

Capacity Building – what does it mean?

Millennium Development Goal 6: Malaria, HIV a/o

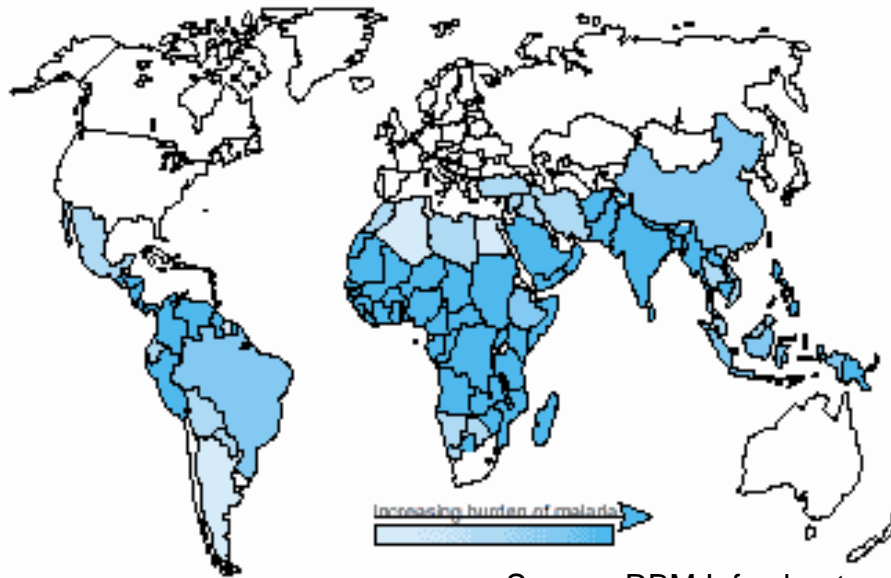
Dr Gisela Schneider
Head of Training
Infectious Diseases Institute
Uganda



Overview

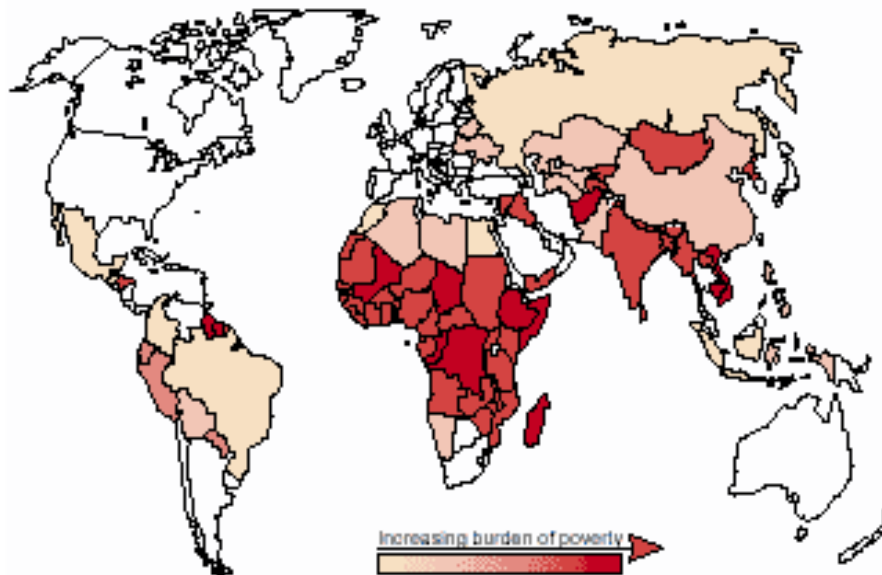
- The challenges of the “big Three”
 - Malaria
 - HIV/AIDS
 - TB
- Human Resource Needs in the light of these challenges
- How can we build capacity?
- How can we maintain capacity?

Estimate of world malaria burden



Source: RBM Info sheet

Estimate of world poverty



Source: RBM data/J. Sachs 1999



Source: WHO

Morbidity and mortality



Source: RBM Info sheet

Loss of productivity or education

Malaria in Uganda

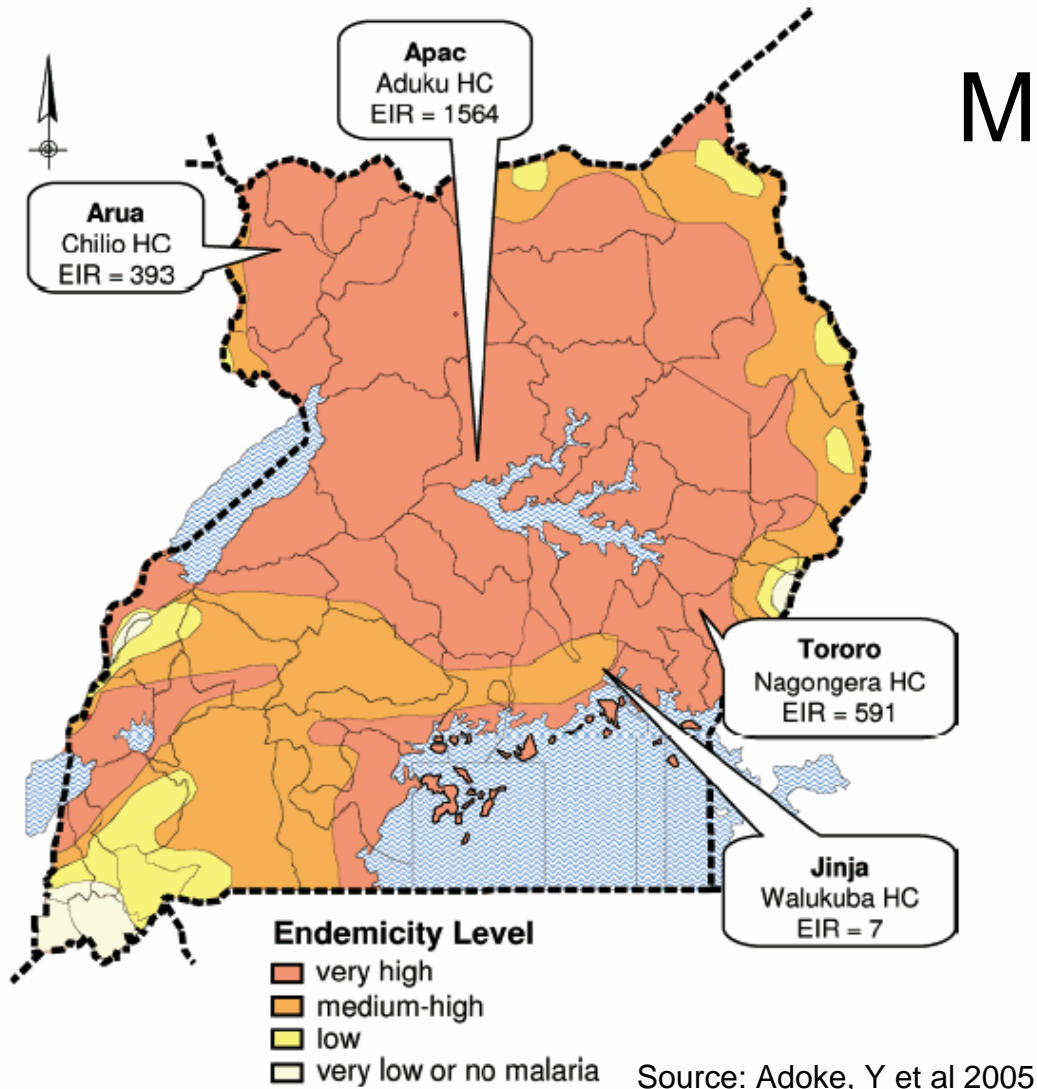


Figure 1. Map of Uganda Based on Malaria Endemicity

- ❖ Endemic in 95% of the country
- ❖ 25 – 40% of outpatient visits
- ❖ 20% of admissions to health facilities
- ❖ About 50% of deaths in children under 5 years at health facilities
- ❖ About 70,000 – 100,000 deaths annually
- ❖ Drug resistance to CQ/SP

