

**Activity Report**

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| **REPORT TITLE** | Report for the virtual training of Oncology and Palliative Care Health Workers on Cancer Education Materials for Patients and Caregivers (CEMPC) |
| **MODE OF DELIVERY** | Virtual interactive sessions via Zoom platform |
| **TRAINING DATE** | 14th August 2020 |
| **FACILITATORS** | Trained Facilitators from Kenyatta National Hospital (KNH) |
| **PARTICIPANTS** | Oncology and palliative care health workers from health facilities offering cancer services across the country. |
| **REPORTING DATE** | 28th August 2020 |
| **REPORT PREPARED BY** | KENCO Secretariat |

**INTRODUCTION**

Since 2017, the American Cancer Society (ACS) has been working with the Kenyan Network of Cancer Organizations (KENCO) to facilitate a number of health facilities and KENCO member Organizations, that are in direct contact with cancer patients and their caregivers, with cancer education materials for use by health workers, patients and care givers. To effectively use and distribute the materials to patients and caregivers, the health workers and KENCO members have to undergo a training on the same.

Driven by the need to expand the number of health facilities and health workers receiving, using and distributing the materials, and in consideration of the challenges posed by the COVID-19 pandemic, KENCO organized a virtual one-day training of oncology and palliative care health workers from health facilities across the country on the cancer education materials. The health facilities targeted were those offering cancer services but have never been trained, have limited number of staff trained in the past as compared to their current or anticipated workload or were last trained a long time ago and maybe in need of a refresher course.

The training was financed from the funds raised by KENCO on the Global Giving crowd funding platform during the March 2020 accelerator campaign which KENCO participated in.

**OBJECTIVE OF THE TRAINING:**

The training was intended to help participants:

* Understand the content of the cancer education materials for patients and caregivers.
* Be able to accurately/appropriately use the cancer education materials and respond to cancer patient and caregiver questions.
* To learn about effective communication best practices, including counselling skills and how to apply them in interactions with cancer patients and caregivers.
* Anticipate and address barriers that would make supportive communication with cancer patients and care givers difficult.
* To discuss common work place challenges and how to mitigate them especially during this COVID-19 period.

**TRAINING PREPARATION PROCESS**

This being the first time the CEMPC training was being offered virtually, a lot of consultations were held with the facilitators from KNH, the National Cancer Institute of Kenya and the National Cancer Control Programme on how best to go about the training. Two preparation meetings were held with the facilitators:

* One physical meeting was held to discuss and agree on the training duration, modalities of virtual delivery, to refine the training content to suit the time duration, roles & responsibilities of the facilitators and organizers, targeted facilities and number of participants. It was during this meeting where it was agreed that the training will be held for two 3-hour sessions. The topics to be covered were agreed as: cancer patient journey, introduction to cancer education materials, effective communication and breaking bad news, use of cancer education materials and applying learning and addressing common work place challenges. The facilitators were to refine the pre-test and KENCO to have it embedded in the registration process for the virtual training. KENCO and the facilitators were also to develop role play videos depicting various scenarios to demonstrate use of cancer education materials during the training.
* The second meeting, which was virtual, was held on the eve of the training. The timetable, roles and responsibilities and finer details of the delivery of the training were firmed up.

Mobilization of participants was done through invitation letters from the National Cancer Institute of Kenya, to respective County Directors of Health and respective Hospital Directors. This was followed-up by phone calls from the KENCO secretariat to the targeted facilities to identify the right participants and get their contact information to enable sending of login details and training documents and ensure that they actually attend the training. Apart from participants, the KENCO board and NCI-K secretariat participated in the training.

**TRAINING METHODOLOGY**

The training was conducted virtually and the facilitators employed a number of methods to deliver the training including:

* PowerPoint presentations
* Demonstration on use of provider flipcharts
* Plenary discussions
* Audio-visual aids – educational videos on effective communication.

**TRAINING PROCEEDINGS AND OUTCOMES**

**Session one:**

After the quorum was met, the first session started at around 8.30 am with prayers followed by welcoming remarks from Catherine Wachira, the chairperson, KENCO. This was followed by introductions. KENCO Executive Director (ED) then briefly made opening remarks welcoming participants, explaining a few norms, and briefly introducing KENCO and the CEMPC programme.

An invitation was then extended to the Chief Executive Officer of the National Cancer Institute of Kenya, Dr. Alfred Karagu who made brief remarks, welcomed the participants and gave a brief background of the development of the cancer education materials. Dr. Mary Nyangasi, the Head, National Cancer Control Programme then briefly took the participants through an overview of the National cancer burden and what the Ministry of Health has achieved and its plans as documented in the National Cancer Control Strategy 2017-2022.

