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Training Health Workers in Africa: Documenting Faith-Based Organizations' Contributions

Erika Pearl, Sarla Chand and Craig Hafner, IMA World Health

Introduction

The World Health Organization estimates that faith-based organizations (FBOs) provide 30-70% of health care in the developing world (2007). However, there is very little recognition or documentation of the contributions that FBOs make in the pre-service and in-service training of health care professionals, especially in sub-Saharan Africa. Due to the brain drain of health workers from sub-Saharan Africa and the large disease burden, there is a dearth of trained personnel to provide care for those who need it. Globally there are 57 nations suffering a health worker brain drain—the majority of those nations are in sub-Saharan Africa (ibid.). Currently, the continent has only 30% of the 1.16 million doctors, nurses and midwives it needs (Arniquis, 2009).

Beginning in 2004, the Capacity Project worked to strengthen FBO networks' human resources. During the course of our work we discovered that many members of FBO networks provide a significant amount of pre-service and in-service health worker training, especially for nurses and midwives. However, information about FBOs' contributions is not well known or documented. This technical brief illustrates the breadth of pre-service and in-service trainings offered by FBOs, with a focus on nursing and midwifery pre-service training in Malawi, Kenya, Tanzania, Uganda and Zambia.

Methodology

For this technical brief, we utilized a multipronged research strategy. We e-mailed two short questionnaires to 104 faith-based (Christian and Muslim) health networks working in various countries around the world; one questionnaire focused on pre-service training, the other on in-service training. We also e-mailed the same two questionnaires to 12 Protestant churches in the United States engaged in global health activities. We used these questionnaires to gain first-hand knowledge on in-service and pre-service training contributions in specific countries by the in-country faith-based networks as well as global FBOs. The questionnaires asked about the type of in-service and/or pre-service training that the network provides to its membership, whether it provides this training in collaboration with other organizations and for an estimate of its contribution toward the overall national average of training. Concurrently (July–September 2009), we conducted Internet-based research on faith-based health networks to glean training information from existing documentation.

Table 1: Estimated Ratio of Nurses/Midwives to Total Population Size

Country	Population	# Nurses/ Midwives	Nurses/ Midwives-to-Population Ratio
Tanzania	39 million	13,000	1:3,000
Malawi	13 million	7,200	1:1,800
Uganda	30 million	18,750	1:1,600
Kenya	36 million	37,000	1:970
Zambia	11 million	22,000	1:500

Due to the low response rate—approximately 10%—the countries reviewed do not provide the breadth and scope we originally hoped. Therefore, this brief focuses on countries where the FBO network shared information or where we found information on websites. The low response rate can be interpreted twofold: 1) there is an overwhelming amount of work for the limited number of personnel, leaving little time to respond to such requests; and 2) health worker training data have not been gathered and consolidated. We compared the collected data with existing data available from each country. In some cases the data were incomplete or needed additional refinement, which we requested through follow-up e-mails and telephone conversations. We made additional follow-up telephone calls as time allowed.

FBO Health Worker Training Information

In many countries the only health care providers in rural areas are nurses and midwives. They are the individuals responsible for the health of their local communities. In Malawi 84% of the population lives in rural areas, in Kenya 61%, in Uganda 88%, in Tanzania 65% and in Zambia 64% (NationMaster, 2009). These are also the people most in need of health care, since many illnesses are left untreated due to the great distances people have to travel in order to seek help.

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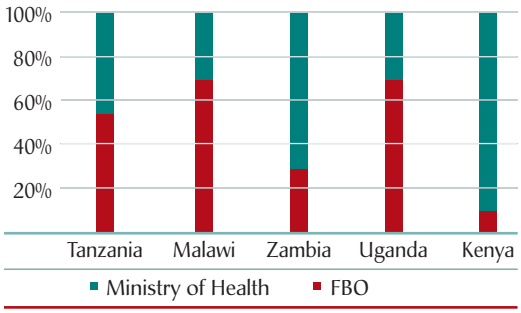
Historically, FBOs have worked in remote rural areas where the government has difficulty sustaining a health workforce. However, because they often work outside the government's purview, they must ensure that their health workers have the appropriate training to do their jobs.