Source: PMI, Uganda 2006

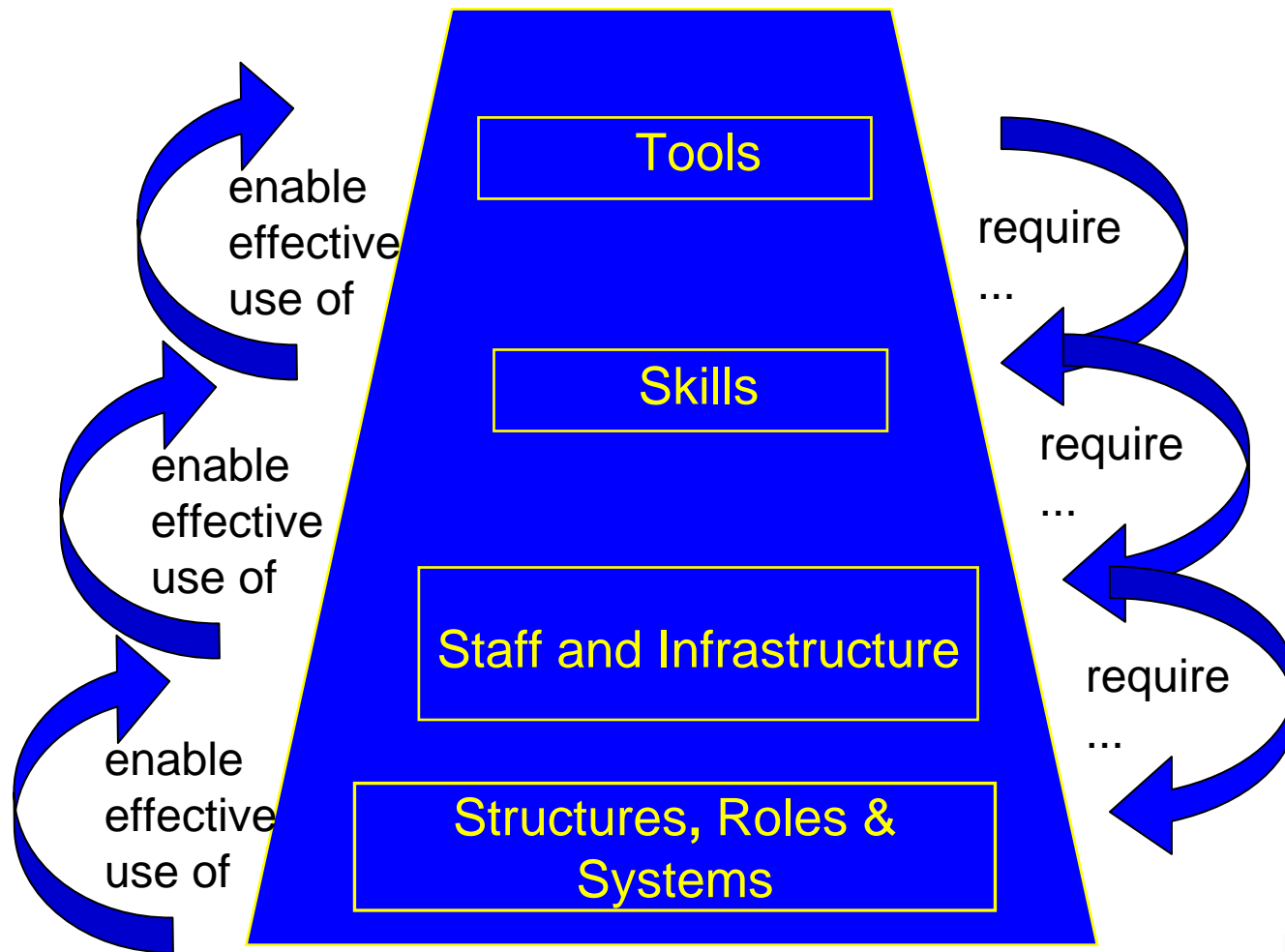
Effective Malaria Interventions

- Improving case management at all levels
 - Home Based management of fever
 - ACTs
- Intermittent presumptive treatment (IPT)
- ITN (Insecticide treated Nets)
- Indoor residual spraying (IRS)??
 - Debate: DDT yes or no!

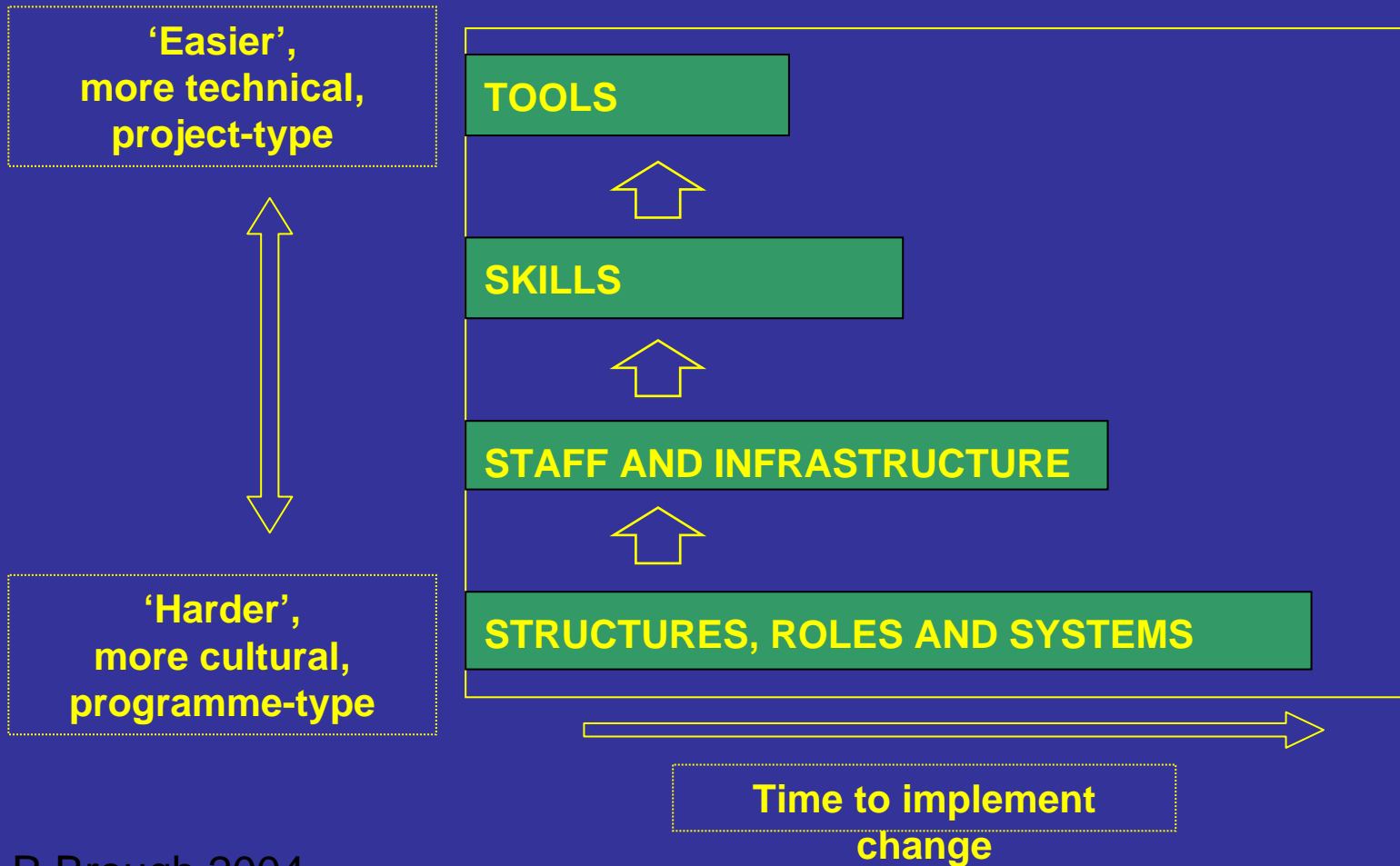
Why do we still have a problem?



