



Technical Assistance Models to Build Capacity: Experience of the Elizabeth Glaser Pediatric AIDS Foundation

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Background

- Weak health systems; low national health budgets
- Development aid in health historically funds “projects” of limited duration
- This has created to vertical and specialized health programs, often at the expense of long-term and sustainable support for the health system



Focus of today's talk:

EGPAF and other NGO partners provide many kinds of support to MOH

- Technical assistance at national level
- Participation in Technical Working Groups
- Supporting sub-national structures (districts, regions)
- Supporting facility level services
- Providing training, BCC materials, commodities or drugs
- Seconding staff at national, regional or facility level
- Data and M&E support

How can we best use our resources to provide the RIGHT KIND of support?

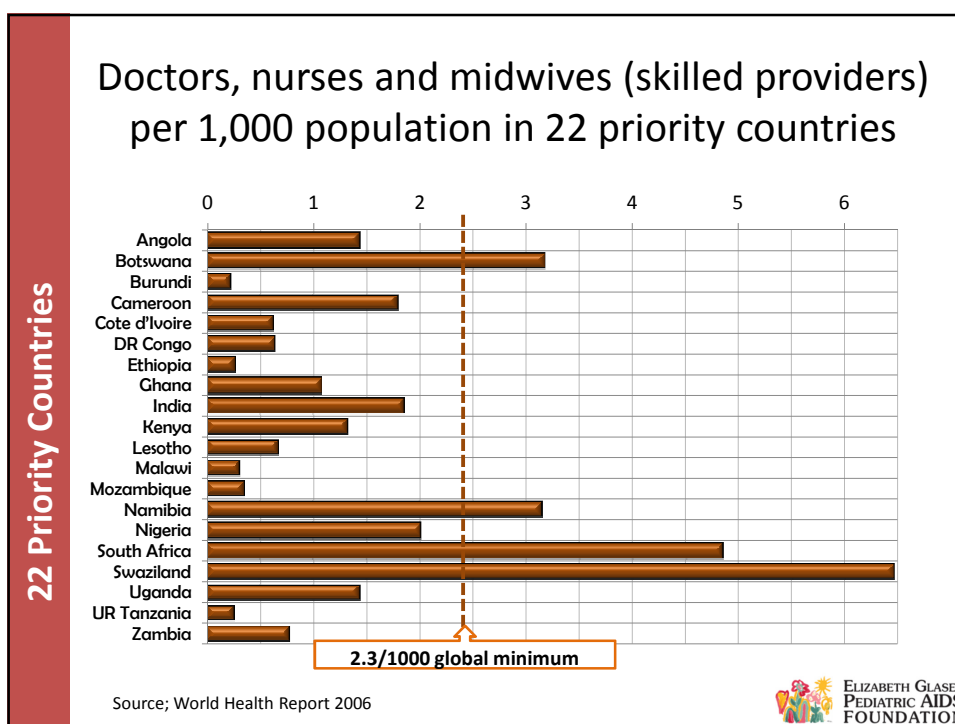


Critical levels of human resource shortages in all areas of health care in Africa

- Sub-Saharan Africa has 24% of the overall global burden of disease, 69% of people living with HIV, and only 3% of the global health workforce¹
- Globally, 61 countries have a critical shortage of healthcare workers - 41 of them are in Africa²
- The absolute shortage of health workers is compounded by misdistribution between urban and rural areas
- Heavy workloads, insufficient training, weak management and low staffing ratios mean increased stress and burn-out for health workers, often with a resulting poor quality of care³

1. WHO Working Together for Health. The World Health Report 2006; UNAIDS Report on the Global AIDS Epidemic 2012.
2. Moore A, Morrison JS. Health Worker Shortages Challenge PEPFAR Options for Strengthening Health Systems A Report of the Task Force on HIV/AIDS. Center for Strategic and International Studies, Washington DC, September 2007
3. Iglesias ME, Vallejo RB, Fuentes PS. Reflections on the burnout syndrome and its impact on health care providers. Ann Afr Med 2010;9:197-8.





Our scarce human resources suffer from poor management systems

Best practices and the global policy guidelines built on these practices come up against a harsh reality on the ground in facilities:

- Staff not fully trained in services they are expected to deliver
- Rotation of trained staff to other areas, replaced by untrained staff
- Necessary commodities are out of stock
- Registers incomplete and inaccurate
- Good clinical practice is not rewarded

