Purpose

- Build common understanding of links between achieving PEPFAR service delivery outcomes and health worker performance and productivity
- Build capacity of service delivery partners, TA providers, and facility managers to use a suite of tools to address site-level workforce performance and productivity problems affecting HIV service delivery
- Step-by-step process—with tools for each step in that process—for addressing the workforce barriers at the site level that create HIV service delivery gaps in order to improve HIV outcomes
- Learn about evidence-based facility-level interventions to address workforce performance and productivity problems and their underlying causes
Process for Optimizing Health Worker Performance and Productivity

Step 1: Review Data to Identify Gaps
Step 2: Identify Workforce Problems and Underlying Causes
Step 3: Develop Workforce Interventions
Step 4: Identify Strategies for Monitoring Interventions

Toolkit: www.hrh2030program.org/prodperftoolkit
Step 1: Review Data to Identify Gaps

Step 2: Identify Workforce Problems and Underlying Causes

Step 3: Develop Workforce Interventions

Step 4: Identify Strategies for Monitoring Interventions
Step 1: Review Data to Identify Gaps

- To identify service delivery gaps preventing achievement of PEPFAR targets.
- To ensure data are collected for HIV service delivery and workforce specific issues and are used to inform decision-making
- Facilities may require support to interpret the data
Step 1: Review Data to Identify Gaps (2)

- 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

- Many of these important workforce data points can be obtained through a review of human resource management (HRM) practices and processes at the site level
Tools for Step 1:
Review Data to Identify Gaps

- PEPFAR Rapid Site-Level Health Workforce Assessment
- PEPFAR Site Improvement Monitoring System (SIMS) Facility Based Tool
- Human and Institutional Capacity Development (HICD) Handbook: *Appendix 1.7: Sample Qs for Identifying Performance Gaps*
- Health Facility HRM Scorecard
- HRM Rapid Assessment
## What Tools Looks Like in the Toolkit

<table>
<thead>
<tr>
<th>Tool Name:</th>
<th>PEPFAR Rapid Site-Level Health Workforce Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>This tool 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; and workforce barriers pertaining to service delivery. The tool is administered through a discussion with the in-charge or lead manager for HIV services at a facility followed by a walk-through of the key HIV service delivery departments. The assessment takes about 60-75 minutes to complete at each site.</td>
</tr>
<tr>
<td><strong>When to use the tool</strong></td>
<td>This tool is recommended to be administered annually, during the routine implementing partner’s (IPs) supportive supervision visit to a facility or during a specific visit to a facility as necessary to conduct the assessment and gather data.</td>
</tr>
<tr>
<td><strong>How to use the tool</strong></td>
<td><a href="http://www.hrh2030program.org/pepfar_tool">www.hrh2030program.org/pepfar_tool</a></td>
</tr>
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</table>
Step 2: Identifying Workforce Problems & Underlying Causes
Brainstorm Activity: Workforce Problems

- What common workforce problems do you see at facilities?

- Workforce problems might be related to:
  - Competency gaps
  - Low staff engagement
  - Poor allocation of tasks
  - Inefficient work processes
Understanding Workforce Problems

**HIV Service Delivery Gaps**
- Workforce Problems
- Non-workforce Problems
- Underlying Causes
  - Poor counseling skills
  - Misalignment between training opportunities and providers

**Performance**
- Health Worker Competency Gaps
  - Lack of drugs or equipment

**Productivity**
- Low Staff Engagement
  - Unclear job descriptions
  - Lack of feedback
  - Lack of teamwork
  - Lack of communication

- Poor Allocation of Tasks
  - Long patient wait times
  - High number of unexplained absences
  - Poor scheduling

- Inefficient Work Processes
  - Clients don’t come back
  - Lack of triage desk
  - Lack of preparation for clients

**Efficiency**
- <90% HIV+ know their status
- <90% diagnosed HIV+ receive sustained treatment
- <90% HIV+ receiving treatment achieve viral suppression
Competency

- Knowledge and skills needed to do the job efficiently and with high quality

Staff Engagement

- Job satisfaction
- Motivation
- Commitment to doing job well
- Feels valued

Task Allocation

- Human resources available at facility compared to workload
- Appropriateness of tasks assigned to various staff

Work processes

- Client flow through facility
- Existence of appointment system to manage workload
- Productive use of time spent
Digging Deeper to Underlying Causes

- Gain a deeper understanding of the underlying causes identified in Step 2
- This step will help to choose the most appropriate intervention(s)
- Tools should be adapted to the specific context
Step 2: Tools to Identify Underlying Causes of Workforce Problems

- Fishbone Diagram Root Cause Analysis
- 5 Why’s
- Health Worker Engagement Assessment
- Job Satisfaction/Engagement Survey
- Site Manager Interview
- Client Flow Assessment
- Time Utilization Tool
Step 3: Develop Workforce Interventions
Possible Interventions

**PERFORMANCE**
- Health Worker Competency Gaps
  - Provider skills assessments
  - Training/mentoring
  - Job aids

**PRODUCTIVITY**
- Low Staff Engagement
  - Health worker satisfaction/engagement assessment tool
  - Job satisfaction/engagement survey

**EFFICIENCY**
- Poor Allocation of Tasks
  - Site manager interview
  - Task-shifting
  - Develop job descriptions
  - Develop task assignments

- Inefficient Work Processes
  - Client flow assessment tools
  - Time-use assessment tools
  - Differentiated care
  - Streamline services

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Are your underlying causes related to one of these workforce problems?