Is it capacity building?



Complexity and time dimensions of capacity building



Joint Uganda Malaria Training Programme

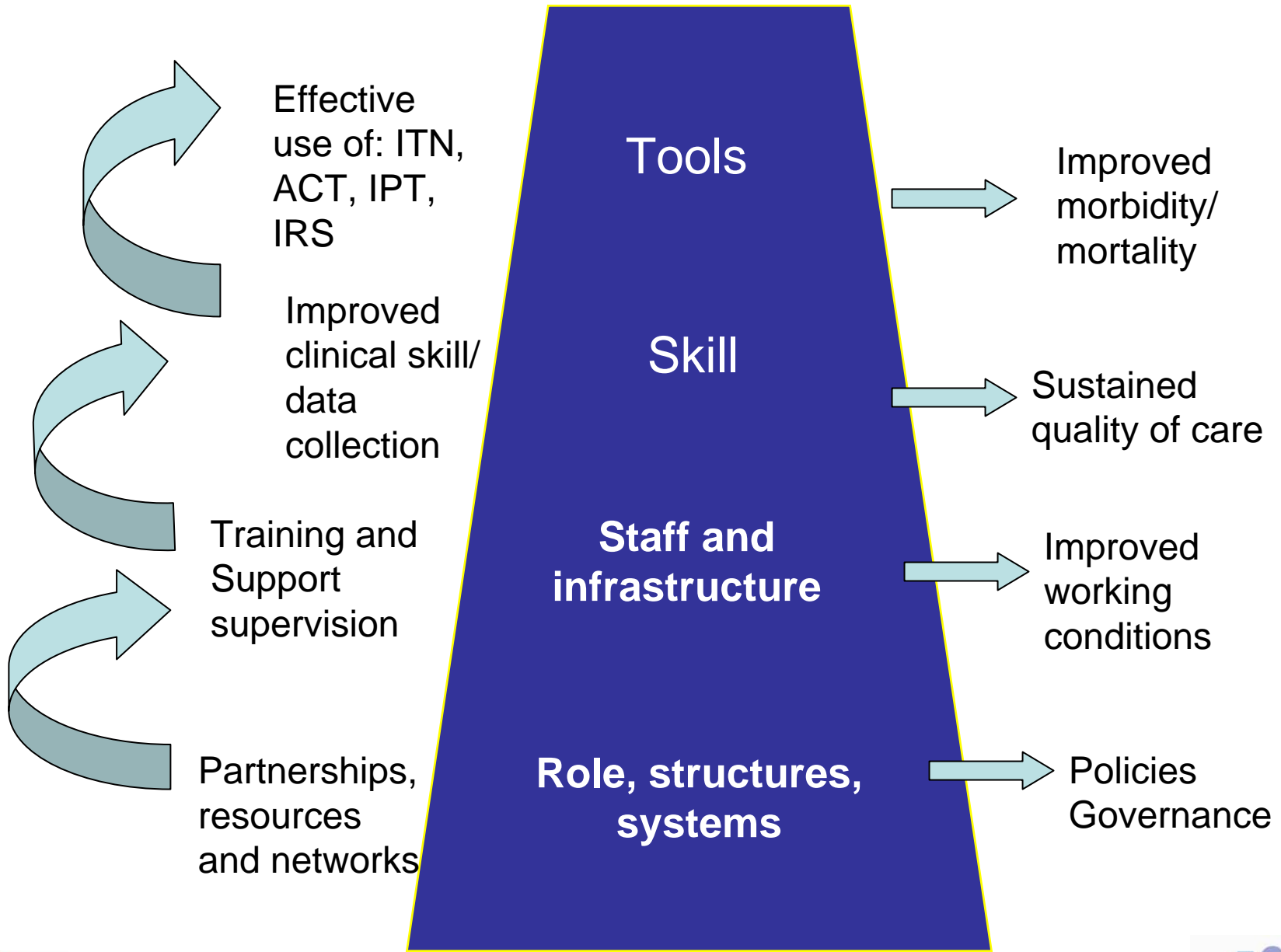
Aims:

- Document a model for malaria training that influences both management and control of malaria
- Improve the quality of management of patients with malaria through building capacity of H/W in the diagnosis, treatment and prevention of malaria
 - USING A TEAM BUILDING APPROACH

Components

- MD training including
 - Clinicians, laboratory people, record clerks and DHT
- Support supervision
 - Mentoring
 - Data and reporting
 - Capturing data on quality care
- Team Building
 - Each member of the team has equal importance
 - Regular meetings and malaria audits

