Optimizing Health Worker Performance and Productivity to Achieve the 95-95-95 Targets

Facilitator’s Guide

July 3, 2018

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Optimizing Health Worker Performance and Productivity to Achieve the 95-95-95 Targets

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DISCLAIMER

This guide is made possible by the generous support of the American people through the United States Agency for International Development (USAID) in partnership with The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of Chemonics International and do not necessarily reflect the views of PEPFAR, USAID, or the United States Government.
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Introduction, Preparation, and Set-Up Instructions

This facilitator guide gives instructions on how to conduct a training using the Toolkit: Optimizing health worker performance and productivity to achieve the 95-95-95 targets\(^1\) and accompanying facilitator PowerPoint slides\(^2\). Every training should take into consideration the context and environment of the training, the number of participants and their existing capacity, and the facilitation needs.

A good facilitator promotes participation, focuses the discussion, and fosters a friendly environment. When facilitation is strong, all participants contribute freely to evidence-rich discussions that are consistently on topic.

Preparation for a Field Practicum

- Contact relevant implementing partner(s) and other training stakeholders as early as possible. Collaborate with them as appropriate to select and prepare the practicum sites.
- Communicate with implementing partners and other stakeholders in advance of site visits to ensure everyone understands the nature of the exercise. If sites view it as a supervisory visit they may limit their level of open engagement with the visiting teams and in some cases, may even show reluctance to share their data.
- When selecting sites, consider the following:
  - **Participant/stakeholder involvement.** Consider selecting sites that are relevant to the participants and stakeholders involved. For example, if participants work in facilities that are near the workshop location and make sense for practicum activities, it may be helpful to include those facilities as practicum sites.
  - **Distance to the site from the workshop location.** To facilitate discussion and debriefing, participants will need to be able to travel to both the site and the workshop location on the same day. Ensure that this is possible and that participants don’t have to travel unrealistic distances to conduct the practicum.
  - **Availability of data.** For the practicum to be a productive experience for participants, HIV service delivery data for Step 1 should be readily available and ideally gathered from the practicum sites before the training. Consider whether the available data is appropriate to use: is it relatively clean? Is it possible for participants to identify gaps from the data?
  - **Capacity of sites to host participants.** Ensure that selected sites are prepared to receive training participant teams for each day of the practicum.
- After selecting sites, make sure to send reminders in advance of the training so that the sites are ready to receive participants during the practicum dates.

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\(^1\) Available at: [https://www.hrh2030program.org/prodperftoolkit/](https://www.hrh2030program.org/prodperftoolkit/)

Other Preparation and Pre-Work

- Distribute the toolkit to participants at least one week (ideally two weeks) before the training to give them plenty of time to read through the steps in the process for optimizing health worker performance and productivity and the related tools.
- If possible, share information about the specific facility assigned to participants and relevant HIV service delivery data so they can adequately prepare during the classroom preparation session.
- Ensure that all necessary updates are made to the PowerPoint slides.
- Print hard copies of any tools that you will use for the field practicum on Days 2 and 3. It is recommended to use Tools 2.a and 2.g at a minimum.

Tips

✓ Make sure that the room is set up prior to the workshop and all the materials needed for each activity are available before the session starts.
✓ Establish rules/guidelines/group norms at the beginning of the workshop by posting them on a flipchart and refer to them if needed during the workshop. For example: Be respectful of each other; do not use your mobile phone; give everyone an opportunity to talk.
✓ Create a flipchart entitled “Parking Lot” to hold items that may be revisited at the end of the workshop. Add to this chart discussion points that veer off topic or beyond the scope of agenda.
✓ As the facilitator, when you are leading the discussion, stand in the front and center of the room. When you want the team or small groups to lead discussions, stand to the side of the room. This encourages participation, sends a cue to the participants who should be leading the discussion, and helps to maintain control of the room.
✓ Record the actual time spent on each session in the facilitator agenda available on the next page. This will help to ensure the overall timeliness of the workshop.
✓ An ideal room set up includes five round tables with space for a maximum of five people each for small group activities. All small group activities should preferably not have more than five people per group.

