



Global Health  
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MINISTRY OF HEALTH

GLOBAL HEALTH WORKFORCE PROGRAMME

# Kenya Sharing & Learning Event

Developing the health workforce in Ghana, Kenya, and Nigeria to build stronger, more resilient health systems and advance progress towards Universal Health Coverage



Funded by the UK Department of Health and Social Care, and managed by Global Health Partnerships, in partnership with the Ministry of Health and Council of Governors.



Department  
of Health &  
Social Care



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SG.31 Ndhiwa Subcounty Hospital training © Image provided by the Health Partnership

# Programme overview

## Introduction

The health workforce is at the centre of every health system. However, many countries are grappling with major health workforce challenges, such as critical shortages in the supply of workers, an inadequate mix of skills in the workforce, inequitable geographical distribution of health workers, and gaps in their competencies, motivation, and performance. These strains on the health workforce have a direct impact on every individuals' ability to access appropriate, accessible and quality care that they need to live healthy lives.

### Achievements towards the programme indicators across Kenya, Ghana and Nigeria\*:

#### Capacity development initiatives:

- 90% of trained health workers involved in health workforce leadership training are demonstrating improved knowledge and/or skills post-training

#### Evidence for the sustainability/cascading of interventions:

- 95% trainers have demonstrated improved knowledge and skills to provide, and continue providing, trainings targeting health workers

## Programme introduction

Funded by the UK Department of Health and Social Care (DHSC) and managed by Global Health Partnerships (GHP), the Global Health Workforce Programme (GHWP) is working to build the strength, resilience, and capability of the health workforce. In line with Sustainable Development Goal 3, to: 'ensure healthy lives and promote well-being for all at all ages', the GHWP contributes to advancing progress towards Universal Health Coverage, to ultimately ensure that everyone, everywhere has access to quality healthcare.

### Improved Health Workforce Management:

- 21 health workforce management strategies supported by HPs
- 82% stakeholders reporting to have improved knowledge and understanding of a health workforce issue
- 21 pieces of evidence generated by the projects that stakeholders are using for policy development/decision making

As this phase of the Global Health Workforce Programme comes to a close in February 2025, we will undoubtedly see more successes like these coming from the Health Partnerships who will continue to collaborate with national bodies to embed these practices.

\*These results are from the reporting period 01/02/2024- 31/10/2024 for large grants and 01/02/2024-31/08/2024 for small grants, and do not capture the full scale of achievements from the programme. Further evidence and data will be available following final reporting.

SG.56 meeting with GHP © image provided by the Health Partnership





GHWP National Hospital Nigeria © Mark Akinware, Ducit Blue Solutions for Global Health Partnerships

## Acknowledgements

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- **Dr Kigen Bartilol** NOM Chair and Coordinator for Resilient and Sustainable Systems for Health | Ministry of Health
- **Dr. Judith Awinja** Director of Nursing and Midwifery | State Department of Medical Services, Ministry of Health
- **Dr. John Kihama** Ag. CEO | Kenya Human Resources for Health Advisory Council (KHRHAC)
- **Dr. Samwel Mwenda** General Secretary | Christian Health Association of Kenya (CHAK)
- **Ms. Khatra Ali** Director, Health Services | Council of Governors
- **Ms. Akaco Ekirapar** Health Advisor | Foreign, Commonwealth & Development Office (FCDO)
- **Ms Evalyne Chagina** Human Resources for Health Lead | World Health Organisation (WHO)

The support and collaboration of the Ministry of Health, the Council of Governors and the Government of Kenya has ensured that the programme aligns with national priorities, and that the interventions are effective, appropriate and impactful. Thank you also to the Foreign, Commonwealth & Development Office (FCDO) and World Health Organisation (WHO) for their ongoing guidance and strategic oversight, and to national stakeholders, such as the Christian Health Association of Kenya (CHAK) for their collaboration and contributions to the programme delivery in Kenya.

