Leveraging digital technologies to transform training of frontline health workers

A costing model for the Open Deliver Demo project in Uganda

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UGANDA

Objective: Utilizing digital technologies to transform training of frontline Community Health Extension Workers (CHEWs).

Current situation

- **Insufficient Training:** 66% of CHEWs have basic training (trained for a total between 1-7days). Remaining 34% do not have any basic training at all (but are still working as CHEWs).

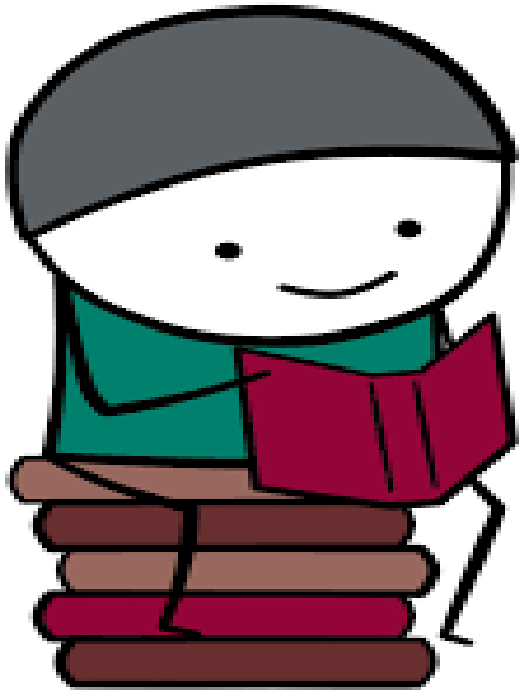
- **Literacy**: About 50% of all CHEWS completed Junior High School. In remote areas only about 20%.

- **Lack of coordination, constant duplication, inequitable access and no ownership**.

Health system “frustration”:

“VHTs were not being given time to work. Many partners were crisscrossing the districts all the time doing trainings.

According to an analysis done by MoH, in a month, VHTs spent close to 2 to 3 weeks training so, the question was … when do the they get time to work?” ***(Senior MoH Official on Community Health Training):***



Strategy: Standardize training for 15,000 CHEWS over 5 years

- Current model of training community health workers is face-to face classroom learning - often privately organised by implementing partners.

- 6-month training program + 20 hour annual refresher course every 2 years

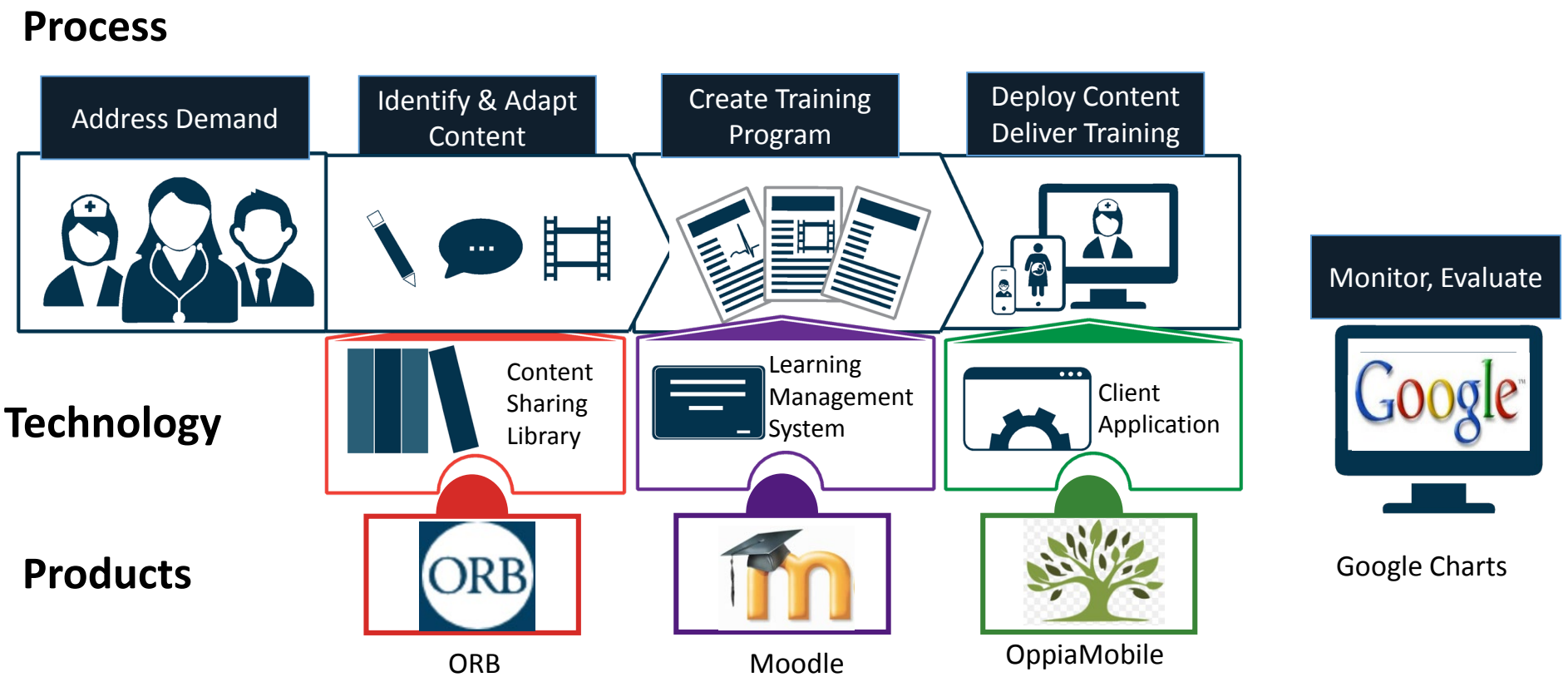
How? Blended Approach (classroom+mobile) using Open Deliver Technology

