



Amref Health Africa and GSK

Frontline Health Worker Training Programme | PARTNERING FOR LASTING CHANGE



Frontline Health Worker Training Programme | PARTNERING FOR LASTING CHANGE

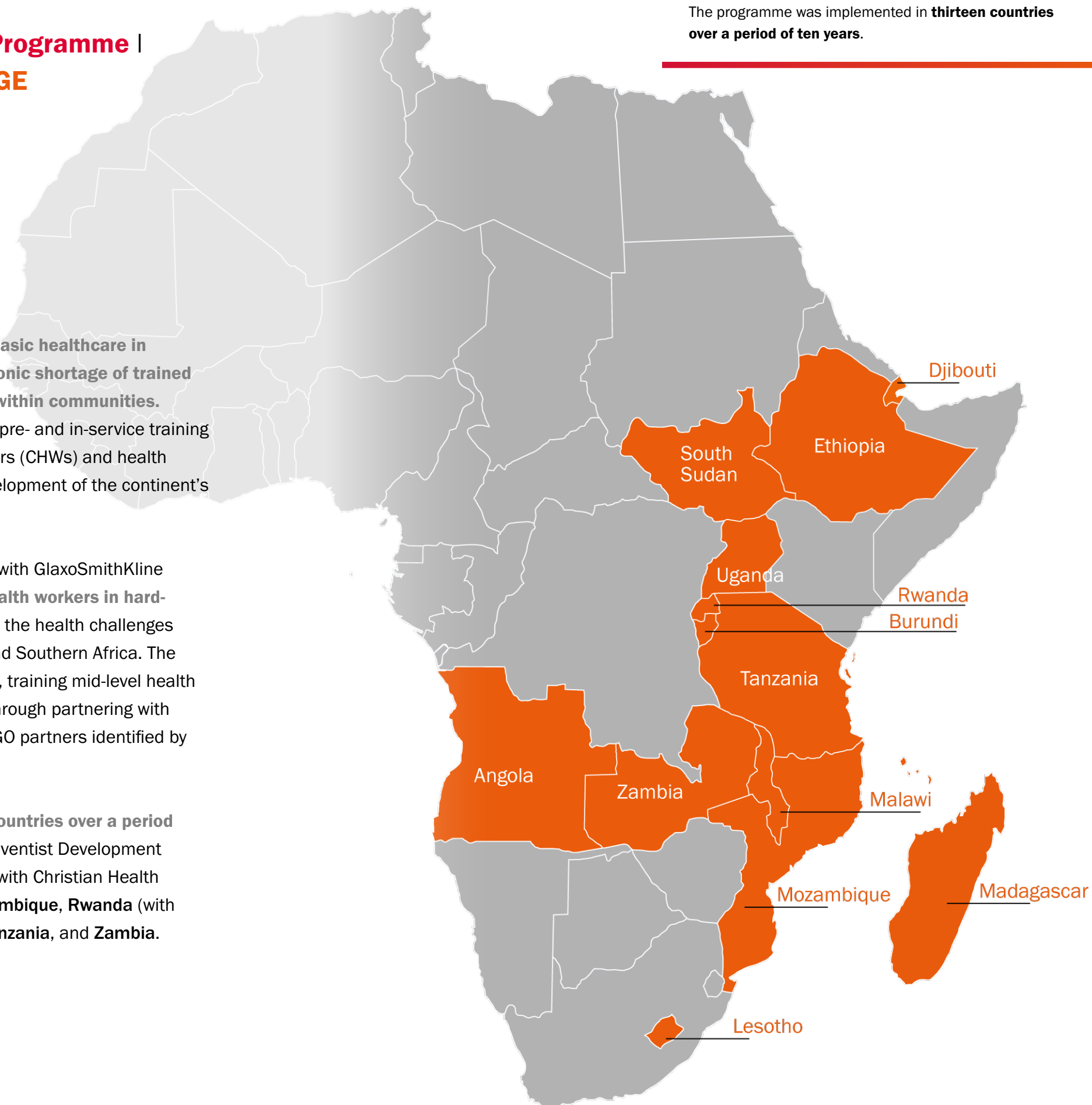
The programme was implemented in **thirteen countries** over a period of ten years.