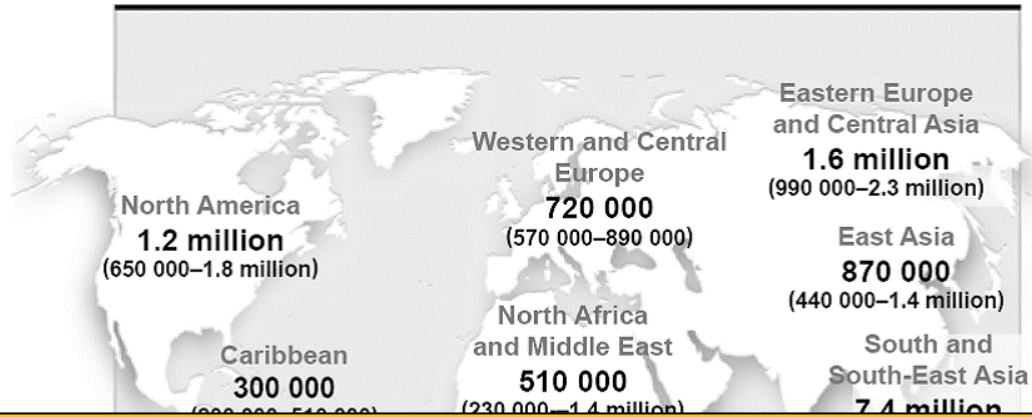




HIV/AIDS



ADULTS AND CHILDREN ESTIMATED TO BE LIVING WITH HIV IN 2005

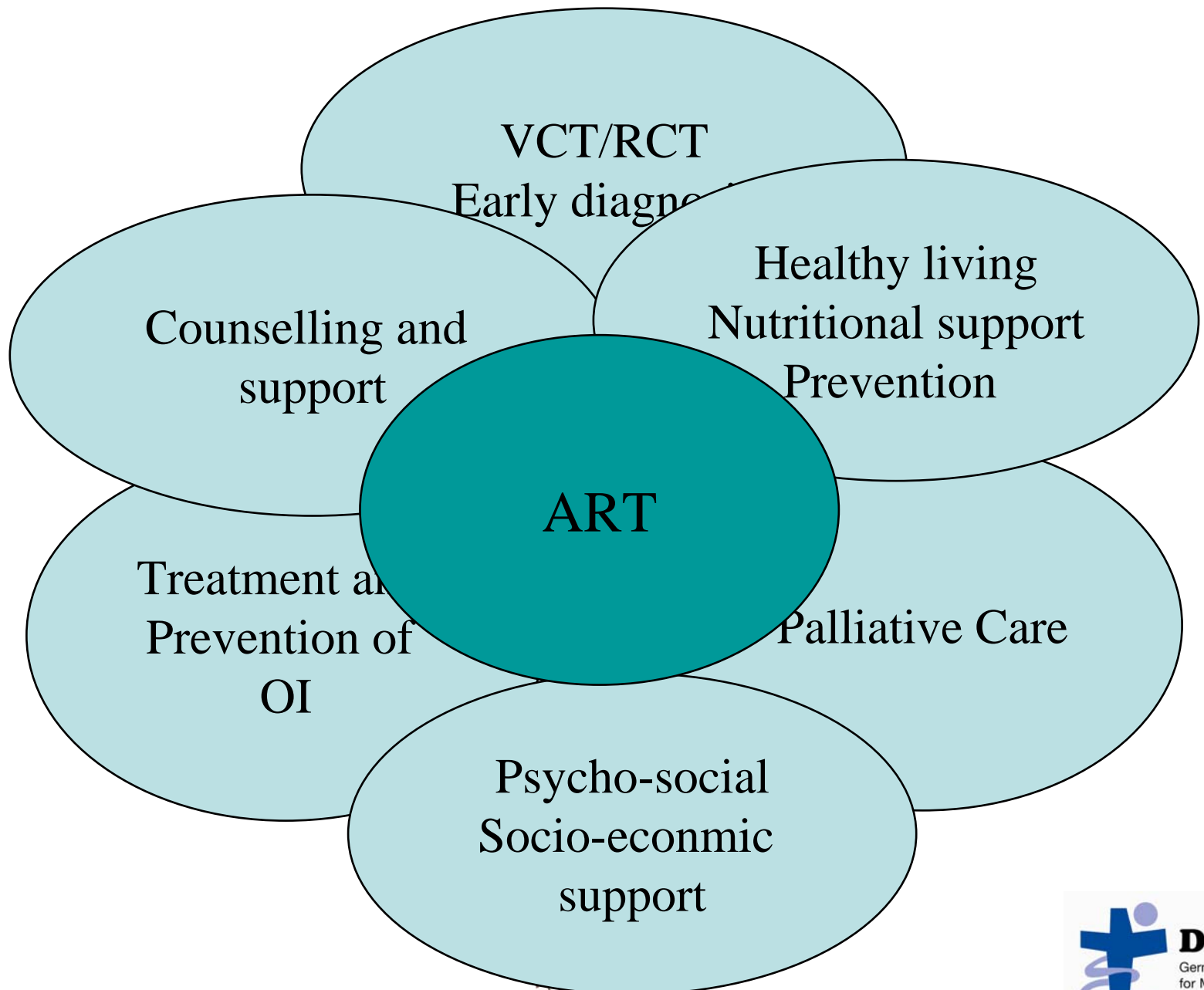


About 3 Million in need for ART in S/S Africa

Total: 40.3 (36.7–45.3) million

HIV more than ART and a medical problem





HIV Care = Life long care....

Continuum of care

From time of diagnosis to day of death

From the home to the hospital

Holistic – not medical only

Integration of prevention and care

especially with ART

Human Resource Needs for ART

- WHO estimate:
 - 100 000 trained staff for 3 Mio on ART
- Other sources estimate for 1000 people on ART:
 - 2 physicians
 - 7 nurses/CO
 - 1-3 pharmacy staff
 - Larger number of counselors, treatment supporters etc

Source: Hirschborn et al 2006, Human Resources for Health 2006: 4

Human Resource Need

- Calls for
 - Health worker that can provide holistic care
 - In all key areas
 - Multi-disciplinary teams that also include counsellors, spiritual care givers
 - Involvement of community and the church

Training Needs Assessment

What are the needs for HIV/AIDS training?



Objectives

1. To identify current training needs and priorities for ART providing facilities in Uganda
2. To identify specific skills and knowledge gaps that ART treatment providers are facing
3. To identify the best training approaches that will meet those needs in the short, medium and long term

Process

- Training committee approved the proposal
- Approval by Ministry of Health
 - IRB of Makerere University
- Stakeholders meeting in May
 - Agreement on the proposal
 - Review of the tools
- Field work
- Data entry and analysis