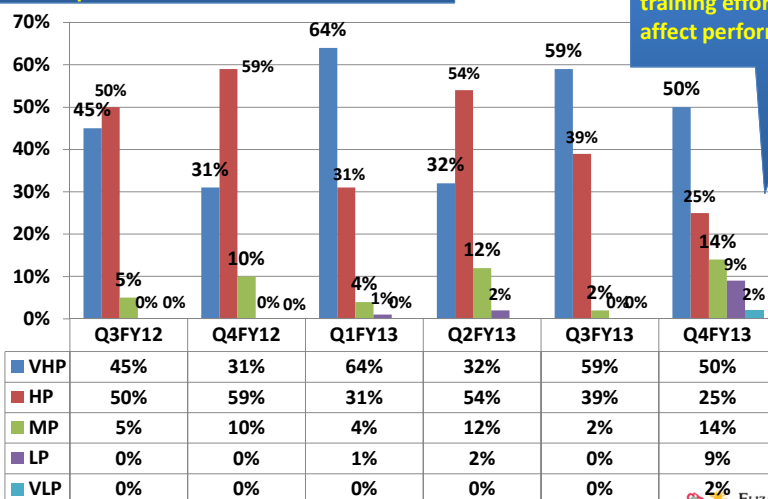


Photo: Jon Hrusa

At facility level, monitoring performance is key to developing support plans

A group of key indicators can be selected to create a performance index

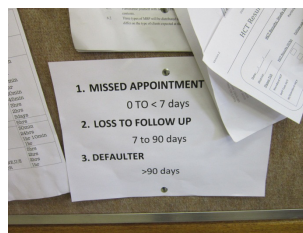
Widespread stock-outs or national training efforts can affect performance



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Mentoring clinical staff is an important part of our support

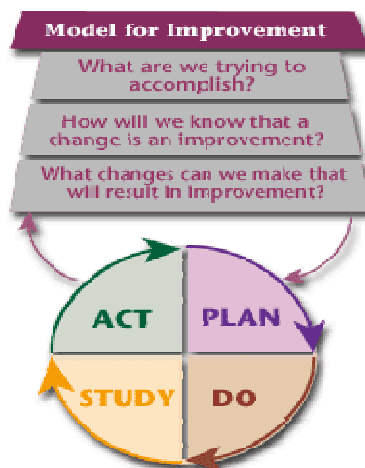
- Improve understanding of guidelines
- Support provision of practice
- Address specific clinical issues
- Record data correctly so that it can be USED for monitoring of performance
- Develop job aids and reminder systems



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QI Model for Improvement:PDSA

- **Plan** – who, what, when, where
- **Do** – implement change, collect data
- **Study** – analyze results – if test was successful, then Act, if not, then Plan again
- **Act** – Implement on a broad scale and move to next cycle

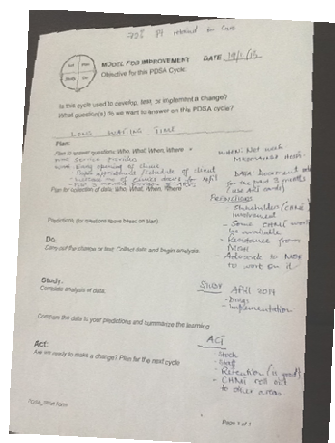
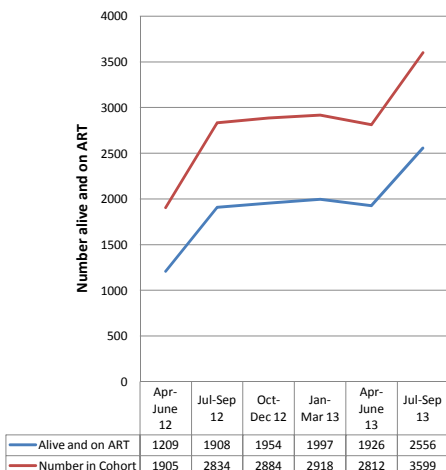


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Health workers use PDSA cycles to identify causes and develop solutions

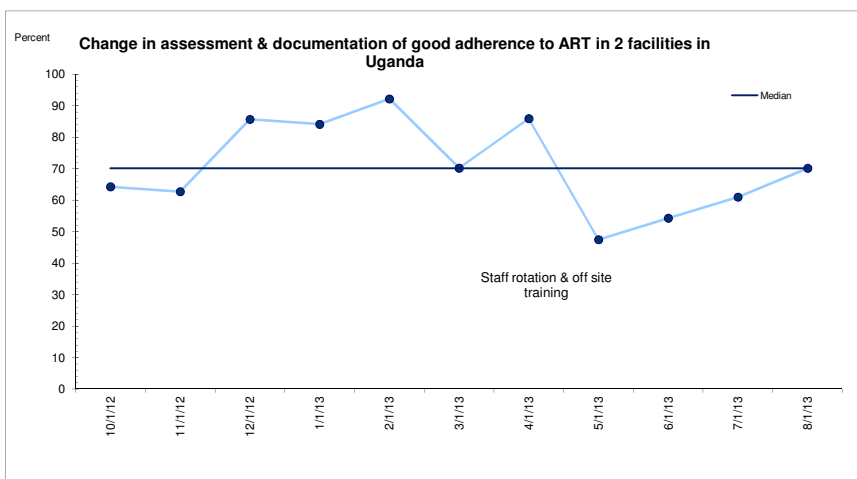
Tanzania - Alive and on ART 12 month cohort



