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

A Toolkit
Introduction and Logistics
Welcome!

- Facilitators: [add facilitators’ names]

- You have the toolkit in hard copy and on the flash drive provided
Housekeeping

- Wifi password
- Restroom location
Introduction

Find someone in the room you do not know and sit next to them. Introduce yourself and share the following information:

- **Name**
- **Organizational affiliation**
- **One interesting fact**

Be prepared to introduce your partner to the group.
USAID Presentation
Objectives
Workshop Objectives

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

- Orient to a step-by-step process (Day 1)
  - 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

- Apply step-by-step process through a field practicum (Day 2-3)
From Participants…

- Strategies to efficiently use available workforce resources for improved productivity
- Tools to link workforce productivity with health outcomes
- Knowledge and skills on using standardized workforce tools to manage challenges
- Identify factors that increase productivity and performance
- Mentorship and supervision skills
- Tools to facilitate governance and accountability for improved performance and productivity
- Approaches for providing support from different levels (e.g. national, regional, district, facility, community)
Process for Optimizing Health Worker Performance and Productivity
Overview of Process for Optimizing Health Worker Performance and Productivity to Achieve 95-95-95 Targets

- **Step 1:** Identify HIV Service Delivery Gaps
- **Step 2:** Identify Possible Workforce Problems
- **Step 3:** Understand Underlying Causes of Workforce Problems
- **Step 4:** Develop Workforce Interventions
- **Step 5:** Identify Strategies for Monitoring Interventions
Key Terms

- **Performance**: Performance refers to the quality of the health workers’ work, the technical skills they use, the care they deliver, and the impact of their work on health outcomes. Optimal health worker performance is when client services are reflective of training and ability.

- **Productivity**: Productivity is: the ratio of the service delivery outputs produced over the human resources inputs used. Productivity is influenced by work assignment, management practices, modes of remuneration, health worker engagement, work organization, the regulation of the division of labor, and the availability of other labor and nonlabor resources.

- **Efficiency**: Efficiency is the ability to effectively use the allocated resources, including time, energy, and materials and supplies, to perform a task without waste; to maximize the use of existing resources; or to do more with less.
Detailed Process
Step 1: Review Data to Identify Gaps
Step 1: Identify HIV Service Delivery Gaps

- Support facility staff to review service statistics for 95-95-95 target areas
  - HIV testing services (HTS)
  - Antiretroviral therapy (ART) initiation and continuation, and
  - Viral load suppression
Step 1: Identify HIV Service Delivery Gaps

- At PEPFAR-supported site, specific indicators facilities include:
  - Number of individuals who received HIV testing services (HTS) and received their test results (HTS_TST)
  - Number of adults and children newly enrolled on antiretroviral therapy (ART) (TX_NEW)
  - Percentage of ART patients with a viral load result with a suppressed viral load (<1000 copies/ml) (TX_PVLS)
Step 1 Case Study: Oche Baba Medical Center

- Seeking to reach 95-95-95 targets, staff reviewed routine statistics.
- For ART initiation data, what do you observe?

Graph I: Number of HIV-Positive Patients Newly Initiated on ART (TX_New) by Month

<table>
<thead>
<tr>
<th>Month</th>
<th>No. of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>45</td>
</tr>
<tr>
<td>May</td>
<td>33</td>
</tr>
<tr>
<td>June</td>
<td>37</td>
</tr>
</tbody>
</table>
Looking at both newly identified HIV+ patients and ART initiation data, what do you observe?

Where is the service delivery gap?
Looking at both newly identified HIV+ patients and ART initiation data, what do you observe?

Where is the service delivery gap?
Step 2: Identify Health Workforce Problems
Step 2: Overview

- Workforce-specific data may include information on:
  - The types, number, and availability of workers at the facility
  - Issues affecting retention and productivity
  - Current health worker cadre allocation per service point
  - Health worker capacity and preparation
  - Workforce barriers
Categories of Health Workforce Problems

- Health worker competency gaps
  → Do the health workers have the right skills?

- Low staff engagement
  → Are the health workers motivated?

- Poor allocation of staff and tasks
  → Do we have enough of the right health workers performing the right tasks?

- Inefficient work processes
  → Are health workers’ tasks well organized?

How do workforce problems seem to be affecting HIV service delivery? Which problem(s)?
Reflection Activity: Workforce Problems

- What workforce problems do you see at your facilities?
- How would you categorize the workforce problem(s)?
  - Health worker competency gaps
  - Low staff engagement
  - Poor allocation of staff and tasks
  - Inefficient work processes
  - A combination of these categories?
  - A non-workforce problem?
- How have you addressed the problem(s)?
Tool 2.a: PEPFAR Rapid Site-Level Health Workforce Assessment

- Helps collect site specific workforce data to inform program planning, optimize efficient utilization of health workers, and identify workforce barriers to quality HIV service delivery.

