Health Worker Skill Gaps in NCDs: A Call for Collaborative Action in India

NCDs are an invisible global epidemic which not only impact health, but also contribute to poverty and hinder economic development. While the situation could be managed through the engagement of a skilled health force, there is a dramatic lag between the number of health workers available and the number needed. Capacity building of health workers for NCDs requires training, retaining and maintaining a skilled health workforce, playing a critical role in preventing the health burden and catastrophic expenditure of NCDs.

In view of scaling up capacity building of the health workforce, Project HOPE in association with Takeda Pharmaceutical organized a National Consultation on Optimizing the Skills of Health Workforce to Tackle NCDs in India on April 18, 2017. The consultation drew around 110 experts from the government, corporate, academia, researchers, institutions, universities, non-governmental agencies and programme implementers. Honorable Minister Dr. Jitender Singh, representative from the Prime Minister’s Office, was the Chief Guest.

The Consultation put forth a number of recommendations in alignment with the Call to Action plan.

- A multimodal approach is needed, including hands-on training, to improve the skills of health workers.
- There is a need to create uniform and standardized training modules that can be used across the country. With effective use of technology, e-learning can expand reach and engagement of frontline workers.
- To ensure an adequately trained health workforce to address the NCD disease burden, one priority is the introduction of a government certified diabetes education course.
- Public and private medical and paramedical training institutes should enhance their intake capacity to address the shortage of health workers.
- Another step forward would be to develop a dedicated medical curriculum on NCDs at the Undergraduate level.
- Collaborating with AYSUH for NCD training can expand reach.
- Putting the public first in public-private partnerships will be important.

For a more detailed report on the consultation, please write to us at socialmediasea@projecthope.org. We welcome your comments on the Action Plan.
**AGENTS OF CHANGE**

**Narendra helps Change Attitudes and Practices in the Hard-to-reach Communities in Nepal**

The SPARSH-M program, by Project HOPE, Center for Disaster Philanthropy and Nepal Public Health Foundation, was initiated to improve access and utilization of maternal, neonatal, child health nutrition services and hygiene practices in the project area of Makhwanpur. The program aims to create awareness and improve practices on quality maternal services in the community through training and capacity building of healthcare functionaries. Narendra Dhanauk, a Senior Auxiliary Health Worker in Bharta Village and a participant in the training under the program, narrates his story of change.

“When I joined the Post, poor community health practices existed: inferior family planning usage, few institutional deliveries and lack of community motivation to visit health post. Even though I wanted to make a difference, I had no idea how to deal with this situation. Under the SPARSH-M Program, I participated in training and gathered support through which I was able to solve a lot of the challenges. The training in “Appreciate Inquiry” motivated me to work in a resource poor context, and the “Communication Skill Development” training helped me engage the Female Community Health Volunteer (FCHV) for better communication. I was able to better facilitate rapport formation, trust building and community motivation and mobilization. This resulted in more visits to the health post for ANC Checkups and Institutional Deliveries.”

**COMMUNITY CHAMPIONS**

**Sridevi’s Positive Practices Help in Peer-to-Peer Behavior Change**

Sridevi, in Vizag, Andhra Pradesh; is an active community leader today. As a diabetic who controls her risk factors, she is championing her disease through a range of activities which help her peers engage in similar practices. The group shares experiences on diabetes management including nutrition, exercise and lifestyle habits.

“Before attending network meetings, I did not know about the importance of diabetes self-management. With continued guidance and training from the UDAY team, I have controlled my glucose levels and symptoms. I have started motivating the community, as a role model to my peers.”

Positive Deviance/Health Advisor strategies are based on a Peer-to-Peer education approach facilitating community change through champions. Project HOPE is testing the approach in developing patient networks under the UDAY program, implemented in Haryana and Andhra Pradesh through Eli-Lilly partnership.

**Renu’s Training Touches Lives and is Protecting Health of Many**

Renu Kumari, Auxiliary Nurse Midwife (ANM) of Mesra Health Sub Centre under Kanke block, participated in UDAAN (United Dialogue and Action Against Non-communicable diseases) training. During the initial interactions, she explained how RMNCH+A had been her prime service delivery area. The UDAAN program of Project HOPE, Vikas Bharti and Boston Scientific was the first novel initiative to help increase the capacity of the ANMs on NCD awareness, prevention, treatment and care techniques.

"NCD complications and symptoms for pregnant ladies were generally overlooked as there was low awareness of the need for screening and treatment during pregnancy. UDAAN training helped me identify symptoms that prompted me to promote screening and provide referral services to pregnant ladies. Now, I ensure timely screening of NCD suspected pregnant women. I use the help of the Sahiyya (helper) to keep track of identified cases who need treatment, counselling and care.” Renu further shares how community attention on NCD and awareness about government facilities under government program have been promoted through UDAAN screening drive.