## Impact in Kenya

The Global Health Workforce Programme has funded 20 Health Partnerships between Kenya, and the UK, Ghana, and Nigeria. Since the Health Partnerships' project inception in February 2024, 1,346 health workers have been trained in Kenya, across areas such as leadership, education, clinical skills, and Gender, Equality & Social Inclusion (GESI).

Health Partnerships have closely collaborated with Ministries of Health and national bodies to develop interventions, guidelines, and policies which address national priorities and needs. In several cases, the projects have provided evidence from the project activities to inform national strategies and plans, leading to scale-up across the country.

The progress made so far has highlighted key success factors – such as country-led initiatives, multi-sector and local engagement, and learning-orientated approaches. Developments in leadership capacity, evidence-based policy development, quality education, health

worker governance strategies, and national stakeholder partnerships, are contributing to strategies to achieve an effective and sustainable health workforce.

To spotlight training as one aspect of the programme, the Health Partnerships from Kenya have:

- Trained 1,205 health workers overall
  - 434 male and 594 female, with 177 not specified\*

With:

- Leadership training delivered to 169 health workers
- Clinical skills training delivered to 727 health workers
- Gender, Equality and Social Inclusion training delivered to 63 health workers \*

\*data represents progress between 01/02/2024 - 31/10/2024 for large grants and 01/02/2024 -31/08/2024 for small grants



LG.22 Training group © image provided by the Health Partnership

*“A strong health workforce is central to health system performance and achieving Universal Health Coverage. The Global Health Workforce Programme, funded by the UK Department of Health and Social Care, has demonstrated the power and effectiveness of equitable Health Partnerships between UK institutions and low- and middle- income countries (LMICs) counterparts, and between partners across the country. Aligning and synergising efforts with country leadership and other health workforce actors across the health system, Health Partnerships have designed and delivered innovative and high impact interventions that contribute to locally identified health workforce priorities and health systems outcomes. Bi-directional learning and evidence generated through the GHWP is informing global, regional and national policy and practice on health workforce strengthening, including governance and leadership, performance, health worker wellbeing, and retention, fostering learning and building resilient health systems.”*

**- Margaret Caffrey, Technical Director, Health Systems Strengthening, Global Health Partnerships**

# Health Partnerships contributing to improved motivation, wellbeing, retention, job satisfaction and health workforce management strategies

## **SG.60: The Institute of Applied Studies and Research, with the Nigeria Medical Association, Ghana Nurses and Midwives Association, and the Kenya Medical Association**

This Health Partnership has conducted a wellbeing study, examining different methods for delivering well-being interventions to the health workforce in Ghana, Kenya and Nigeria in order to understand their effectiveness and impact on health workforce performance and retention. Through close collaboration with Health Workforce Human Resources policy stakeholders, this Partnership has ensured that they are well-versed in the local human resources for health landscape and are positioned to facilitate effective dialogue on the research findings to support health management strategies for health worker wellbeing.

## **SG.56: East London NHS Foundation Trust (ELFT), and the Kenya Medical Training College**

This Health Partnership has developed and implemented integrated mental health training and supervision for non-specialist health care workers in Primary Care and Oncology using the WHO mhGAP Care Pathway tool. The Partnership has delivered training to build workforce skills and capacity in mental health care, and to improve overall population health outcomes. Ongoing support through continuous supervision will embed training into practice, enhance sustainability, and strengthen health worker skills and wellbeing through a sustained support network.

## **SG.24: Worldwide Hospice Palliative Care Alliance, Kenyan Hospices and Palliative Care Association and St Christopher's Hospice (SCH)**

This Health Partnership has increased the capacity of Kenya's palliative health workforce by using the hi-five approach (training five health workers in palliative care, who, in turn, mentor five colleagues, who each provide care to five patients and families) - exponentially improving care quality and reach. Thus far, 71 health workers (focusing on mid-level health professionals) have completed the introduction to Palliative Care course and attended practicum sessions on palliative care skills to cascade to their mentees - sustainably improving health worker capacity and healthcare quality. Ongoing capacity building and mentorship will further strengthen workforce motivation, wellbeing, and long-term impact of the training.

