

2.3 Project Idea for Technology 2: Transfer of knowledge and skills to Health Personnel

The Project Idea: *'Capacity building of health personnel to improve performance with regard to climate change related adverse health effects'*

2.3.1 Introduction/Background

The activities of the Project Idea were developed as the ultimate result of the working-group meetings for health of the TNA Project. Initially the technologies were identified and prioritized. Then the barrier analysis and enabling framework were developed to identify the measures required to overcome the barriers for implementation of technology. Finally Technology Action Plan was developed, which proposed the actions to achieve the objectives of the Technology-2. The Project Idea was a follow up step of the Technology Action Plan. In addition to the deliberations of the working-group, key personnel were interviewed, available scientific materials were referred and inputs from focus group discussions conducted with health personnel and community groups were also considered in developing the Project Idea.

The adverse effects on human health are serious according to the currently available evidence. Some health effects are direct and others are indirect. Some are acute and others are chronic in nature. The theme of the World Health Day of 2008 was 'climate change and its impact on global health'. It emphasizes 'as the threat of climate change poses to health is evident and if current global warming trends remain uncontrolled, humanity will face more injury, disease and death related to natural disasters and heat waves; higher rates of food borne, waterborne, and vector-borne illness; and more premature deaths and disease related to air pollution. Moreover, in many parts of the world, large populations will be displaced by rising sea level and affected by drought and famine.

With this growing impact of climate change, impact on health, the need for increased numbers of skilled, motivated and facilitated health workers is greater than ever. The most urgent need for increased numbers of health workers is in developing countries. Equally, climate change will hit developing countries hardest as high levels of poverty and malnutrition, weak health infrastructures and/or political unrest will be the least able to cope. We must acknowledge the critical role played by health workers in reversing and resolving global health issues. Health workers are the backbone of health systems. Therefore, the Global Health Workforce Alliance calls on governments and partners to ensure health, and the shortage of health workers, are central considerations for any action on climate change. We are all looking to ensuring a

brighter future for our world. In response to climate change, increasing the numbers, quality of training and working conditions of health workers must be seen as a priority to help reduce suffering and save lives⁹. Presently in Sri Lanka, education, training and knowledge transfer is done by state agencies, universities and other academic institutions, private sector including non-governmental agencies supported by donors. The impression given by the stakeholders was to train the health workers according to a plan based on a needs assessment. The current policies need to be reviewed to retain the trained personnel at all times. The different training institutions should be given mandate to train health workers according to an agreed upon training colander. In this technology the 'Health Personnel' means people working in government as well as non-government and in the private sector. In addition, personnel providing promotive curative, preventive, and rehabilitative care are considered.

The activities of the Project Idea will be implemented in the island nation of Democratic Socialist Republic of Sri Lanka which is located in the South Asian region. Initiating from the center and will defuse to the lowest level of health institutions in all twenty five administrative districts. Furthermore, curative, preventive and rehabilitative personnel of all health systems will be included in the process of diffusion of the technology. The private sector will also be included in this endeavour. The ultimate objective is to attend to the needs of the people as well to provide scientifically appropriate by transfer of knowledge and skills to minimize the adverse effects of climate change on human health through any form of adaptation methodology i.e. anticipatory, reactive, private or public through the health personnel of the different health systems existing in Sri Lanka.

2.3.2 Objectives

1. To enhance capacity of health personnel and institutions to ensure all levels of health personal are equipped with required skills to face the challenges of adaptation to climate change.
2. To establish and strengthen a training coordination unit in the Ministry of Health.
3. To monitor the progress of activities

2.3.3 Measurable outputs

1. Functioning training coordination unit established in the Ministry of Health at the end of the first year following the initiation of the project period
2. An annual training calendar is made available every year since the inception of the project
3. Training need assessment is done within the first year of of the project
4. Training methodologies are identified during the first two years of the project

⁹ WHO, 2008

5. Master trainers are identified and/or pooled from other sectors during the first two years of implementation of the project
6. 70 % of health personnel at different levels trained in ten years
7. Drills/simulations conducted at least one per district in three years
8. Monitoring of diffusion of the technology is incorporated into the existing monitoring system during the project period and five years after closing the project

2.3.4 Relationship to the country's sustainable development priorities

Adaptation to adverse effects of health needs could be implemented in many different ways. It could be anticipatory /proactive wherein adaptation takes place before impact of climate change are observed. When the health sector is technically prepared the adverse effects can be minimized. An example is when the health personnel are provided with essential training and skills to provide the communities inputs for adaptations it will reduce the impact on human health supporting the ongoing development activities. Skills and knowledge of health personnel is essential to assist the affected populations revert back to normalcy which is essential for sustainable development. Sri Lanka at the moment is undergoing a rapid development in the form of rapid reconstruction and modernization in many sectors. Maintaining good health in general assist the development process by saving scarce funds available to be used in development activities. It is also provides healthy persons to the workforce.

The country's main development policy, the *Mahinda Chintana* the Government of Sri Lanka's Ten Year Development Policy Framework assigns very high priority to health sector, and it states 'understanding good health, preserving and safeguarding of free health services would be ensured, by enhancing the health services qualitatively and quantitatively through increasing budgetary provisions. Both curative and preventive aspects of the health services would be accorded equal priority. Therefore, improvement of the health sector is included as a high priority in the national development plans.

