



Capacity Kenya
Technical Brief No. 1

A PERFORMANCE NEEDS ASSESSMENT OF THE KENYA HEALTH TRAINING SYSTEM

BACKGROUND

The Government of Kenya is committed to improving access and equity of essential health care services and has set ambitious targets in providing health services to its citizens. In order to achieve these goals, a well-managed health workforce with appropriate skills, equitably distributed across the country, is critical. As in most developing countries, the human resources for health (HRH) challenges in Kenya have continued to impede service delivery and health outcomes. Understanding and addressing these challenges can ultimately increase health workforce entry and reentry; decrease missed days; and lead to higher productivity and greater satisfaction; higher retention; a larger pool of students, faculty, and matriculated health workers; and a more robust health workforce.

Education and training is one key input into the performance of health workers and the delivery of health services. In Kenya, many actors are engaged in the training of health workers including the Ministries of Health (mainly through the Kenya Medical College training system); the Ministry of Higher Education, Science and Technology; the Ministry of Labor; the Ministry of Agriculture; private and faith-based universities and training colleges; regulatory bodies; placement sites; international bodies; and donor organizations. Strong coordination among these actors is critical to a well-functioning system.

Training is not the only input into health production; many other factors contribute to performance, such as the availability of essential supplies and medicines, management and supervision, work environment, and motivation. Nevertheless, health service delivery requires people to provide services; inadequately trained health workers may provide poor service and can perpetuate a cycle of retraining. Strengthening the health training system is therefore necessary to improve the quality and efficiency of health care in Kenya.

ASSESSMENT QUESTIONS

Understanding the performance of a training system requires considerations of many factors that influence performance. Utilizing a “systems” approach to training involves understanding the procedures, methods, resources, practices, policies, curricula, regulation and licensure of health workers, linkages with ministries of education, gender disparities, and other factors that influence performance. Training systems need to adapt to changes in standards and regulations, strategic directions, and advances in science and protocols. A well-functioning training system must have the ability to incorporate feedback and (re)shape training components to respond to the realities of service delivery and the needs of the population.



A performance needs assessment of the health training system was conducted in two phases, to address the following questions:

Phase I:

1. What are the existing competency gaps among health workers at select sites?
2. What are the perceived factors (intrinsic and other) that impede health worker performance?
3. What support do regulatory bodies provide (e.g., professionally-oriented experiences such as continuing professional development, training, registration, certification/licensure) to ensure requisite competencies are met among health workers?

Phase II:

4. How well are the pre-service, in-service and CPD training systems performing against the standards selected by the stakeholder group? What gaps exist and what could be done to fill them?
5. What role do gender issues play in the performance of the pre-service, in-service, and CPD training systems respectively?

METHODS

A mixed methods, cross-sectional methodology was utilized, surveying health workers (i.e., medical doctors, clinical officers, nurses, midwives, medical laboratory technologists/technicians, public health officers/environmental officers, public health technicians, nutritionists, and community health workers) at 98 facilities in 16 districts in phase I; and leadership, faculty, and students at 42 middle and tertiary health training institutions, as well as 34 hospitals and rural health clinics attached to these training institutions in phase II. Assessment of the performance of training institutions was based on the nine World Health Organization (WHO) Guidelines for Evaluating Basic Nursing and Midwifery Education and Training Programs in the African Regionⁱ, and standards for health worker performance were developed in consultation with the Stakeholder Technical Working Group (TWG) and the Ministries of Health.

FINDINGS – PHASE I

Health workers were surveyed regarding their perceptions about general and specific (technical) competencies. Overall, most health workers felt comfortable with their skills and abilities. Health workers were also observed delivering family planning, IMCI, and HIV counseling and testing, and were queried on malaria case management. Observational findings suggest that respondents were not performing to the level desired by the Ministries of Health in many of these areas.

Health workers also responded to questions about their job, supervision received, and other aspects related to work. Most health workers surveyed reported having clear job expectations, although a smaller percentage reported having a written job description. Qualitative data indicate that health workers were less clear about their roles and that staff shortages, another cited barrier to performance, made role clarity more difficult. Regarding supervision, a high percentage of respondents reported receiving informal supervision often. Qualitative findings indicate that health workers suffer from burn out, which in some instances is from taking on multiple roles and can lead to spending less time with patients and taking short cuts.

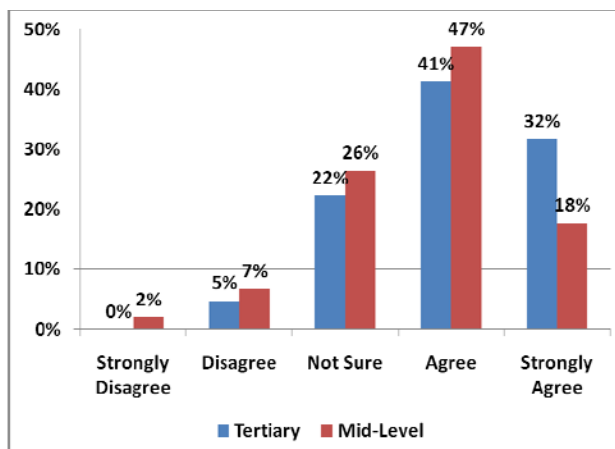
FINDINGS – PHASE II

An overarching finding of phase II is that key linkages between actors in the health care training system (i.e., ministries, regulatory bodies, health training institutions, and associations) are not as strong as they need to be to effectively help move the health sector forward.