Guiding Principles:

- Government Owned
- Contextualized content
- Multi-Stakeholder Approach

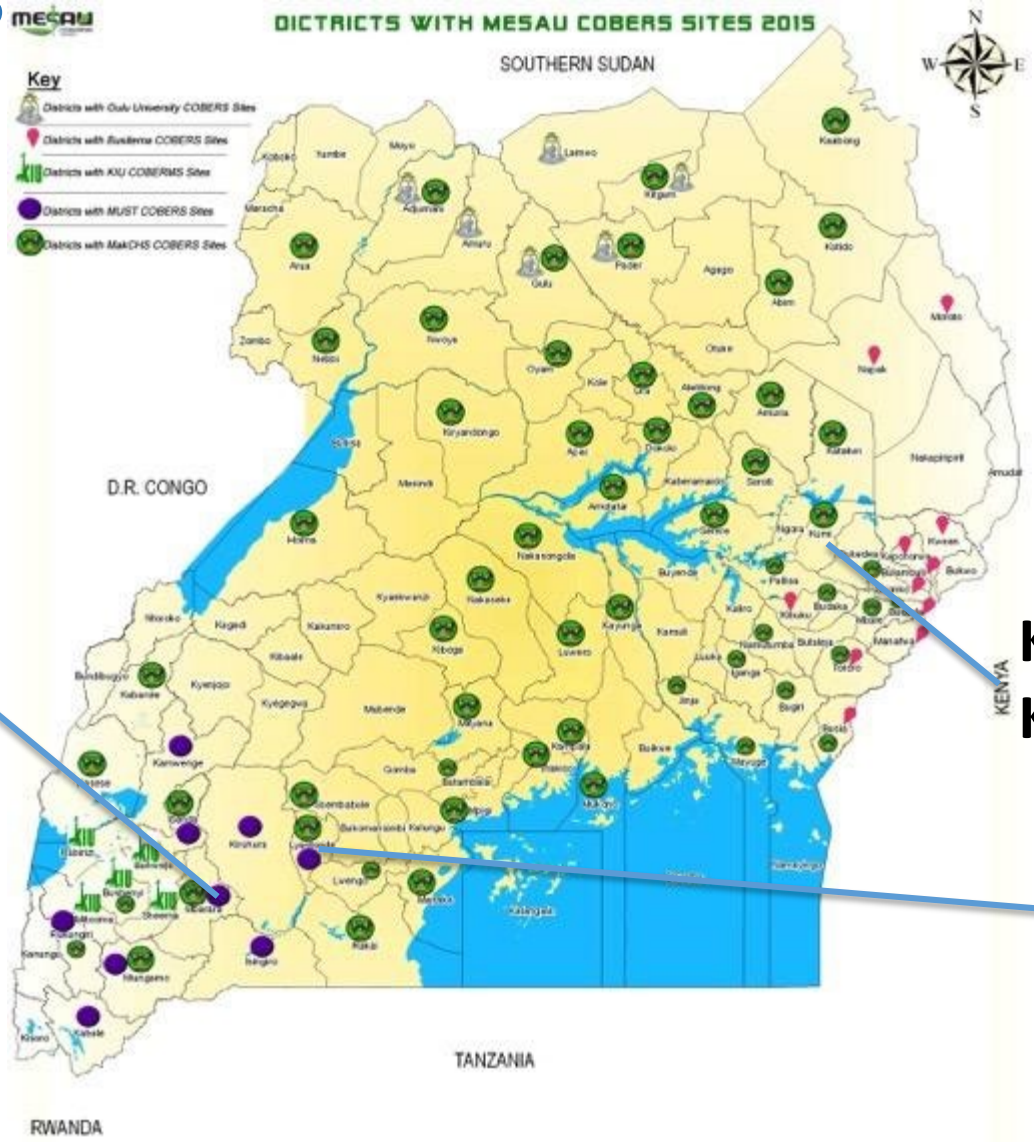
Open Deliver Approach

A process-based solution designed for
- government institutionalization
- changing technology
- shareable content



