



The USAID Health Care Improvement Project: Human Resources Strategy and Activities

The Health Care Improvement Project (HCI) is a five-year, \$150 million Indefinite Quantity Contract issued by USAID in September 2007 to support countries in improving the quality and impact of health services. Guided by the vision that health care quality can be significantly improved by applying proven quality improvement (QI) approaches, the HCI Project assists country programs to scale up evidence-based interventions and improve outcomes in child health, maternal and newborn care, HIV/AIDS, tuberculosis, malaria, and reproductive health. The project also seeks to help countries improve efficiency of service delivery, reduce the costs of poor quality, and improve health worker capacity, motivation, and retention. The HCI Project builds on the successes of the Quality Assurance Project (1990-2008) which adapted approaches such as continuous quality improvement, improvement collaboratives, accreditation, and pay-for-performance to the needs of USAID-assisted countries.

University Research Co., LLC (URC) is the prime contractor for the HCI IQC and for all task orders issued under the IQC. Task Order I, a three-year task order valued at \$54 million, was issued to URC in September 2007. URC has six subcontractors on HCI Task Order I: ENCOMPASS^{LLC}; Eurasian Medical Education Program; Family Health International (FHI); Initiatives, Inc.; Johns Hopkins University Center for Communication Programs (CCP); and Management Systems International (MSI).

HCI Human Resources Management Strategy

HCI's mandate in the area of Human Resources Planning and Management is to apply QI approaches to solve health sector human resources problems faced by developing countries, especially at the facility and district levels. QI approaches are especially appropriate for strengthening human resources at the peripheral level, since experience shows that QI work empowers health workers to make changes to improve care and increases health workers' sense of professionalism and job satisfaction.

Initiatives Inc. is URC's primary subcontractor in the area of human resources management. Other partners include the Ministries of Health and professional schools in the countries where we are implementing workforce development activities.

Building on work conducted by the Quality Assurance Project, the HCI Project is applying the improvement collaborative approach and other QI methods to help solve human resources problems that impede the delivery of quality care, including low health worker motivation, inefficient task allocation, turnover, and weak supervision systems. HCI provides technical assistance, conducts research, implements demonstrations, and supports scale-up of best practices related to effective human resource development and workforce management.

HCI Project Objectives

- Document interventions implemented to improve the quality of health care, how quality is measured, and the impact of the interventions
- Institutionalize modern quality improvement approaches as an integral part of health care in USAID-assisted countries
- Expand the evidence base for the application of QI approaches to human resources (HR) planning and management
- Expand experience with the improvement collaborative approach in USAID-assisted countries
- Expand experience with the spread collaborative approach in USAID-assisted countries
- Expand the experience base for other specific QI approaches
- Improve the cost-effectiveness of QI in USAID-assisted countries
- Provide global technical leadership for QI in USAID-assisted countries

QI methods have been used to improve processes ranging from manufacturing to health care in both developed and developing countries. QI draws on four principles:

- 1) focus on the client,
- 2) understanding work as processes and systems,
- 3) using data to measure results, and
- 4) team work.

HCI's continuous quality improvement (CQI) approach involves the use of teams to identify and select improvements, develop and test solutions, and implement successes through shared learning across multiple teams, local partnerships and stakeholder involvement. This process encourages creativity and shared decision-making, measures changes frequently to ensure improvements, and when many teams work together in an *improvement collaborative model*, provides a platform for exponential sharing of lessons learned and adoption of best practices.

HCI's health workforce strategy adapts these improvement approaches to strengthen and improve human resources and human resource systems by engaging the health care workers, their communities, supervisors, and decision-makers in the development, testing, and implementation of practical and sustainable solutions to problems such as poor organization of care, low worker motivation, lack of incentives for quality care, high turnover, weak management capacity at the district level, and low productivity.

A major thrust of HCI's strategic approach to health workforce strengthening focuses on *employee engagement*. Employee engagement is a concept commonly used in the private sector in both domestic and international business and organizations to measure the degree to which an employee is not only satisfied with his or her job but is also motivated to do the work and committed to doing it well. Extensive domestic and international research in service industries has shown that if a person is 'engaged' in his or her job, the productivity of the organization improves significantly and the worker performs far better.

When employees feel positively about the value of their organization and their jobs, believe in their own ability to succeed, feel valued and feel that they have a substantial role to play, their attitudes and achievements show positive results and organizations benefit. An emphasis on the drivers of employee engagement can be applied to many HRH challenges in developing countries in several ways:

- 1) Use the structure and dynamics of working teams to empower health workers to solve problems;
- 2) Provide recognition and support for accomplishment; and
- 3) Engage workers with approaches such as self-assessments, peer coaching, peer support for flexible work times, and other ways that support gaps can be closed without interventions from management.

Drivers of Employee Engagement

According to research, employee engagement can be measured by asking questions related to six key drivers of employee engagement:

- 1) Belief in the outcomes of the job or the organization
- 2) Belief in the ability to succeed
- 3) Good relations with supervisor and working team
- 4) Possibility of professional advancement
- 5) Recognition and reward
- 6) Influence in decision-making

Source: Gallup Q12, The 12 Elements of Great Managing, Gallup Inc., 1993-1998.