One of the most significant barriers to accessing basic healthcare in low- and middle-income countries (LMICs) is a chronic shortage of trained and supported frontline health workers operating within communities.

Inadequate training infrastructure and resources for pre- and in-service training of mid-level health workers, community health workers (CHWs) and health managers are major obstacles to scaling up the development of the continent's health workforce.

Amref Health Africa's (Amref's) ten-year partnership with GlaxoSmithKline (GSK) aimed to **increase the numbers of trained health workers in hard-to-reach and marginalised communities** to address the health challenges affecting pregnant women and under-fives in East and Southern Africa. The main focus of our shared work was capacity-building, training mid-level health workers and CHWs, and empowering communities through partnering with Ministries of Health (MoH) and private sector and NGO partners identified by Amref and/or GSK.

The programme was implemented across **thirteen countries over a period of ten years**: **Angola** (with Africare), **Burundi** (with Adventist Development and Relief Association), **Djibouti**, **Ethiopia**, **Lesotho** (with Christian Health Association of Lesotho), **Madagascar**, **Malawi**, **Mozambique**, **Rwanda** (with Society for Family Health), **South Sudan**, **Uganda**, **Tanzania**, and **Zambia**.



2011-2020



34,373

**Amref built the capacity of 34,373
frontline health workers**



77,867

**Children were reached with education
on sanitation and hygiene**



45

**Institutes now offer eLearning
programmes allowing more health
workers to access training without
leaving their jobs**

What inspired this ambitious programme?

Established in 2011, the **GSK Frontline Health Worker Training Programme** sought to improve the health of people living in low-income countries by increasing access to highly-skilled health workers in three regions:

1. **East and Southern Africa**, in partnership with Amref Health Africa
2. **West Africa**, with Save the Children
3. **in Asia**, with CARE International

The programme was the latest incarnation of a partnership between Amref and GSK that has endured over almost 35 years. Over time, the partnership has evolved to reflect changing needs and programmatic priorities: but it has always been **anchored in our shared values**.

The programme focused on communities and frontline health workers and aimed to increase access to quality healthcare through:

- training,
- advocating for increased investment in health systems,
- building local capacity,
- supporting community health education and empowerment to stimulate demand in health systems,
- working with local partners to develop sustainable, replicable, scalable solutions, and
- building in-country as well as regional visibility for the partnership and GSK.

The programme aimed to increase access to quality healthcare in East and Southern Africa's low-income countries by 2020, by ensuring an adequate health workforce and functional health systems. In each of the thirteen countries, priority needs were identified in partnership with the Ministry of Health and local partner, and the programme designed accordingly. This meant we could tailor interventions to the specific needs of each country's health system.



Amref Health Africa and GSK |

A LONG AND SUCCESSFUL PARTNERSHIP



“GSK and Amref Health Africa have enjoyed a long-standing partnership, driven by the shared values of improving the health and wellbeing of communities across Africa. Our over-thirty-year partnership has allowed us to leverage GSK’s scientific expertise and Amref’s regional, national, and community-level rootedness and experience, to implement sustainable health programmes.

Over time we have evolved and adapted our interventions to be more responsive to contextual needs and priorities. We have learnt that impactful, systemically transformative interventions should be locally-led, multi-disciplinary and collaborative, and we look forward to using these lessons and this experience to support communities as they rebuild their lives post-pandemic, towards a sustainable improvement in health outcomes.”

Steve Murigi, Head of Programmes and Strategic Partnerships,
Amref Health Africa UK



“GSK have been proud to partner with Amref Health Africa for over 30 years. Amref have a deep understanding of the barriers to accessing quality healthcare for the communities they work with, as well as appropriate solutions to build lasting change, working alongside communities, Ministries of Health, and other partners.

In partnership, we have delivered programmes which have led to lasting impact in health worker training, tackling malaria, HIV and TB, and water and sanitation, as well as skills-based volunteering. As the world rebuilds from the pandemic, we look forward to continuing our work, embracing new methods and technologies to deliver lasting impact.”