The program was then handed over to the facilitators who took participants through the following topics:

* Cancer patient Journey – the facilitator took the participants through the cancer patient journey where he touched on the challenges cancer patients face and how some can be addressed through patient navigation with specific reference to what KNH is doing.
* Provider Flipchart – The participants were taken through the provider flipchart page by page as the facilitator discussed tips on how to pass information to patients.
* Effective communication and breaking bad news – the facilitators took the participants through how to effectively communicate to cancer patients and break bad news. An interactive session was held after 2 videos were played that depicted different health worker attitudes and effective/ineffective communication case scenarios

In between the topics, question and answer sessions were held where the participants were quite engaged. The participants appreciated the topics covered. This marked the end of the first session. A short break followed.

**Session Two:**

After the break, the participants were then taken through the following:

* Use of materials and applying learning – The participants were taken through the process of passing information to a patient through the use of flipcharts and how the patient is finally issued with the patient booklets. The facilitator perused through the patient and caregiver booklets and communication tip sheets to enable the participants to familiarize themselves with the content of the materials. The provider flipchart had been covered in the morning and thus the facilitator did not spend a lot of time on that.
* Discussion on common workplace challenges especially during COVID-19 period – One of the facilitators led the participants through a plenary discussion on common work place challenges especially during the current COVID-19 period.
* Management of materials – The participants were briefly taken through modalities of requesting, managing and reporting on the cancer education materials. They were also called upon to send their projected demand of materials for KENCO’s planning purposes.

This marked the end of the virtual training content. Closing remarks were made by KENCO chairperson who thanked the facilitators for the good work and the participants for sticking throughout the training and being very active. Closing prayers were made from one of the participants and this marked the end of the training.

**PRE- AND POST-TRAINING TEST**

The pre-training test tool was shared with the participants a day prior to the training. The main aim of the pre-test was to prepare and orient the participants on the content of the training. Only a few (about 30%) participants were able to fill and send back before the start of the training. All the participants were encouraged to relook at the tool and fill as a post-test. Later, the test answers were shared with the participnts for them to do individual self-assessment and learning.

**FEEDBACK FROM PARTICIPNTS AND FACILITATORS**

**Participants Feedback**

* The Participants were of the view that the CEMPC training was interactive and very informative. The PowerPoint slides were well packaged, simple and comprehensive and allowed the participants and the facilitators to see the reality of their daily working experiences and share experiences.
* The presentation from the facilitators and delivery of the training was excellent. The facilitators were well familiar with the content and experienced in training.
* There were technical challenges in loading PowerPoint presentations – better preparations need to be made in future e.g. ensuring that the laptop sharing screen is not reflecting light for better visibility.

**Facilitators’ Feedback:**

* The participants were active and cooperative and sessions were very interactive.
* The participant’s turnout was good.

**CHALLENGES**

* Being a virtual training, some participants had technical or connectivity difficulties joining the training, while others were on and off and it was somehow difficult to keep track– thankfully, the recordings are available for them to follow through what they missed.
* Not able to shoot videos demonstrating case scenarios on use of materials – due to a number of challenges including limited time to secure the necessary equipment. The team later agreed to have it done as a discussion during the training.
* One of the core facilitators went on an emergency leave a few days prior to the training which derailed some plans. This was however remedied by having the other 2 facilitators take up his topics.
* Anticipated challenges of language barrier in the use of the materials – for patients who are not familiar with both the National languages. Interpretation of the materials into major local languages should be considered in future.

**RECOMMENDATIONS**

Some of the recommendations from the training from across the board include:

* CPD certification – There is need to seriously consider enrolling the training for CPD certification to enable health workers to earn CPD points which is will motivate them more.
* The first session overstretched the time limit resulting to fatigue. 2-hour sessions or there about should be considered in future
* Customization and uploading of pre and post training test in an easy to access manner and early enough and if possible, a self-marking test should be adopted for virtual trainings.
* More time need to be dedicated for the training in order to exhaust topics such as breaking bad news – at least 2 days, 6 hours each would be good, since the participants had so much to share.
* Topics that should be included in future - referral systems for cancer, end of life care for terminally ill cancer patients, cancer screening guidelines and policies and medico-legal issues around cancer. Some of the topics are beyond the scope of this training but it is worth noting.

**LESSONS LEARNT**

Amidst the challenges posed by the COVID-19 pandemic, there are also lots of opportunities. One of them is the possibility of conducting virtual trainings at a considerably low cost compared to a physical training but still achieving the training objectives. To do this however, there is need to be well versed with and exploit fully various technological tools available on virtual meeting platforms.