Project Pilot Sites

Ntungamo District
Rubaare Health Centre IV



Kumi District
Kumi Hospital

Lyantonde District
Lyantonde Hospital

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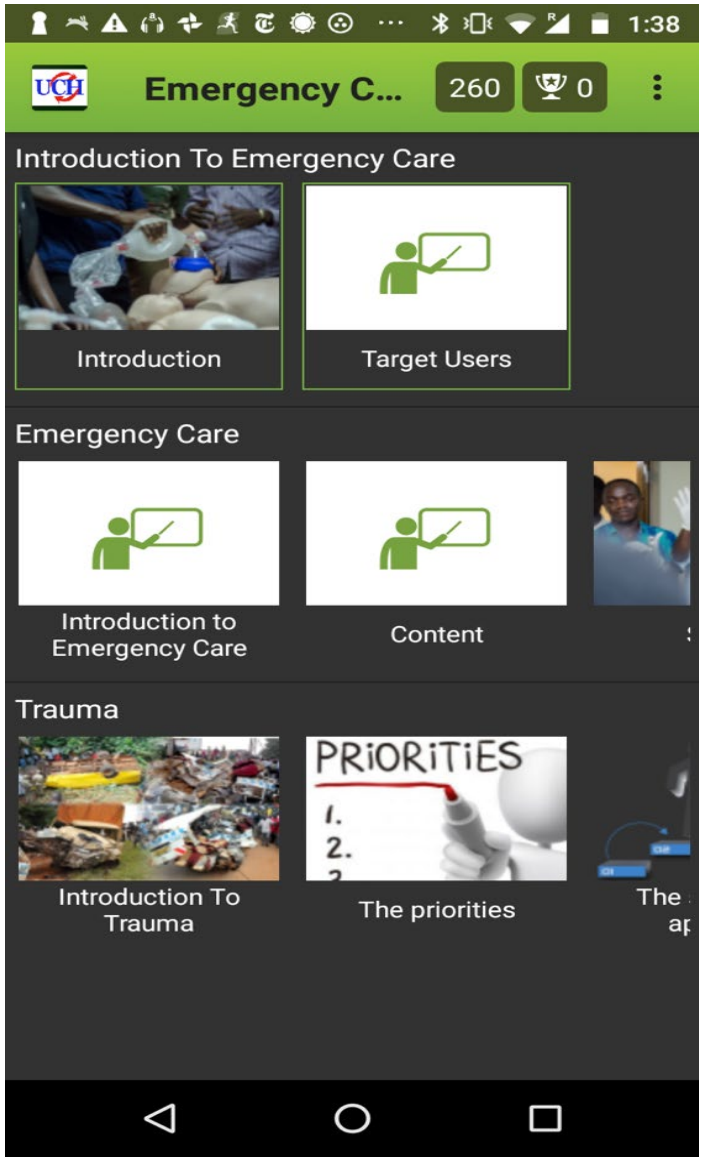
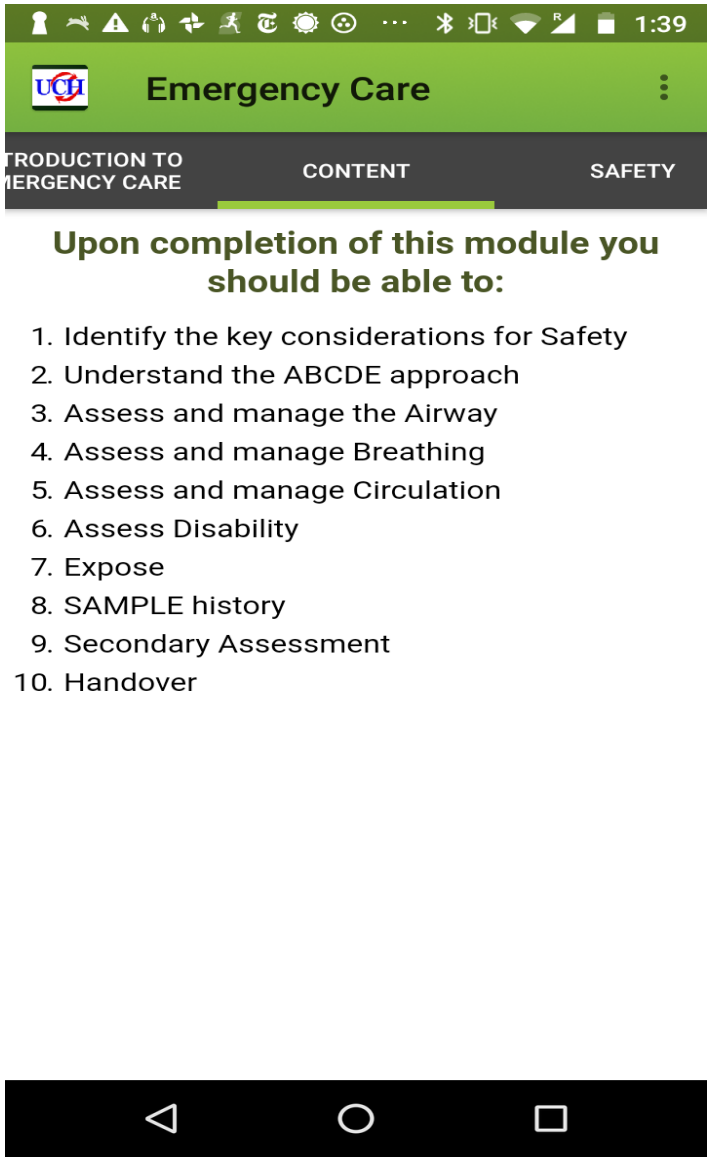