In Malawi, Kenya, Uganda, Tanzania and Zambia, FBOs make a significant contribution to health care delivery and training of providers—specifically nurses and midwives—to ensure that the population receives timely and appropriate care. The work of FBOs in these countries is illustrative of their counterparts around the world, both in health care provision as well as health worker training. Figure 1 illustrates the contribution of their nursing and midwifery training as well as governmental contributions. FBOs provide 70% of nursing and midwifery training in Malawi and Uganda, and between 30–55% in Tanzania and Zambia. While incomplete, the data for Kenya suggest more than 15–20%. The Zambia and Uganda information assumes figures for nurses and midwives based on national training statistics.

Figure 1: FBO Networks' and Governments' Contributions to Nursing/ Midwifery Training Institutions



Source: FBO networks

Malawi

Established in 1966, the Christian Health Association of Malawi (CHAM) network provides 37% of national health care (CHAM, 2009). In addition, CHAM trains health workers to staff facilities throughout the country. With only one nurse or midwife for approximately 1,800 people in Malawi, CHAM-affiliated training institutes provide an estimated 40% of overall health worker pre-service training and 70% of pre-service training specifically for nursing and midwifery; they produce 77% of national nursing personnel (Pearl et al., 2009). All CHAM training institutions use the Ministry of Health-approved curriculum. Over 600 health workers—including laboratory technicians, nurses, midwives and counselors—enroll annually in the ten training institutions; in 2009 over 500 graduated (ibid.; CHAM, 2009).

The government offers education grants to individuals planning to work with CHAM members or Ministry of Health facilities after graduation. Among graduates, 40% of grant recipients are employed by CHAM, and 60% work for the Ministry of Health (Pearl et al., 2009).

To strengthen the skills of the already employed health workers, CHAM holds a variety of in-service trainings. However, their frequency is dependent on external funding. Several of the trainings are offered in collaboration with international nongovernmental organizations or educational institutions such as Management Sciences for Health, Japan International Cooperation Agency and several Norwegian colleges. While the majority of CHAM trainings utilize a Ministry of Health-approved curriculum, several courses specific to CHAM operational policies and procedures do not (ibid.). CHAM estimates that approximately 200 employees from its health facilities network participate in these trainings annually (ibid.).

Kenya

In Kenya, there is approximately one nurse or midwife for 970 people (World Health Organization, 2008). Protestant- and Catholic-affiliated facilities provide approximately 40% of Kenya's national health care; these institutions are members of the umbrella organizations Christian Health Association of Kenya (CHAK) or Kenya Episcopal Conference—Health Commission (KEC), but owned by the various church denominations (CHAK, 2009).

CHAK estimates that its member facilities provide 10% of the national training of health care personnel (Pearl et al., 2009). However, this does not provide a complete picture of FBO contributions to health worker training in Kenya—there are many other FBO training institutions not affiliated with CHAK, including KEC. Gathering complete data about their national training contributions has proven difficult.

Uganda

With a population of almost 30 million, Uganda has only one nurse/midwife for every 1,500 people. Together, the Uganda Catholic Medical Bureau (UCMB) and the Uganda Protestant Medical Bureau (UPMB) own 19 of the 27 training institutions (UPMB, 2009). The UPMB is affiliated with seven training facilities throughout Uganda (ibid.). With 12 affiliated training institutions, the UCMB and its members provide 42% of the national training output (Pearl et al., 2009). Overall, the faith-based community provides 70% of health worker training in Uganda.

Pre-service training for enrolled nurses, enrolled midwives and enrolled comprehensive nurses is a 30-month course. Registered nurses and registered midwives participate in a 36-month

course while laboratory assistants and anesthetic assistants undergo a 24-month course. UCMB also collaborates with other private-not-for-profit training institutions as well as the public training institutions (ibid.).