Lots of preparations also needs to be made including early identification of participants, sending training documents on time and uploading whatever survey you would want the participants to fill pre or post training on time and on an easy to access platform.

**WAY FORWARD**

The following action points were agreed on:

* Distribution of cancer education materials to the newly trained facilities has already been made. Participants to ensure proper handling, use and recording of disbursement of the materials.
* The participants to be requesting materials whenever their stocks are running low. The requests can be made to KENCO through a phone call, WhatsApp message, SMS or e-mail.
* KENCO to add the trained participants in the CEMPC WhatsApp group for ease of communication and linkage and to KENCO’s partners mailing list, which has already been done.
* KENCO to share a package of training materials with the participants including the PowerPoint presentations and the training recording. Done.

**CONCLUSION**

The training was of absolute importance to the participants as it addressed some knowledge and skill gaps and equipped them with crucial skills that will help them in their work to the benefit of the cancer patients and care givers that they serve. These skills are especially on effective communication and breaking bad news. The participants showed a lot of excitement towards the content of the training and the cancer education materials themselves and it is the hope of the training organizers and facilitators that the knowledge and skills gained empowered the participants and this will translate to high-quality services offered to cancer patients.

The training also opened avenues for existing and upcoming cancer centres in the country that were left out in the past to start receiving and distributing CEMPC materials and thus ensuring that the materials reach to as many cancer patients as possible. The virtual training was a success despite the few challenges noted and there is definitely room for improvement in future.

**ANNEX 1: List of Participants**

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|  | **Name** | **Health Facility** | **Email Address** |
| 1 | Bernard Kirui | Tenwek Mission Hospital | [benpetersonkirui@gmail.com](mailto:benpetersonkirui@gmail.com) |
| 2 | Faith Chebet Molel | Tenwek Mission Hospital | [researchmanagertenwek@gmail.com](mailto:researchmanagertenwek@gmail.com) |
| 3 | Anita Biwott | Longisa County Referral Hospital | [anithajep@gmail.com](mailto:anithajep@gmail.com) |
| 4 | Flora C. Neema | Longisa County Referral Hospital | [neematag@gmail.com](mailto:neematag@gmail.com) |
| 5 | Florence Mutuku | Makueni Level 5 Hospital palliative care unit | [mutuku494@gmail.com](mailto:mutuku494@gmail.com) |
| 6 | Peninah Mutua | Makueni Level 5 Hospital palliative care unit | [penninahnzulah@gmail.com](mailto:penninahnzulah@gmail.com) |
| 7 | Samuel Mwangi | Defence Forces memorial hospital | [Samngunu1@gmail.com](mailto:Samngunu1@gmail.com) |
| 8 | Christopher Maundu | Defence Forces memorial hospital | [cmaundu276@gmail.com](mailto:cmaundu276@gmail.com) |
| 9 | Leah | Nakuru Level 5 Hospital | [leahchep08@gmail.com](mailto:leahchep08@gmail.com) |
| 10 | Hellen Motanya | Nakuru Level 5 Hospital | [hellenmotanya@gmail.com](mailto:hellenmotanya@gmail.com) |
| 11 | Joystacy Kendi | Machakos Level 5 Hospital, cancer centre | [seashan.halonda@gmail.com](mailto:seashan.halonda@gmail.com) |
| 12 | Esther Mututo | Machakos Level 5 Hospital, cancer centre | [esthernzembi70@gmail.com](mailto:esthernzembi70@gmail.com) |
| 13 | Ronix Otieno | Garissa Level 5 Hospital | [ronnyronix65@gmail.com](mailto:ronnyronix65@gmail.com) |
| 14 | Consolata Njeri | Nyeri Level 5 Hospital | [consolatanjeri38@gmail.com](mailto:consolatanjeri38@gmail.com) |
| 15 | Margaret Wamwangi | Nyeri Level 5 Hospital | [wamwangimargaret5@gmail.com](mailto:wamwangimargaret5@gmail.com) |
| 16 | Irene Njoki Njagi | Othaya Level 6 Hospital | [njokiirene310@gmail.com](mailto:njokiirene310@gmail.com) |
| 17 | Anne Wangechi Gathogo | Othaya Level 6 Hospital | [hannahwangecig@gmail.com](mailto:hannahwangecig@gmail.com) |
| 18 | Josephine Ongeri | Kisii Level 5 Hospital | [oruko045@gmail.com](mailto:oruko045@gmail.com) |
| 19 | Cyrus Biwott | AIC Kijabe Hospital | [cyrusbiwott06@gmail.com](mailto:cyrusbiwott06@gmail.com) |
| 20 | Naomi Adamba | AIC Kijabe Hospital | [palldoc@kijabehospital.org](mailto:palldoc@kijabehospital.org) |
| 21 | Dr. Leila Mohammed | KUTRRH | [leylamohdomar11@gmail.com](mailto:leylamohdomar11@gmail.com) |
| 22 | Dr. Rachael Warigia | KUTRRH | [rachelwarigia1@gmail.com](mailto:rachelwarigia1@gmail.com) |
| 23 | Josephine Akinyi | KUTRRH | [Jakinyi15@gmail.com](mailto:Jakinyi15@gmail.com) |
| 24 | Eunice Njoki | KUTRRH | [eunicenjoki655@gmail.com](mailto:eunicenjoki655@gmail.com) |
| 25 | Joyce Chemutai | KUTRRH | [Joychemu12@gmail.com](mailto:Joychemu12@gmail.com) |
| 26 | Ruth Nzisa Ndambuki | Kitui Level 5 Hospital, Palliative Care unit. | [ruthnzisa@yahoo.com](mailto:ruthnzisa@yahoo.com) |
|  | **Others:** | |  |
| 27 | Mackuline Otieno | Africa Palliative Care Association | [mackuline.atieno@africanpalliativecare.org](mailto:mackuline.atieno@africanpalliativecare.org) |
| 28 | Cecilia Wandera | NCI Kenya | [cecienw@gmail.com](mailto:cecienw@gmail.com) |
|  | **KENCO Board Members** | | |
| 29 | Catherine Wachira | Board Chairperson | [cathywachira@gmail.com](mailto:cathywachira@gmail.com) |
| 30 | Gabriel Muthwale | Board Vice Chair | [muthwalegm@yahoo.com](mailto:muthwalegm@yahoo.com) |
| 31 | Elo Mapelu | Board Secretary | [omapelu@gmail.com](mailto:omapelu@gmail.com) |
| 32 | Boniface Mbuki | Board Treasurer | [bmbuki@gmail.com](mailto:bmbuki@gmail.com) |
| 33 | Dr. Zipporah Ali | Board Member | [zippy@kehpca.org](mailto:zippy@kehpca.org) |
| 34 | Dorothy Nyongo | Board Member | [dorothynyongo1@gmail.com](mailto:dorothynyongo1@gmail.com) |

