

GSK 20% Re-Investment Initiative



PROJECT BRIEF

Project period:

June 2016 – May 2020

Budget: 5,056,900

Partners: Amref in Ethiopia, Malawi, Mozambique, South Sudan, Tanzania, Uganda and Zambia.

Africare in Angola, ADRA in Burundi, CHAL in Lesotho and SFH in Rwanda

Target group: Frontline Health Care Workers

Region: East and Southern Africa

BACKGROUND

One of the most significant barriers to accessing basic health care in less developed countries is a chronic shortage of trained and supported frontline health workers within communities. Inadequate training infrastructure and a lack of basic training resources for pre and in-service training of middle level health workers, community health workers and health managers are major obstacles to scaling up the development of the health workforce in a majority of the Least Developed Countries (LDCs). Amref Health Africa’s partnership with GSK through the 20% Re-investment Initiative aimed at increasing the numbers of trained health care workers in rural and marginalized communities to specifically address the health challenges affecting pregnant women and under-fives in East and Southern Africa. The main focus of interventions was on capacity building and training of mid-level health workers and community health workers and empowering communities in the target countries through partnering with Ministries of Health, private sector and NGO partners identified by Amref Health Africa and/or GSK.

APPROACH

A three pronged approach was used in implementation. The programme was implemented across thirteen countries: Angola, and Burundi in collaboration with Africare and Adventist Development and Relief Association (ADRA) respectively; in Ethiopia, Tanzania, Malawi, Malawi, South Sudan, Mozambique, Uganda and Zambia through Amref Health Africa’s country offices; and in Djibouti, Madagascar, through the Amref Health Africa’s Institute of Capacity Development alongside the respective Ministries of Health; Rwanda through Society for Family Health and Lesotho through Christian Health Association of Lesotho

ACHIEVEMENTS AND RESULTS

Country	Key Achievements
Angola	<ul style="list-style-type: none"> • Successfully integrated school health program in 101 schools in Matala Municipality through strengthening of Parent Teacher associations • Improved access to clean safe water and sanitation facilities both to students and community members. 5 water points were constructed. Over 581 new family latrines constructed with 48 new school latrines and one public latrine. 43 old wells rehabilitated and protected
Burundi	<ul style="list-style-type: none"> • Strengthened community Linkages in Cibitoke province through training of 1,756 Community health care workers and 368 Health care workers trained. Nutrition services and awareness improved in Cibitoke through cooking demonstrations • Buganda Commune declared an open free defecation commune through the support of the project
Djibouti	<ul style="list-style-type: none"> • Over 700 students at the Institut Superieur des Sciences de la Sante (ISSS) benefited from training resources acquired through the programme.
Ethiopia	<ul style="list-style-type: none"> • Training infrastructure improved in 15 Health science colleges through construction and renovations of skills labs and procurement of equipment. 21 Health Training institutions were supported with training materials to offer quality training programs with over 9,176 level IV HEWs upgraded and 190 midwives from emerging regions supported • Revised Curriculum and modules for Health Extension Workers. Occupational standards, model curriculums and assessment tools (COC examination) for midwifery and nursing cadres were reviewed. Materials can be accessed here (http://www.open.ac.uk/africa/heat/heat-resources).
Lesotho	<ul style="list-style-type: none"> • Strengthened the capacity of four CHAL supported training colleges to offer quality training programs. The colleges received learning materials benefiting over 600 students. We achieved reduction of student-book ratios, improved access to electronic learning content and improved the quality of learning. • The first 16 E-Learning students graduated. The project advocated for rolling out the program to other training institutions
Madagascar	<ul style="list-style-type: none"> • Supported six training colleges to offer quality training programs. Over 900 students in the six colleges and their tutors/lecturers benefited from the learning materials procured by the project
Malawi	<ul style="list-style-type: none"> • Supported two colleges to be accredited for e learning nursing up-grading programme. The Nurses and Midwives Council of Malawi developed eLearning standards; accreditation; monitoring and evaluation tools to monitor and support the eLearning initiatives • Key linkages developed among key stakeholders MoH, NMCM, National Organization of Nurses and Midwives (NONM) for the eLearning approach
Mozambique	<ul style="list-style-type: none"> • Capacity build through training 105 health care workers in the areas of BEMOC • Four training institutions (Sofala, Beira, Inhambane and Masinga) supported with various training materials based on the identified needs
Rwanda	<ul style="list-style-type: none"> • Improved access to health care in Nyanza and Gatsibo Districts through the setting up and equipping of 14 health posts
Tanzania	<ul style="list-style-type: none"> • Supported 28 nursing training institutions to plan and implement e learning programs in Tanzania. Over 1,305 students have graduated after successful completion of the eLearning programme • Revised and developed training learning materials and curriculum
Uganda	<ul style="list-style-type: none"> • Supported 11 nursing training schools and 10 eCentres to roll out e learning training programme. The capacity was enhanced in the managed of eLearning programme • 347 midwives graduated and are now offering health services in their facilities
Zambia	<ul style="list-style-type: none"> • Trained 400 Community Health Care workers • Supported mentorship and supportive supervision of more than 560 skilled birth Attendants focusing on Maternal, Neonatal and Child Health service delivery (Emergency obstetrics and New-born care and respectful maternity care) • Review meetings for maternal experts to discuss causes of maternal deaths and way forward

Key Lesson Learnt

- Stakeholder buy in and community involvement is crucial for any project sustainability. Our Angola, our project involved all stakeholders including the municipal administrators and this led to project ownership. In Malawi clean up campaigns have now been institutionalised and are being carried out every Friday. The Ministry of Education has instituted school health program and developed a policy on the same
- The community cooking demonstration exercise have a huge impact in the community. Majority of the members who attended appreciated the education on how to prepare balance diet using locally available foods
- Buy in from the government is important. In Djibouti the government was not responsive as expected. This led to the closure of the project in year 3.
- Strong and open communication and partnership with government is crucial. This ensures that the expectations are well managed
- The level of funding appeared to be limited when disbursed to institutions but it has made a significant impact when centrally used. The FEDINA system was used by the four colleges to support student management
- Working closely with the training institutions and colleges helped the project to achieve the successes noted.
- There is a high demand of eLearning program in Tanzania, not only in nursing cadre but also in other cadres within the health sector, eCampus platform was requested by the Ministry of Health in Tanzania be used in training during the COVID19 Pandemic.
- Mentorship is a key component in improving the performance of health care workers.

CONCLUSIONS AND RECOMMENDATIONS

- Amref Health Africa's approach to train health care workers through eLearning has shown to be effective. With over 1,668 (16 in Lesotho, 347 in Uganda and 1,305 in Tanzania) this methodology need to be strengthened and supported by the ministries for continuity. Countries need to be supported to put in legislations that will safe guard the achievements. For those countries that have developed policies they need to be supported to roll out those policies
- Some countries have not fully embraces e learning. More engagement and sensitization need to be done to have e learning embraced. Most of these countries have poor ICT infrastructure with low ICT literacy levels.
- The project has greatly contributed to increased access to quality healthcare in Eastern and Southern Africa' LDCs by supporting capacity building of over 13,126 frontline health care workers. The capacity of the nurses and midwives who received project trainings has greatly improved to deliver quality healthcare
- 77 Training institutions are better equipped to deliver both face to face and eLearning programmes. The programme supported these colleges with an assortment of learning materials from books to ICT equipment. Tutors in these colleges were also trained and capacity build on teaching aspects and technical aspects
- Ministries of Health in the countries implementing e learning are now better equipped to develop and monitor sustainable and scalable eLearning programmes.

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