## **SG.23: Kenyan Nurses and Midwives Association (KNM UK, Matakiri Tumaini Centre (MTC), Tharaka-Nithi County Government, and Prime Constel Company Limited**

This Health Partnership has built an AI-driven Continuing Capacity Building eLearning platform for Community Health Promoters (CHPs) in Tharaka-Nithi County, Kenya. The platform hosts digital content and enables continuous sharing and learning between CHPs to support skills development, co-development of resources, and mutual learning, supporting health worker wellbeing and job satisfaction. The partnership has trained CHPs trainers, and they are now able to use the platform and support others, with the aim to increase the uptake of digital learning and health care initiatives.

## **SG.59: Liverpool School of Tropical Medicine and LVCT Health**

This Health Partnership has developed a research commission to build evidence around the impact of diaspora engagement on health workforce and health systems strengthening in Kenya, Ghana and the UK. Through key informant interviews with diaspora health workers and health systems actors, they have collected qualitative data and are synthesising their findings into a report. They are due to hold participatory workshops to generate recommendations for diaspora health worker engagement in bidirectional health systems strengthening across all three countries, which they will synthesise into a report/policy brief.



SG.55 Quality Improvement Workshop © image provided by the Health Partnership

LG.73 & LG.36 Closing event with Mary Muthoni Muriuki, PS Kenya © image provided by the Health Partnership





SG.55 Kakamega QI presentation © image provided by the Health Partnership



SG.55 Health Partnership project team © image provided by the Health Partnership

## Case Study

### SG.55: Empowering the Health Workforce: Strengthening Maternal and Newborn Care in Kakamega County

The Health Partnership between Cambridge University Hospitals NHS Foundation Trust (CUH) UK and Masinde Muliro University of Science and Technology (MMUST) Kakamega, has contributed towards improved motivation, wellbeing, and health workforce management strategies through strengthening workforce capacity to deliver continuous quality improvement (QI) education to maternal and newborn care teams in Kakamega County, Kenya.

The Partnership has built sustainable education and training systems through developing a multi-professional clinical staff team as an educator faculty. This faculty have been upskilled to deliver education and training in quality improvement and core maternal health competencies, which has then been cascaded across the local maternal and newborn care workforce, improving health workforce capability and building health worker confidence.

#### Project achievements so far include:

##### Quality Improvement (QI)

- Trained six multi-professional staff as education faculty to deliver core competency training in QI
- Trained 90 health workers in the QI Fundamentals programme
- Strengthened referral systems, leading to improved management of high-risk cases

##### Skills Training

- Delivered training in clinical skills, including maternal emergencies, newborn resuscitation, and pre-eclampsia, increasing capacity in comprehensive

emergency obstetric and neonatal care

- Developed leadership skills among the six educators through additional training opportunities

#### Health Worker Wellbeing

- Enhanced motivation and wellbeing of healthcare workers through structured training and support
- Improved leadership skills amongst education faculty
- Facilitated international exchanges between staff involved in the project, providing opportunities for bi-directional learning and skills development through observations and collaborations
- Adapted training content from health worker feedback surveys, ensuring relevance and fostering wellbeing by addressing health worker training priorities

#### Sustainability and local ownership

- Adapted training materials to ensure cultural and contextual relevance
- Identified three Kakamega health workers to sustain and deliver QI programmes beyond the project term

**Dr Bernard Wesonga, County Executive Member for Health for Kakamega County commented:**

*“One of the most essential building blocks of quality **maternal, newborn and child health (MNCH)**, is skilled and competent human resources for health that is **benefitting immensely from training initiatives courtesy of our Kakamega-Cambridge Partnership**. This has contributed to the realisation of the policy of the Ministry [of Health] that aims to provide quality health care services to the citizens of Kakamega.”*



LG.47 team photo © image provided by the Health Partnership



SG.16 project team photo © image provided by the Health Partnership



SG.31 GHP, Power for the People & Homa Bay County Health Management team © image provided by the Health Partnership