- Data collected includes:
  - Types, number, and availability of cadres at facility
  - Reasons contributing to absenteeism, retention, and productivity
  - Current health worker cadre allocation per service point
  - Health worker capacity and preparation for providing quality HIV services
  - Workforce barriers pertaining to service delivery
Tool 2.b: PEPFAR Site Improvement Monitoring System (SIMS) Facility Based Tool

- Mandatory quality assurance mechanism to ensure high quality of HIV programs at the site and community levels

Relevant core essential elements (CEEs) from Version 3.0

<table>
<thead>
<tr>
<th>CEE Code</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>F_1.04: Q3</td>
<td>Are all staff trained, or given refresher training?</td>
</tr>
<tr>
<td>F_1.05: Q1</td>
<td>Do all facility staff involved in the delivery of HIV services have a job description or similar document that describes the staff roles and expectations?</td>
</tr>
<tr>
<td>F_1.05: Q2</td>
<td>Which mechanisms are in place that facilitate performance?</td>
</tr>
<tr>
<td>F_1.05: Q3</td>
<td>Are measures in place to enhance the work environment to enable health worker performance?</td>
</tr>
<tr>
<td>F_11.02: Q1</td>
<td>Have all point-of-care testing (POCT) staff have received training on every test they conduct?</td>
</tr>
<tr>
<td>F_11.02: Q2</td>
<td>Have all POCT staff have passed an initial competency assessment for every test they conduct?</td>
</tr>
<tr>
<td>F_11.02: Q3</td>
<td>Have all POCT staff receive annual competency assessments with corrective action, if needed?</td>
</tr>
</tbody>
</table>
Tool 2.c: Human and Institutional Capacity Development (HICD) Handbook

Use the questions included in Appendix 1.7: Sample Questions for Identifying Performance Gaps (p.45) of the HICD Handbook to lead a discussion or conduct a survey with facility staff to identify performance gaps.

APPENDIX 1.7 SAMPLE QUESTIONS FOR IDENTIFYING PERFORMANCE GAPS

<table>
<thead>
<tr>
<th>Performance Factor</th>
<th>Guiding Questions</th>
</tr>
</thead>
</table>
| Information: job expectations | - Is there an organization mission known by all?
- How well do employees understand organizational goals? Are strategies developed and communicated to achieve those goals? Do strategies actually lead to fulfillment of the goals? Is there alignment between performance, goals, and strategies to achieve the goals?
- How goals set for work? How are employees involved in the goal-setting process?
- Do employees know what is expected of them? If we asked people what is expected of them, would they be able to tell us?
- How clear are roles defined? |
Tool 2.d: Health Facility HRM Scorecard

- Helps facilities examine the status of existing human resource management systems and functionality.
- The tool is a self-assessment: staff rank their facility on several different components of HRM to better understand their HRM strengths and weaknesses.
Tool 2.e: HRM Rapid Assessment

- Assesses an organization’s human resource management system and how well it functions
- Helps users develop strategies to improve the HRM and make it as effective as possible
- Best administered by a committee of facility staff
- Staff self-assessment and group discussion to reach consensus
<table>
<thead>
<tr>
<th>HRM Component</th>
<th>Stages of Human Resource Management and Characteristics</th>
<th>Current Stage</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>HRM Capacity</td>
<td>HRM Staff</td>
<td>HRM Budget</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Individual staff who are responsible for HR</td>
<td>Funding for the HR staff and their activities</td>
<td></td>
</tr>
<tr>
<td>HRM Staff</td>
<td>There are no staff specifically charged with responsibility for HRM functions.</td>
<td>There is no budget allocated for HRM staff and HRM activity within the organization (e.g., recruitment, training).</td>
<td>There is limited money available to fund an HRM position and conduct HRM activities.</td>
</tr>
<tr>
<td></td>
<td>There are HRM staff in the organization, but they have limited experience in this field (personnel, recruitment, management) and/or have other functions in the organization as well as HRM.</td>
<td>There is limited money available to fund an HRM position and conduct HRM activities.</td>
<td>There are trained HRM staff in the organization, but only at a level to maintain basic procedures and record-keeping functions.</td>
</tr>
</tbody>
</table>
Tool 2.f: Workload Indicators of Staffing Need (WISN)

- Calculates optimal allocation and deployment of current staff nationally, regionally, and at district levels. The tool sets activity time standards for health workers, then makes calculations based on the work that is undertaken by health staff.

- Use this tool when a more rigorous, quantitative in-depth assessment into workload pressure and staff allocation is necessary. In some cases, a WISN tool may have already been used, and WISN data could be reviewed.