Materials

- Flipcharts: Five flipcharts per workshop of 25 or fewer participants. One additional flipchart per five additional participants. Example: six flipcharts for 30 participants; seven flipcharts for 35 participants
- Markers for each flipchart
- Large post it notes
- Pens and notebooks
- Either participant name tents or large labels for the participants to wear as name tags
- Participant binder and flash drive including:
  o Full agenda
  o Printout of PowerPoint slides
  o Full version of toolkit
Optimizing Health Worker Performance and Productivity to Achieve the 95-95-95 Targets

- Printout of tools that may be used during practicum (particularly Tools 2.a and 2.g, which all participants should plan on using during the practicum)

**Workshop Goal and Objectives**

**Overall Goal of Workshop**

Build common understanding of links between achieving PEPFAR service delivery outcomes, or 95-95-95 targets, and human resource utilization, performance, and productivity.

**Learning Objectives**

*Day 1: Orientation to a step-by-step process. By the end of day 1, the participants will understand the approach and recommended tools to:*

- Identify HIV service delivery gaps
- Identify possible workforce-related performance and productivity problems
- Understand underlying causes of workforce problems
- Develop evidence-based facility-level interventions to address problems and their underlying causes
- Identify strategies to monitor interventions

*Days 2-3: Field practicum. By the end of days 2-3, participants will be able to:*

- Apply the step-by-step process above in the field
Basic Agenda

Optimizing health worker performance and productivity to achieve the 95-95-95 targets

Day 1: Workshop, 9AM – 5:30PM

Days 2-3: Field Practicum, 9AM – 4:00PM

Sessions

Day 1
Introduction & USAID Presentation
Learning Objectives and Overview of Process
Step 1: Identify HIV Service Delivery Gaps
Step 2: Identify Health Workforce Problems
  Break
Step 2 Continued: Applying Tools
  Lunch
Step 3: Understand Underlying Causes of Workforce Problems
Step 4: Develop Workforce Interventions
  Break
Step 5: Identify Strategies for Monitoring Workforce Interventions
Debrief/Preparations for Practicum

Days 2 & 3
Field Practicum
### Detailed Facilitator Agenda

Below is a recommended Facilitator Agenda. Use this agenda as a guide to keep track of timing and organize content and methodology for each session. Adapt as needed to meet your needs.

