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Designing supportive and sustainable work environments to maximize health worker engagement and impact

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Repurposing Health Workforce Management for Targeted COVID-19 emergency response at Makunduchi District hospital, in Zanzibar Island

A case by : USAID Afya Endelevu Activity

Presented by Ms. Rahel Sheiza-Director of Programs

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Background

- Between January to September 2021, like many other, health facilities in Zanzibar were overburdened with routine health services and COVID-19 interventions.
- Makunduchi District Hospital was one of the overburdened facilities with 19% available HCWs could not match with daily increased flow of clients at OPD to around 155 from the earlier 92 clients with increasing needs including COVID-19 interventions; this resulted to:
 - Increasing of working hrs from 10 to 16;
 - Lack of shifts, day offs, leaves,
 - Extended client waiting time up to 3 hrs -with some failures to attend all clients within the day.
 - Slow pace on vaccination uptake as this was one of designated covid 19 vaccination site.

Determination of staff needs at Makunduchi Facility

- Standard manning level - 81% HRH shortage.
- WISN was used to determine workload using selected indicators(OPD attendance ANC, Facility Deliveries).



Determination of Staff Needs at Facility Cont'd...

- Administrative analysis was used to prioritize the needs based on available resource (HRH)- without POA

Other Key HRM Intervention through use of service and work place data/information to enhance customized work place performance improvement.

- Running a rapid productivity assessment using USAID tool.
- Allocating clear tasks and Setting performance targets.
- Addressing and institutionalizing key performance and productivity agenda through a co-creation process.

How re-allocating tasks and adding performance targets for staff impacted the workload?

- Clarity of Job tasks, targeted support, allocation of targets – reduced time wastage, prolonged consultations, disengagements, obvious mistakes, industrial unrest and ultimately improve accountability – all the above contributed to 'high unnecessary-evidenced and perceived work loads.
- Integration of COVID 19 response to routine health care services at facility



Changes brought by the Introduced Management Intervention to COVID-19 Services Integrated with Other Services?

Integrating-HCWs Scope,capacity building,targets,work schedules with simplified SOPs,workload if the two services were parallel.

Workload related:

- Reduction of working hours from an average of 6 (from 16 to 10).
- Re – initiation of shifts and leave.

Service Related

- Reduced missed opportunities –suspects and cases
- Reduction of client waiting time from from 3 to 1.
- Extended availability of service provision at OPD from 5:30 pm to 9:30pm (due to shifts)
- Smooth integration of COVID-19 health education, vaccination, and management with other health services.
- COVID-19 vaccine uptake was increased to an average of 480 clients per month between November 2021 to June 2022, compared to an average of 69 clients per month between July to September

Conclusion - COVID-19 affected health system dynamics especially facilities with low staffing level. Repurposing health workforce management is crucial for increasing access of integrated clinical services to clients in need including COVID-19 infection prevention and management to stretched health facilities



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USAID Local Partner Health Services-Kigezi & Lango

The Impact of Good Leadership on Program Implementation and Better Health Outcomes. A Case of Otwal HC III in Oyam District, Lango Sub-region.

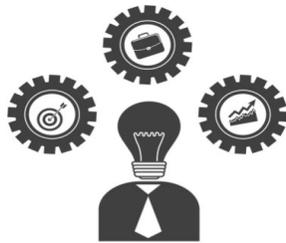
**By : Dr. Herbert Kisamba
Project Director – USAID’s Local Partner Health Services-Kigezi and Lango
Activity**

Designing Supportive and Sustainable Work Environments to Maximize Health Worker Engagement and Impact Panel Presentation.



INTRODUCTION

- Decentralized Health systems – More decision making powers distal administrative units
- Effective leadership is necessary though not consistently exhibited.
- Health Workers at times resist new programs for fear of additional work load
- Otwal Health Centre overcame hurdle through leadership support that promoted clear communication, role clarification, resource availability & performance monitoring.



STRATEGY

- Effective communication
- Appropriate teaming & planning
- Role clarification and allocation
- Resource allocation
- Staff engagement & performance monitoring
- Use of data for effective decision making
- Recognition and rewards for good performance



Result

- Improved Community Health Worker- CALHIV attachment & follow up
- Better staff attitude and attendance to duty
- Better team cohesion
- Service delivery system redesigned.
- CALHIV VLC&S improved from 93%&90 (Sept'21) to 99%&94 (Jun'22) respectively
- Retention at 6 &12 months improved from 79%& 65% to 89%&80% in the same period .

The best leaders possess qualities of humility, honesty and cooperation. They are able to clearly communicate to help others take action. Great leaders not only inspire & motivate others but also teach people skills they need to achieve the goals of the team, company, organization or Project.

*John Adams
(1735-1826)*

Key message:

Good leadership supports Health Workers to embrace and effectively perform tasks for improving patient care programs at Health facilities

- *Good leadership should be promoted for better HIV care program program.*

Appreciation

- The clients and Health workers at Otwal HC
- Community health care workers
- Oyam District Health team
- LPHS K & Lango project staff and JCRC
- Ministry of Health
- USAID

Thank You



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Creating Accountable and Sustainable Low-cost, High-impact Systems of Communication and Mentorship for Providers Offering PrEP Services in peri-urban clinics in the Eastern Cape, South Africa

Presenter: Dr Chantal Smith

Authors: Wandisa Rasi Nolwazi Mgulwa, Phumezo Somlota Phelo Pilzi ,Busisiwe Mbanjana
Chantal Smith, Enbavani Dorsamy, Jessica Phillip, Victoria Mubaiwa, Shuaib Kauchali