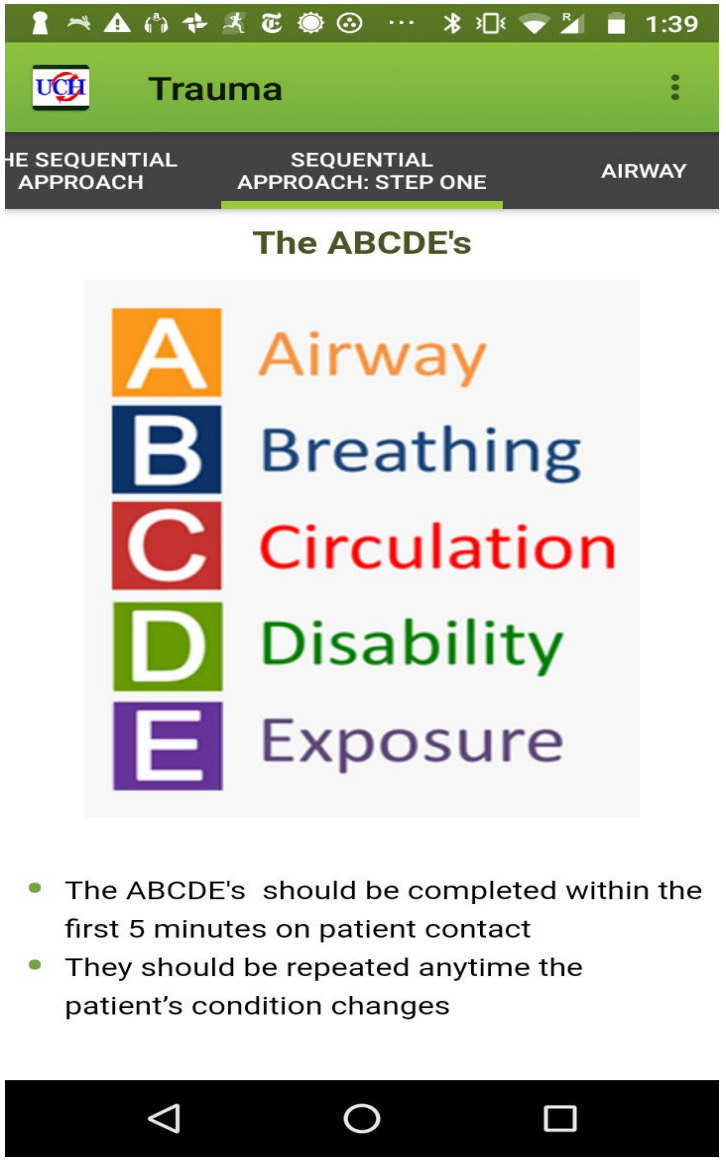
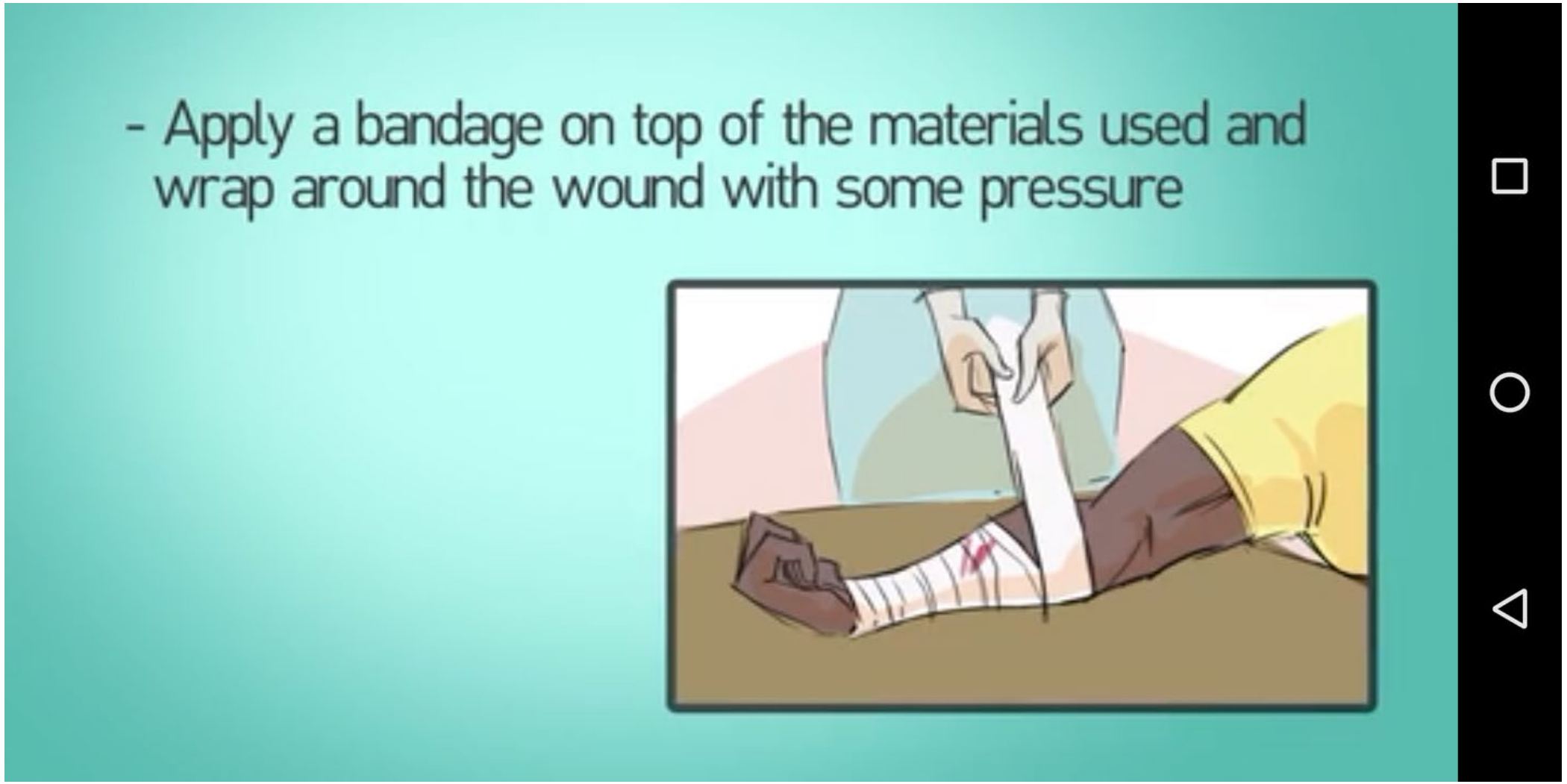
Sample Module Emergency Medicine Care Course



