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
Benjamin William Mkapa Foundation
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 workplace data/information to enhance customized workplace 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
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.
• 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 .

**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.

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**Good leadership**
*promotes 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)*

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**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.
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
USAID’s Local Partner Health Services-Kigezi and Lango Activity is made possible by the support of the American people through the United States Agency for International Development (USAID) and is implemented by Joint Clinical Research Centre (JCRC)
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

Authors: Wandisa Rasi, Nolwazi Mgulwa, Phumeze Somlota Phelo Pitzi, Busisiwe Mbarjana, Chantal Smith, Enbavani Dorsamy, Jessica Phillip, Victoria Mubalwa, Shuaib Kauchali

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<td>A well functioning health system is dependant upon the availability of accessible, qualified and responsive human resources for health.</td>
<td>To strengthen the performance of clinicians in initiating PrEP, MatCH implemented a WhatsApp peer-mentoring and capacity-building program that included the following:</td>
<td>Improvement in initiation rate after implementation of change idea – exceeding quarterly targets in Q3 &amp; Q4</td>
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<td>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.</td>
<td>Enrolled clinical &amp; non-clinical staff from 48x facilities onto WhatsApp platform</td>
<td>Overall performance resulted in 110% (4,346/3,935) reach against annual PrEP_New (F15-24yrs) indicator</td>
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<td>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</td>
<td>Encouraged daily sharing of aggregated performance against facility-level targets</td>
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<td>Conducted weekly conference calls to discuss best practises, understand challenges &amp; jointly develop quality improvement plans</td>
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<td>Built capacity on new guidelines, SOPs and evidence-based literature</td>
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<td>Mentored on clinical management &amp; integrated services for improved patient outcomes – case conferencing approach</td>
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![Graph showing PrEP initiations amongst AGYW Buffalo City Metro Performance versus Target 01 Oct 21 - 30 Sept 22](image)
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

Authors: Wandisa Rasi, Nokwazi Mguwa, Phumezo Somlofa Phelo Pilzi, Busiswe Mibangana, Chantai Smith, Embavani Dorosamy, Jessica Philip, Victoria Mubawa, Shuaib Kauchali

Key Learnings

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

Interpersonal-Level
- Dispelled myths & negative beliefs 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**
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 turnover, 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.

* Kim et al; JAIDS 2016
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.