Dr Daryl Burnaby, Director, Global Health, GSK UK



What have we achieved?

▪ Frontline Health Worker Training

The Frontline Health Worker Training Programme trained and supported **34,373 frontline health workers**:

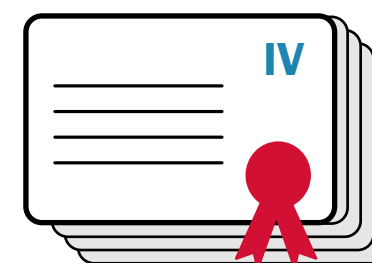


4,657

Community Health Workers were trained

17,553

Health Extension Workers¹ upgraded from Level III to Level IV



¹ Health Extension Workers (HEWs) are the Ethiopian equivalent of Community Health Workers (CHWs) – the crucial difference being that they are part of the formal health system, and paid for their work



760

Skilled birth attendants were trained

▪ Digital Learning

The Frontline Health Worker Training Programme introduced eLearning in **Lesotho, Malawi, Tanzania** and **Uganda**:

45 institutes now offer eLearning programmes

3,619 nurses and midwives have been trained

- eLearning became a more accessible route for midwives to upgrade their skills from certificate to diploma level in **29** schools in **Tanzania**, allowing more midwives to access higher training without leaving their jobs: particularly useful in a setting where facilities are understaffed.

▪ Training Institutes

118

Training institutes were supported by the Programme through:

- Improved infrastructure and provided learning materials,
- Revised curriculums, occupational standards, and assessment tools,
- Introduction and accreditation of eLearning courses.



What have we achieved?

Water, Sanitation, and Hygiene (WASH)

The Programme reached **101** schools and related communities with WASH interventions including:



13

School WASH health clubs were formed



77,867

Children were reached with education on sanitation and hygiene



101

Schools with improved access to clean and safe water, including the introduction of school-led clean-up campaigns



2,164

New latrines were constructed in schools and households

Nutrition



Raised awareness of nutrition through community-led cooking demonstrations



Rehabilitated nutritional units for proper storage of nutritional supplements and supplies



6,500

Children screened for malnutrition

1,491

Children supported with malnutrition treatment, through infrastructure improvements and training health workers

Health Facilities



Construction and set-up of **14** functioning community health posts

Immunisation in South Sudan

7,362

Children supported with vaccination under the Expanded Programme of Immunisation (EPI)

118

Health workers trained on immunisation

- Increased EPI coverage from an average of **10%** to an average of **42%** across two counties (**35% in Maridi** and **48% in Yambio**)



What has changed as a result of the programme?

In Uganda, eLearning was set up in 12 colleges. Amref built upon this success by implementing a second, UK government-funded eLearning programme, focusing on professional development for nurses and midwives.

In Rwanda, 14 operational community health posts were constructed in line with the Government of Rwanda's strategy.

In Angola, contributing factors to water-borne and hygiene-related diseases, such as sanitation, have been improved. Schoolchildren have access to safe drinking water and are less likely to be near open defecation sites.