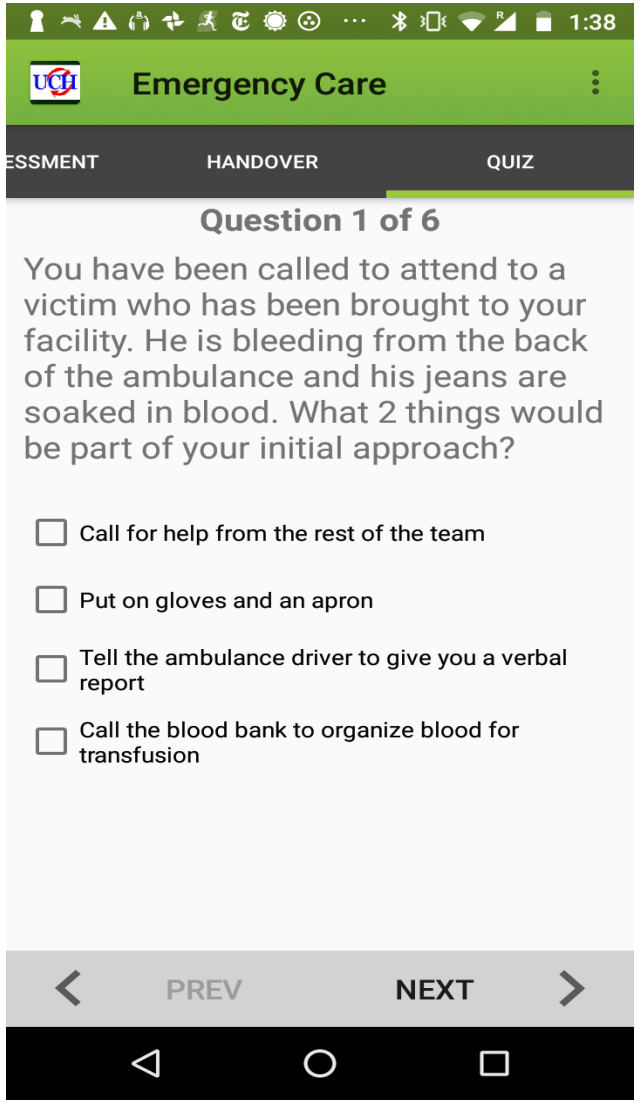




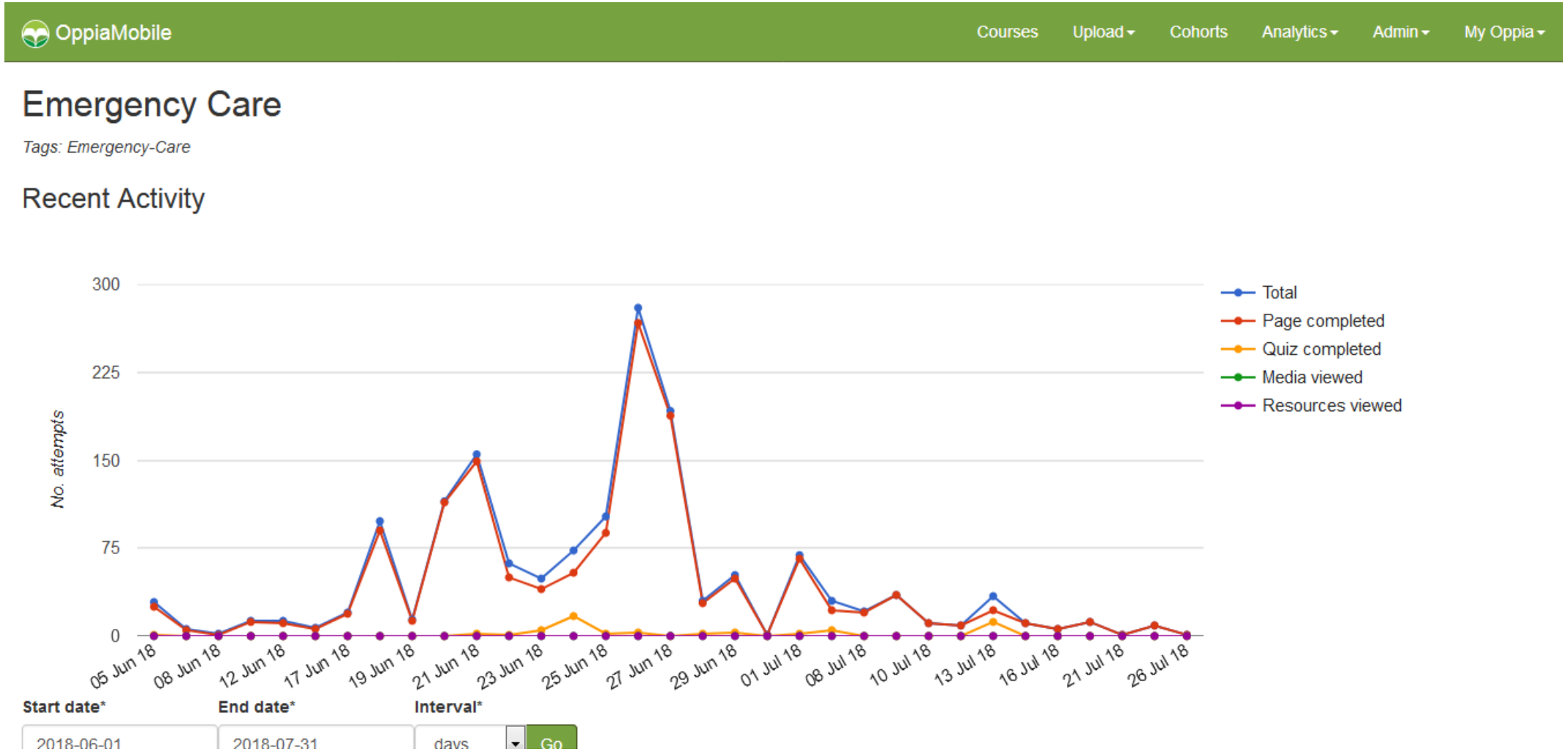
Animated Trauma Series Videos



Emergency Medicine Care Course - Quiz