LG.73 team photo © image provided by the Health Partnership



SG.24 team photo © image provided by the Health Partnership



SG.32 team photo © image provided by the Health Partnership



SG.22 GHP and Reproductive Health Network Kenya (RHNK) meeting © image provided by the Health Partnership



SG.30 team photo © image provided by the Health Partnership



SG.19 project team photo © image provided by Health Partnership

# Health Partnerships contributing to improved leadership capacity and mentorship within the health workforce

## LG.73: Intrahealth International, Kenya, The Nursing and Midwifery Council of Ghana (NMC-G), The Nursing Council of Kenya, and Ideal Health Organization (IHO)

This Health Partnership has strengthened Kenya's capacity to integrate Advance Practice Nurses (APNs) into specialist and primary care, improving health system efficiency and patient outcomes, especially in underserved areas. It conducted an APN readiness assessment across seven counties, evaluating national and subnational preparedness for APN training and integration. The Partnership enhanced clinical leadership curricula for APN educators and delivered relevant training to equip nurse educators as leaders for future APNs – strengthening nursing leadership in Kenya. Findings were synthesised into a policy brief and an action plan was developed to support ongoing policy discussion on APN integration and roll out into Kenya's health system. The partnership has also worked to ensure clinical leadership training is within the curriculum and stakeholders from leading academic institutions, regulatory bodies, and healthcare organisations collaborated to refine the curriculum.

## LG.46: Intrahealth International, Kenya, Primary Care International (PCI), Strathmore University

This Health Partnership has improved Primary Healthcare (PHC) delivery in 10 counties by strengthening the leadership capacity of Kenya's PHC workforce, which addresses gaps in leadership management, workforce challenges, and gender representation in line with national strategies. A blended Leadership, Management, and Governance (LMG) curriculum was developed, incorporating GESI, health financing, and new health acts. Training has been delivered to 63 PHC managers (27 males, 36 females) with weekly virtual sessions, e-learning, mentorship, and coaching, with 18 trainers and mentors ori-

ented on the revised curriculum. The Partnership has emphasised the importance of GESI training as well as making training inclusive. The partnership has worked to ensure there is representation from predominantly rural counties.

## SG.16: Liverpool School of Tropical Medicine, LVCT Health, Homabay County Government, Liverpool City Council, Central Liverpool Primary Care Network, and Capacity Development International

This Health Partnership has transformed community health workforce strategies in Kenya and the UK by delivering a programme of mutual learning between community and primary health workers in Homabay County, Kenya and Liverpool, UK. Participants engaged in mini-symposiums, expert lectures, and exchange programmes between the two teams, where changemaker pairs observed their counterpart's work in each country. This collaboration fostered idea-sharing and innovation to inform strategic recommendations for community health improvements in both contexts, contributing to enhanced leadership capacity and bidirectional learning, driving impact in health workforce strengthening.

## SG.61: NHS Consortium for Global Health

This project has developed a programme of system-level leadership strengthening activities across the breadth of HRH in Ghana, Kenya, and Nigeria, recruiting cohorts from all three countries to partake in the WHO Working For Health 2030 Peer-learning programme. This programme is training health workers in strengthened leadership and decision-making in HRH management.

## Case Study

### LG.22: Building Leadership Capacity in Nursing and Midwifery: A Health Partnership Case Study



LG.22 Health Partnership Leadership Training © Image provided by the Health Partnership

The Health Partnership between the Florence Nightingale Foundation (FNF) and the Nursing Council of Kenya (NCK), the Ministry of Health Kenya, Kenya Nurses and Midwives Association UK, and Royal Berkshire Hospital NHS Foundation Trust, UK has made significant strides in strengthening the leadership capacity of nurses and midwives in Kenya. This Partnership has focused on equipping nurses and midwives with leadership skills to enhance the performance and retention of the nursing and midwifery workforce, and to improve quality of health service delivery. Through creating a Community of Practice among nursing professionals in Kenya and the UK, the project supports leadership development, bidirectional learning and overall improvements in quality of patient care. By equipping nursing and midwifery managers – an overwhelmingly female-dominated cadre - with leadership skills and competencies, this Partnership is supporting the GHWP objective to address gender disparities in leadership in the health workforce, supporting equity both within the health workforce and in healthcare delivery. Investing in the performance, wellbeing, and retention of nursing and midwifery cadres will strengthen healthcare delivery, promote gender equity and help to build robust and resilient health systems.

