

# Capacity Development Plan for Provision of Integrated Health Services' Delivery

March 2025

Version 1.0

## Foreword

The integration of health services is a critical step towards improving the quality and efficiency of healthcare delivery in Uganda. This National Training Curriculum for Integration of Health Services is designed to equip healthcare workers and stakeholders with the necessary knowledge and skills to implement integrated health services effectively. By fostering a patient-centered approach and promoting data-driven decision-making, this curriculum aims to enhance the quality of care for both acute and chronic conditions.

Aligned with the global and national health policies, including the Third National Health Policy (NHPIII), this curriculum supports Uganda's commitment to achieving Universal Health Coverage (UHC). The strategy emphasizes multi-sectoral and multi-partner collaboration to ensure sustainable and comprehensive health services.

I urge all stakeholders, including government agencies, civil society, development partners, and the private sector, to support the implementation of this training curriculum. Together, we can improve the health and quality of life for all Ugandans.

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Dr. Jane Ruth Aceng

MINISTER OF HEALTH

## Acknowledgements

The development of this Training Curriculum for the Integration of Health Services has been a collaborative effort involving numerous individuals and organizations. We would like to extend our deepest gratitude to all those who contributed their time, expertise, and resources to make this initiative a success.

First and foremost, we would like to thank the Ministry of Health (MoH) for their unwavering support and leadership throughout the development process. Special thanks go to Dr. Charles Oloro, Ag. Director General Health Services, AND Dr. Stavia Turyahabwe, Commissioner Non-Communicable and Communicable Diseases for their guidance and commitment to improving healthcare delivery in Uganda.

We are immensely grateful to the Integration Task Force and National Technical Leads for their invaluable input and dedication. Their expertise in various health domains has been instrumental in shaping the content and structure of this curriculum. We also appreciate the efforts of the regional and district health officers, facility managers, and community health workers who provided critical insights and feedback during the review meetings and webinars.

Our sincere appreciation goes to the donors, implementing partners, and civil society organizations (CSOs) who supported this initiative financially and technically. Their contributions have been vital in ensuring the successful development and implementation of this training curriculum.

We would also like to acknowledge the efforts of the curriculum development team, including subject matter experts, instructional designers, and trainers, who worked tirelessly to create comprehensive and practical training materials. Their dedication to excellence has resulted in a curriculum that will significantly enhance the capacity of healthcare workers to deliver integrated, patient-centered care.

Additionally, we extend our gratitude to the participants of the Training of Trainers (ToT) workshops and the various training sessions. Their active engagement and feedback have been crucial in refining the curriculum to meet the needs of healthcare professionals across the country.

Finally, we recognize the importance of continuous support and mentorship in the successful implementation of this curriculum. We are thankful to the national and regional cluster teams for their ongoing efforts in providing mentorship, conducting supportive supervision, and facilitating cross-learning among health facilities.

This curriculum is a testament to the power of collaboration and the shared commitment to improving healthcare delivery in Uganda. We are confident that it will serve as a valuable resource for healthcare workers and contribute to better health outcomes for all Ugandans.

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Dr. Charles Olaro Ag. Director General Health Services Ministry of Health, Uganda