Analytics from Dashboard



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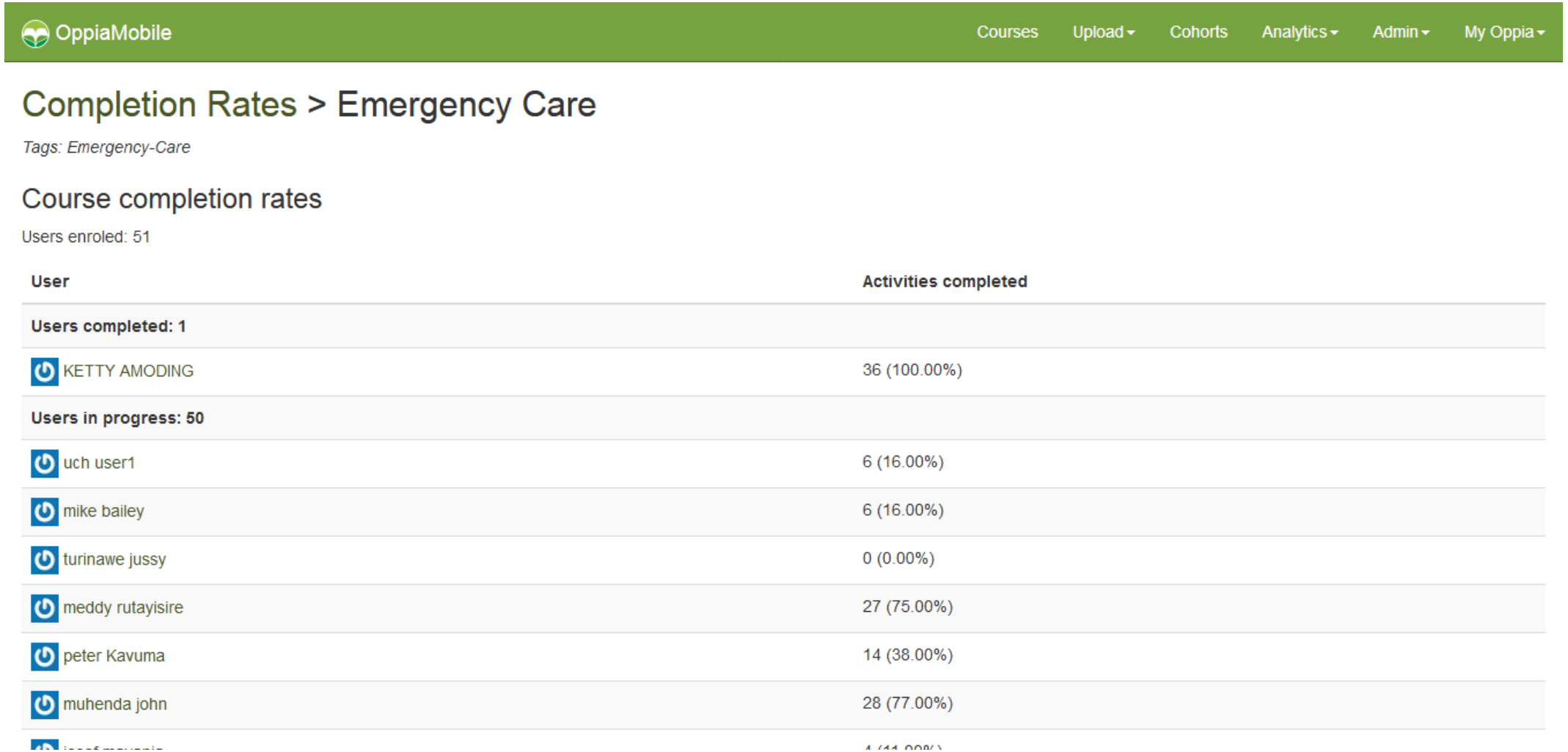