### Project achievements so far include:

#### Leadership:

- Delivered webinar series featuring expert speakers from nursing leadership and policy backgrounds, reaching 323 attendees
- Trained 50 mid-level nursing and midwifery managers in leadership and quality improvement from all 47 counties of Kenya, all of whom successfully undertook and completed change projects within their workstations addressing key healthcare challenges

- 88% of participants in the Leadership Management Course experienced significant improvements in knowledge, skills, and confidence in leadership
- Promoted gender equity in leadership with 66% female and 34% male participants

#### Education & Mentorship:

- Provided ongoing mentorship and knowledge-sharing through collaborations between Kenyan and UK-based nursing professionals.
- Delivered quality improvement sessions to health workers, with participants demonstrating strong initiative and innovative approaches to addressing workforce challenges

#### Sustainability:

- Strengthened engagement with policy makers, including representatives from Kenya's National Union of Nurses, the Ministry of Health, and the Council of Governors, who have been supporting participants with their quality improvement projects - enhancing the sustainability and recognition of nursing leadership.

The participating nurses and midwives reported high levels of appreciation for the opportunity to strengthen their leadership skills and competencies, noting that they rarely get to participate in these types of interventions as these are usually only made available to senior level managers.

One participant reflected on the training: "In my community and in my workplace, there are a lot of issues, both globally and locally in Kenya, that I believe if I am open to the world and I research about them, I will get solutions to. So that is one thing that I'm looking to do – find the space to work through several projects[ so] that I bring a change to the community and leave a legacy".

Team building exercise at LG.22 training event © image provided by the Health Partnership

# Health Partnerships Contributing to sustainability, and impact on quality and access of education and training activities (e.g skills/practice/ curriculum/policies)

## **SG.22: CHASE Africa, Reproductive Health Network Kenya (RHNK), and Mount Kenya Trust**

This Health Partnership has strengthened the adolescent sexual reproductive healthcare (ASRH) workforce in Meru County, Kenya, by developing the ASRH training curriculum and mentorship guide (in consultation with the Division of Reproductive and Maternal Health (DRMH), Reproductive Health Network Kenya (RHNK), and Ministry of Health). The Partnership trained and certified 20 Trainer-of-Trainers using this newly developed ASRH curriculum, who, in turn, trained 60 healthcare providers, who cascaded the training to a further 160 Community Health Promoters. Trainers are providing ongoing monitoring and mentorship to trainees, and have already engaged 11 sub-counties, with the aim for these training initiatives to be further cascaded nationally to address rates of teenage pregnancy. The project, having been implemented in partnership with County Health Management Team (CHMT), has built the capacity of CHMT to oversee implementation of the initiative's activities beyond the project.

## **LG.47: British Paediatric Neurology Association (BPNA), Kenya Paediatric Association (KPA), Paediatric Society of Ghana, and East African Child Neurology Association in Kenya**

This Health Partnership has improved care for children with epilepsy in Ghana and Kenya by enhancing health worker training through the Paediatric Epilepsy Training (PET) course, which teaches non-specialist healthcare workers to diagnose and manage seizures. The training has been delivered outside major cities to reach rural and

underserved areas. By enabling knowledge to be cascaded from Paediatric Neurologists (only 15 in Kenya for 52 million people) via PET, the Partnership has improved access to clinical training, increased the number of skilled health workers, and reduced the reliance on specialists. There is available evidence of success in implementing the PETI courses, and County Health Boards and local paediatricians are promoting the course, resulting the course being filled in more places.