**ANNEX 2: Activity Budget**

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| **Item** | **Description** | **Unit Cost** | **Quantity** | **Total** |
| 1 | Airtime and time compensation for health workers | 2000 | 26 | 52,000 |
| 2 | Airtime for KENCO Board (5)– to be trained | 1000 | 9 | 9,000 |
| 3 | Airtime for facilitators to log in | 1000 | 2 | 2,000 |
| 4 | Honoraria for facilitators | 2500 | 2 | 5,000 |
| 5 | Airtime for NCI & NCCP heads – for remarks | 1000 | 2 | 2,000 |
|  | **Total** |  |  | **70,000** |

**ANNEX 3: Training Schedule:**



**CANCER EDUCATION MATERIALS FOR PATIENTS AND CAREGIVERS (CEMPC)**

**VIRTUAL TRAINING PROGRAM**

**14TH AUGUST 2020**

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| --- | --- | --- |
| **Time:** | **Topics** | **Facilitator** |
| 8.30am -8.45am | Preliminaries   * Introductions * Climate setting * Overview on KENCO | Christine Mugo-Sitati,  ED -KENCO |
| 8.45am – 9.00am | Opening Remarks | Dr Alfred Karagu,  Head – National Cancer Institute of Kenya. |
| 9.00am – 9.20am | Brief Overview - Cancer Control in Kenya | Dr. Mary Nyangasi,  Head – National Cancer Control Programme, Ministry of Health. |
| 9.20am – 10.05 am | Cancer Patient Journey | Ronnie Obulemire,  KNH – CTC |
| 10.05am – 10.55 am | CEMPC Materials -Introduction | Ronnie Obulemire  KNH – CTC |
| 10.55am -12.00pm | Effective Communication and Breaking bad news.  Role plays | Gladys Mukosi,  KNH – CTC  All |
| **12.00pm -1.00pm** | **BREAK** |  |
| 1.00pm -2.00pm | CEMPC Materials – use and applying learning  Role play videos and discussion | Gladys Mukosi  KNH – CTC |
| 2.00pm – 2.45pm | Addressing common workplace Challenges | Ronnie Obulemire  KNH - CTC |
| 2.45pm – 3.30pm | CEMPC Material Management   * Record keeping * Ordering and issuing of materials | Charles Muya,  P.O -KENCO |
| 3.30pm – 3.45pm | Closing Remarks | KENCO |

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