Costs considered under face to face training

15,000 CHEWs over 5 years

Costs considered under face-to-face classroom training (baseline)

- Trainers' expenses – lodging, transport (1 trainer per 50 CHEWs)
- Trainees' expenses – lodging, per diem incentive, transport
- Classroom facility expenses - training venues, manuals, supplies

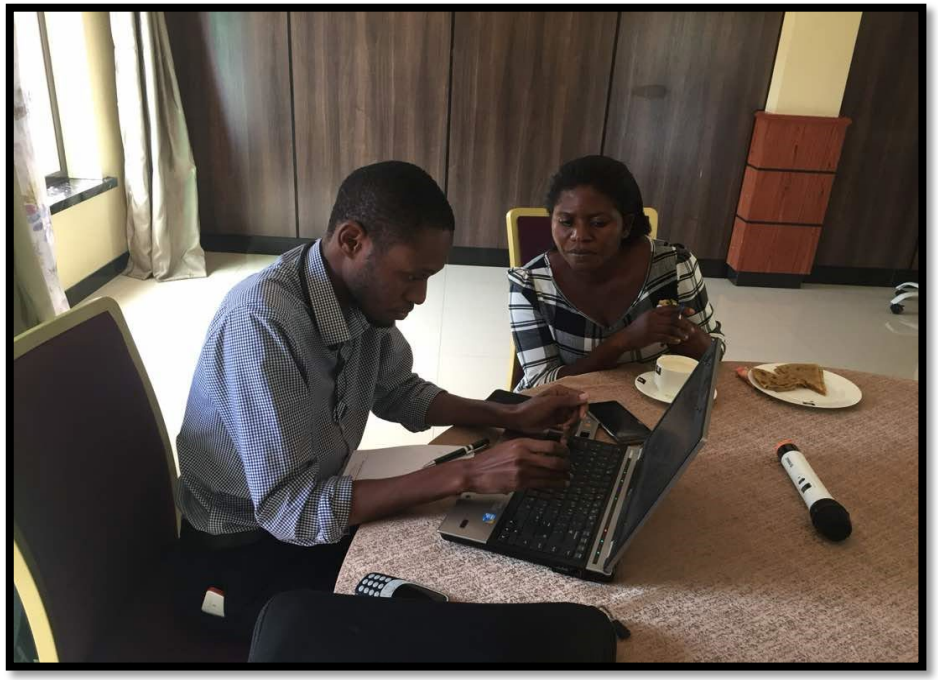
Considerations for Blended Learning

Considerations for blended learning (classroom + Mobile)

Main assumption: classroom training is reduced by 1/2

Additional costs for consideration under blended learning (offset by some of the savings from reducing classroom time)

- Tech support - staff
- Content gathering - collaboration
- Content review and adaptation
- Internet costs
- Server management / content hosting costs
- Mobile phones / devices?



Cost Reduction Benefits of Open Deliver Approach

Training Savings:

- Reduction on face to face post-service training costs.
- Reduction on training (students and in-service) and supervision costs

Content Savings:

- Reduction/elimination of costs for printing and distributing manuals.
- Reduction resulting from minimizing creation of duplicate content.
- Efficiency gains from National Library which centralizes content management and facilitates content review and validation.

Additional Benefits of a Blended Learning Approach using Open Deliver Technology

- Knowledge gained
- Time saved
- Monetary savings
- Additional work done as a result of time saved
- Value attached to training at own convenience
- Others - identified during the on-going evaluation process

Model Estimates Uganda

- **15.57% projected savings on Overall Training Program**
- **40% projected savings on Training and Supply Costs**
- Cost assumptions for both classroom and blended training are starting points for the use of the model.
- Baseline costs based on estimates from CHEW MoH training program
- Estimates will be modified with ***real*** costing data as the program wraps up.
- Long term goal – a dynamic cost model incorporating actual costs + benefits -> CBA, CEA, CUA

Thank you all, Mwebale nnyo