**Day One**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Methodology</th>
<th>Purpose</th>
<th>Slide #</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-9:30</td>
<td>Introduction and logistics/USAID presentation:</td>
<td>Lecture/</td>
<td>Welcome participants; cover logistical considerations</td>
<td>1-4</td>
</tr>
<tr>
<td></td>
<td>Importance of workforce in the context of 95-95-95 and highlights of</td>
<td>introductions</td>
<td>Activity 1: Provide time for introductions among training participants</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>key issues to address from Mission perspective</td>
<td></td>
<td>Convey USAID perspective and begin to lay out context for the training</td>
<td>6</td>
</tr>
<tr>
<td>9:30-9:45</td>
<td>Learning objectives/Overview of process and steps</td>
<td>Lecture</td>
<td>Bring group to common understanding of training’s objectives; provide any needed clarification</td>
<td>7-9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Present an overview of the process and steps used in the toolkit and as an organizing framework for the course</td>
<td>10-13</td>
</tr>
<tr>
<td>9:45-10:15</td>
<td>Step 1: Identify HIV service delivery gaps</td>
<td>Lecture, case study/large group</td>
<td>Describe how HIV service delivery data and indicators can be used to identify service delivery gaps</td>
<td>14-16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>discussion</td>
<td>Activity 2: Lead group discussion of Oche Baba Medical Center data, an opportunity to practice identifying service delivery gaps through data</td>
<td>17-19</td>
</tr>
<tr>
<td>10:15-11:00</td>
<td>Step 2: Identify health workforce problems</td>
<td>Lecture, reflection activity</td>
<td>Establish common understanding and terminology for discussing workforce problems</td>
<td>20-22</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Activity 3: Individual reflection on workforce problems the participants have experienced</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Familiarize participants with the Step 2 tools available in the toolkit Note: There may not be time to cover all tools, so prioritize tools as necessary; tools 2.a and 2.g may be most relevant for field practicum</td>
<td>24-33</td>
</tr>
<tr>
<td>11:00-11:15</td>
<td>Break (During the break, encourage participants to view the sticky</td>
<td></td>
<td></td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>notes from the reflection activity)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:15-12:00</td>
<td>Step 2 continued: Applying tools</td>
<td>Case study/large group discussion</td>
<td>Activity 4: Lead group discussion of Oche Baba results of tools 2.a and 2.g; practice interpreting these tools to identify possible workforce problems</td>
<td>35-38</td>
</tr>
<tr>
<td>12:00-13:00</td>
<td>Lunch</td>
<td></td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>Time</td>
<td>Topic</td>
<td>Methodology</td>
<td>Purpose</td>
<td>Slide #</td>
</tr>
<tr>
<td>----------</td>
<td>-------------------------------------------------</td>
<td>--------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
</tbody>
</table>
| 13:00-14:15 | Step 3: Understand underlying causes of workforce problems | Lecture; case study/small group discussion; case study/large group discussion | Describe using the toolkit and potential tools to understand underlying causes of workforce problems  
*Note: There may not be time to cover all tools, so prioritize tools as necessary* | 40-46   |
|          | **Activity 5:** Small group discussion on potential tools that could be used to understand workforce problems at Oche Baba; small groups report back after discussion |                                                           |                                                                         | 47      |
|          | **Activity 6:** Two participants read Oche Baba tool results on page 29 of toolkit; lead large group discussion of results |                                                           |                                                                         | 48      |
| 14:15-15:30 | Step 4: Develop workforce interventions       | Lecture; case study/large group discussion | Introduce various interventions from the toolkit that may be used to address workforce problems  
*Note: There may not be time to cover all interventions, so prioritize as necessary* | 49-64   |
|          | **Activity 7:** Large group discussion of potential interventions for Oche Baba. |                                                           |                                                                         | 65-66   |
| 15:30-15:45 | Break                                          |                                            |                                                                         | 67      |
| 15:45-16:45 | Step 5: Identify strategies for monitoring workforce interventions | Lecture; case study/individual work and discussion | Provide an overview of step 5 and the various tools that may be used to monitor workforce interventions  
**Activity 8:** Participants work individually to identify indicators, then report back to the group; follow with review of Oche Baba case study results as a large group | 68-75   |
| 16:45-17:30 | Debrief/preparations for Day 2                | Large group discussion; small group work according to site visit groupings | **Activity 9:** Lead large group discussion of Day 1  
Set expectations and describe logistics for Day 2 site visits  
Allow site visit groups to meet and discuss | 78      |

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## Day Two

<table>
<thead>
<tr>
<th>Time</th>
<th>Content/Key Points</th>
<th>Methodology</th>
<th>Purpose</th>
<th>Slide #</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-14:00</td>
<td>Site visits (including travel time)</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>14:00-15:00</td>
<td>Return from site visits; lunch</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>15:00-16:30</td>
<td>Debrief as a large group</td>
<td>Large group discussion</td>
<td><strong>Activity 10:</strong> Site visit debrief (see Annex 3 template)</td>
<td>81-82</td>
</tr>
</tbody>
</table>

## Day Three

<table>
<thead>
<tr>
<th>Time</th>
<th>Content/Key Points</th>
<th>Methodology</th>
<th>Purpose</th>
<th>Slide #</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-14:00</td>
<td>Site visits (including travel time)</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>14:00-15:00</td>
<td>Return from site visits; lunch</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>15:00-16:30</td>
<td>Debrief as a large group</td>
<td>Large group discussion</td>
<td><strong>Debrief, next steps, evaluation, and thank you</strong></td>
<td>83-86</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Activity 10:</strong> Site visit debrief (see Annex 3 template)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Activity 11:</strong> Training evaluation (See Annex 1 form)</td>
<td></td>
</tr>
</tbody>
</table>
**Detailed Activity Instructions**

The detailed facilitator agenda provides your overall guide to facilitating the training; the specific talking notes for each section are included in the PowerPoint slides. This section provides specific instructions on how to lead the activities, discussions, and examination of the case study.

**Activity 1: Participant introductions**

**Section:** Day 1, Introduction and Logistics  
**Slide #:** 5  
**Materials:** None  
**Instructions:** Encourage participants to sit next to people they don’t know. Ask them to find out the person’s name, organizational affiliation, and an interesting fact. Encourage participants to give a quick and simple interesting fact about themselves. For example, “I ride my bike to work” or “I play the violin.” Give them a couple of minutes to gather the information from each other. It may be difficult to interrupt the conversations once they have started gathering the information, but remind them that there is a lot to cover in today’s training.

