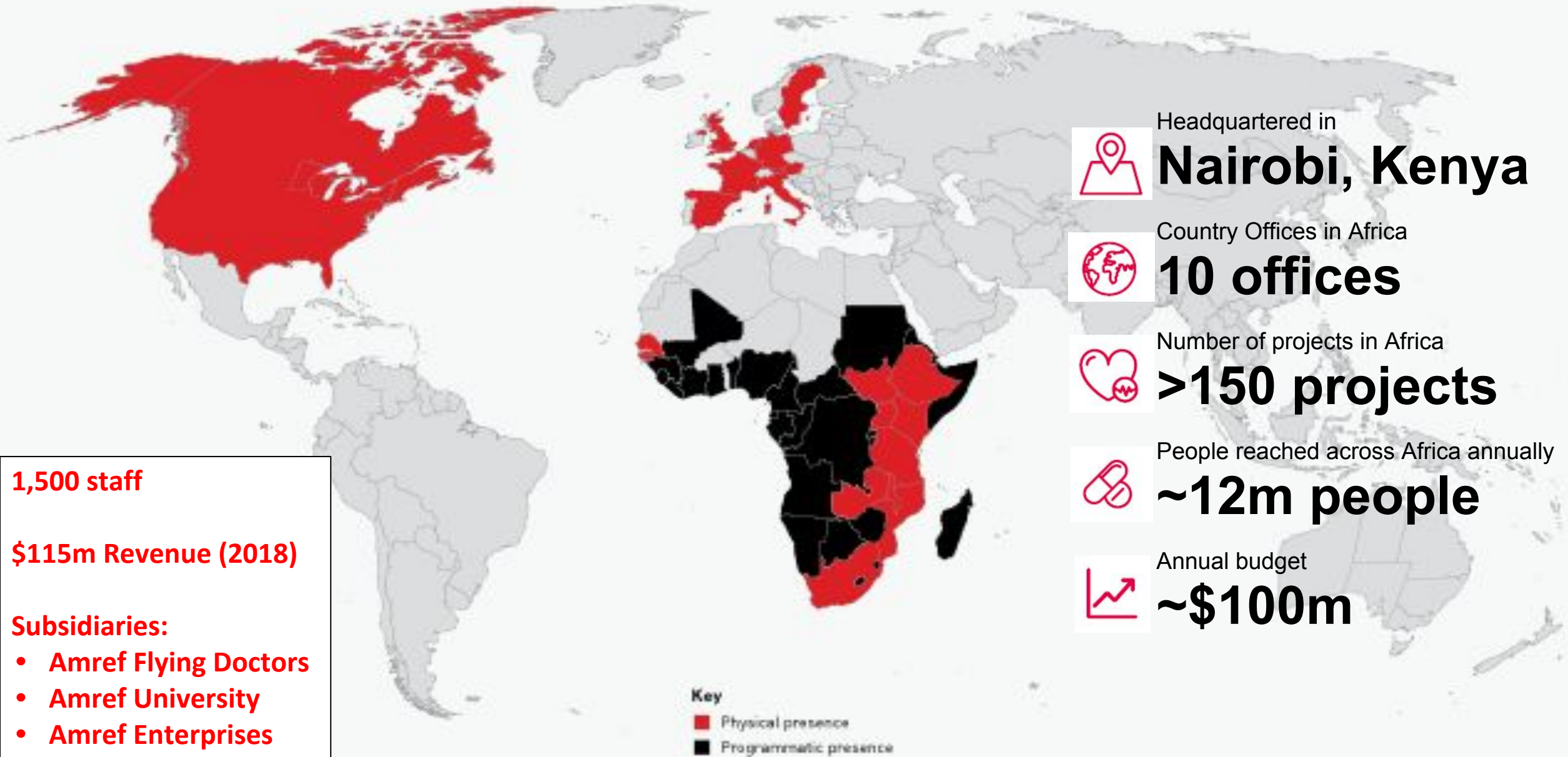
Green Hills Hotel, Nyeri

Presentation Outline

- About Amref Health Africa
- Background
- Our Approach
- Results
- Recommendations
- Conclusions



Amref Health Africa Global Presence



The Institute of Capacity Development

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.

