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# Brief - Capacity Building / Training

A presentation to the Evaluation Team

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## 1. Overview on training:

Capacity Building, where training is the major activity plays a pivotal role for most of the technical programmes within SURE. It is seen as a response to the capacity gaps that have been identified at national district and at the health facility level that may in one way or another affect availability and access to EMHS. In as much as systems and processes may be available within the health system and structure, there are capacity gaps for those whose role is to ensure best medicines management happens that too results in availability and access to the people at the grass root as final beneficiaries. It's been a common phenomenon for:

- most health workers at different levels with insufficient skills in medicines management yet it is presumed these should have been part and parcel of the package from their basic training at health Institutional level.
- The demand for pharmaceutical cadres is far higher than the requirement to reach all health facilities at different levels in the country.
- In-service training has fallen short of the requirement in changing knowledge, attitudes and practices of health workers to impact on health sector. The in-service training in this classroom setting is often too expensive, time consuming and is unable to translate knowledge gained into practical aspects for health workers.
- There is a general lack of materials and medicines management guidelines to support content areas within health Institutions to train students in the required skills before joining the service.

Capacity building as a component within SURE programme therefore recognizes these gaps that are inherent within the SURE key result areas and hand in hand supports and facilitates the acquisition of knowledge, change in attitude of health workers and acquisition of practical skills. This keeps the health workers more relevant to the people at as well as increasing availability and access to EMHS.

### a. Objectives:

In essence therefore, capacity building looks at increasing availability and access to EMHS in general but also increasing skills for all the cadres that make this possible specifically. It therefore views its objectives at the general and specific level thus:

#### General

To equip Ugandan health workers with knowledge, skills and attitudes in medicines Management in a manner that ensures sustainable access to quality products and related services for community health care needs.



## **Specifics**

In view of increasing skills for the medicines management cadres as a basis for the increase in availability and therefore access, capacity building / Training has sought to build capacity levels in medicines management among the following.

### **Train Medicines management supervisors**

These are trained at district and health sub district and are charged with the provision of on - job training for health workers .

### **Training of Tutors in Medicines Management**

The training of tutors in selected health Institutions across the country is aimed at enabling them to lead the teaching of medicines management within their respective Institutions. 1 or 2 tutors are selected from any given Institution and it is assumed that these will at a later stage mentor other tutors but more importantly is that they are seen to steer on the training among the students.

### **Advocate for Inclusion of Medicine Management in curricula**

Advocacy for Inclusion involves interfacing with key stakeholders within the health sector for lobbying for the training of health workers in medicines management. The stakeholders may include and not limited to: the Ministry of health, Ministry of Education, professional health councils and health training Institutions.

This is where the buy-in is sought in having the medicines Management into the curricular. This forms the gist of the sustainability strategy.

Train health workers in other skills necessary to support medicines Management.

Other skills may be seen as facilitatory to the medicines management. These may include:

- Computer training / net book training
- Motorcycle / Defensive training
- Pharmaceutical Financial Management

## **2. Strategy:**

- Support SPARS by way of training a selected number of health workers as Medicines Management Supervisors (MMS) and tasked to provide on- the job training for others.
- pre-service training in equipping health workers with medicines management skills.



**a. Outcomes / trainings conducted:**

- About 450 medicines management supervisors have been trained to provide on the job-training to health workers in facilities
- A number of health workers have been trained in different skills e.g. M&E, PFM, PSM, Quantimed, Pipeline, etc necessary to augment SPARS
- 45 SURE-supported districts have been implementing SPARS and continue to register improvement in MM indicators.
- 10 districts have received certificates of recognition for excellent performance
- 60 tutors have been trained in MM in the 1st phase of TOT. 90 more are planned to be trained in the 2nd phase of TOT

**3. Way Forward / Plans**

- Specialization should be encouraged among the available trainable health workers, so that not all are capacity built in everything, thus saving their man-hours while polishing their specialized skills even more. Work after should be targeted within their regions.
- Medicines management should be incorporated as an addendum to existing curricula
- An assessment of the impact of the first phase of Advocacy/TOT should be carried out now