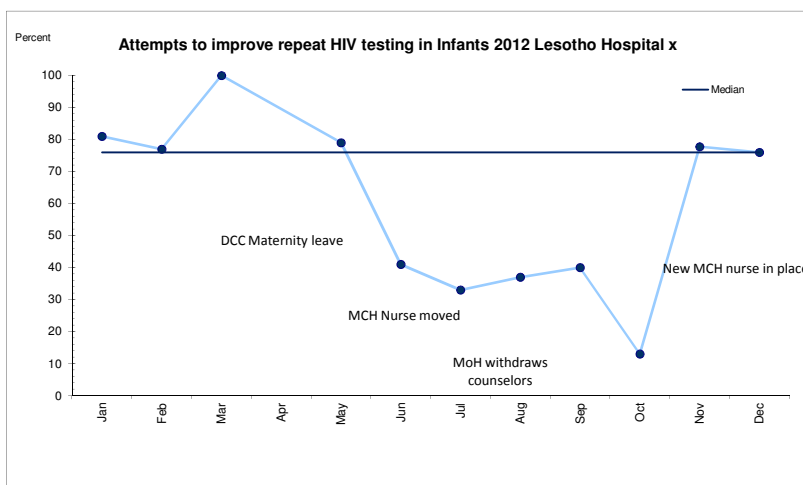
PDSA short tool to plan improvement projects for retention in care



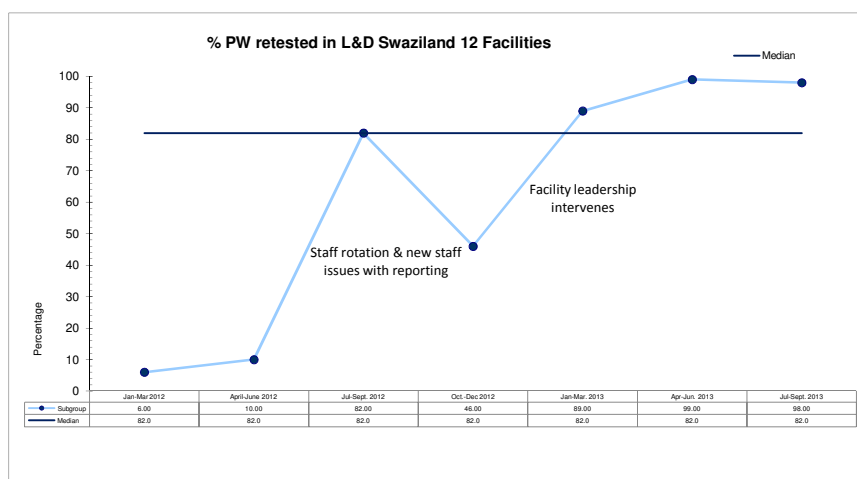
Staff rotations often cause performance declines



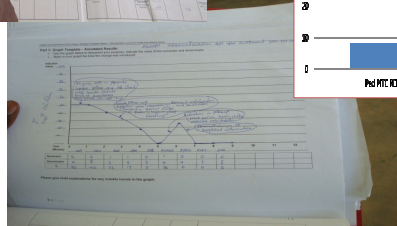
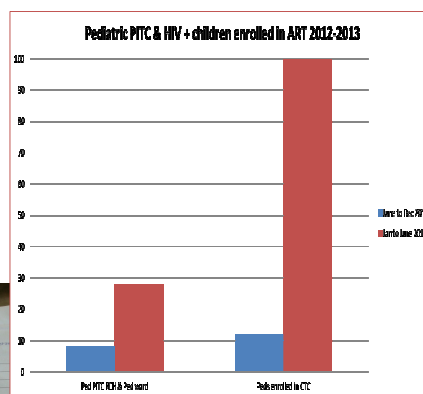
High performing facilities face constraints they cannot control



Building capacity of facility, district and national leadership is our key goal

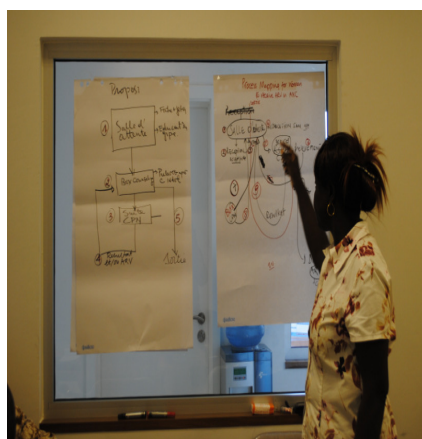


Health workers need good data to become high performers



Consumer involvement makes facilities accountable to their communities

- C I protocols include:
 - Leader sensitization
 - Training community resource persons
 - Facility staff training
 - Community meetings
 - Feedback to facility
 - Implement improvement project
 - Patient satisfaction survey



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Conclusion

- While our funding comes through projects, we have a responsibility to use our resources to build sustainable capacity
- QI and mentoring help HCW to identify issues at each level and guide them to find and implement solutions



As local leadership grows, our work changes character from less direct support to higher level strategic support



Acknowledgements

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Our clients

Thank you for your attention