If participants are having trouble thinking of an interesting fact, you may prompt them with questions, such as: “What is your favorite food?” “Where is a place that you would like to travel to someday?” or “What is your favorite sport or type of music?”

Ask each person to present their partner to the group, one by one.

Once that is done, continue to slide 6, introduce colleagues from USAID, and have them present.

**Activity 2: Large group discussion of case study Step 1**

**Section:** Day 1, Step 1: Identify HIV Service Delivery Gaps  
**Slides #:** 17-19  
**Materials:** None  
**Instructions:** Follow the directions below to lead discussion of the case study. Parts you should read out loud are in _italics_.

While on slide 17, read (or select a volunteer participant to read) the following out loud to all:

_The Oche Baba Medical Center is a facility that provides HIV support and treatment services and links with community-based health workers. The facility staff, led by the manager, wanted to ensure that they were on track to achieve 95-95-95 targets._

_First, they reviewed the facility’s routine service statistics. On a Friday afternoon after service hours were completed, facility staff pulled data from the previous quarter on the number of newly identified HIV-positive patients initiated on ART (corresponding to PEPFAR TX_New indicators) and put it into a time series chart (i.e., a line chart tracking results month by month) to visualize their data over time and identify trends._

_For ART initiation data, what do you observe?_  

Allow participants to make observations on the data. After some discussion, you (or another volunteer) can also read the following:
When they looked at the number of individuals who had been initiated on ART after a positive HIV test result, the data revealed that it started at a high of 45 people in April, went down to 33 people in May, and back up to 37 people in June, as shown on the graph on this slide.

Switch to slide 18. Read the following out loud:

*Because the team knew that initiating patients on ART was determined by identifying new positives, they also looked at the number of individuals who received HIV testing services and received positive test results (HTS_TST_POS), as shown on the graph on this slide.*

*Where is the service delivery gap?*

Allow participants to make observations on the data. Switch to slide 19 and read the following out loud:

*They saw that the number of newly identified positive individuals was relatively constant, with 50 identified in April, 48 in May, and 47 in June (as shown in Graph II below). The number of individuals identified as newly positive was relatively stable. The staff identified that there was a service delivery gap during the past quarter (especially in May and June), between the number of HIV-positive individuals identified and the number of HIV-positive individuals initiated on treatment (see red arrows in the graph).*

*Based on the gaps in service shown in Graph 2, the Oche Baba Medical Center team determined that they should examine the potential health workforce–related challenges that may be negatively affecting how many newly identified patients were successfully linked to treatment.*

Ask if there are any questions on this step of the case study. When questions are finished, continue to slide 20 and continue using the talking points in the PowerPoint notes section.

**Activity 3: Individual reflection on Step 2**

**Section:** Day 1, Step 2: Identify Health Workforce Problems  
**Slides #:** 23  
**Materials:** Sticky notes and markers/pens for each participant  
**Instructions:** Encourage participants to reflect on the questions on the slide. Tell participants that we are interested in knowing if they have identified problems with these components of the workforce at facilities they work with. Ask them to find a sticky note and write down the issue they saw at the facility, how they would categorize the problem, and how the problem has been addressed. If they have more than one problem, they can use more than one sticky note. Give them a few minutes to write down their reflections.

When the participants are finished, ask for one or two participants to share their sticky notes with the group. When they are finished, have everyone post their sticky notes around the room. Continue to slide 24 and continue using the talking points in the PowerPoint notes section.

Later, during the morning break, encourage participants to walk around the room and view the sticky notes written by others during this activity.
Activity 4: Large group discussion of case study Step 2

Section: Day 1, Step 2 Continued: Applying Tools
Slides #: 35-38
Materials: None
Instructions: Follow the directions below to lead discussion of the case study. Parts you should read out loud are in italics.

While on slide 35, read the following out loud:

Let’s continue with the Oche Baba case study. After identifying gaps in the service delivery data, the Oche Baba Medical Center then discussed how workforce issues might be influencing patients’ timely initiation from testing positively to initiating ART. They discussed whether the number and range of HRH available could potentially be impacting their results:

- For “HTS_TST_POS” (number of individuals who received HIV testing services, received their test results, and are seropositive), achievement of this result requires health workers across the range of tasks: HIV testing services, laboratory services, and community-facility linkages. However, these services appear to be successfully delivered, according to the monthly data we reviewed earlier.
- For “TX_NEW” (number of adults and children newly enrolled on ART), the achievement of this result requires health workers across a range of all the tasks noted above plus ART initiation. This is the service that demonstrated reduced ART initiation results in May, the gap we identified with the red arrows earlier.