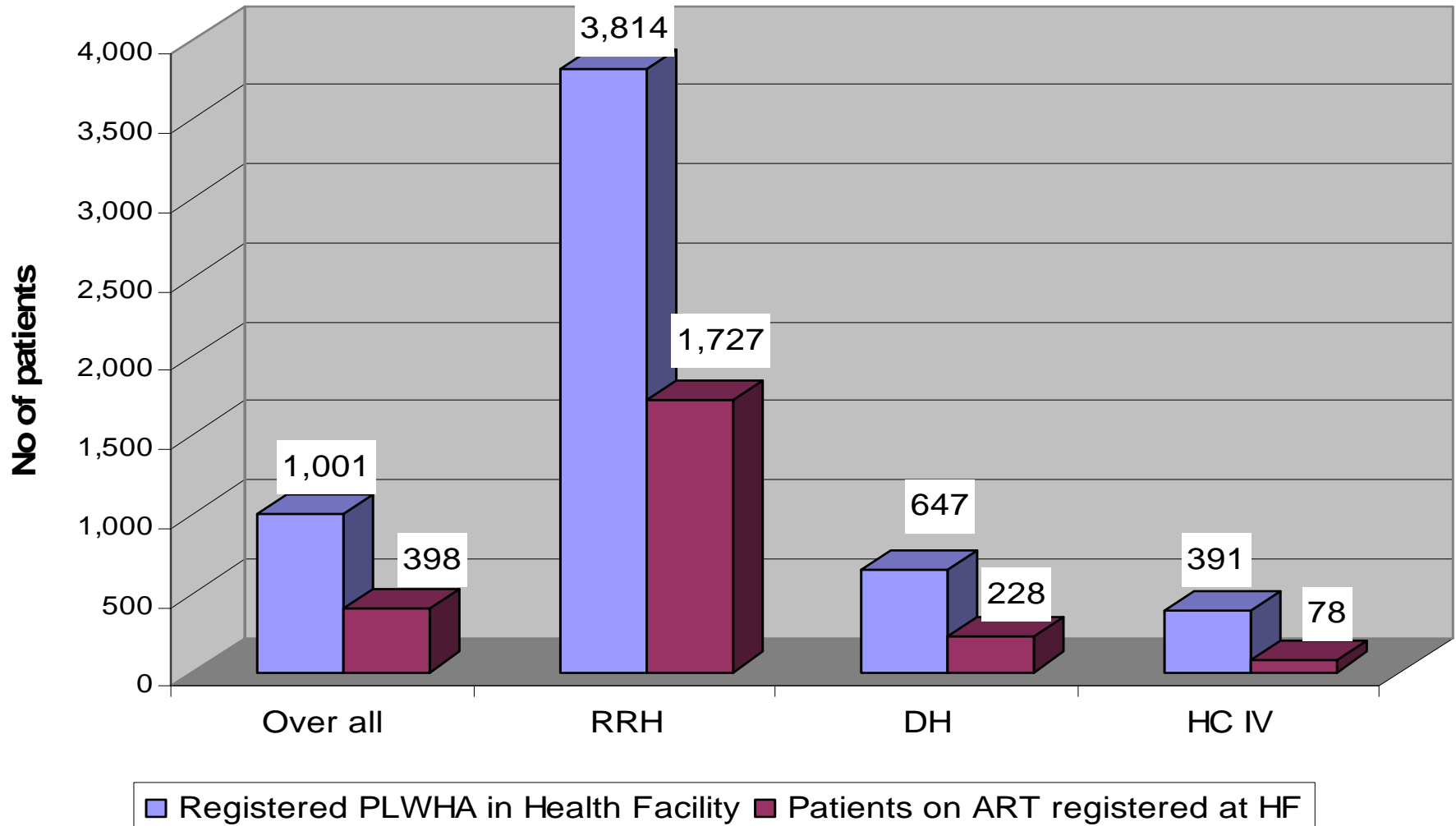
Methodology

- **Cross sectional survey**
- **44 health facilities (randomly selected)**
 - 6 regional referral hospitals (RRH)
 - Arua, Lira, Mbale, Hoima, Masaka and Kabale
 - 16 Hospitals
 - 10 District Govt and 6 NGO
 - 22 Health centre IV's
- **368 health workers working at ART/HIV clinics**
 - 79 from RRH, 83 DH, 53 from other hospitals and 153 from HCIV



Uganda is divided into administrative units called districts. There are 56 districts at present. Each district has its own headquarters. The districts are

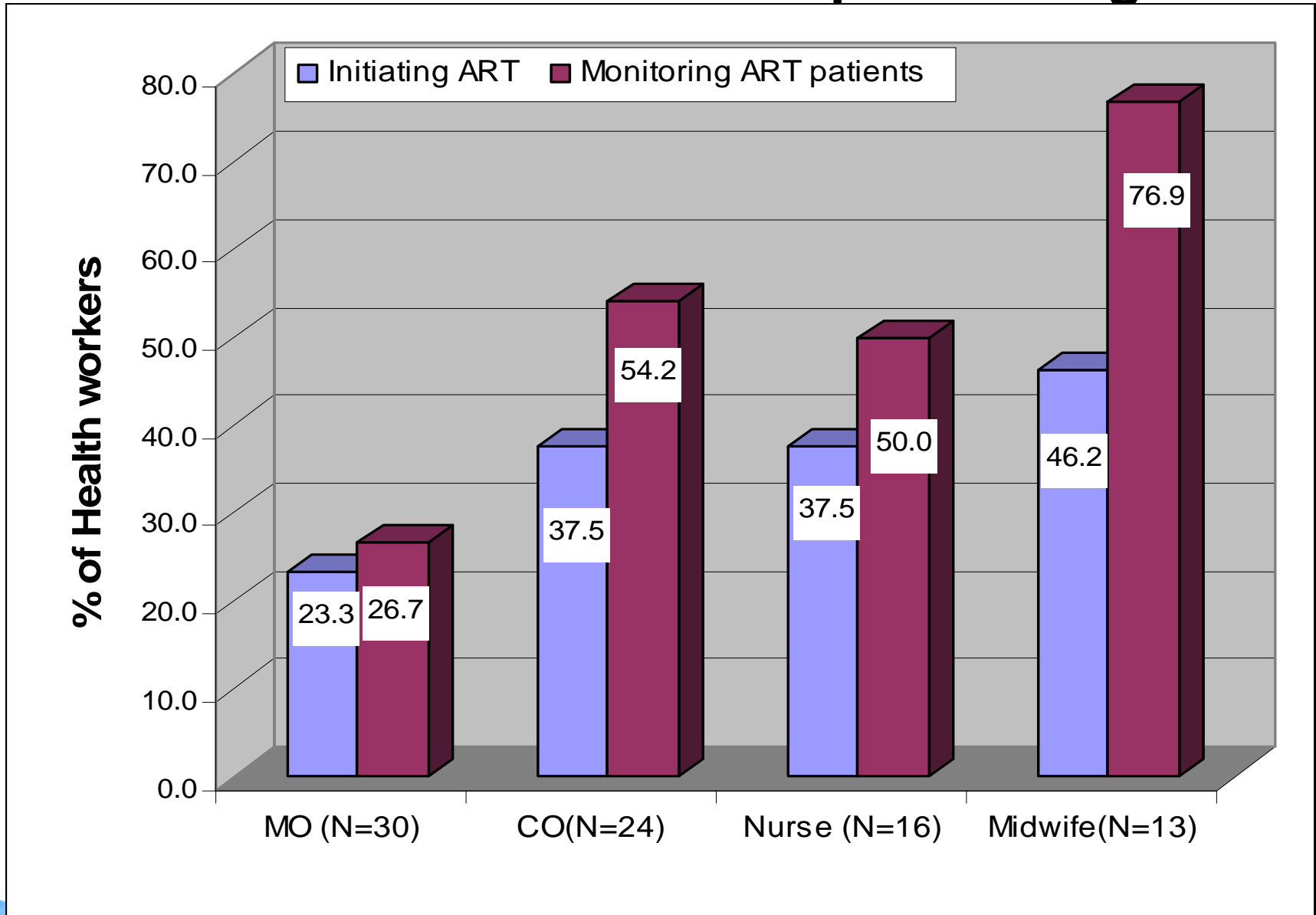
Average Patient Load per Facility



Key roles for different cadre of staff

	Medical Officer	Clinical Officer	Nurse	Midwife
	N=34 %	N=46 %	N=124 %	N=61 %
Administration/Supervisor	79.2	43.5	35.3	45.9
Prescribing ART	88.2	52.2	12.5	21.3
Prescribing other medicines	100.0	89.1	43.5	59.0
Training health workers	52.9	15.2	9.6	29.5