- **NOTE:** The WISN process is both time and resource intensive.
Tool 2.g: Fishbone Diagram

- List all workforce problems identified
- Use to analyze **breadth** of underlying causes
- Categorize problems for further analysis (Step 3) and action (Step 4)
Tool 2.h: Five Whys

- Define the problem. Then ask ‘Why?’ five times
- Use to analyze depth of underlying causes
Health workers and HRH2030 program staff analyze and discuss facility-level data at the Ngombe Dispensary in Iringa Region, Tanzania, in July 2017.
15-minute Break
### Step 2 Case Study: Oche Baba Medical Center

- Staff used the PEPFAR Rapid Site-Level HW Assessment Tool (Tool 2.a) to document who provides HIV clinical services by cadre and service type.

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

<table>
<thead>
<tr>
<th>Cadre</th>
<th>HIV testing services</th>
<th>ART initiation</th>
<th>ARV refill</th>
<th>Laboratory services</th>
<th>Community-facility linkages</th>
<th>Total by cadre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence support volunteers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Clinical officers</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Laboratory technicians</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Lay counselors</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Nurses</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Pharmacy technicians/technologists</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Psychological counselors</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total by task</strong></td>
<td><strong>3</strong></td>
<td><strong>2</strong></td>
<td><strong>2</strong></td>
<td><strong>2</strong></td>
<td><strong>5</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>
Step 2 Case Study (continued)

Four participants read descriptions for each workforce problem category.

- **Health worker competency gaps**
  - Do the health workers have the right skills?

- **Low staff engagement**
  - Are the health workers motivated?

- **Poor allocation of staff and tasks**
  - Are enough of the right health workers performing the right tasks?

- **Inefficient work processes**
  - Are health workers’ tasks well organized?
HIV service delivery gap:
Some newly identified patients are not initiating ART

Health worker competency gaps

New HIV treatment guidelines
- High turnover
- Government transfers
- Beyond facility's control

Low staff engagement
- Not believed to be a problem

Nonworkforce problems
- Not believed to be a problem

Inefficient work processes
- New testing and treatment processes
- Nurses overloaded with ART initiation and refills
- Not enough mobile outreach for loss to follow-up of HIV-positive patients who have not yet initiated ART
- CHWs need tools, skills, and support for follow-up

Poor allocation of staff and tasks
- Inadequate resources
- CHWs need tools, skills, and support for follow-up

Oche Baba Medical Center – Fishbone Diagram Exercise
10 July 2017
Step 2 Case Study (continued)

- What else would you like to know about the health workers at Oche Baba?
- Which other indicators or data could be helpful to review? Why?
  - Types, number, and availability of cadres at facility
  - Reasons contributing to absenteeism, retention, and productivity
  - Current health worker cadre allocation per service point
  - Health worker capacity and preparation for providing quality HIV services
  - Workforce barriers pertaining to service delivery
Lunch
Step 3: Understand Underlying Causes of Workforce Problems
Step 3: Understand Underlying Causes of Workforce Problems

Illustrative tools

Potential underlying causes

Provider skills assessments
- Poor counseling skills
- Misalignment between training opportunities and providers

Job satisfaction/engagement survey
- Unclear job descriptions
- Lack of feedback
- Lack of teamwork
- Low motivation

Site manager interview
- Long patient wait times
- High number of unexplained absences
- Poor scheduling

Client flow & time-use tools
- Lack of triage desk
- Lack of preparation for clients
Tools for Understanding: Health Worker Competency Gaps

**Tool 3.a: Provider Skills Assessment**

**Tool 3.b: Rapid Task Analysis**

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**General Physician Skills Checklist**

Mentor: ____________  
Facility: ____________  
Visit #: ____________/out of ____________

Date: ____________

Please summarize the Mentor’s demonstrated knowledge/skills using the scoring system described below:

1. None — No demonstrated skills at all, does not perform the task(s) completely. Needs a lot of support.
2. Limited — Mentor demonstrates very limited strengths/skills in this area and needs additional support.
3. Some — Mentor demonstrates some ability/skills in this area.
4. Strong — Mentor demonstrates strong skills/strength in this area.
5. Excellent — Mentor demonstrates excellent skills/strength in this area.

NA — Not applicable. Use when you consider the indicator inappropriate given the purpose and context of the session.

DR — Don’t know.

RL — Skill or care limitation is clearly related to resource limitations.

Please use the “comments” column to note key observations to be discussed later with the provider. In addition, this space should be used to record explanations for why recommended practices were not followed, to describe instances where the provider was particularly effective, and/or to note particularly useful advice given by you to the provider.