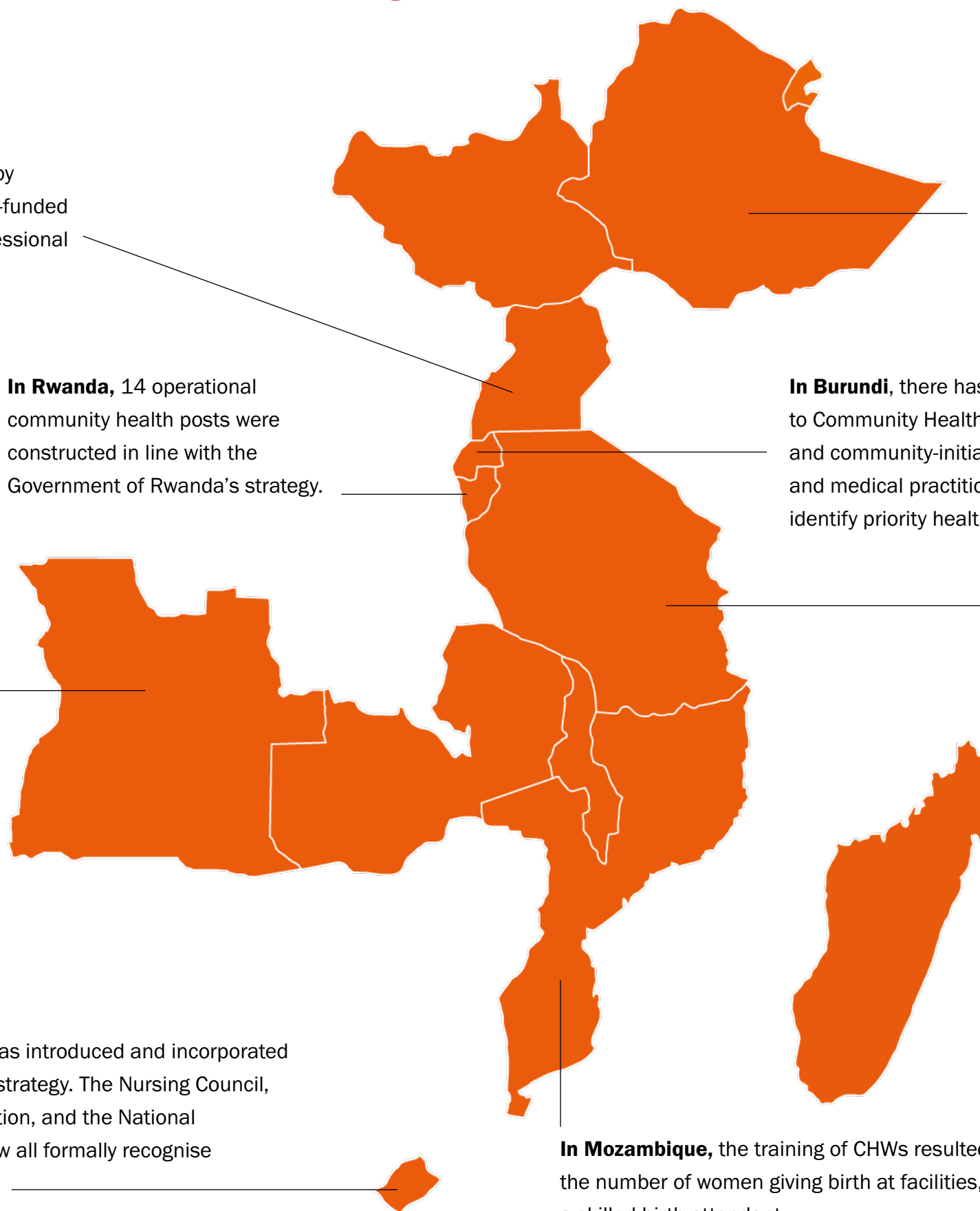
In Lesotho, eLearning was introduced and incorporated into the national health strategy. The Nursing Council, Council of Higher Education, and the National University of Lesotho now all formally recognise eLearning qualifications.

In Mozambique, the training of CHWs resulted in an increase in the number of women giving birth at facilities, with the support of a skilled birth attendant.

In Burundi, there has been an improvement in access to Community Health Network (CHNW) members and community-initiated promotion of health issues, and medical practitioners have increased capacity to identify priority health needs.

In Ethiopia, the government registered and launched the Level IV Health Extension Programme (HEP) in line with the national strategic plan, ensuring the continuity of improved quality of training of midwives in emerging regions. The retention of health workers was improved by ensuring HEWs agree to serve for a minimum of two years.

In Tanzania, the Ministry of Health (MoH) implemented a new eLearning policy on the strength of the benefits of the course and its comparable performance to a conventional face-to-face programme. The eLearning programme is now the only route for service nurses to upgrade to diploma level in 29 schools. The MoH also engaged Amref to support 93 schools with enrolling students onto the eLearning programme in light of the COVID-19 pandemic.



How have we ensured that change is sustainable?