Because multiple cadres are involved in testing, community-facility linkages, and ART initiation, the facility manager suggested that they map task allocation for all cadres. The facility staff worked to collect some additional HRH data using adapted content from the PEPFAR Rapid Site-Level Health Workforce Assessment Tool.

The staff then reviewed staff availability by task allocation to determine if that might have been impacting their ability to link newly identified individuals to treatment. The tool results provided them with a tally of the number of staff by cadre that were available for each task along the continuum of care (as shown in Table 1 below) over the past quarter.

What observations can you make about how the tasks are allocated?

Allow participants to make observations and discuss the table on the slide. After they are finished, read the following out loud:

By creating a table of tasks and personnel by cadre, the team noticed that they had roughly the same number of staff conducting different tasks along the HIV cascade. The team confirmed that the facility’s staff roster had remained constant throughout the entire quarter, without any changes or significant absences of these personnel.

The Oche Baba Medical Center staff further reviewed the PEPFAR Rapid Site-Level Health Workforce Assessment Tool in its entirety to identify potential workforce problems and to review how the available staff contributed to community-facility linkages and ART initiation (i.e., the HIV service delivery gaps of concern). Additional sections of the tool noted the staff availability in terms of the average number of hours delivering HIV services and whether the services are delivered in the facility or community.
addition, it includes facility manager perceptions of workforce performance management and HRH barriers. Based on this information, it was not known which workforce problems specifically affect the health workers tasked with community-facility linkages and ART initiation.

Switch to slide 36 and continue reading:

The staff continued to explore the workforce problems for those health workers within those HIV service areas, discussing which category or categories of health workforce problems there may be. They asked themselves the questions on this screen.

Ask participants to turn to page 14 of the toolkit. Ask for four volunteers to read the descriptions for each workforce problem category (health worker competency gaps, low staff engagement, poor allocation of staff and tasks, and inefficient work processes). When they are finished, ask the participants to keep these categories in mind as we review how the Oche Baba staff examined these questions on the next slide.

Switch to slide 37. Remind participants that this is the “fishbone diagram” that was discussed shortly before the break. Read the following out loud:

Let’s start with health worker competency gaps. With the new national HIV guidelines released last year, multiple staff members had recently completed trainings at the district and national levels. However, several staff members who had been trained noted that since their on-site supervisor had not yet also been trained, it was hard for him to support their skills.

How well were staff applying their newly acquired skills? The staff recognized that patients receiving their test results through mobile outreach may be the ones lost to follow up for ART initiation, so the capacity of the community-based cadres was important.

What about the skills of the community-based adherence support volunteers?

With this information and from the diagram, does it look like the health workers have the right skills?

Allow a participant or two to share their interpretation of the “health worker competency gap” section of the diagram. After they are finished, read the following:

The staff at Oche Baba decided that they were not sure if health workers had the right skills. They noted that “health workforce competency gaps” could be a possible workforce problem, but they still had questions and wanted to understand more.

Next let’s look at low staff engagement. Staff attested that many were really motivated to help their communities. They remembered what it used to be like when an HIV diagnosis equaled a death sentence. Many staff shared how empowered and confident they now felt, being able to witness patients on lifesaving treatment stabilize and continue productive healthy lives. They also all felt supported and encouraged by the community leaders within the facility catchment area to do their work. While staff turnover was higher than they would prefer, it was more related to government-mandated transfers beyond their control, not due to low motivation. Other absences noted in the survey — for the national trainings, workshops, maternity, or annual leave — were to be expected.

With this information and from the diagram, does it look like the health workers are motivated?

Allow a participant or two to share their interpretation of the “low staff engagement” section of the diagram. After they are finished, read the following:
Staff felt that “low staff engagement” was not a health workforce problem that was contributing to the Oche Baba Medical Center’s HIV service delivery gap.