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**Annex A. Questionnaire – Rapid Task Analysis of Community Health Volunteers (CHVs)**

Associated Centros Saúde de Base (CSB):  
☐ XX  ☐ No  ☐ Community Health Volunteer  ☐ Other

How many years of professional practice: ____________ years

How many years working in this clinic: ____________ years

**TASK 1:** Discuss prenatal visit schedule and its health benefits with pregnant women and caregivers.

How confident do you feel to perform this task? Please choose from options on the scale below.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>I need to update my knowledge and skills and have more practice opportunities</td>
<td>I have the basic knowledge and skills but need help to master the task</td>
<td>I have the knowledge and skills required for this task, but don’t feel confident to coach others</td>
<td>I have reached a high level of expertise and can coach others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you been trained for this task? ☐ Yes  ☐ No  
If Yes, approximate date of last training (Month/Year): ____________

If Yes, Training Modality: ☐ On-the-job non-formal  ☐ Formal in-service  ☐ Pre-service

How frequently do you perform this task?  
☐ Never  ☐ Rarely  ☐ Monthly  ☐ Weekly  ☐ Daily
Tools for Understanding: Low Staff Engagement

**Tool 3.c: HW Engagement Questionnaire**

**SECTION B**
This section collects information about your perceptions about your work. Please read each statement carefully and tick one option which most appropriately reflects your response.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. I can interact easily with my coworkers.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. I believe that all clients deserve to be treated respectfully.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. I do not think that my clients trust me.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. I am known by my coworkers for my reliability.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. I am proud to be part of this facility.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. I believe that the clients’ privacy is not important.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. I find it difficult to have empathy for clients to whom I provide services.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. I prefer to give the same quality of care to all clients rather than better care to a few.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>17. I feel happy with the work that I do.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Tool 3.d: Satisfaction and Motivation Questionnaires**

1. **Questions sur la rémunération**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Étes-vous content(e) du montant de votre salaire ?</td>
<td>5 Très content</td>
<td>4 Content</td>
<td>3 Moyennement content</td>
<td>2 Mécontent</td>
</tr>
<tr>
<td>2</td>
<td>Étes-vous content(e) des primes et indemnités que vous recevez ?</td>
<td>5 Très content</td>
<td>4 Content</td>
<td>3 Moyennement content</td>
<td>2 Mécontent</td>
</tr>
<tr>
<td>3</td>
<td>Étes-vous content(e) de la couverture de vos besoins par votre salaire ?</td>
<td>5 Très content</td>
<td>4 Content</td>
<td>3 Moyennement content</td>
<td>2 Mécontent</td>
</tr>
<tr>
<td>4</td>
<td>Étes-vous content(e) du montant de votre salaire par rapport à vos compétences ?</td>
<td>5 Très content</td>
<td>4 Content</td>
<td>3 Moyennement content</td>
<td>2 Mécontent</td>
</tr>
<tr>
<td>5</td>
<td>Étes-vous content(e) du montant de votre salaire par rapport au volume de votre travail ?</td>
<td>5 Très content</td>
<td>4 Content</td>
<td>3 Moyennement content</td>
<td>2 Mécontent</td>
</tr>
</tbody>
</table>
Tools for Understanding: Poor Allocation of Staff and Tasks

**Tool 3.e: Site Manager Interview Guide**

<table>
<thead>
<tr>
<th>Cadre</th>
<th>Number of positions planned for this clinic</th>
<th>Number of positions filled</th>
<th>Number of vacancies</th>
<th>Of positions filled, Number of Contractual Staff</th>
<th>Of positions filled, Number of civil service staff</th>
<th>Total Number Trained in HIV/AIDS Services</th>
<th>Full Time all days/week</th>
<th>No. of Staff providing HIV/AIDS Services</th>
<th>Part-time Some days/week</th>
<th>No. of Staff providing HIV/AIDS Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Officers</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Officers</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses/ Midwives</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses Assistants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Lab Technicians</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacist Assistant</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Tool 3.f: HW Productivity Interview Guide**

**Health Worker Productivity Interview**

Interviewer Name: ________________________________


(Read aloud to health worker)

The Quality of Care Initiative is gathering data to improve productivity and efficiency of ART services in your facility. I am going to ask you some questions pertaining to your workload. Your responses will remain anonymous and confidential. May I continue with the interview?  Yes  No  (If no, thank the provider and seek another to interview)

Please answer the following questions with regard to the past seven days:

1. In the past seven days, was there any point where you lacked the supplies or drugs that you needed to perform part of your job?  Yes  No  (If no, skip to Q. 3)
Tools for Understanding: Inefficient Work Processes

**Tool 3.g: Process Mapping/Workflow Analysis**

**Tool 3.h: Client Flow Assessment**

![Flowchart](image)

**CLIENT FLOW FORM**

Date: ________________    Arrival Time: ________ : _______

dd/mm/yyyy  

24 hr              hh : min

Visit Type:
1. Initial Visit ______
2. Follow-up visit ______

Principal reason for visit (circle one of the choices below):
- ART Initiation
- Drug adherence monitoring
- Other: (specify) ________

ART Monitoring
- Drug re-supply
- Ol/STI diagnosis or care
- Counselling

Secondary reason for the visit: ________ (circle one of the choices below):
- ART Initiation
- Drug adherence monitoring
- Other: (specify) ________