A focus on sustainability is crucial to protecting and building on programme achievements. Through Amref's distinctive approach of grassroots development combined with strong government partnerships, the most likely pathways to sustainability are **community embeddedness** and **policy embeddedness**.

Policy embeddedness

Ministries of Health and Education, academic institutes, and regulatory bodies were closely engaged in the projects: leading, in many cases, to formal changes to policy and/or practice:

- In multiple countries, the introduction of eLearning has resulted in accreditation, with ministries and relevant organisations committed to continue, grow, and regulate them.
- In **Angola**, the Ministry of Education has instituted a school health programme and the local government will ensure drinking water continues to be chlorinated and safe.
- In **Ethiopia**, the level IV Health Extension Programme (HEP) was registered and launched by the Ministry of Health. In Gambela Region, the local government has used their own initiative to start a midwifery training programme.

Community embeddedness

Community involvement and ownership has been the core of many of the projects under this initiative.

- In **Angola**, school children will continue to engage in clean-up campaigns and health talks, and cascade this learning to their communities.
- In **Burundi**, a community-led total sanitation (CLTS) approach was used, which encourages community ownership through home visits, community dialogues, and other events. Towards the end of the programme, communities pro-actively initiated health promotion activities such as cooking demonstrations.
- In **Rwanda**, a public-private community partnership (PPCP) model was used to construct health posts and ensure community ownership. The health posts are fully operational and have 20 to 60 visits per day.

Infrastructure improvements

- In multiple countries, training institutes were set up with the required resources and infrastructure for eLearning, which will continue to benefit future students.
- In **Ethiopia**, functioning skill-labs have been constructed and will be used to train future health workers.
- In **South Sudan**, public health care units and hospitals were rehabilitated and handed over to partners and/or the community, ensuring they will continue to run.

What have we learned?

- For sustainability, **stakeholder buy-in** and **empowering the community** are important for ownership.
 - **Collaboration with partners** is an effective way to maximise impact.
 - **Research within programmes** is useful for informing future programme design. Examples of research conducted in the context of the partnership include:
 - 1. South Sudan:** The prevalence and associated factors of undernutrition among under-five children in South Sudan using the standardised monitoring and assessment of relief and transitions (SMART) methodology
 - 2. Zambia:** Adequacy of prenatal care and its association with low birth weight in Ndola and Kitwe
 - 3. Zambia:** Postpartum depression among postnatal women as a result of disrespect and abuse during labour and delivery
 - **eLearning is an effective method** for training health workers.
- In **Tanzania**, there is a high demand for eLearning programmes amongst other cadres (beyond nurse-midwives). In **Uganda**, the success of eLearning led to a UK government-funded eLearning project that focused on Continuous Professional Development for nurses and midwives, building on the successes of its predecessor.

A student at Gambela's Health Science College reviews course materials on her mobile phone.

Voices: Hear from the health workers driving change in their communities

ETHIOPIA

Ethiopia has a long history of hosting people fleeing war and persecution. Since conflict broke out in neighbouring South Sudan in late 2013, Ethiopia has welcomed hundreds of thousands of refugees who have crossed the border in search of safety. In March 2022, Ethiopia was hosting some **400,000** South Sudanese refugees, the majority of whom were live in Gambela, a rural region with a punishing climate which lies to the west of the country.

This rapid population growth means additional stress has been placed on an already-stretched health workforce: Gambela is under-resourced in almost all areas, and there is a critical shortage of lab technicians, pharmacists, and midwives. According to the 2020 Human Development Report, only **27.7%** of births in Ethiopia are attended by a skilled health professional*. But a new generation of health workers is setting out to change things for the better.

** In Uganda, the equivalent figure is 74.2% - and this indicator isn't even recorded for the UK.
Source: 2021 Human Development Report.*

Building skills to fill a gap

“Health worker training is one of the pillars of Amref Health Africa’s work in Ethiopia, and this includes Gambela, where the need is very acute,” says Project Officer Woinshet Tesfaye. **“We are working to increase the number of health workers operating in the region, and to improve the quality of services they deliver to the people who live here.”**

Through the Frontline Health Worker Training Programme, Amref and GSK supported the establishment of the first-ever midwifery training programme in the region. The three-year course, run through Gambela’s Health Science College, is a combination of classroom sessions, practical demonstrations, and hospital placements. Graduates are deployed throughout the country, with priority going to regions like Gambela where the gap is particularly acute.