Creating Accountable and Sustainable Low-cost, High-impact Systems of Communication and Mentorship for Providers Offering PrEP Services in peri-urban clinics in the Eastern Cape, South Africa

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Background

- A well functioning health system is dependant upon the availability of accessible, qualified and responsive human resources for health
- Implementing Partners provide technical assistance to Department of Health designated facilities to reach their annual performance targets; however not all facilities receive direct service delivery through USAID funding, resulting in limited coverage of skilled personnel
- Facilities that are remote and do not receive frequent weekly visits are expected to perform to achieve their weekly and monthly PrEP initiation targets (PrEP_NEW). At the end of FY22Q2 the district had only achieved 13% towards its annual PrEP_New (F15-24yrs) target

Method

- To strengthen the performance of clinicians in initiating PrEP, MatCH implemented a WhatsApp peer-mentoring and capacity-building program that included the following:

Enrolled clinical & non-clinical staff from 48x facilities onto WhatsApp platform

Encouraged daily sharing of aggregated performance against facility-level targets

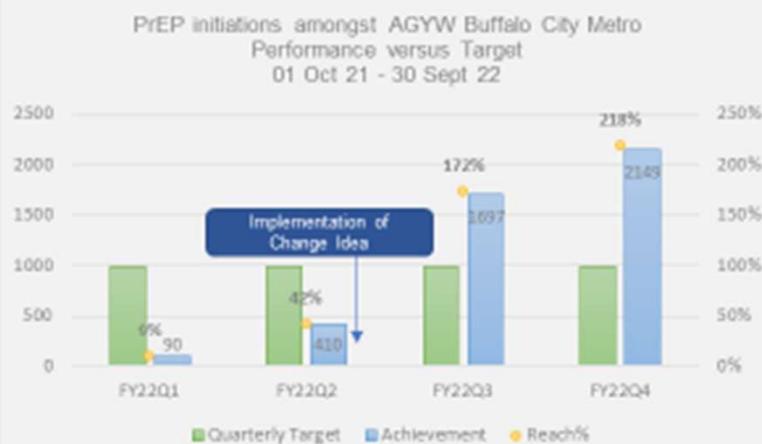
Conducted weekly conference calls to discuss best practises, understand challenges & jointly develop quality improvement plans

Built capacity on new guidelines, SOPs and evidence-based literature

Mentored on clinical management & integrated services for improved patient outcomes – case conferencing approach

Results

- Improvement in initiation rate after implementation of change idea – exceeding quarterly targets in Q3 & Q4
- Overall performance resulted in 110% (4,346/3,935) reach against annual PrEP_New (F15-24yrs) indicator



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Key Learnings

- Virtual mentorship provides numerous benefits which cuts across interpersonal & system level focus areas:



Interpersonal-Level

- Dispelled myths & negative believe systems around PrEP information
- Fostered peer support amongst healthcare workers.
- Harnessed networking amongst staff and facilities
- Built healthcare worker confidence
- Facilitated the sharing of successes



Systems-Level

- Strengthened the coordination of staff duties including task shifting
- Increased coverage of mentorship support with limited HRH
- Harnessed joint innovative thinking
- Rapidly identified system-level challenges

- Low-cost and high impact approaches are more likely to improve acceptability & ownership from Dept of Health, resulting in improved sustainability



An assessment of burnout and depression among health care workers providing HIV care during the COVID-19 epidemic in Malawi

John Songo *and The PIH Group*

4TH ANNUAL USAID GLOBAL HEALTH LOCAL PARTNER MEETING: NOVEMBER 14 – 17, 2022



Partners in Hope



- Local Organization in Malawi
 - Medical Centre
 - Programs
- HIV Care and Treatment Program: Client Oriented Response for HIV Epidemic Control (CORE 1)
 - Supported by **PEPFAR** Through **USAID**
 - 5 years June 2021 – June 2026
 - Supports HIV care in 123 health facilities across 9 districts
 - Sub-agreement with UCLA and Lilongwe Catholic Health Commission (LCHC)
 - **201,775** recipients of care alive on ART – September 30, 2022





Already high before the
C19 pandemic in HCWs in
HIV services in Malawi*

Background

- **Burnout and depression** levels among health care workers (HCWs) may have risen during the COVID-19 pandemic due to anxiety and increased work pressure
- Burnout and depression lower HCWs' production, increase staff turn-over, decrease quality of care provided to clients, and result in poor health outcomes of HCWs
- We carried out a survey to assess the prevalence of burnout, depression, and associated factors among HCWs providing HIV care in Malawi

Methods and Results

We surveyed 435 randomly selected HCWs at 27 health facilities

Tools used: WHO Self Report Questionnaire (depression) and Malslach tool (burnout)

HCWs: median age 32 years; 54% female; 34% clinical cadres vs. 66% lay cadres

28% screened positive for depression

29% for burnout

13% for both

- Clinical cadre was associated with positive burnout screen (aOR 2.0, 95%CI:1.1-3.5).
- Positive burnout screen was associated with positive depression screen (aOR 3.2, 95%CI:1.9-5.4).
- Positive depression screen was associated with previous COVID-19 infection (aOR:2.2, 95%CI: 1.2-4.2) and expecting to probably or definitely get COVID-19 in the next year (aOR 2.8, 95%CI:1.3-5.9)

Conclusion

- Malawian HCWs who provide HIV services commonly screened positive for burnout and depression
- Compared to previous surveys from Malawi and the region, we did *not* find that prevalence rates of burnout and depression were higher during the Covid-19 pandemic
- Regular screening for both conditions should be encouraged given consequences for mental health and work performance of HCWs
 - Feasible interventions for depression and burnout are available