## **SG.32: Royal College of Physicians of Edinburgh and Kenya Association of Physicians**

This Health Partnership has addressed the shortage of internal medicine specialist physicians in Kenya by increasing postgraduate assessment and examination capacity through training an expanded faculty of specialist physician trainers and examiners. The Partnership facilitated a UK-Kenya faculty exchange, delivered trainings to trainers and examiners, expanded the examining faculty, and standardised examination policy, procedures and content. These activities built capacity for postgraduate assessment and improved the quality and consistency of clinical examinations, ultimately expanding and decentralising specialist physician training in Kenya for better care and patient outcomes.

## **SG.19: Rainbow for Africa UK (R4AUK), Masinde Muliro University of Science and Technology (MMUST), Kakamega, Kenya, Rainbow For Africa Kenya (R4A Kenya), Kenya Ministry of Health Kakamega County, and Kakamega Teaching Hospital**

This Health Partnership is strengthening the maternal health workforce by developing and delivering point of care ultrasound (POCUS)

training packages through POCUS training schools for nurses, midwives and junior doctors in Western Kenya. These trainings have built leadership capacity, confidence and competence amongst participating health workers, empowering them to lead improvements in maternal health services. Expanding the pool of qualified ultrasound providers will increase access to ultrasound screening, enabling early identification of high-risk pregnancies and timely care to improve health outcomes and reduce maternal and infant mortality in line with national health priorities.

## **LG.01: The Royal College of Pathologists, National Postgraduate Medical College of Nigeria (NPMCN), The Agha Khan University and The Ghana College of Physicians and Surgeons (GCPS)**

To address the critical shortage of chemical pathologists and the lack of relevant specialist training programmes in Ghana, Kenya, and Nigeria, this Partnership has delivered training programmes, improved curricula, and supported continuous professional development opportunities aimed at the chemical pathologist health workforce. They successfully launched a Point-of-Care Testing course, mentoring programme and fellowship curriculum to support improvements to the quality of chemical pathology service provision in all three GHWP countries, improving education and building the capacity of the chemical pathologist workforce to deliver specialist care.

## **SG.30: The Christie Hospital NHS Trust, Kisii Teaching and Referral Hospital, and Kenyatta University Teaching Research Referral Hospital**

This Health Partnership has strengthened the cancer health workforce in Kenya by training nurses and healthcare workers in cancer health education, prevention, and care, increasing health worker confidence and capability and reducing the global cancer burden. The Health Partnership developed a 'Foundation of Oncology' module to reflect community needs, conducted train-the-trainer sessions in cancer care, and integrated digital solutions into training to educate local workforces in oncology skills and enable underrepresented communities to gain access to a highly-trained workforce for better health outcomes.

## **SG.20: University of Brighton, AMREF International University, East Sussex County Council, Physiotherapy Council of Kenya, Kenya Society of Physiotherapists, AfyAfrica, and Ministry of Health, Kenya, Nairobi City County Council**

This Health Partnership has strengthened capacity and improved healthcare workforce safety by co-developing and delivering two new training programmes in Practice Placements in Occupational Safety and Health (POSH) and Manual Handling Techniques (MHT). This project has built local capacity to improve health worker wellbeing, address a critical skills gap in health education, and enhance patient safety through a Training-of-Trainers model, reducing the risk of workplace injuries and improving occupational safety practices to promote health worker health and wellbeing.

## **SG.31: Power for the People, Homa Bay County Department of Public Health and Medical Services, and Power for the People Africa Trust**

This Health Partnership has strengthened health workforce capacity to address the triple threat of gender-based violence (GBV), teenage pregnancy and new HIV infections in Kenya through training in referrals and national guidelines for GBV and sexual reproductive health (SRH). As of August 2024, the Partnership delivered training to 64 health workers and 131 community health volunteers via train-the-trainer sessions, provided mental health first aid training to 30 health workers, and adapted three curricula to local contexts. Trained health workers will cascade skills to their peers to build health worker capacity in GBV and SRH care, improving community health outcomes and advancing gender equity in healthcare.



