



## Non-Communicable Diseases (NCD) Project: Increasing Access to Services through Training and Capacity Building across Ethiopia

Annual Report: 15<sup>th</sup> July 2018 - 15<sup>th</sup> July 2019

**Background:** This project is being implemented jointly by the Ministry of Health in collaboration with the Tropical Health and Education Trust (THET) and Health Limited (HL) with the support of Novartis Social Business Funding. A total of 15 hospitals and 45 health centres have been selected by the Federal Ministry of Health (FMOH) for this project, based on population sizes in each region. These 15 hospitals are comprised of 3 General Hospitals in Addis Ababa and 12 Primary Hospitals in 6 regions (Oromia, Amhara, SNNPR, Tigray, Benshangul-Gumuz and Afar Regional States).

### Annual Progress:

The project suffered from initial delays while waiting for government sign agreement and the signing of the Memorandum of Understanding, however, despite this we are now significant progress and since May 2019 patients have been being seen by project trained health workers.

In the second two quarters of implementation, 26,039 patients were screened for NCDs in 34 health centres, data from the remaining eleven will be collected as part of the mentoring and supervision visits in the next quarter. The numbers screened will increase as community awareness raising is implemented in the second year. Of the 2,702 diagnosed with an NCD, the majority (62%) were found to have hypertension, 28% diabetes, 6% chronic respiratory diseases and 3% epilepsy.

### Activities

#### Baseline Assessments:

Baseline assessments of all sixty sites to determine their ability to provide NCD services in line with their training using tools adapted by the World Health Organisation Service Availability and Readiness Assessment (SARA) tool. These assessments were undertaken as structured interviews of hospital staff (Directors, Department Heads, Health Management Information System (HMIS) officers and other healthcare providers), reviews of medical records and general observations and examined the human resources available, the current patient load, the laboratory facilities relevant and pharmaceutical supplies relevant to NCDs.

There were some delays in the completion of the site assessments as the health centre sites in the SNNPR were reassigned when administrative borders were changed, from the original health centres at Beto, Selamber, Sawlate, Shay Bwench, Minitshaha and Biftu to Kemba, Balta, Maze, Shay Bwench, Jemmu and Gacjit. These delays however, ensured alignment with regional and national government.

The findings from the assessment highlight the significant challenges that the hospitals and health face in providing sufficient levels of care and integrating with the national NCD care service and information sharing. For example, less than half of the health centres (twenty two of forty five) have internet connections and twenty three of the facilities did not have a working computer in the pharmacy stock room, hampering efforts to ensure correct levels of drugs are available to patients despite the fact that over half of the health centres reported seeing over 15,000 adults in the outpatient department in 2018 (4000 of whom were unique), an average of 1250 appointments a month. 27% of the hospitals assessed did not have an internet connection and eight hospitals did not have a functional computer in the pharmacy stock room. Seven of the fifteen hospitals reported that they say over there were 50,000 outpatient appointments held in 2018 but 33% of the hospitals did not record data on NCDs and the same proportion did not provide data to disaggregate between unique and returning patients.

Only twenty-five of the health centres had an adult NCD examination room at the time of assessment and thirteen did not have the facilities to provide FBS laboratory tests. Assessments of the human resources at the facilities showed that on average there were eighteen doctors, five health officers, 105 nurses, fourteen members of staff in the pharmacy

and twelve in the laboratory at the fifteen hospitals assessed. In the health centres we found an average of five degree-level and ten diploma level nurses working with five health officers.

Further information was collected on the availability of specific medications at the request of Novartis and the data shared.

### **Master Training**

The master training of 30 doctors from the 15 hospitals took place after the inception event in Addis Ababa. All 30 of the master trainers were trained and the cascade trainings have taken place. Patients are now being seen in the facilities and screened for NCDs.

### **Cascade Training**

Cascade training took place between February and May 2019.

The master trainers who were trained at the beginning of the project successfully delivered training to the health centre staff using didactic and interactive teaching methods. The course, which was amended to be four days instead of the initial three, covered Practical Approach to Care Kit (PACK) algorithms. A pre- and post-training assessments were used to evaluate knowledge and skill gained over the course and daily evaluations were used to highlight any challenges. All course participants were asked their level of satisfaction with the training.

In total 383 health workers were trained. Analysis of the first eleven cascade trainings has been undertaken and showed that on NCD knowledge the trainees increased to an average of 73.6% compared to a pre-test average of 52.1%, with participants from Chanco Health centre showing the greatest improvement. There, the 14 trainees' average increased from 40% to 86.6%. In Debarq, despite undertaking only three days of training, which included all four NCDs, PACK and data collection, the average score increased from 51.2% to 76.6%. Of the NCDs covered, the greatest improvement in knowledge was seen from a baseline of 44.86% to 71.3%.

### **Data Collection:**

All health centres and hospitals received hard and soft copies of the FMOH data collection tools to capture information on NCD patients screened, diagnosed and managed at each facility. These included patient registers as well as tally sheets, intake forms, follow up forms and reporting formats for each NCD covered by the project training. These formats, while detailed, have created some challenges as they are time consuming for healthcare workers to complete, with each form taking approximately fifteen minutes per patient. We are working on advocacy strategies to influence the FMOH to simplify the forms and will be working with other cooperating partners to try to ensure a comprehensive but simplified approach to data collection.

Mentoring and supervision visits are being used to provide further practical demonstrations to health facility staff on the treatment registers, intake and referral forms and tally sheets. We are all also providing feedback to the heads of the health facilities, working with them to overcome these problems, for example we have gained commitments from many to ensure that the forms are readily available for all healthcare providers when required.

### **NCD Equipment Distribution:**

As highlighted in the needs assessment, many of the health centres did not have access to rudimentary equipment required for the diagnosis and management of NCD patients, including scales, blood pressure monitors and glucometers. Therefore, from February onwards the project distributed essential equipment including fifty-seven blood pressure monitors and twelve Glucometers.

### **Mentoring and Supervision:**

The mentoring and supervision of trained health centre staff began ahead of schedule with the first twenty site visits being conducted in the third and fourth quarters of the first year. Challenges encountered included the data collection and lack of equipment mentioned above.