ⁱ World Health Organization. 2007. *Guidelines for Evaluating Basic Nursing and Midwifery Education and Training Programmes in the African Region*. Republic of Congo, Brazzaville. http://www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=3228.

The majority of respondents agreed that training curricula are aligned with national health priorities; however, respondents recognized that health training curricula need to be better aligned to the Kenya Essential Package for Health (KEPH) and that a gap exists between policy development and implementation. For example, an average of 26% of respondents at training institutions were “not sure” the curriculum prepared students to adequately deliver the KEPH (see Figure 1).

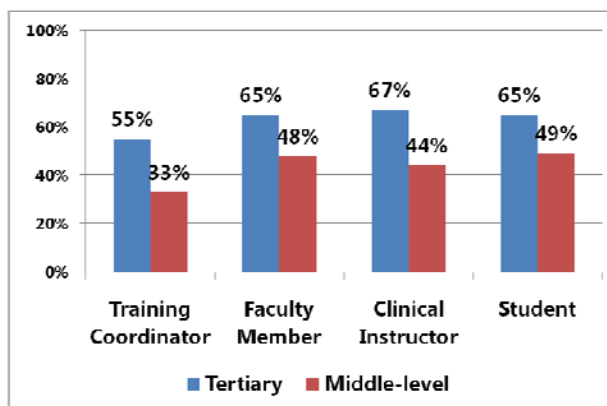
Figure 1: Curriculum Prepares Students to Deliver



Faculty and student respondents associated with both tertiary and middle-level institutions were generally in agreement around curriculum sufficiency. However, qualitative data indicates an over-reliance on theory-based learning and a lack of connection between theory and practice. Lessons are mostly theoretical and many facilities do not conduct practical sessions.

Qualitative data from interviews with clinical instructors and student focus groups, as well as data from open-ended questions, reinforce concerns regarding an existing disconnect between classroom training and clinical/practical training. Specific concerns include too many students to mentor and not enough staff to mentor them, a lack of learning objectives to inform the clinical rotation, poor integration of the syllabus and the student clinical rotation, heavy clinical workloads that prevent appropriate supervision, and poor linkages between clinical instructors and faculty from training institutions.

Figure 2: Percent of Respondents Who Agree that Clinical Instructors Receive Adequate Training for Their Roles



Training coordinators, faculty members, and clinical instructors were also asked about the extent to which they agreed that clinical instructors were adequately trained for their roles (see Figure 2). Total agreement from all respondents that clinical instructors receive adequate training was 60% from tertiary and 43% from

middle-level institutions. None of the response rates met the threshold in this area, suggesting that clinical instructors likely need additional training to be effective in their roles.

Regarding the updating and renewal of curricula, findings indicate that 46% of faculty surveyed at the middle-level institutions were not sure or disagreed that their institution had a policy that gave them the autonomy to renew their curriculum. In addition, according to respondents participating in this study, many of the institutions in the health care training system lack sufficient resources, especially in the areas of infrastructure and information and communications technology.

Finally, qualitative data indicate that equal opportunity for education, occupation, and employment are constrained by gender in the health training system in Kenya, including some clear forms of gender-based discrimination, such as male students being given greater opportunity to learn more complex procedures than female students. Distribution of faculty among 20 nursing schools indicates a higher number of male faculty—285 versus 173 female—in the institutions surveyed.

KEY RECOMMENDATIONS

Based on the assessment, the Performance Needs Assessment Stakeholders Technical Working Group recommends the following:

- A more detailed assessment of the supervisory process may be warranted to understand in greater detail the extent to which it is supporting staff, contributing to better health service delivery, and improving access to and quality of care, among other issues.
- Establishing a mechanism to improve system linkages is critical. The National Health Training Policy should be enacted and an advisory board established that will strengthen linkages, reduce duplication, increase standardization, and increase efficiency in the training system. In addition, training institutions should engage their respective stakeholders in updating their vision/mission/objectives to ensure alignment with national health priorities.
- There is need to increase resources for the health training system, specifically to utilize information and communication technologies to improve availability and access to educational materials and foster educational learning networks.
- In the short run, curricula should be updated by establishing curriculum committees in institutions, where needed, and linking these committees to regulatory bodies and other stakeholders. In the medium term, regulatory bodies should establish standardized core curricula for each cadre that cuts across training institutions and levels. In addition, curricula should be harmonized across cadres to reflect the KEPH and other national health priorities.
- Improve clinical placement sites by strengthening linkages between faculty and clinical preceptors to improve student supervision. Broaden the selection and expand the number of sites to ensure greater exposure to the community and levels two and three, especially in rural and underserved areas.
- The Ministries of Health and Education should undertake a situational analysis to identify existing equal opportunity policies, and, where they exist, create sector-wide awareness and work with regulatory bodies and training institution leaders to reach consensus on how equal opportunity and non-discrimination can be integrated into the health training system. The Ministries of Health should also convene a task force to develop a plan and implement non-discrimination and equal opportunity policies in the training institutions.

CONTACT INFORMATION

Additional information on the Capacity Kenya project, including a full copy of the *Report of the Performance Needs Assessment of the Kenya Health Training System* is available at:

www.capacitykenya.org.