UCMB offers two Ministry of Health curriculum-approved in-service trainings annually—one for registered nurses (91 participants) and the other for registered midwives (66 participants). These courses are held in collaboration with the health training institutes affiliated with UCMB. Participants pay student fees and receive a government subsidy and some donations to cover the costs (ibid.).

Tanzania

Tanzania has only 13,000 nurses/midwives for its population of over 39 million. The Ministry of Health and Social Welfare and the Christian Social Services Commission (CSSC) estimate that the faith-based community provides 40% of health care services in the country (CSSC, 2009).

Nationally, there are 67 nursing and midwifery schools—the faith-based community is affiliated with 55% of them (n=37), compared to the governmental contribution of 45%. These institutions provide a full range of nursing and midwifery degrees, including certificates, diplomas or advanced diplomas. Nationally, in 2004-2005 there were 4,823 spots available at the 67 nursing and midwifery schools for students; however, only 2,057 spots were taken. Of the spots available in 2004, 68% were at FBOs that were able to fill 56% of their available seats (Jhpiego, 2008).

Zambia

In Zambia, there is one nurse/midwife for every 500 people (World Health Organization, 2008). The Churches Health Association of Zambia (CHAZ) offers six types of pre-service training through its ten member-affiliated training institutions, which comprise 30% of the total number of national training institutions (African Christian Health Associations, 2008).

Due to the scarcity of qualified staff, CHAZ mobilizes funds for staff development at its member facilities to upgrade these employees' knowledge and skills, and as an incentive for them to remain on the job (Pearl et al., 2009). As of August 2009 CHAZ was sponsoring 70 individuals in various pre-service training opportunities at faith-based and public educational institutions (ibid.). Upon graduation these workers will be employed by a CHAZ-affiliated facility.

CHAZ also offers multiple types of in-service training using donor support. All of its trainings use a Ministry of Health-approved curriculum, range from five to 14 days and are offered one to four times annually (ibid.). Approximately 620 individuals successfully complete CHAZ in-service trainings each year. They have been able to strengthen their skills in areas such as tuberculosis case management, AIDS management, prevention of mother-to-child transmission of HIV, male circumcision, program management and behavior change communication (ibid.).

Conclusions

Data from these African countries clearly suggest that FBOs are making a significant contribution to their national health sectors through pre-service and in-service training. Many of the FBO training institutions have additional capacity, and with additional resources can help increase the number of well-trained health workers. This research has also highlighted the FBO sector's lack of documentation and the importance of supporting the faith-based community to document their contribution to the health sectors in their respective countries.

Lessons Learned and Recommendations

- FBO networks need financial and technical assistance from partners, donors and national governments in strengthening the documentation of their contributions to the provision of health care and training of all health workers in their countries
- FBOs should develop an ongoing data set listing all training institutions, training courses, numbers of trainees and numbers of graduates to be used for planning and managing the health workforce both by the FBOs and the national governments. They should share this information on their websites and with the African Christian Health Associations Platform, and continue to collaborate with other partner organizations to strengthen human resources information systems in order to track contributions to capacity-building
- FBOs should use these data to more effectively advocate for increased support of these training institutions
- FBOs are an important source of support for human resources for health capacity-building in low-resource countries and in rural settings
- Nongovernmental organizations, donor institutions and governments should strengthen their relationships with FBOs; a strong mutual relationship could help to strengthen FBO capacity through information-sharing, networking, advocacy and data collection.

Visit the HRH Global Resource Center to find, share and contribute human resources for health knowledge and tools. For those working at the country or global level, the HRH Global Resource Center provides information to:

- Improve strategic planning and decision making
- Strengthen reports and presentations
- Support HRH advocacy
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the Capacity Project

The Capacity Project
IntraHealth International, Inc.
6340 Quadrangle Drive
Suite 200
Chapel Hill, NC 27517
Tel. (919) 313-9100
Fax (919) 313-9108
info@capacityproject.org
www.capacityproject.org

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