What about poor allocation of staff and tasks? With more than one health worker per task within HIV services (per Table 1, the facility has a relatively even distribution across tasks in both the facility and community. However, specific to ART initiation (allocated to one clinical officer and one nurse), was this a problem? The current approach was not achieving desired results. What about for referrals and linkages to care? Did the task allocation respond to patient flow and demand? Possibly. There were four adherence support volunteers, one for each community within Oche Baba’s catchment area. The client flow between the community and the facility was unclear. What should they be doing better?

With this information and from the diagram, does it look like Oche Baba has the right health workers performing the right kinds of tasks?

Allow a participant or two to share their interpretation of the “poor allocation of staff and tasks” section of the diagram. After they are finished, read the following:

The staff were not sure, but it seemed that community linkages and ART initiation staffing and/or tasks might need improving. The staff agreed that “poor allocation of staff and tasks” could be a possible workforce problem.

What about inefficient work processes? Staff discussed at length and concluded that there could be some inefficient work processes for specific tasks, especially from community testing to the facility because they were new protocols, but they could not pinpoint them. Managers were not sure what more they could be doing to improve efficiencies. As such, they agreed to dig deeper and try to see if/how current processes were affecting services.

With this information and from the diagram, does it look like health workers’ tasks are well organized?

Allow a participant or two to share their interpretation of the “inefficient work processes” section of the diagram. After they are finished, read the following:

The staff thought the tasks were partially well organized. Staff agreed that “inefficient work processes” may be contributing to the HIV service delivery gap; however, they wanted to explore this more in Step 3.

Finally, the staff confirmed that there were not any non-workforce or systemic challenges affecting ART initiation (e.g., drugs and supplies, community trust, or infrastructure issues). The staff concluded that they would proceed to identify underlying causes of the three potential health workforce problems through more in-depth review (Step 3).

Proceed to slide 38. Guide the participants through a group discussion of the questions on the slide. When finished, proceed to slide 39 and continue using the talking points in the PowerPoint notes section.
Activity 5: Small group discussion of case study Step 3

Section: Day 1, Step 3: Understand Underlying Causes of Workforce Problems
Slides #: 47
Materials: None
Instructions: Encourage participants to form small groups (tables of five form a suitable small group). Ask them to reflect as a group on the situation described thus far at Oche Baba and to discuss which tools they think may help us understand better potential workforce problems at the facility.

After giving them some time to discuss, reconvene the large group and ask a table to share which tools they identified with the larger group. After the table shares their findings, ask if any other tables discussed similar tools or if they had different ideas. Lead a short discussion among tables before continuing to Activity 6.

Activity 6: Large group discussion of case study Step 3

Section: Day 1, Step 3: Understand Underlying Causes of Workforce Problems
Slide #: 48
Materials: None
Instructions: Ask participants to turn to page 29 of the toolkit. Ask for two volunteers to read tool results. Have the first participant read the first half of the results (including “Through the rapid task analysis, the team found that” and the three bullets underneath that heading). Then have the other participant read the second half of the results (including “Through the client flow mapping, the team found that” and the four bullets underneath that heading).

When the readers are finished, lead a group discussion on the results. Ask the participants:

Are the results surprising to you? Are these kinds of underlying causes familiar in your context? Why or why not?

After finishing the discussion, proceed to slide 48 and continue using the talking points in the PowerPoint notes section.

Activity 7: Large group discussion of case study Step 4

Section: Day 1, Step 4: Develop Workforce Interventions
Slides #: 65-66
Materials: None
Instructions: Read the following out loud:

In the previous steps, the staff at the Oche Baba Medical Center decided to prioritize referral linkages and ART initiation as the gaps to address in their facility. Then they identified potential workforce problems through the PEPFAR Rapid Site-Level Health Workforce Assessment tool and the Fishbone Diagram. Then, the staff used rapid task analysis and client flow mapping to understand the underlying causes of workforce problems. Next, the staff worked together to identify appropriate interventions based on these findings and through additional discussions with staff, to consider what interventions would be the most feasible. They focused on interventions within their control to implement that responded to the identified workforce problems and underlying causes and that did not require significant additional resources.
Given this information, and based on the list of interventions reviewed, which ones do you think might be effective? Why?

Lead a large group discussion on potential interventions. After participants have voiced some ideas and discussed as a group, continue to slide 66. Read the following out loud:

The Oche Baba staff identified the potential interventions listed on this screen. What do you think? Based on your own experiences, how could these interventions be effectively implemented?