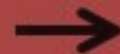
Our Journey in HRH Capacity Development ...



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



1970s -1980s -
Introduction of
Radio programmes
on National Radio
for health workers



1980s -1990s -
Introduction of
Print-based distance
education

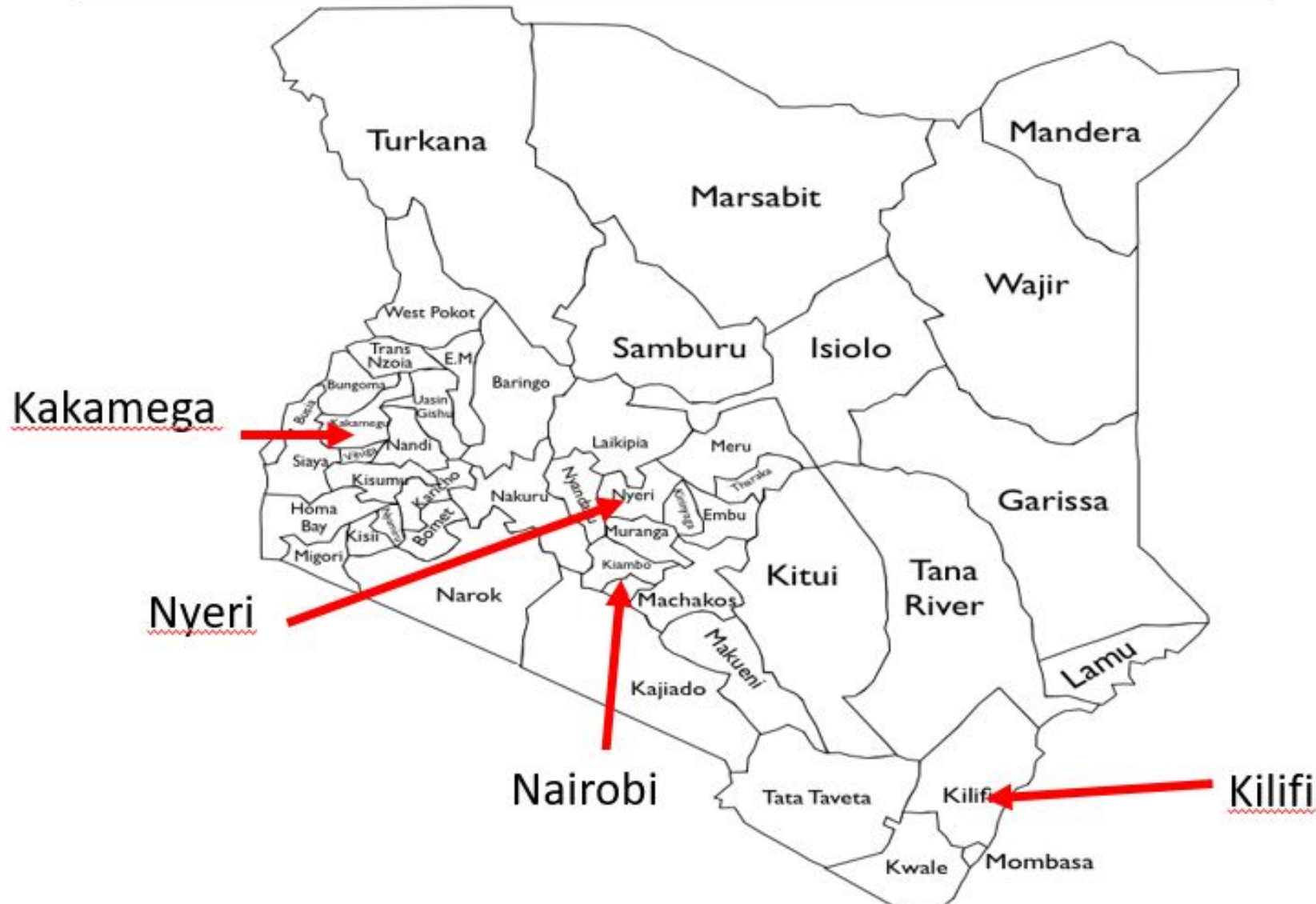


2000 & beyond -
Introduction of
technology supported
learning including
telemedicine, eLearning
and mLearning