Use one of these tools to gather more robust data.

Based on the identified underlying cause(s), try these interventions (as appropriate for your setting).
What Interventions Look Like in the Toolkit

<table>
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<tr>
<th>Intervention:</th>
<th>Feedback or Performance Appraisal</th>
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<td><strong>Description</strong></td>
<td>Performance appraisal, or audit and feedback, is a reliable tool with consistent effect upon health care worker performance. These appraisals should be based on their job description and on clear and specific criteria, which the health care worker knows in advance. This kind of routine performance review, with meaningful feedback, can build the trust relationship between a health care worker and his or her supervisor, increasing the health care worker's motivation.</td>
</tr>
<tr>
<td><strong>When to use the intervention</strong></td>
<td>Use to routinely provide feedback and maintain health care worker’s motivation or when staff are not receiving timely feedback.</td>
</tr>
</tbody>
</table>
| **How to use the intervention** | Consider using the following examples of feedback or performance appraisal:  
  - Provide supervisors with training on providing supportive feedback  
  - Support strengthening of systems for routine performance appraisals, based on job descriptions |

Additional evidence-based references provided in Annex 2: 2, 9, 10, 12, 16
The End Goal: Improved Service Delivery through Effective Workforce Interventions
**Common service delivery challenges: 1st 90**

<table>
<thead>
<tr>
<th>HIV Service Delivery Gap</th>
<th>Workforce Problem</th>
<th>Underlying Causes Contributing to Workforce Problems</th>
<th>Workforce-Related Interventions to Close Gaps</th>
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<tr>
<td>First 90: 90% of all people living with HIV will know their HIV status.</td>
<td>Indicator (example): Percentage of new and relapse TB cases with documented HIV status [TB_ART]</td>
<td></td>
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</tr>
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</table>

| Few referrals from the TB clinic for HIV testing | Poor allocation of tasks among staff | Existing job descriptions for staff do not accurately reflect referral responsibilities | Clarify roles and responsibilities through revised job descriptions to include referral responsibilities |
| Competency gaps | Need for clarification of task shifting possibilities to allow nurses & assistant nurses to perform HIV testing in other departments | Engage CHWs & nurses to support HIV testing in TB clinics & other departments |
| Lack of adequate training or job aids to support referral protocols from TB to HIV clinics | Conduct in-service training by the lab technicians to reinforce CHW & nurses’ capacity to provide HIV testing and referral for ART |
Common service delivery challenges: 2nd 90

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<tr>
<td>New patients are not being started immediately on treatment</td>
<td>Low staff engagement</td>
<td>Overworked health facility staff with all clients coming in large numbers on the same days and during the same hours for care and refills</td>
<td>Organize client visits per ART stage (refilling vs new start)</td>
</tr>
<tr>
<td></td>
<td>Poor work processes</td>
<td>Only doctors and head nurses authorized to prescribe ART</td>
<td>Establish fast tracking for stable clients already on ART to enable more time for new/unstable clients</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Reconfigure patient flow for clients to move through clinic more quickly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In-service training for assistant nurse to refill ART</td>
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<td></td>
<td></td>
<td></td>
<td>Establish lead patient to collect ART for a group of clients (CAGs)</td>
</tr>
</tbody>
</table>

Second 90: 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.

Indicator (example): Number of adults and children newly enrolled on antiretroviral therapy (ART) [TX_NEW]
Common service delivery challenges: 3\textsuperscript{rd} 90

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<tr>
<td>Third 90: 90% of all people receiving antiretroviral therapy will have viral suppression.</td>
<td></td>
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**Indicator (example): Percentage of adults and children known to be on treatment 12 months after initiation of antiretroviral therapy [TX RET]**

The clinic met its quarterly targets for new enrollments, but current number on treatment is much lower than expected

- Poor work processes
- Low staff engagement

- Lack of accountability to track clients enrolled on ART
- No incentive for health workers to go above and beyond to track down clients who are not adhering to treatment

- Establish clear process, including roles and responsibilities, for checking the appointment book and following up with clients
- Include care results in the staff performance review process.
- Establish a recognition of system based on patient outcome in care