Lead a large group discussion of the questions on the screen. When the discussion is finished, continue to slide 67 and continue using the talking points in the PowerPoint notes section.

Activity 8: Individual indicator development for Step 5

Section: Day 1, Step 5: Identify Strategies for Monitoring Workforce Interventions
Slides #: 76-77
Materials: Sticky notes and markers/pens for each participant
Instructions: Ask participants to reflect individually on the Step 5 slides and consider indicators that may be helpful for the Oche Baba case study. Ask them to find sticky notes and write one (or more!) process indicator and one outcome indicator on separate sticky notes. Ask them to also write down any thoughts on how the staff could track those indicators. After giving participants a few minutes to write down their ideas for indicators, reconvene the large group. Ask for volunteers to share their indicators with the group and lead a discussion of potential indicators.

Next, ask participants to turn to page 48 of the toolkit. Ask a participant to read the indicators that Oche Baba used and their results. When the participant is finished, continue to slide 77 and demonstrate on the graph the closing gap between HTX_New and HTS_TST_POS.

When finished, continue to slide 76 and Activity 9.

Activity 9: Large group debrief

Section: Day 1, Debrief/Preparations for Day 2
Slide #: 78
Materials: None
Instructions: For the debrief, lead the participants through a large group discussion of the toolkit and what was covered during day one. Potential discussion questions may include:

- Now that we have gone over the toolkit in detail, what are your thoughts on this process for optimizing health worker performance and productivity?
- Were any of the tools or interventions we discussed familiar to you? Were any of the interventions we discussed new to you?
- Did this discussion give you any ideas that you could bring back to your own facilities?
- Do you have any remaining questions on the toolkit before we begin the practicum tomorrow?

Remember that it is near the end of the day and that this discussion cannot go on too long – encourage participants to come to you after the session if they have any additional pressing questions. There will be additional time at the end of days 2 and 3 for additional questions.
When finished, proceed to slide 79 and 80 to set expectations for the site visits. When finished with these expectations/logistics slides, encourage participants to gather in their small groups with which they will be conducting their practicum. Encourage them to discuss any logistics/preparations together for the following practicum day. They will be working together for the remainder of the workshop and field practicum component. While these teams meet, circulate among the groups to assist with any challenges or questions.

**Activity 10: Site visit debrief (Days 2 & 3)**

**Section:** Days 2 & 3, Debrief  
**Slide #:** 81-84  
**Materials:** Printed copies of the Facility Workforce Improvement Plan template ([Annex 3](#))  
**Instructions:** On Day 2, ask participants to use the template and try filling out as many of components about the facility as they can and take note of the questions for which they do not yet have clarity. As they prepare for Day 3’s site visit, encourage participants to reflect on any remaining questions.

Then, after Day 3, encourage participants to return to their template, filling out more components based on the Day 3 site visit. During the debrief, encourage them to fill out the Facility Workforce Improvement Plan template with what information and observations they have.

**Activity 11: Training evaluation**

**Section:** Day 3, Debrief  
**Slide #:** 85  
**Materials:** Printed copies of the training evaluation and pens for each participant  
**Instructions:** Distribute a handout of the training evaluation form ([Annex 1](#)). Ask participants to evaluate the workshop by providing their feedback on the evaluation form. In addition, ask participants to try filling out any remaining components of the Facility Workforce Improvement Plan template ([Annex 3](#)) that they can based on their Day 3 visit.
Annex 1: Evaluation Form

Evaluation Form:
Optimizing health worker performance and productivity to achieve the 95-95-95 targets

Date: __________

Title and location of training: ____________________________________________

Trainer: __________________________________________

Instructions: Please indicate your level of agreement with the statements listed below in #1-11.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The objectives of the training were clearly defined.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2. Participation and interaction were encouraged.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>3. The topics covered were relevant to me.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>4. The content was organized and easy to follow.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>5. The materials distributed were helpful.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>6. This training experience will be useful in my work.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>7. The trainer was knowledgeable about the training topics.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>8. The trainer was well prepared.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>9. The training objectives were met</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>10. The time allotted for the training was sufficient</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>11. The meeting room and facilities were adequate and comfortable.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

(More questions on back)
12. What did you like most about this training?