LG.73 close event group photo © image provided by the Health Partnership



## Case study

### LG.24: Strengthening Kenya's Emergency Care Workforce: A Collaborative Model for Training and Sustainability

The Partnership between Dharura: Global Emergency Care (Based in University Hospitals Bristol & Weston), UK and Nanyuki Teaching and Referral Hospital, Kenya has strengthened Kenya's emergency care health workforce by fostering a nationwide network for peer learning, tool-sharing, and remote education. The project is enhancing leadership capacity and mentorship within emergency care and directly contributes to improved healthcare outcomes by equipping health workers with vital emergency response skills and promoting sustainable training mechanisms.

The project employs a multifaceted approach to improve emergency healthcare, including training courses, curriculum development, and the provision of essential equipment designed to create a self-sufficient emergency care training system that enhances performance, fosters continuous learning, and supports underserved rural communities. Based on this progress, other hospitals are interested in this approach, evidencing the scale up and support for this project.

#### Project achievements so far include:

##### Training

- Delivered three Emergency Care training courses, one Emergency Airway training, one Triage Management course, and three Rural Education sessions, reaching 378 health workers
  - 245 in hospital setting
  - 133 in rural setting
- Identified 17 health workers in six hospitals and three rural clinics to act as focal persons for each training module
- The Nanyuki Simulation Team co-led the development and facilitation of the monthly rural education day for health workers from rural clinics
- Enhanced leadership skills through the training of two Simulation Leads in Nanyuki – who are now mentoring others and leading the facilitation of the Rural Education Program, focusing on access for

rural communities), and presenting their experiences at conferences

##### Equipment

- Provided access to laptop/s and projector/s for training purposes in one rural clinic (Kimaji), one sub-county hospital (Merti), and six urban hospitals
- Provided first-responder kits to 14 community health workers/volunteers
- Provided 52 first-aid kits for trained community members

##### Education:

- Developed and tested new First Responder curriculum
- Finalised the Rural Education Programme curriculum for use in the project and beyond. The UK team developed the new version of the Dharura Emergency Care (DEC) course, with feedback from some of the Simulation Facilitators
- Building a simulation curriculum (in progress)
- Facilitated bidirectional learning between partners through quality improvement projects
- Collected data to assess health workforce development needs

##### Gender, Equality and Social Inclusion

- 50% of selected focal points are women to ensure gender representation in emergency care leadership
- The course specifically looks to develop rural education in emergency care, supporting access to quality emergency medicine for people in rural and underserved communities

##### Emergency department nurse and training participant Titus Guchu spoke of the impact the training has had:

*"After being appointed as the lead simulation facilitator I have achieved tremendous milestones in building my skills and knowledge, as well as personal and career growth. I have been able to achieve this through the various conferences that I have attended, as well as the trainings that I have been facilitated to attend, such as Training-of-Trainers (ToT) training and the Dharura Emergency Care Course*

*(DECC) training. This has gone a long way in enhancing my expertise in a career that I am so passionate about and now I have the opportunity to facilitate the transfer of knowledge and skills in a safe environment and through this we're making meaningful impact in our health sector. I also feel motivated and empowered and I am now able to disseminate the knowledge I have acquired to my fellow simulation facilitator so that I can empower them"*



LG.24 WHO meeting © image provided by the Health Partnership

LG.24 team photo © image provided by the Health Partnership



## Promoting Gender, Equality, and Social Inclusion (GESI) in Health Workforce Interventions

### LG.46 Case Study: Strengthening Leadership and Promoting Gender, Equality and Social Inclusion (GESI) in Kenya's Primary Health Care System

The Health Partnership between IntraHealth International Kenya, Primary Care International (PCI), and Strathmore University has made significant progress in improving Primary Healthcare (PHC) delivery across 10 counties in Kenya. By strengthening leadership capacity and integrating Gender Equality and Social Inclusion (GESI) principles into PHC delivery, the project is addressing leadership gaps, workforce challenges, and gender representation within the PHC sector, in alignment with national strategies and GHWP objectives.