ART Monitoring
- Drug re-supply
- Ol/STI diagnosis or care
- Counselling

<table>
<thead>
<tr>
<th>Registration</th>
<th>Staff Initials</th>
<th>Time service started</th>
<th>Time service completed</th>
<th>Waiting time (in minutes)</th>
<th>Contact time (in minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health education</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>
Tools for Understanding: Inefficient Work Processes

**Tool 3.i: Time Utilization Observation Form**

![Health Extension Worker – Daily Activity Record Form](image)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Recipient</th>
<th>Location</th>
<th>Start time</th>
<th>End time</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>02.</td>
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<tr>
<td>03.</td>
<td></td>
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<tr>
<td>04.</td>
<td></td>
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<tr>
<td>05.</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>06.</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Step 3 Case Study: Oche Baba Medical Center

- Staff focused on ways to better understand potential workforce problems identified in Step 2:
  - health worker competency gaps
  - poor allocation of staff and tasks
  - inefficient workforce processes

Which tools would you use? Discuss in small groups and share with the larger group.
Staff decided to conduct a rapid task analysis for pre-ART/initiation and referrals (Tool 3.c) and client flow mapping (Tool 3.h).

Two participants read tool results. The rest of the group listens.

DISCUSS:

- Are the results surprising to you?
- Are these kinds of underlying causes familiar in your context? Why or why not?
Step 4: Develop Workforce Interventions
Step 4: Develop Workforce Interventions

- After a facility has reviewed data to identify the priority HIV performance gaps (Step 1) and identified the workforce problems (Step 2) and their underlying causes (Step 3), the next step is to develop the intervention(s) to address the underlying causes.

- Improve interventions already in use.

To maximize success:
- Be collaborative
- Start with “quick-wins”
- Be creative!

For PEPFAR-supported facilities, incorporate such engagement as part of routine technical assistance and support for: quality improvement, supportive supervision, and clinical mentorship.
Possible Interventions

**Step 4: Develop Workforce Interventions**

- **Training/mentoring**
- **Job aids**

- **Nonfinancial incentives**
- **Supportive supervision**
- **Staff recognition**
- **Constructive performance feedback**
- **Team building**
- **Improved communication**
- **Improved work environment**

- **Implement task shifting guidance**
- **Develop/clarify job descriptions**
- **Develop task assignments**
- **Worker scheduling**

- **Differentiated care**
- **Streamline services**
- **Reorganize SOPs/processes**

+ Engagement with health system actors to address nonworkforce problems
Interventions for: Increasing Health Worker Competency

**Intervention 4.a: Competency-based In-service Training**

- Provide “low dose, high frequency” on-the-job refresher training on specific topics
- Identify highly-skilled health workers on site to provide clinical mentoring to less skilled staff
- Develop onboarding process for new staff that ensures adequate skills and competencies
- Prioritize health care workers with gaps for additional training
- Track and prioritize training needs

**Intervention 4.b: Improving Mentoring**

- Use when you have skilled champions to be mentors to support specific skills gaps
- Support mentors to build positive relationship and hone effective skills in:
  - Communication
  - Clinical teaching
  - Decision-making
  - Addressing systems issues
- Ensure a good mentor/mentee match
Interventions for: Increasing Health Worker Competency

Intervention 4.c: Support More Supportive Supervision

- Train and mentor supervisors to deliver targeted, participatory, instructive support with timely feedback
- Use routinely to address skills, job satisfaction, and low staff engagement
- Ensure lay workers, including peer educators and community health workers are supervised
- Be creative in who supervises: consider facility- or community-based staff or co-supervisor arrangements

Intervention 4.d: Reinforce Use of Job Aids

- Use to complement recent clinical trainings
- Identify where quick and timely references are needed to improve service quality
- Job aids should help break down the barriers to skill application; consider customizing for each facility need
- Involve staff to develop job aid messages, wall charts, and reminders
Interventions for: Increasing Health Worker Competency

**Intervention 4.e: “Low Dose, High Frequency” Approaches**

- Use to limit the extended, one-time, off-site trainings that show limited effectiveness
- Ensure case-based, hands-on practice with immediate performance feedback
- Use when introducing or reinforcing a practical skill
- Effective when combined with supportive supervision and/or quality improvement approaches where results are tracked
Interventions for: Increasing Staff Engagement

**Intervention 4.f: Nonfinancial Incentives**

- Use when staff are demotivated due to lack of existing incentive structures
- Consider:
  - Performance-based nonfinancial awards
  - Employee of the month program
  - Chance to lead team or certain tasks
  - Ability to transfer least favorite task to someone else (if appropriate)
  - Balancing workload among staff and teamwork
  - Provide supervisors with training on providing supportive feedback

**Intervention 4.g: Feedback or Performance Appraisal**

- Base on health worker’s job description and clear expectations
- Provide supervisors with training/support to give constructive feedback
- Ensure feedback is routine
Interventions for: Increasing Staff Engagement