#### List of Acronyms

CHEWs - Community Health Extension Workers

CHAI - Clinton Health Access Initiative

CME - Continuing Medical Education

CQI - Continuous Quality Improvement

DSDM - Differentiated Service Delivery Models

HMIS - Health Management Information Systems

KPIs - Key Performance Indicators

MHCP - Minimum Health Care Package

MOH - Ministry of Health

PEPFAR – U.S President's Emergency Plan for AIDS Relief

PHC - Primary Health Care

TOT - Training of Trainers

UCG - Uganda Clinical Guidelines

UNICEF - United Nations International Children's Emergency Fund

VHTs - Village Health Teams

WHO - World Health Organization

#### Introduction

The purpose of this training curriculum is to provide a structured plan for training healthcare workers and other stakeholders in Uganda on the integration of health services. Based on the Practical Guidelines provided by the Ministry of Health (MOH), this curriculum aims to enhance the operationalization of integrated services within Primary Health Care (PHC) settings. Integration of health services is critical to addressing inefficiencies of vertical programming, achieving Universal Health Coverage (UHC) goals and advancing patient-centered care for good health outcomes. This document ensures clarity and comprehensiveness while adhering to integration principles. It aids operationalization of various National Policies and Guidelines which promote integrated health care, such as the Uganda Clinical Guidelines and the Minimum Health Care Package (MHCP). Continuous monitoring and evaluation will be necessary to refine the training based on feedback and evolving healthcare dynamics. Additionally, this costed plan offers a comprehensive approach to financing and resourcing the implementation of the Training Curriculum on Integration by the Ministry of Health. By following this plan, the Ministry will ensure effective training and integration of healthcare professionals, ultimately improving healthcare delivery.

Situation Analysis

SWOT

Gaps analysis

Justification/Rationale

Training objectives

The objectives of this training curriculum are to:

Equip healthcare workers with the knowledge and skills to implement integrated health services.

Foster a patient-centered approach to service delivery.

Improve the quality of care for both acute and chronic conditions.

Enhance the efficiency and effectiveness of health service delivery.

Promote the use of data-driven decision-making in healthcare.

Target audience

The target audience for this training includes:

Policy makers

Healthcare workers (physicians, nurses, pharmacists, clinical officers, counselors, etc.)

Health services managers and supervisors

Implementing partners (IPs)

Community health workers (VHTs, CHEWs)

Pharmacy and Supply Chain / Logistics Managers

Laboratory personnel

Data managers

Training Package for Integrated Service Delivery

4.1 Training Content

Preliminary: Setting the stage

Objectives of the training

Module 1: Governance and leadership for Integration

Overview of the Practical Guidelines

Importance of service integration

Scope and objectives of integrated health services

Developing action plans for integration

Roles and responsibilities of district health offices and facility managers

Creating an enabling environment for adaptive change management

Module 2: Clinical and Service Delivery

Triage and initial assessment

Comprehensive patient assessment

Case-based scenarios

Infection control measures

Individualized treatment plans

Medication management and refills

Routine follow-up and monitoring

Continuous Quality Improvement (CQI) initiatives

Differentiated service delivery models (DSDM)

Appointment and tracking systems

Patient support groups

Community tracking and follow-up

Module 3: Information Systems

Functionalizing the National Integrated Health Management Information Systems (HMIS)

Data capture, documentation, and reporting

Data quality assurance and validation

Module 5: Health commodities management

Ensuring an uninterrupted supply of essential medicines and diagnostics

Integrated quantification and stock management

Rational use of medicines

Module 6: Laboratory Systems

Integration of laboratory systems and networks

Sample transportation and referral

Equipment management and quality assurance

Include Module on Waste Management and Equipment Maintenance

Training Approaches

Online Training Sessions: To offer flexible and accessible learning opportunities.

Hybrid Learning Approach: To enhance accessibility and efficiency, we will utilize both;

Virtual sessions e.g., webinars and

In-person modalities

In-person/Physical training approach (onsite)

Training Methods

This capacity-building approach aims to equip health workers with essential skills for providing high-quality, integrated HIV services through a blended mentorship model as described below:

Didactic training

Case-based / scenarios

Group /peer discussions: To encourage interactive learning and problem-solving.

Continuous Support and Mentorship/ Continuing Medical Education (CME): We will provide ongoing professional development through structured mentorship programs. encourage ongoing professional development.

Practical Demonstrations and simulations: To showcase best practices and hands-on skills.

#### Evaluation and Feedback

Pre- and post-training assessments: To measure knowledge and skills gained.

Participant Feedback Surveys: To gather feedback on the training content and delivery.

Performance Metrics: To monitor key performance indicators (KPIs) such as treatment adherence, health outcomes, and patient satisfaction.

Continuous Quality Improvement (CQI): To refine training based on feedback and changing healthcare dynamics.

#### Appendices

##### Appendix A: Training materials and resources

###### Introduction;

This section refers to all the Policy Guidelines pertaining to delivery of integrated health services. The Uganda Clinical Guidelines is the gold standard, complemented by disease-specific guidelines (HIV, TB, NCDs, Malaria, Leprosy etc.).

###### Training manuals

Comprehensive guides covering all modules, including theoretical knowledge, practical steps, and case studies.