Not trained Health workers prescribing ART



Observed practice with patients on ART

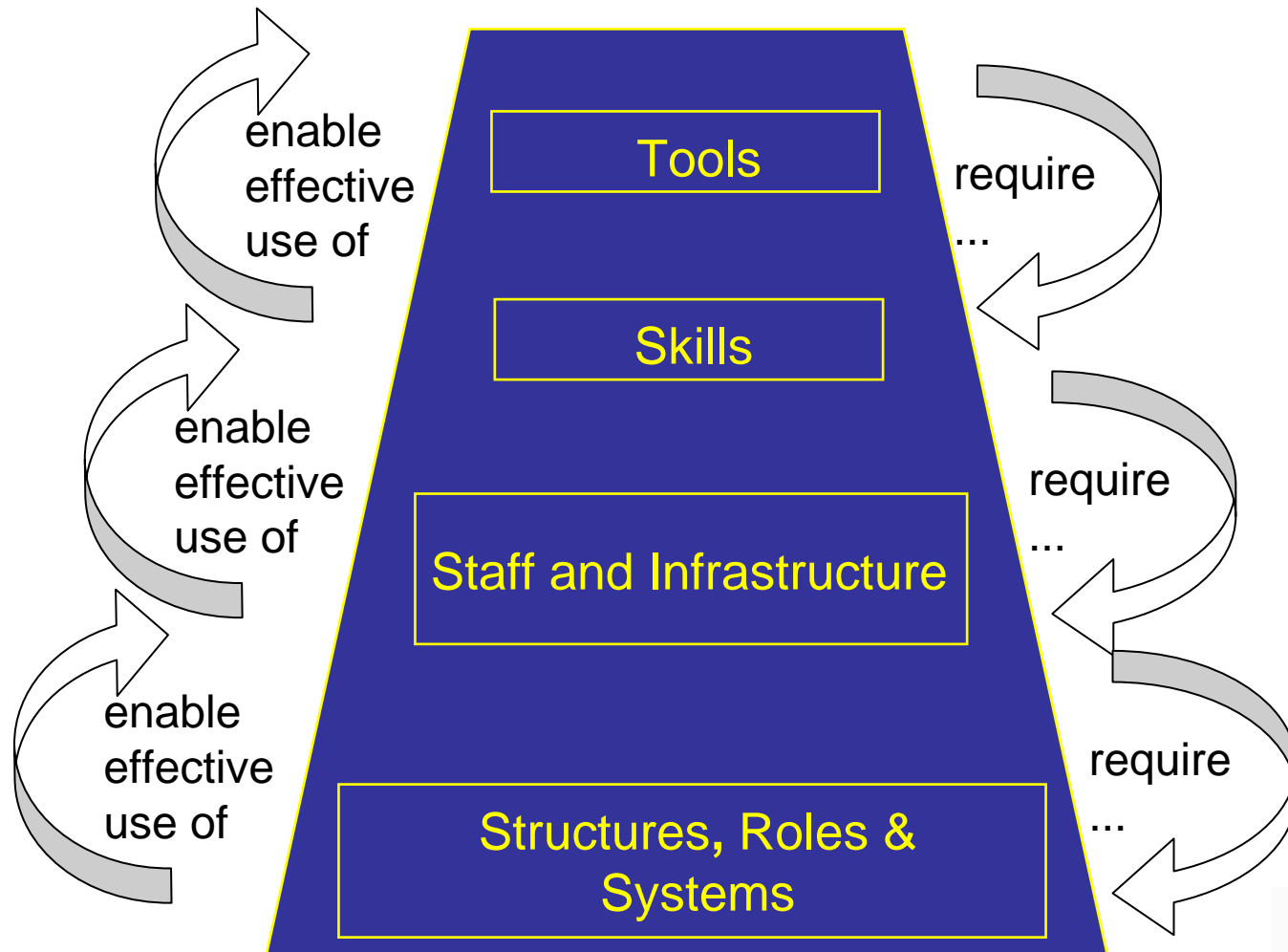
Health workers checked for	MO (N=12) %	CO (N=25) %	N/Mw (N=2) %
Weight	83	84	100
Weight change	50	75	100
Anemia	67	32	0
Side effects	36	42	0
HB	25	0	0
CD 4	41	30	31
LFT	17	0	0

IDI Training Model

- Traditional Training
 - Provision of up to date information/ knowledge
 - Skill building
 - Clinical Mentoring
 - Training of Trainers
 - Follow up through the Aids Treatment and Information Centre (ATIC)
- **Looking at systems development**