2.3.5 Project deliverables

1. The health personnel trained to provide knowledge and skills to public in order to minimize the adverse effects of health due to climate change
2. Training coordinating unit strengthened and a training coordinator appointed in the first year
3. Training needs assessment conducted and the recommendation made available at the end of first year
4. Training calendars produced annually.
5. Training curricula and methodologies made available at the end of the first year
6. Progress of training Monitoring reports made available (on the progress of diffusion of knowledge and skills) among health personnel

2.3.6 Project Scope & Implementation

Project scope is confined to the healthcare workers. The boundary is the Climate Change related adverse health effects. The activities of the project will transfer the training and skills to the health workers to provide inputs to the communities to adapt to the adverse effects of climate change. This skills development of the healthcare workers ensures the sustainability of the project.

2.3.7 Project activities

1. Strengthening the training coordination unit and appointment of a training coordinator and linking activities in all healthcare institutions
2. Conduct the needs assessment across the sector to identify capacity building and training needs of the health personnel
3. Preparation of training modules and curricula / identification and adaptation of training methodologies
4. Development of annual training programme, and training of master trainers along with pooling of trainers.
5. Training of health personnel in the center, provinces, districts and divisions
6. Conduction of drills and simulations in all districts
7. Continuous Monitoring and Evaluation of progress of diffusion of the technology

2.3.8 Timelines for project Idea activities

Table 2.3: Proposed Timelines for Implementation of project activities

Activity	Time in Years									
	1	2	3	4	5	6	7	8	9	10
1. Strengthening the training coordination unit and appointment of a training coordinator and linking activities in all healthcare institutions	■									
2. Training needs assessment	■									
3. Preparation of training modules and curricula / identification and adaptation of training methodologies		■								
4. Development of annual training programme and training of master trainers	■									

5. Training of health personnel in the center, provinces, districts and divisions																				
6. Drills and simulations in all districts																				
7. Continuous Monitoring and Evaluation of progress of diffusion of the technology																				

2.3.9 Budget /resource requirements

Table 2.4: Approximate Budget Estimate for the Proposed Project

Activity	Budget (US \$)
1. Strengthening the training coordination unit and appointment of a training coordinator and linking activities in all healthcare institutions	25,000
2. Training needs assessment	15,000
3. Preparation of training modules and curricula/ identification and adaptation of training methodologies	30,000
4. Development of annual training calendar and training of master trainers	75,000
5. Training of health personnel in the center, provinces, districts and divisions	75,000
6. Conduction of drills and simulations in all districts	50,000
7. Continuous monitoring and evaluation of progress of diffusion of the technology	70,000
Sub Total - Total cost of activities	340,000
8. Administrative cost	34,000
TOTAL	374,000

The project staff will be assigned from the Ministry of Health following the process of advertising, short listing, interviewing and the selected shall be appointed with specific TORs for different purposes of the project. The trainers will be selected and trained by training institutes in the county and overseas. The funds for the purposes of the project will be mainly obtained from the government and donor agencies and the private sector. The estimated cost of activities would be about 80,000 \$ US. In addition, project administrative cost is 8,000 \$ US (approximately 10% of the cost of activities). The total cost would be approximately 88,000 \$ US. Partnership with the health institutions of the private sector as a growing industry will be agreed as they also will be benefitted from the project. The proposal is to establish partnerships with NGO, CBO and other related and interested organizations, as well as individuals to make the projects ownership more extensive which will be a plus point to achieve the goals of the project.

2.3.10 Monitoring and Evaluation

Monitoring is an integral part of the project management. The monitoring plan should be developed when the activity plan is being developed. The center would conduct regular quarterly monitoring activities to learn whether the activities are conducted appropriately and in timely manner, the lessons learned should be recorded and shared with stakeholders and to take corrective measures if necessary. Evaluation of the activities of the project would be given to an independent external entity. Preferably evaluation should be conducted bi-annually and midterm. The impact evaluations need to be carried out at the end of the project and submit reports to the Coordination Unit of the Ministry of Health.

2.3.11 Complications and challenges

Sufficient amount of fund availability for continuation of activities would be a possible challenge. Providing priority for project activities by convincing the relevant authorities would also be a challenge. Making personnel to work together in different settings of the health sector will be a complication. Retaining trainers as well as trained personnel will lead to a serious challenge if proactive measures are not taken by the authorities anticipating such problems.

2.3.12 Responsibilities and coordination

The training coordination unit of the Ministry of Health will be responsible for implementation of overall activities of the project. These responsibilities of implementation of activities would be distributed as appropriate with the Center, Provincial and District authorities. They are primarily responsible for activities of advocacy, preparation off training programme, preparation of curricula, identification of trainers and getting them refresher-training and also related activities. Monitoring is again a responsibility of national as well as sub- national level authorities depending on the activities. Sectoral coordination with sub-national levels is the responsibility of the coordination unit at national level. It also shall coordinate between other sectors at national level.

2.3.13 List of References

1. Annual Health Bulletin, Ministry of Health, 2011
2. Health Master Plan for Sri Lanka, Volume III, Project Profiles, Ministry of Health 2003
3. Health Master Plan, (HMP) 2007- 2016, Ministry of Health, Sri Lanka. [Available at: <http://www.health.gov.lk>]
4. Human Resources for Health, Strategic Plan (2009-2018), Ministry of Health, 2009. [Available online: <http://www.health.gov.lk>]