13. What aspects of the training could be improved?

14. How do you hope to change your practice as a result of this training?

16. Please share other comments or expand on previous responses here.

Thank you for your feedback!
Annex 2. Quick Links to Tools/Resources

The following annex contains quick links to the Step 2 and 3 tools that are also available in the toolkit. Practicum teams should plan on administering at least Tool 2.a and Tool 2.g during the practicum, so print out copies of those tools in advance and include them in the participant binders. At the end of Day 2, participants may be able to identify Step 3 tools that they may be interested in using on Day 3.

- **Tool 2.a:** PEPFAR Rapid Site-Level Health Workforce Assessment Tool (Recommended)
- **Tool 2.b:** PEPFAR Site Improvement Monitoring System (SIMS) Facility-Based Tool
- **Tool 2.c:** Human and Institutional Capacity Development (HICD) Handbook Appendix 1.7: Sample Questions for Identifying Performance Gaps
- **Tool 2.d:** Health Facility Human Resources Management Scorecard
- **Tool 2.e:** The Human Resource Management Rapid Assessment Tool for Health Organizations
- **Tool 2.f:** Workload Indicators of Staffing Need (WISN)
- **Tool 2.g:** Fishbone Diagram
- **Tool 2.h:** The Five Whys
- **Tool 3.a:** Provider Skills and Competency Assessment
- **Tool 3.b:** Rapid Task Analysis Questionnaire
- **Tool 3.c:** Health Worker Engagement Questionnaires
- **Tool 3.d:** Satisfaction and Motivation Questionnaire Examples
  - Health worker satisfaction survey (one page, see Figure 1 and Table 1)
  - Health worker satisfaction (French questionnaire)
  - Found under Electronic Supplementary Material in the study entitled Developing a tool to measure satisfaction among health professionals in sub-Saharan Africa
  - Health worker motivation (see Table 3)
- **Tool 3.e:** Baseline Assessment of HIV Service Provider Productivity and Efficiency in Uganda - Appendix: Site Manager Interview
- **Tool 3.f:** Baseline Assessment of HIV Service Provider Productivity and Efficiency in Uganda - Appendix: Health Worker Productivity Interview
- **Tool 3.g:** Process Mapping/Workflow Analysis
- **Tool 3.h:** Client Flow Assessment Examples
  - The Client Flow Form can be found on page 13 of the Evaluation of the Costs and Benefits of an HIV Care Coverage Improvement Collaborative in Uganda Research and Evaluation Report here
  - The Client Flow Assessment Tool can be found on page 54 (labeled in the document as G-1) of the Baseline Assessment of HIV Service Provider Productivity and Efficiency in Tanzania Technical Report here
- **Tool 3.i:** Time Utilization Observation Form
  - Use the Time Utilization Observation Form on page 48 (labeled in the document as E-1) of the Baseline Assessment of HIV Service Provider Productivity and Efficiency in Tanzania Technical Report at the link below to document how health care workers are spending their time in one-hour increments
  - The time-use tool for district health managers can be found by accessing the Time-Use Study at this link
  - Additional context is provided in the article “What Do District Health Managers in Ghana Use Their Working Time for? A Case Study of Three Districts,” found at this link
o The time-use tool for health extension workers can be found by accessing the Self-Reported Diary and List of Activities at this link
o Additional context is provided in the article “How do health extension workers in Ethiopia allocate their time?” at this link
## Annex 3. Facility Workforce Improvement Plan Template

<table>
<thead>
<tr>
<th>Facility name</th>
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<table>
<thead>
<tr>
<th>Date of discussion</th>
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**Priority service delivery gap identified**

*What is the current service delivery gap that you want to improve?*

<table>
<thead>
<tr>
<th>Workforce problems identified</th>
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</table>

<table>
<thead>
<tr>
<th>Underlying causes related to workforce problems</th>
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<table>
<thead>
<tr>
<th>Intervention selected to address underlying causes</th>
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**Indicators selected to monitor intervention**

*How will you know that your intervention is working?*

*Be sure to plan for collecting baseline data before you initiate the intervention and consider if you want to establish a goal for your measure.*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Type</th>
<th>Indicator</th>
<th>Frequency</th>
<th>Data source</th>
<th>Who will collect</th>
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<table>
<thead>
<tr>
<th>Date of follow-up visit to assess intervention</th>
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