###### Presentation slides

Visual aids for lectures and presentations, designed to highlight key points and facilitate understanding.

###### Workbooks

Interactive materials for workshops and group discussions, including exercises, scenarios, and reflection questions.

###### Job aids

Quick reference tools for healthcare workers, such as checklists, flowcharts, and summary cards.

###### Online Resources

Access to recorded sessions, e-books, articles, and other digital materials to support continuous learning.

###### Evaluation

Tools for assessing knowledge and skills gained, including pre- and post-training assessments, participant feedback surveys, and performance metrics.

##### Appendix B: Detailed training schedule

###### 5-day Health Care Workers' Training Schedule for Integration

##### Appendix C: Evaluation and feedback

### Pre-Training assessment

Objective: To assess the baseline knowledge and skills of participants.

Format: Multiple-choice questions, short answer questions, and practical scenarios.

Content: Questions covering all modules, including clinical assessment, service delivery, health commodities, information systems, human resources, laboratory systems, and community services.

### Post-Training assessment

Objective: To measure the knowledge and skills gained by participants.

Format: Multiple-choice questions, short answer questions, and practical scenarios.

Content: Questions covering all modules, like the pre-training assessment.

### Participant feedback survey

Objective: To gather feedback on the training content, delivery, and overall experience.

Format: Likert scale questions, open-ended questions.

Content:

Quality of training materials

Effectiveness of trainers

Relevance of content

Suggestions for improvement

### Performance metrics

Objective: To monitor key performance indicators (KPIs) such as treatment adherence, health outcomes, and patient satisfaction.

Format: Data collection forms, patient satisfaction surveys.

Content:

Treatment adherence rates

Health outcomes for chronic conditions

Patient satisfaction scores

### Appendix D: Costed plan for training curriculum on integration

#### Needs Assessment and Planning

Objective: Identify training needs, target audience, and develop a detailed implementation plan.

Activities:

Conduct a needs assessment survey.

Identify target audience (healthcare professionals, administrative staff, etc.).

Develop a detailed implementation plan.

Resources required:

Survey tools and software.

Personnel for conducting the survey and analysis.

Planning workshops.

Estimated cost:

Survey tools and software: \$5,000

Personnel (5 people for 2 months): \$20,000

Planning workshops (venue, materials, refreshments): \$10,000

Total Cost: \$35,000

Curriculum development

Objective: Develop a comprehensive training curriculum on integration.

Activities:

Form a curriculum development team.

Develop training modules and materials.

Review and finalize the curriculum.

Resources required:

Curriculum development team (subject matter experts, instructional designers).

Development tools and software.

Printing and distribution of materials.

Estimated cost:

Curriculum development team (10 people for 3 months): \$60,000

Development tools and software: \$10,000

Printing and distribution: \$5,000

Total cost: \$75,000

Training of Trainers (ToT)

Objective: Train a group of trainers who will deliver the curriculum.

Activities:

Identify and select trainers.

Conduct ToT workshops.

Provide training materials and resources.

Resources Required:

Trainers' fees.

Workshop venues and materials.

Training materials and resources.

Estimated cost:

Trainers' fees (20 trainers for 1 month): \$40,000

Workshop venues and materials: \$15,000

Training materials and resources: \$10,000

Total Cost: \$65,000

Implementation of training

Objective: Deliver the training curriculum to the target audience.

Activities:

Schedule and organize training sessions.

Deliver training sessions.

Monitor and evaluate training effectiveness.

Resources required:

Training venues.

Trainers' fees.

Training materials and resources.

Monitoring and evaluation tools.

Estimated cost:

Training venues (10 locations): \$30,000

Trainers' fees (20 trainers for 3 months): \$120,000

Training materials and resources: \$20,000

Monitoring and evaluation tools: \$10,000

Total cost: \$180,000

Post-Training support and evaluation

Objective: Provide ongoing support and evaluate the impact of the training.

Activities:

Establish a support system for trained personnel.

Conduct follow-up evaluations.

Provide refresher training sessions if needed.

Resources required:

Support personnel.

Evaluation tools and software.

Refresher training materials and sessions.