**Intervention 4.h: Support More Supportive Supervision**

Also improves health worker competency
- Train and mentor supervisors to deliver targeted, participatory, instructive support with timely feedback
- Use routinely to address skills, job satisfaction, and low staff engagement
- Ensure lay workers, including peer educators and community health workers are supervised
- Be creative in who supervises: consider facility- or community-based staff, or co-supervisor arrangements

**Intervention 4.i: Recognition**

- Recognition is cited as one of the most motivating factors for health workers
- Build recognition into routine systems
- Consider:
  - Community/staff meetings
  - Ensure that feedback (positive and negative) is provided during supportive supervision
  - Employee of the month program
  - Coworker mentoring support
  - Intersite supportive visits
  - Letters or certificates of recognition from district managers for health workers nominated by their facility supervisor
Interventions for: Increasing Staff Engagement

Intervention 4.j: Team Building

- Mutually respectful work relationships influence motivation and constructive problem-solving
- Use team-building initiatives in times of transition, conflict, start-up, or when staff morale is low
- Consider:
  - Implementing quality improvement initiatives
  - Increasing staff participation in decision-making

Intervention 4.k: Improved Communication

- Includes intraorganizational and community engagement
- Consider:
  - Staff recommendation box
  - Increased staff participation in decision-making processes within the facility
  - Customer comment box at facility
Interventions for: Increasing Staff Engagement

**Intervention 4.1: Improved Work Environment**

- Poor working conditions lower morale and productivity
- Use when work environment impacts quality of care, including inadequate supplies, insufficient training, safety challenges
- Consider:
  - Review procurement procedures to improve consistent supply of necessary materials and commodities to ensure that staff can conduct appropriate work
  - Team building activities
  - Involvement of health care workers in decision-making about facility processes

*Consider when nonworkforce problems (e.g., lack of supplies/equipment) are present*
Interventions for: Improving Allocation of Staff and Tasks

**Intervention 4.m:** Implementation of Task Sharing Guidance
- Often already implemented across many sites
- Ensure "shifted" responsibilities are clear to all parties, with well-trained supervisors
- Consider sharing administrative (non-clinical) tasks to improve efficiency
- Use in presence of: skills misalignment, high attrition, client bottlenecks or long wait times
- Consider:
  - Peer counselors/lay cadres for health education, counseling, and/or client tracing
  - Shift daily clerical and reporting tasks

**Intervention 4.n:** Worker Scheduling
- Ensure health worker availability when workload is highest
- Use based on client flow or time motion processes
- Consider health worker work-life balance, safety, and security when scheduling (i.e., challenges working alone or late at night, especially for female staff)
Interventions for: Improving Allocation of Staff and Tasks

**Intervention 4.o: Developing/Clarifying Job Descriptions**

- Inform with workflow analyses; review routinely
- Use for workflow redundancies or in absence of job descriptions
- Consider:
  - All staff should have up-to-date job description, including responsibilities and evaluation system
  - Display key job responsibilities at the workplace

**Intervention 4.p: Consider Differentiated Service Delivery Models**

- Use when there is an influx of stable HIV patients (useful to achieve 2nd and 3rd “95s”)
- Consider these evidence-based models:
  - Health care worker-managed groups
  - Client-managed groups
  - Facility-based individual
  - Out-of-facility individual
Interventions for: Improving Work Processes

Intervention 4.q: Clarify Staff Workflow Processes to Streamline Services

• There is no “one size fits all” approach for service delivery
• Facility staff should problem-solve to adapt workflows to client needs
• Improved workflow can boost client satisfaction
• Ask:
  • Who provides the service?
  • Where is the service provided?
  • How often is the service provided?
• Consider:
  • Taking appropriate services from facility to community
  • Implementing task sharing or differentiated service delivery models
  • Organize services so clients receive all services in same room
### Illustrative Intervention: 1st 95

<table>
<thead>
<tr>
<th>Identify HIV Service Delivery Gap [Step 1]</th>
<th>Identify Workforce Problem(s) [Step 2]</th>
<th>Understand Underlying Cause(s) of Workforce Problem(s) [Step 3]</th>
<th>Develop Workforce-Related Interventions to Close Service Delivery Gaps [Step 4]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First 95:</strong> 95% of all people living with HIV will know their HIV status.</td>
<td><strong>Indicator (example): Number of individuals who received HIV testing services (HTS) and received their test results and were reactive [HTS_TST_POS]</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Identification of new HIV-positive clients, particularly young males | Poor allocation of existing personnel | Clinic and lay counselors not allocated to outpatient department on a timely/frequent basis to conduct targeted provider-initiated testing and counseling (PITC) approaches | **Do health workers know their roles and responsibilities?**  
  - Clarify roles and responsibilities through supervision to ensure appropriate deployment of personnel.  
  - Conduct in-service training by lab technicians to reinforce lay counselors’ and nurses’ capacity to provide HIV testing with immediate ART initiation referral.  
  - Conduct in-service training on PITC to ensure that staff conducting HIV testing are aware of how best to target individuals. |
**Illustrative Intervention: 2nd 95**

