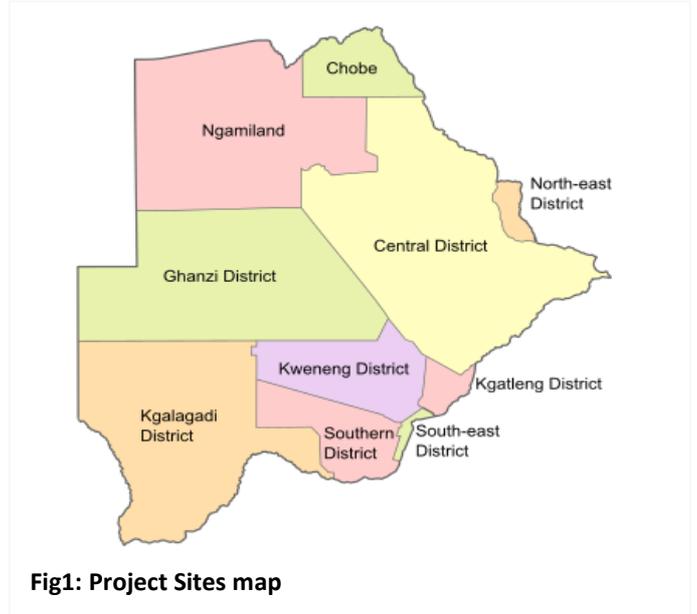


BOTSWANA NCDs Project



BACKGROUND

Amref Health Africa through the Institute of Capacity Development (ICD) implemented a two year (June 2018 – May 2020) Infectious Diseases (IDs) project across 4 counties (Nairobi, Kakamega, Nyeri and Kilifi) in Kenya. ICD built upon the successes and the relationships established during Phase I (2015-18) of the GSK-funded programme on non-communicable diseases (NCDs) and embedded the prevention, diagnosis and management of the prevalent IDs –pneumonia and diarrhoea - within the targeted counties while also focusing on advocacy for prioritization of NCDs. The project purpose was to contribute to the reduction in morbidity and mortality related to infectious diseases (pneumonia and diarrhoea) and non-communicable (diabetes and asthma).

APPROACH

Deployed four strategies;

1. Increased public awareness on healthy lifestyles and the impact of NCDs
2. Improved quality of health care services for the management of NCDs at primary health care level
3. Increased government coordination, planning and investment for NCDs

PROJECT BRIEF

Project Period: 2017 - 2019

Project Budget: £215,000

Partner: GSK

Target group: Health Workers, & Community Health volunteers

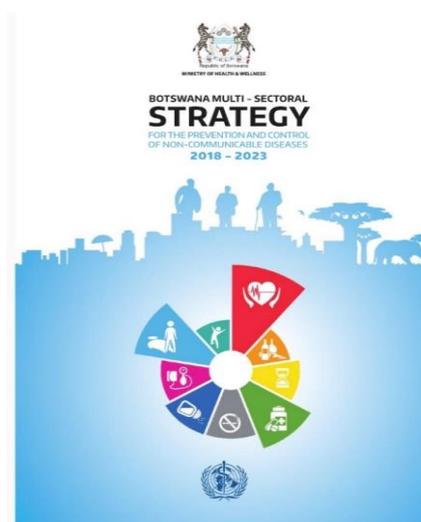
Region: Botswana

ACHIEVEMENTS AND RESULTS

The project achieved its objectives at the output level. NCD training curriculum was revised and expanded to include chronic respiratory diseases: asthma and Congestive Obstructive pulmonary diseases (COPD) and 10 Master trainers were trained. The Master trainers in turn trained 58 clinicians as TOTs from 19 districts. The TOTs were then tasked with cascading the training in their respective districts. Fifteen (15) districts cascaded training improving knowledge and clinical skills of 258 health care workers (159 females and 99 males) in NCD management. Training curriculum was expanded to include M&E component and Four (4) districts trained one M&E officer each on data and reporting requirements.

For improved quality of care, health worker's capacity to deliver quality service improved from 54% to 97%, and 91% reported that their facilities had benefited from the trainings that they had received. 88% of respondents said that they received support to implement what they had gained from training and 88% felt that their supervisors valued their training. Conversely 44% reported encountering workplace obstacles that impeded their ability to utilize their newly acquired NCDs skills e.g. shortage of staff, lack of support from managers. Overall, the project aimed to benefit two targeted groups, HCPs and women and children in implementing districts. HCPs significantly improved their skills, and their confidence and ability to provide NCDs services also improved.

Through our support to the national technical working group, a Multi – Sectoral Strategy for the prevention and control of non-communicable diseases was finalised and launched. The project supported editorial review, designing and printing of the strategy for distribution during its launch. The Technical working group for the NCD programme has been revived and to be chaired between MoHW and Office of the President (NAHPA).



Cadre	Target	Reached
People reached through IEC materials	4,000	8,154
Master Trainers	10	12
District Champions	57	58
Health care workers attached to the facilities	170	258
M&E officers	40	8
Total	339	336

LESSONS LEARNED

Collaboration with other health programmes: The avoidance of working in silos and knowing guidelines for other health issues, was a great lesson taken from this project. This meant that related trainings were harmonized and updated, to align specific information across the materials. For example, the Emergency Obstetric and Newborn Care (EmONC)] hypertension section was successfully aligned to the management of hypertension in NCDs materials. Integration of NCDs into general health facility activities was also advantageous for both the system (efficient use of human resources) and NCD patients' convenience.

Innovative training based on limited budget: The approach of training master trainers, ToTs and subsequently NCDs focal persons in order to cascade training at the district level was a good use of limited funds. This training included primary care guidelines, which health care providers had not previously seen, as well as some community health nurses who could then incorporate these in their outreach activities.

CONCLUSIONS AND RECOMMENDATIONS

- 1. Monitoring and Evaluation system prioritization:** Government should prioritize M&E of NCDs and ensure that the national health reporting system includes NCDs from an epidemiological as well as patient care perspective. Both reporting and diagnostic tools must be strengthened in order to ensure proper data capture for overall M&E. The department responsible for inspection of quality of services within the MoHW should have regular interaction with districts to capacitate them on ways in which they can strengthen their adherence to approved clinical guidelines as this seems to be a major challenge in management of NCDs. This process will help district to district specific solutions for improving the quality of services.
- 2. Strengthen public awareness on NCDs prevention and control:** The innovative ways to raise public awareness and high-end branding should be maintained going forwards, and NAPHA should amplify the health promotion strategy. These activities should be expanded to other districts, but also add the component of more traditional IEC materials. Additionally, there is need for a comprehensive NCD community awareness strategy led by NAHPA. The development of this should be multi sectoral and anchored on the idea of greater community ownership, so that the community is responsible for their health and seek tailored solutions.
- 3. Strengthen government coordination and investment for NCDs:** The strategy for NCDs was launched but there is need to ensure that the political commitment is translated into sector wide system actions. Structure engagement with the political leadership, through a well-articulated advocacy strategy, is suggested as a tool to aid in meaningful advocacy. The NAPHA is taking over the NCDs programme and so there is need for inclusion of relevant staff for the NCDs programme. This should include ACHAP seconded staff member for continuity and experience.
- 4. Continuous capacity development of HCPs:** Through the respective health professions bodies, the MoHW should look for ways to offer training as part of compulsory Continued Profession Development (CPD) and award points for this. The fact that the material exists in an e-form allows for wider reach whilst remaining efficient and sustainable.

REFERENCES

- End of project narrative report 2020.
- Botswana NCDs project End of Term Evaluation 2020.

ACKNOWLEDGEMENT

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