Estimated cost:

Support personnel (5 people for 6 months): \$30,000

Evaluation tools and software: \$10,000

Refresher training materials and sessions: \$15,000

Total cost: \$55,000



## Summary of costs

Needs Assessment and Planning: \$35,000

Curriculum Development: \$75,000

Training of Trainers (ToT): \$65,000

Implementation of Training: \$180,000

Post-Training Support and Evaluation: \$55,000

Total Estimated cost: \$410,000

## Funding Sources

Government funding: Allocate a portion of the Ministry of Health's budget.

Grants: Apply for grants from international health organizations (e.g. USG/PEPFAR, CHAI, WHO, UNICEF/JAPAN/UKAID, Global Fund.....).

Partnerships: Collaborate with NGOs and private sector partners.

Donations: Seek donations from philanthropic organizations and individuals.

## Appendix E: List of trainers and facilitators

### Lead Trainers

Name:

Title:

Organization: Ministry of Health, Uganda

Expertise:

Name:

Title:

Organization:

Expertise:

Name:

Title:

Organization:

Expertise:

### Co-Facilitators

Name:

Title:

Organization:

Expertise:

Name:

Title:

Organization:

Expertise:

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Organization:

Expertise:

Structured interrupted learning:

#### 4.1. Virtual Mentorship and Training:

Virtual mentorship and training will be implemented at both the national and sub-national levels to ensure standardized capacity development while addressing region-specific needs. This approach will leverage digital platforms and remote learning to enhance accessibility, promote peer engagement, and support continuous professional development.

National Level virtual training activities:

**Webinars and Live Sessions:** The national cluster team will conduct bi-weekly expert-led webinars on key topics related to integrated services. These sessions will also be utilized for health facilities to share experiences to facilitate cross-learning.

**Online Learning Platform:** The national program will develop an interactive learning platform with training modules, case studies, and video demonstrations. This will include certifications and CPD points to incentivize learning and professional growth.

Sub-national virtual training activities:

Regional and district cluster teams will facilitate virtual learning in the following ways:

Regional Webinars: Conduct expert-led webinars on key topics related to integrated services. IN addition, these clusters will facilitate discussions where health facilities can exchange insights, challenges, and best practices to promote cross-learning.

WhatsApp/Telegram Support Groups: Create peer learning groups for knowledge sharing, case discussions, and Q&A; sessions.

E-Mentorship Program: Pair health workers with experienced mentors who provide guidance via scheduled virtual meetings and discussions.

#### 4.2. In-Person Training and Mentorship

##### National-level Training:

At the national level, the following have been prioritized:

Training materials development: The comprehensive capacity development package will be built on the already existing Uganda Clinical Guidelines (UCG) for respective thematic areas in an integrated manner (HIV, TB, Malaria, Hepatitis, Immunization, NCDs, Inventory, M&E, Lab, MCH).

National TOT: The national TOT will be conducted to bring the national cluster teams up to speed with the entire content of the integrated training package and to gain consensus on what to include in the core training package. The TOT will therefore be used to finalize the training materials.

##### Sub-national in-person training and mentorship activities:

Regional TOT: Regional TOTs will be conducted in all regions to build a pool of trainers to cascade training to districts and facilities.

Facility-Based Training Sessions: When resources are available, we will conduct periodic in-person training workshops to reinforce virtual learning. This will follow a needs assessment and areas with significant gaps will be prioritized for selected health facilities. Health facilities will be encouraged to routinize CMEs to provide a platform for routine trainings.

On-Site Clinical Mentorship: We will deploy experienced clinicians to health facilities for hands-on coaching, supervision, and case consultations. This will also follow a needs assessment and areas with significant gaps will be prioritized for selected health facilities.

Supportive Supervision: National and regional cluster teams will conduct supportive supervision visits periodically after which structured feedback will be provided.

#### Figure 1: Capacity Development Framework

##### Capacity Building Schedule

The schedule below includes only national and regional TOT as well as national webinars. District and health facility training schedules will be included within their contextualized action plans.

##### Conclusion

In conclusion, this capacity development plan will empower Uganda's health workforce to deliver integrated, patient-centered care. By providing mentorship, strengthening data use, and fostering collaboration, this initiative will enhance service delivery, improve patient outcomes, and ensure sustainable healthcare.