<table>
<thead>
<tr>
<th>Identify HIV Service Delivery Gap [Step 1]</th>
<th>Identify Workforce Problem(s) [Step 2]</th>
<th>Understand Underlying Cause(s) of Workforce Problem(s) [Step 3]</th>
<th>Develop Workforce-Related Interventions to Close Service Delivery Gaps [Step 4]</th>
</tr>
</thead>
</table>

**Second 95: 95% of all people with diagnosed HIV infection will receive sustained ART.**

**Indicator (example): Number of adults and children newly enrolled on ART [TX_NEW]**

| New patients are not being immediately initiated on treatment | Low staff engagement | Overworked health facility staff with all clients coming in large numbers on the same days and during the same hours for care and refills | Are health workers appropriately tasked and motivated?  
• Organize client visits per ART stage (refilling vs new start)  
• Establish fast tracking for stable clients already on ART to enable more time for new/unstable clients  
• Reconfigure patient flow for clients to move through clinic more quickly |

---

- Identify HIV Service Delivery Gap: Identify any gaps in the delivery of HIV services.
- Identify Workforce Problem(s): Identify specific workforce issues contributing to the service delivery gap.
- Understand Underlying Cause(s): Analyze the root causes of the workforce problems.
- Develop Workforce-Related Interventions: Design interventions targeted at improving workforce efficiency and service delivery.
Illustrative Intervention: **3rd 95**

<table>
<thead>
<tr>
<th>Identify HIV Service Delivery Gap [Step 1]</th>
<th>Identify Workforce Problem(s) [Step 2]</th>
<th>Understand Underlying Cause(s) of Workforce Problem(s) [Step 3]</th>
<th>Develop Workforce-Related Interventions to Close Service Delivery Gaps [Step 4]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Third 95</strong>: 95% of all people receiving ART will achieve viral suppression.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indicator (example):</strong> Percentage of adults and children known to be on treatment 12 months after initiation of ART [TX_RET]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinic met its quarterly targets for new enrollments, but current number on treatment is much lower than expected</td>
<td>Poor work processes</td>
<td>Lack of accountability to track clients enrolled on ART</td>
<td>Establish clear process, including roles and responsibilities, for checking the appointment book and following up with clients</td>
</tr>
</tbody>
</table>

---
Step 4 Case Study: Oche Baba Medical Center

**REMINDER:** Process to optimize health workforce performance and productivity to achieve the 95-95-95 targets

- **Step 1:** Staff identified priority HIV service gaps: referral linkages and ART initiation

- **Step 2:** Staff identified potential workforce problems: competency gaps, poor task allocation, and inefficient work processes (using Tools 2.a and Tool 2.g)

- **Step 3:** Staff understood underlying causes of workforce problems through: rapid task analysis (Tool 3.b) and client flow mapping (Tool 3.h)

- **Step 4:** Develop effective workforce interventions

Based on the list of interventions reviewed, which ones might be effective? Why?
Potential interventions that are interrelated and seek to respond to HIV service delivery gaps:

- Implementing task shifting guidance
- Improving mentoring and supportive supervision
- Improving communication
- Improving upon existing job aids
- Improving work processes

What do you think?

Based on your own experiences, how could these interventions be effectively implemented?
15-minute Break
Step 5: Identify Strategies for Monitoring Workforce Interventions
Step 5: Overview

- Develop a monitoring plan
  - Appropriate process and outcome indicators or measures
  - Keep measures simple so staff workload is not impacted
  - Consider posting results in the facility for transparency and staff/client engagement
    - “Quick wins” are motivating!

- Review HIV service delivery gaps continually
  - Are interventions responding to HIV service delivery gaps?
  - Adjust intervention and make decisions as needed

For each measurement indicator, identify:

1. Title of measure
2. Type of measure (process, outcome)
3. Operational definition of the measure
4. Data collection and sampling method
5. Plans for data display
6. Availability of baseline data
7. Goal(s) or target(s)
8. Data source
## Tools for Monitoring Interventions

### Tool 5.a: Monitoring Plan Template

<table>
<thead>
<tr>
<th>Title of the measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of measure (outcome, process)</td>
</tr>
<tr>
<td>Operational definition of the measure (i.e., what does it mean?)</td>
</tr>
<tr>
<td>Data collection and sampling method</td>
</tr>
<tr>
<td>Plans for data display</td>
</tr>
<tr>
<td>Availability of baseline data</td>
</tr>
<tr>
<td>Goal(s) or target(s)</td>
</tr>
<tr>
<td>Data source</td>
</tr>
<tr>
<td>How will it be measured?</td>
</tr>
<tr>
<td>Frequency of measurement (i.e., how often?)</td>
</tr>
<tr>
<td>Who will measure it?</td>
</tr>
<tr>
<td>How will measurements be shared with stakeholders?</td>
</tr>
</tbody>
</table>
Tools for Monitoring Interventions