She points out, “UDAAN has been extremely helpful for initiating the awareness and screening drive on NCDs. The government should organize screening camps on a quarterly basis. Effective implementation of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) guidelines will further ensure adequate and timely service provisioning on NCD.”
Indonesia has one of the highest Maternal and Newborn death rates in Asia experiencing a high number of maternal deaths due to pregnancy-related causes. Teti, from Tunjung Teja, is a healthcare worker who over many years witnessed these challenges first-hand. She wanted to help reduce these risks in her community, so she participated in the Savings Lives at Birth program which includes specialty Emergency Obstetric Care. Funded by Johnson & Johnson, the program focuses on reducing Maternal and Newborn deaths in the region through training health care workers on advanced care processes in managing delivery complications. The training also advises health workers on how to engage in better counselling and community mobilization skills.

While sharing one incident, Teji pointed out, “On March 3, 2015, a woman in labor was brought to the health center by her husband. She had been having contractions since the night before, so she decided to deliver in the health center. After an examination, I assured her she would have a healthy baby through a normal delivery. However, 30 minutes after delivery, the placenta hadn't come out. Thankfully, I knew how to manually remove the placenta safely due to my training from Project HOPE, and there was no need for referral to a hospital to handle the emergency.”

The latest Providing Obstetric Multi-Professional Training (PROMPT) was held May 15, 2017 to reinforce the use of the Maternity Early Warning Score (MEWS) chart to improve monitoring of patients’ condition. It is a color-coded chart which alerts service providers when to immediately refer patients to the concerned provider, and is now being integrated into each patient’s chart. An important learning health workers have appreciated has been that the indicators in the maternity dashboard have helped them be vigilant with their own census, greatly improving the recording and reporting system.

The training is an eye-opener, because obstetric emergencies are not being managed by just the Obstetric Department, but also Anesthesiology and the Nursing Service Departments. Obstetric emergency toolboxes have been introduced and are a big help, because all the necessary medications and care algorithm for managing obstetric emergencies are in one place. To respond to obstetric emergencies, all one needs to do is grab a toolbox. A lot of time is being saved, resulting in contribution towards reducing maternal mortality. The program is being funded by Ferring International Center S.A. and with technical expertise of PROMPT Maternity Foundation.
EXPERT CORNER

Updating Technical Knowledge of Healthcare Workers is Critical for Achieving Public Health Goals

Project HOPE interviewed Dr. L. R. Pathak, the State Nodal Officer for Non-Communicable Diseases, State NCD Cell in Jharkhand on importance of capacity building in health workforce.

Why is it important to support capacity building of the health workforce?

In the medical field where you are directly concerned with providing the best services for the well-being of individuals and communities, there is a need to keep oneself continuously updated. Being engaged in routine service delivery practices like family planning, maternal health, and child health, may result in de-prioritization of training on other health concerns. However, we need to be updated regularly about all types of medical conditions and emergencies. This can happen through routine capacity building. We should provide the platform to update our knowledge of important medical concepts, medical innovation and practices. With an adequately trained health workforce, we can provide free screenings through district clinics, community health clinics, and outreach camps to address important issues such as NCDs.

How has project UDAAN contributed to capacity building of the health workforce?

Prior to training, Community Health Workers (CHWs) had limited knowledge about NCDs or the requisite skills to efficiently deliver services available under the NPCDCS program. UDAAN was the first intervention under the Public-Private Partnership model where CHWs were provided exclusive training on NCDs. The program not only updated their knowledge, but also enhanced their outlook and overall perspective for addressing these diseases and providing services to the community.

RESOURCES

ARTICLE:

India needs the “Acting at Scale Strategy” to combat NCDs.

This invisible epidemic is an under-appreciated cause of poverty and hinders the economic development of many countries. Dr. Laxmikant Palo, Regional Director – SE Asia, Country Director- India at Project HOPE, shares his views on NCDs in India.


JOURNAL PAPER:

Capacity Building and Training Needs for Community Health Workers Working in Health Care Organization.

Capacity building efforts through appropriate training and supervision, assists CHW integration and enhances the fidelity of information CHWs deliver to patients.


COURSE:

International Diabetes Educator E-Learning (IDEEL) is a ground-breaking online course in Diabetes Self-Management Education designed for healthcare professionals. It is a four-month, self-paced online education program designed to address the global need for health care professionals who are adequately trained in diabetes self-care management. The program builds the capacity of students to promote and practice patient-centered care and patient empowerment.

After completing the e-learning, students must complete a mandatory 15-day (60 hours minimum) internship. The timing for the internship is flexible. The curriculum is adapted on the principles of International Curriculum for Diabetes Health Professional Education by IDF - 2011, funded by Takeda Pharmaceuticals.

For more information visit http://IDEEL.org