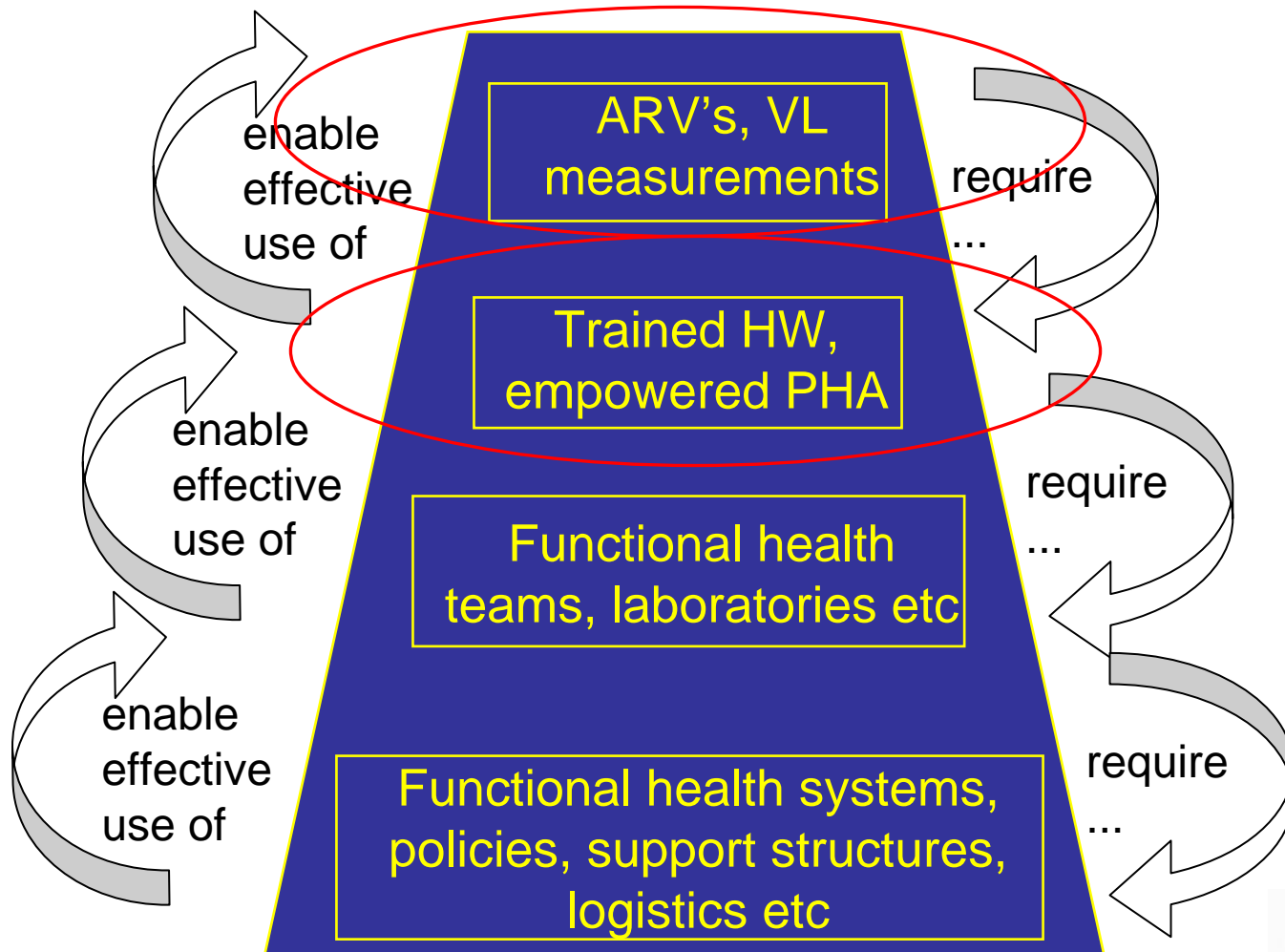


Building capacity for the long haul....



R Brough, 2004

Building capacity in HIV



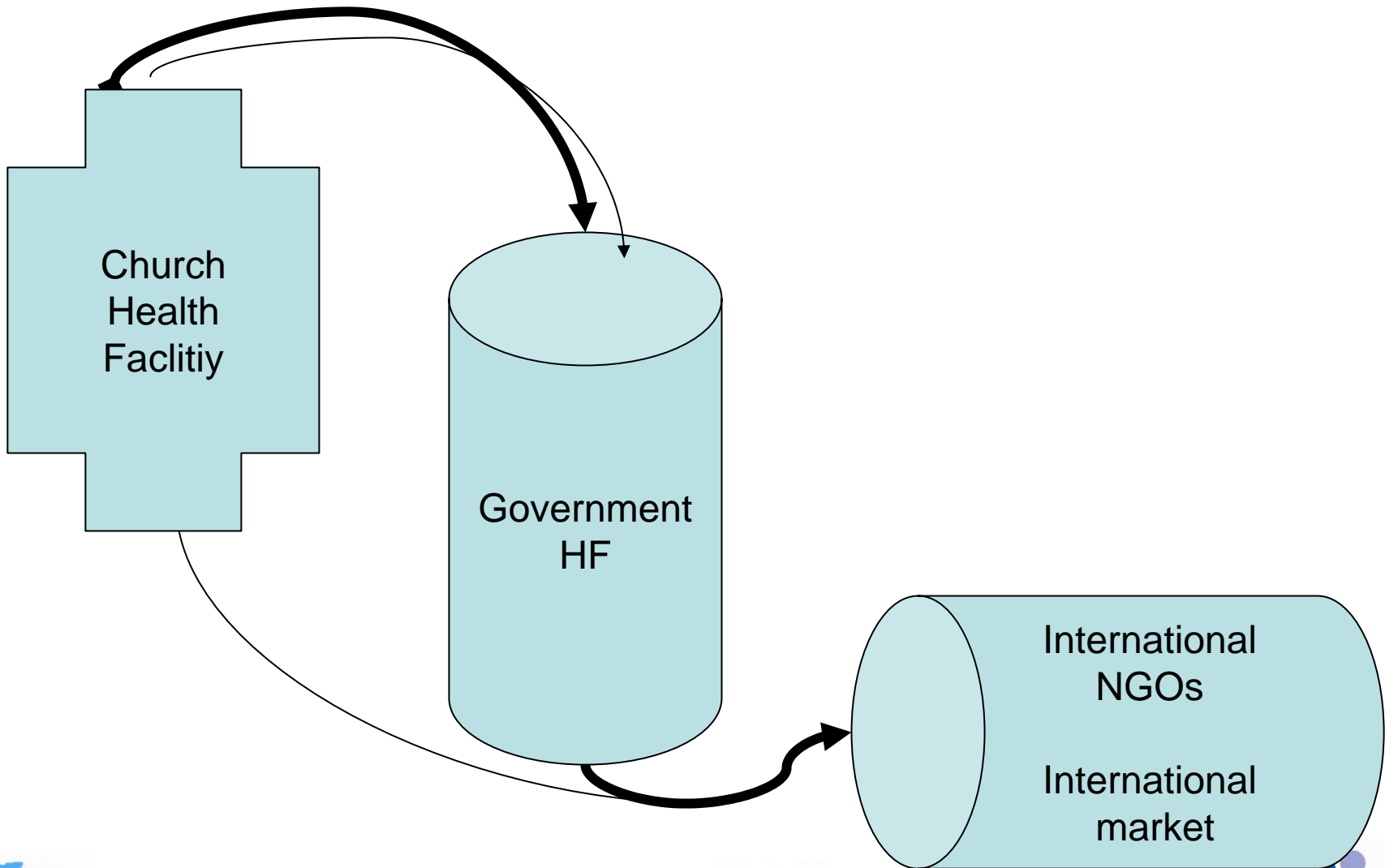
Evidence based training approaches

- Scaling up holistic capacity building and **capacity maintenance approaches**
- IDI offers to interested CHA's
- possibility of partnerships at country level
 - Detailed training needs assessments
 - Development of country owned training strategies and interventions