**Tool 5.b: Resources for Selecting and Defining Indicators**
- HRH Indicator Compendium
- HIV Data Sources
- Overview of health systems indicators
- Quality measures for service delivery

Ensure indicators are “SMART”:
- **Specific** - focused and clear
- **Measurable** - quantifiable and reflecting change
- **Attainable** - reasonable in scope and achievable within set time frame
- ** Relevant** - pertinent to the review of performance
- **Timebound/Trackable** - progress can be charted chronologically
A time series chart is valuable to monitor efforts to improve service delivery because it allows for:

- Tracking when specific changes were introduced
- Observing the impact of those changes on a process or outcome
- Determining whether improvement is sustained over time.
## Tools for Monitoring Interventions

### Tool 5.d: Facility Workforce Improvement Plan Template

<table>
<thead>
<tr>
<th>Facility Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of discussion</td>
<td></td>
</tr>
<tr>
<td>Priority service delivery gap identified</td>
<td>What is the current service delivery gap that you want to improve?</td>
</tr>
<tr>
<td>Workforce problems identified</td>
<td>Underlying causes related to workforce problems</td>
</tr>
<tr>
<td>Intervention selected to address underlying causes</td>
<td></td>
</tr>
<tr>
<td>Indicators selected to monitor intervention</td>
<td>How will you know that your intervention is working?</td>
</tr>
<tr>
<td>Measure</td>
<td>Type</td>
</tr>
<tr>
<td>Date of follow-up visit to assess intervention</td>
<td></td>
</tr>
</tbody>
</table>
When Monitoring Interventions…

*Raise awareness of workforce problems with stakeholders*

- Define the problem
- Gather evidence
- Build partnerships
- Identify and analyze stakeholder targets
- Develop and deliver messages
- Be solution-oriented!
Key workforce-related questions to consider at routine site visits:

How do workforce problems seem to be affecting HIV service delivery? Which problem(s)?

- Do the health workers have the right skills?
- Are the health workers motivated?
- Do we have enough of the right health workers performing the right kinds of tasks?
- Are health workers’ tasks well organized?
Step 5 Case Study: Oche Baba Medical Center

Based on the interventions you recommended in Step 4:

- Identify one or more process indicators and one outcome indicator that the facility staff can use to track progress of an intervention

- Describe how the staff can track them

- Report back to the group

One participant reads the Oche Baba story results
Step 5 Case Study (continued)

Oche Baba Medical Center results

Graph III: Number of Newly Identified HIV-Postive Patients and Patients Newly Initiated on ART by Month
Health workers and HRH2030 program staff analyze and discuss facility-level data at the Ngombe Dispensary in Iringa Region, Tanzania, in July 2017.
Day 2: Expectations for Site Visits

- **Practice:**
  - Using the tools
  - Thinking through interventions
  - Facilitating discussions on HRH issues

- **Tomorrow, focus on problem identification and root cause analysis**
  - Implement Tool 2.a
  - If possible, implement Tool 2.g

- **On Day 3, work on further understanding of workforce problems and begin identification of possible interventions and indicators**
  - Implement a tool from Step 3
  - If possible, continue to Steps 4 and 5

- **Be prepared to discuss each day’s experience with the group**
Logistics

[Adapt to your context]

- There are $X$ sites, with groups of 3-4 people per group
- Your group will visit the same site today and tomorrow. Take some time this afternoon to discuss an initial plan with them (when to meet, what steps to take upon arrival at the facility, etc.)
- Please report immediately to your assigned sites on days 2 and 3, not this workshop room.
- Please plan to be back at the hotel between 2 and 2:30 pm
- Lunch will be from 2-3pm
- We will debrief from 3-4:30pm each day.
- Good luck!
Day 2: Site Visit Debrief
Day 2: Site Visit Debrief

- How did it go?
- What were some of the challenges the staff identified? What were the underlying workforce issues?
- How did you connect with the facilities?
- What worked?
- What didn’t work?
- What would you do differently with your own facilities?
- How will you plan visits to allow for use of these tools?

Fill out the Facility Workforce Improvement Plan template and note information gaps for Day 3
Day 3: Site Visit Debrief
Day 3: Site Visit Debrief

- How did it go?
- What were some of the challenges the staff identified? What were the underlying workforce issues?
- How did you connect with the facilities?
- What worked?
- What didn’t work?
- What would you do differently with your own facilities?
- How will you plan visits to allow for use of these tools?

*Fill out the Facility Workforce Improvement Plan template and note any outstanding information gaps.*
Next Steps

- What did you learn from implementing this toolkit in a facility?
- How will you incorporate topics from this training into your work?
- Do you have any questions to help you use this toolkit in the future?
- Please take a moment to complete the workshop evaluation!