The project has worked to promote inclusion in healthcare leadership by fostering inclusion in its Leadership, Management and Governance (LMG) trainings. The project has worked to expand healthcare training and services to rural and underserved areas, prioritising nine predominantly rural counties. This Partnership leveraged the benefits of international collaboration in their project to ensure the success of GESI promotion, with Primary Care International providing expertise on methods to integrate GESI into PHC networks, ensuring inclusive training approaches towards more equitable health outcomes. Clinical associates acted as subject-matter experts, trainers, and mentors in the LMG course. Moreover, the Partnership developed a competency-based GESI module, including a structured workbook that enables participants to create actionable plans for promoting inclusion within their healthcare networks.

Moving forward, the continued emphasis on inclusive leadership, targeted mentorship, and equitable access to healthcare training will further drive progress in reducing inequalities in healthcare management and service delivery.

### Project achievements so far include:

#### Training and Leadership Development:

- Secured a strong cohort of female health workers (60% of trainees) to participate in leadership, management, and governance trainings, strengthening leadership capacity amongst the female workforce. Both women and men participating in the Training-of-Trainers (ToT) and LMG sessions engaged in interactive discussions on Gender Equality and Social Inclusion (GESI) and its impact on service delivery and health outcomes
- Integrated GESI components into PHC training, enabling healthcare managers to apply inclusive leadership approaches within their respective regions
- Developed a competency-based GESI module including a workbook that guides participants in creating an action plan for embedding GESI within their Primary Care Networks, supporting health workers to cascade improved knowledge of GESI to their peers, and providing materials to sustain impact beyond initial trainings

#### Social Inclusion:

- The project promoted gender equality and social inclusion in participant selection, involving diverse individuals across age, gender, sexual identity, physical ability, and geographic area. They prioritised participant selection from rural and underserved counties
- Geographic diversity was prioritised in participant selection to ensure representation from hardship and rural counties, contributing to reducing geographical disparities in healthcare leadership and service delivery
- Training materials were designed to be inclusive, to ensure accessibility and representation in both virtual and in-person learning environments

### Knowledge Products and Research Contributions:

- In process of developing a GESI brief, evaluating gender equality and social inclusion outcomes throughout the project
- Launched a qualitative sub-study to identify barriers faced by women leaders in county-level multidisciplinary teams (MDTs)
- Monitored the implementation of Primary Care Networks (PCNs) through leadership challenge projects, supporting sustainable healthcare governance

*"The Global Health Workforce Programme has made significant contributions towards the Ministry of Health (MoH) Human Resources for Health policy objective on strengthening and operationalizing existing MoH structures and systems at national and sub-national levels for implementation of Primary Health Care interventions and Universal Health Coverage".*

**- Sam Munga, In Country Coordinator for Global Health Partnerships, Kenya**

*Below: Janet Muriuki at LG.46 Closing event © image provided by the Health Partnership*

*Bottom: LG.46 & LG.73 Close event group photo © image provided by the Health Partnership*





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## About Global Health Partnerships (formerly THET)

Today, one billion people will never see a qualified health worker in their lives. For over thirty-five years, Global Health Partnerships (GHP) has been working to change this, training health workers to build a world where everyone has access to affordable and quality healthcare.

We do this by leveraging the expertise and energy of the UK health community and supporting Health Partnerships between hospitals, colleges, and clinics in the UK and those overseas.

From reducing maternal deaths in Uganda, to improving the quality of hospital care for injured children in Myanmar, we work to strengthen local health systems and build a healthier future for all.

In the past seven years alone, GHP has reached over 84,000 health workers across 31 countries in Africa, the Middle East, and Asia in partnership with over 130 UK institutions.

Find out more about our work at:  
[globalhealthpartnerships.org](https://globalhealthpartnerships.org)



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