Christian Health Facilities



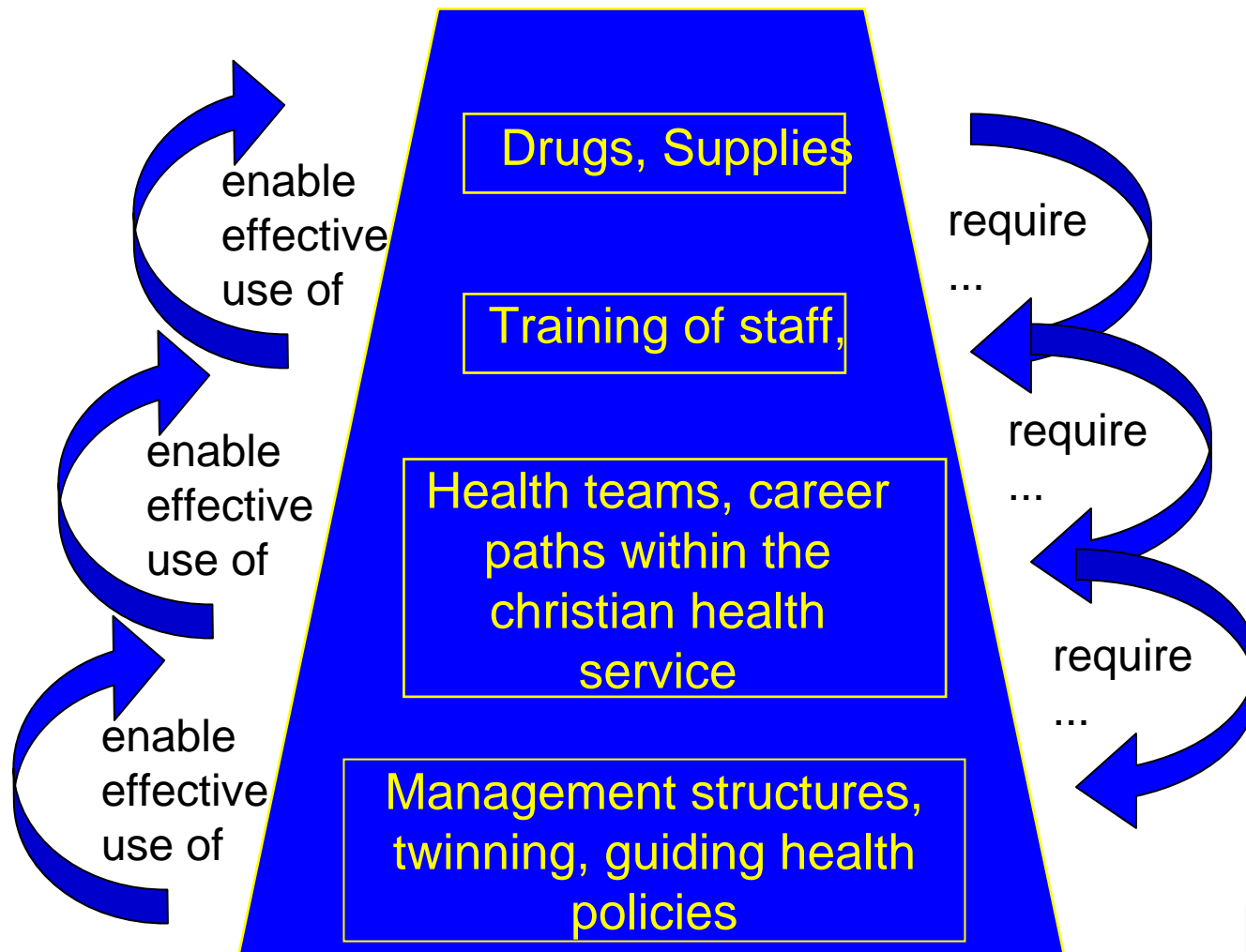
Brain Drain....



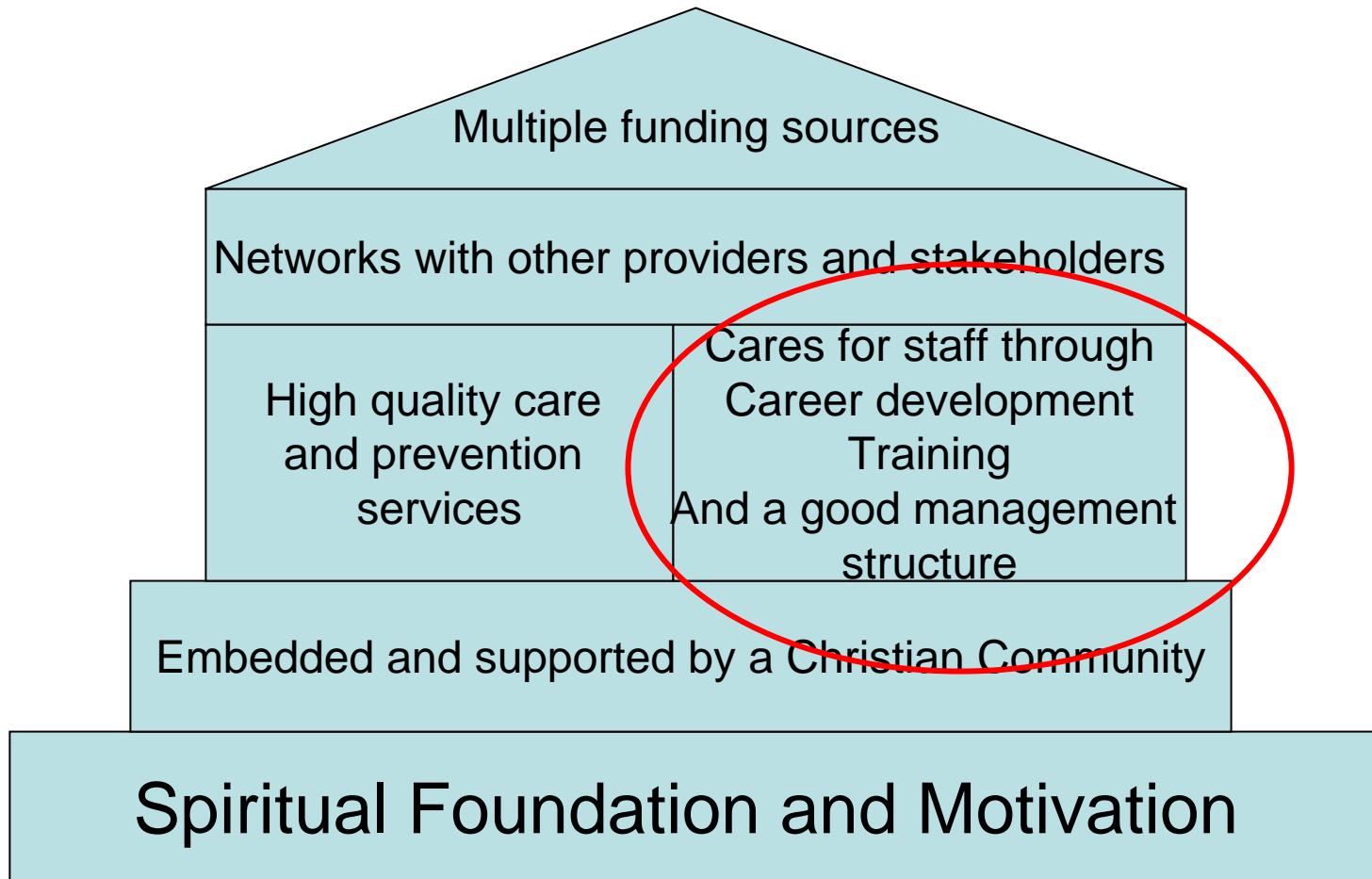
How can we sustain Christian health services?



Adopting a capacity building model



Sustainable Christian Health service



Thank you

- Friends across Africa who have allowed me to learn from them over the years
- MoH in Uganda
 - NMCP and ACP for supporting the various projects and studies
- Infectious Diseases Institute at Makerere University
- DIFAEM and WCC
- CSSC Tanzania for making this conference possible!



ASSANTE



God bless you all