“Previously, there was no midwifery training available in Gambela, and students had to travel hundreds of kilometres if they wanted to follow this career path,” explains Woinshet. **“This meant that a lot of very capable, passionate candidates were excluded. And the drop-out rate was very high.”**



Student midwives practising essential skills in the skill-lab constructed by Amref and GSK.

Voices: Hear from the health workers driving change in their communities

“We became midwives to save our community”

Infant mortality rates in Gambela are higher than the national average. The majority of women here give birth at home. This is partly due to the shortage of midwives at health facilities, and partly to traditional beliefs and practices surrounding pregnancy and birth.



Nyabuay Chuol

“As part of our course, we learn how to protect the dignity of our patients, how to respect them,” says second-year student **Nyabuay Chuol**, speaking in 2019. **“We also learn about cultural matters: there are a lot of different ethnic groups here in Gambela. We learn about different beliefs and practices, and how to accommodate them.”**

Ayachuol Lual, another second-year student, nods enthusiastically.

“When we are health workers, we can give health education in the communities. So, we will advocate in the community and encourage women to come to health centres. We became midwives to save our community, to save mothers and their new-borns.”

Ayachuol’s journey to becoming a midwife started with a chance encounter a couple of years ago. **“It was like a dream,”** she remembers. **“As I was just walking on the roadside I saw a woman giving birth: traditionally, with no-one to help her. I was scared. We all [passers-by] tried to assist her by taking her home, but there was still no medication to give her. Since I came to school I’ve learned that when mothers give birth, when there is excessive bleeding, there are medications you can give. But during that time there was none. But she survived, and the baby survived. I stayed with her as she was giving birth. And I still visit her at home today! She is one of my near neighbours. That day, something came into my mind. I said to myself, I wish I would be a midwife one day.”**

Nyabuay and Ayachuol graduated in February 2021 and are now serving their communities as practising midwives.



Ayachuol Lual

Voices: Hear from the health workers driving change in their communities

TANZANIA

On the strength of the pilot eLearning course, Tanzania's Ministry of Health adopted a new policy: eLearning is now the only route for service nurses to upgrade to diploma level in **29** schools throughout the country. Here, graduates share why the online format helped them meet their goals – both personal and professional.



Jamila Mohamed Sasi
Enrolled Nurse,
Igunga District Hospital,
Tabora Region

“Two years ago, I enrolled in a course at Bugando Nursing College through eLearning. At the beginning, I was scared whether I will manage studying while working. After just one term, I came to realise that I [made] the right choice; it has not only helped me, but it has also helped students across the country who are facing responsibilities while having the passion to continue their studies. I cannot see a reason for which students would not take the advantage of this programme.”



Mary Boniface
Registered Nurse,
Boma Dispensary, Bunda District,
Mara Region

“One day while working on my station, a woman approached me and gave me feedback on our facility and care. She mentioned that the pre-natal care in our centre was warm and felt like home; she felt like all the appointments were not rushed and that we had time to address all of her questions and concerns. She gave me a lesson on how to attend to women with different characteristics, and how each person should have a tailored approach depending on her specific birth choices: so I have made it a priority to follow up personally, and to give guidance and encouragement, before, during and after deliveries. This is the love I have as a midwife.”



Martha Samwel Kapanga
Enrolled Nurse,
Kilosa District Hospital,
Morogoro Region

“The biggest decision of my life has been going back to education to study midwifery. With a young family and a house to run, I knew it was not going to be easy. I am in the first year of my eLearning diploma course in midwifery and have found it encouraging that I was not alone when I started. Although I am finding the eLearning course challenging, I can honestly say that I am really enjoying it. My biggest fear [was] that I would feel unsupported being a mature student, but this could not be further from the truth [...] I feel confident that I can now study and work to the highest ability that I can. My hope as a student is to successfully complete my diploma before joining to a degree course and put all my hard work into practice.”

