Programme Outcomes and Impacts Series

Summary of Results

Project Title: GSK Infectious Disease Project – Kenya

GSK IDs Project

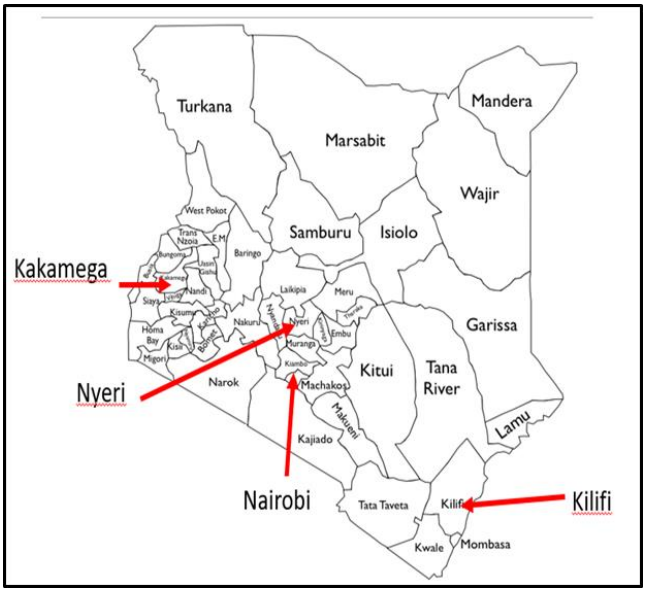

Fig1: Project Sites map

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;

- Training of Human Resources for Health
- Community health systems strengthening
- Supply chain management
- Advocacy - generate and use evidence for advocacy and to influence action and policy

PROJECT BRIEF

Project Period: Jun 2018 – May 2020

Project Budget: £900,000

Partner: GSK

Target group: Health Workers, Community Health volunteers & Women of reproductive age

Region: Kenya

ACHIEVEMENTS AND RESULTS

The approaches and strategies applied by the project were largely efficient as evidenced from the fact that expected results were achieved within the budget line and time. Similarly, the use of peer-to-peer learning methods such as CMEs, mentorship and on-the-job training saved on the costs and ensured continued peer to peer learning. For example, the proportion of health workers with adequate Knowledge on Diagnosis and management of pneumonia improved from 32.8% to 79% and 36.1% to 91% for diarrhoea.

On the other hand, the percentage of households who treat drinking water improved from 54.4% to 98.2% while Handwashing at critical times improved from 54.8% to 96%. Women of reproductive age with knowledge of prevention of pneumonia improved massively to 75.3% from 9.5% at baseline. This goes to show how the training was effective in improving knowledge of the different cadres and subsequent actions towards the prevention, management and control of these IDs.

Overall, the project was effective in achieving the intended outcomes and outputs – reached over 4000 against a target of 3400 health workforce. Knowledge, Attitude, and Practice among project beneficiaries on Prevention, management and treatment of diarrhoea and pneumonia improved.

Cadres	Grant duration target			People reached directly through trainings		
	Total	M	F	Total	M	F
Community Health Volunteers (CHVs)	1170	470	700	1137	348	789
Nurses	433	153	280	667	251	416
Laboratory Technicians/Technologists	120	70	50	57	26	31
Community Health Assistants (CHAs)	200	120	80	200	91	109
Nutritionists	120	50	70	75	29	46
Clinical Officers	280	110	170	373	146	227
Pharmaceutical Technologists	100	45	55	66	29	37
ToT's/Faculty members	100	50	50	83	25	58
Health Managers	50	25	25	84	36	48
Mentors	40	20	20	34	13	21
WRA's	800		800	873	0	873
OJT & CMEs				583	214	369
Doctors				21	12	9
PHOs				12	1	11
Health Records Officers				10	4	6
Total number of people directly benefiting	**3413**	**1113**	**2300**	**4275**	**1225**	**3050**
Indirectly benefiting people:	**7,500,000**			**8,477,754**		

LESSONS LEARNED

Protect, prevent and treat: this is an effective intervention and we need to strengthen proven cost-effective interventions like antibiotics for pneumonia and oral rehydration salts to prevent dehydration as a result of diarrhoea. These affordable solutions should be scaled-up to reach the most vulnerable and prevent unnecessary deaths. Similarly, promotion of protective interventions such as exclusive breastfeeding, adequate complementary feeding and Vitamin A supplementation provide the foundations for keeping children healthy and free of disease, while preventative interventions such as the provision of necessary immunisations, safe drinking water, sanitation and hygiene, and reduced household air pollution prevent children from becoming ill. During year 2 the project will continue to train health workers and sensitise communities as well as advocate with the districts to ensure that these interventions are continued into the future.

Training has a ripple effect: This has been observed with the notable increase in the number of hand washing facilities at household level, schools and Churches and embracing of proper hand washing techniques in the community. Myths and misconceptions have also been highlighted during the community meetings and the CHAs and CHVs are working on alleviating them through edutainment during dialogue days and sensitization with health education of caregivers during household visits.

Data for decision making: It is crucial to improve data collection systems and strengthen health management information systems and vital registration to better estimate the burden of pneumonia and diarrhoea and to monitor treatment, in order to take action based on evidence. There is a need therefore to have a deliberate effort to strengthen M&E systems for better data to inform decision making.

CONCLUSIONS AND RECOMMENDATIONS

1. **Integrated training:** Pneumonia and Diarrhoea are part of the infectious diseases under IMCI in Kenya. There is a need therefore to have health workers trained in the integrated package beyond just pneumonia and Diarrhoea. Though the project extracted just the 2 IDs for training, the health workers requested extra content for them to be able to give a quality standard of care to children under 5. To mitigate this, ToTs and mentors incorporated some of the essential contents during OJTs and CMEs
2. **Monitoring of training outcomes/impact:** This having been a predominantly a capacity building project, there is need to allow for time to closely monitor the training outcomes. With the 2 year project period, some training ended less than 6 months to the project end term. This means there was limited time for the project to study the ‘so what’ after the training. It meant we needed more time to measure behavior after training which looks at if they are utilizing what they learned at work results which determines if the material had a positive impact on the business / organization.

REFERENCES

- End of project narrative report 2020.
- GSK IDs project End of Term Evaluation 2020.

ACKNOWLEDGEMENT

Sincere gratitude to our funder GlaxoSmithKline (GSK) for supporting the programme and Amref ICD team for day to day implementation of the project. We also thank Nairobi, Nyeri, Kilifi and Kakamega County management teams for the support and coordination offered to the project and the communities from the four counties for owning the project and working to improve the health outcomes.

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