The Scope

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



Objectives

Course on Effective Management of Diabetes for Healthcare Professionals



Introduction to the Course



START ▶

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

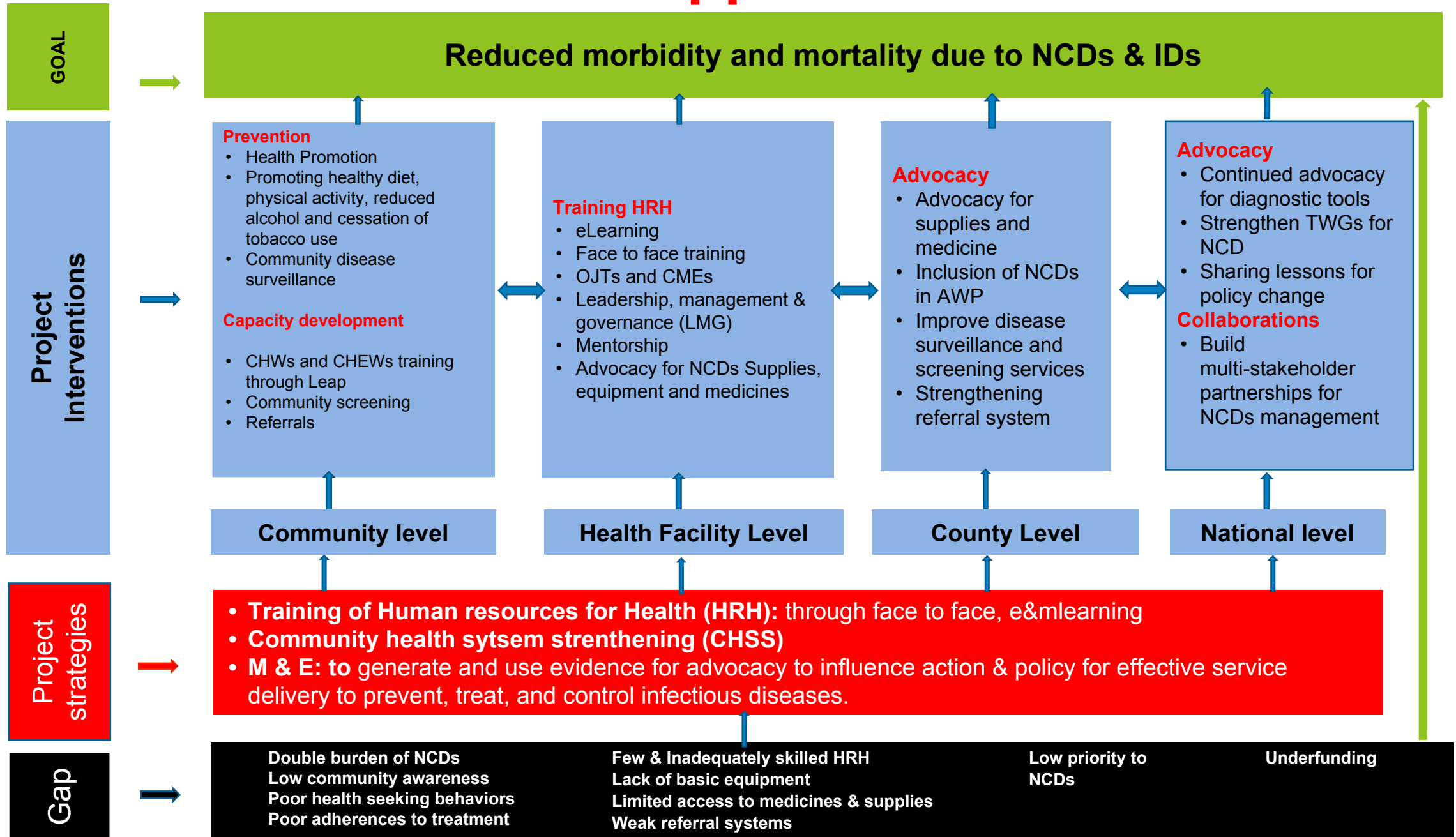


3. Monitoring and Evaluation to generate and use evidence for Policy and Practice Change for quality care.

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



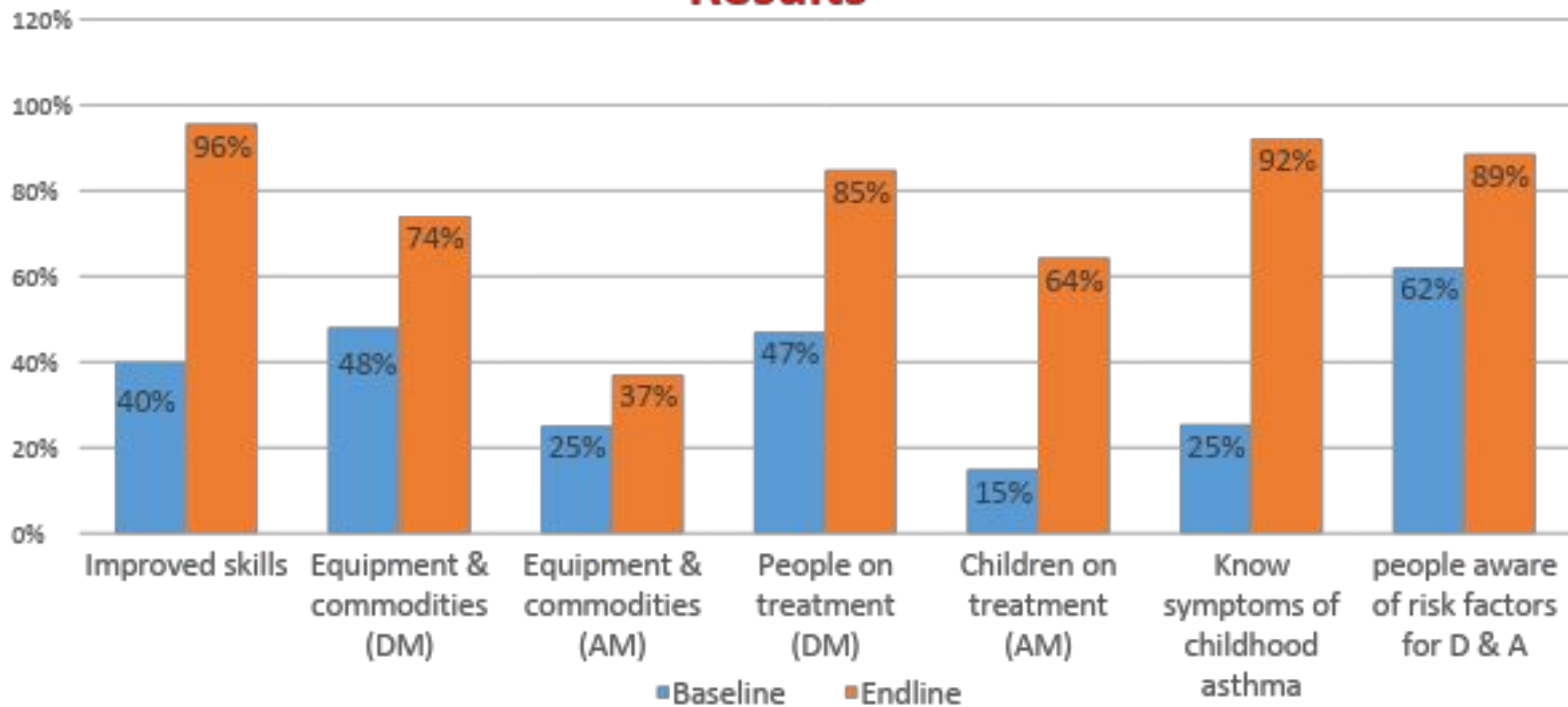
The Approach



Results

Per County		Per Cadre	
County	Skilled	Cadre	Skilled
Kilifi	649	Nutritionists	144
Nyeri	629	Lab. Techs	139
Nairobi	710	Clinical Officers	293
Kakamega	625	Nurses	447
		Pharm. Techs	100
		CHAs	233
		CHVs	1170
		Health managers	87
Total	2613	Total	2613

Results



The Ripple Effect of Capacity Building

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



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)



Questions?

Thank You!

Additional info?

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