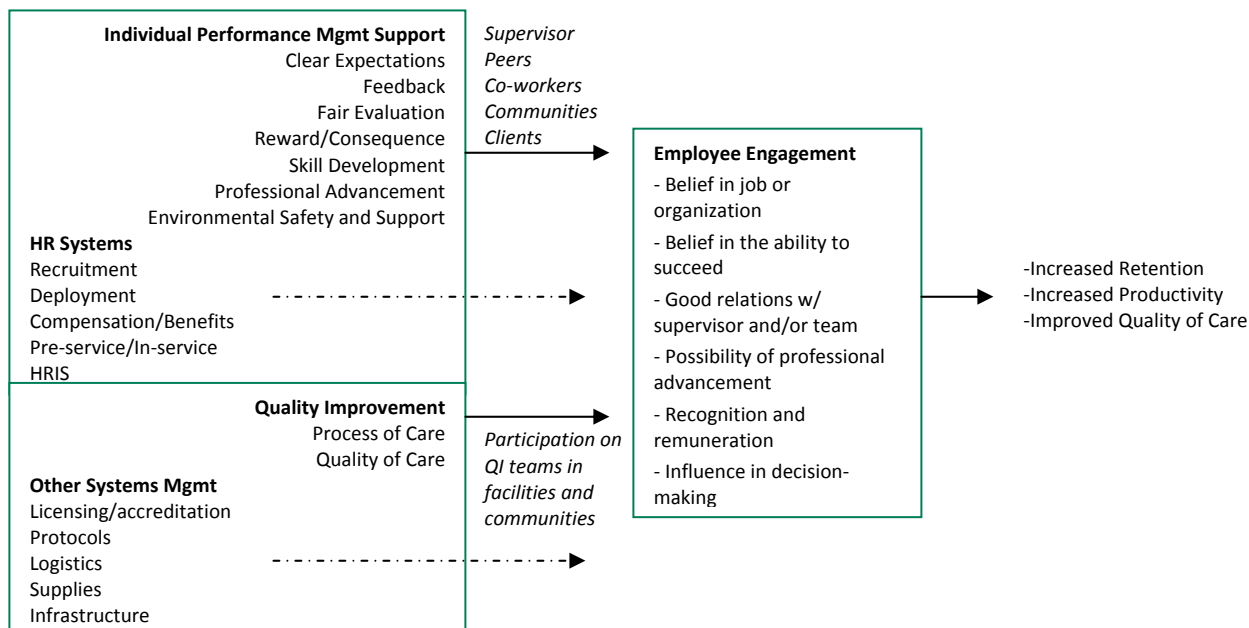
Teams can provide a shared mission, clarity in roles and responsibilities, feedback on performance, reward and recognition, and allow individuals to influence the work they do. Team participants feel part of a whole larger than themselves, and sometimes for the first time, feel that there are others working towards the same end. Engagement strategies can also challenge health care workers to support each other rather than wait for supervisors and managers to solve a problem.

Increasing a health worker's engagement also requires consistent performance management support. Performance management ensures that a worker has an achievable workload, and clear expectations. He or she needs feedback on performance, to be evaluated fairly, recognized and rewarded for performing well, and offered development opportunities for the future. Although this process is ideally delivered by managers through consistent supervision, elements of this process can be supplemented through quality improvement teams,

worker-focused initiatives, and peer groups. Teams can address gaps such as the clarification of job expectations by analyzing work processes and rationalizing provider skills with required jobs and tasks. Multiple teams can work on common problem areas using the collaborative approach to bring teams together to share successful change strategies and facilitate the spreading of successful practices to other sites.

The figure below depicts the multiple relationships between performance management, quality improvement, employee engagement, and the desired outcomes of increased retention, increased productivity and improved quality of care. Through addressing multiple drivers of employee engagement and productivity, HCI will address country-specific needs and expand the evidence base for QI approaches applied to human resources management.

The Effects of Performance Support and Quality Improvement on Employee Engagement, Productivity, and Quality of Care for Health Care Workers



Scope of Current HCI Activities

HCI is currently providing technical assistance in 17 countries. The project is also supporting a Quality Improvement Initiative to support implementers in 15 African countries to strengthen Programs for Orphans and Vulnerable Children (OVC). A brief description of HCI overall program of assistance in each country is listed in the following table. Ongoing and planned HRM activities include:

- Niger – Work with the Ministry of Health to implement a Human Resources Collaborative in the Tahoua Region to improve health worker productivity and retention through strengthened performance management and employee engagement. The first activity planned is an indepth analysis, redesign and rationalization of job tasks and roles.
- Namibia – The Quality Assurance Department of the Ministry of Health has asked that HCI work with teams to help them address the HR challenges they face through application of the worker engagement model and QI methods. Work will begin in FY09 on job/task rationalization and process improvement.
- Uganda – Support District Management Teams to coach quality improvement teams to address HR challenges at the district levels, particularly employee engagement and retention strategies.
- Tanzania – Implement intervention in Tanga Region that focuses on worker productivity (job/task rationalization and employee engagement) and performance support, working through quality teams at the facility level.

HCI Project Assistance by Country

Region	Country	Current Focus of HCI Project Assistance
Africa	Benin	Demonstration collaborative to develop EONC intervention package (including AMTSL, ANC counseling, postnatal care before discharge, and a community intervention to improve awareness of maternal and newborn care and care-seeking)
	Cote d'Ivoire	National quality assessment of HIV/AIDS services, including PMTCT, palliative care, and ART, followed by the development of a quality improvement program
	Ethiopia	Support three implementing partners to pilot test quality standards for OVC services
	Lesotho	Improve TB and TB-HIV case management in 5 health service areas
	Namibia	Conduct situational analysis of male circumcision practices
	Niger	Consolidate gains in adherence to EONC best practices in 77% of district hospitals and introduce improved case management of pre-eclampsia/eclampsia and maternal and neonatal sepsis; introduce ACT treatment for childhood malaria in two districts; continue support to MOH nutritional recuperation centers in 17 hospitals
	South Africa	Assist Department of Health in five provinces to expand and improve the quality of HIV counseling and testing, prevention of mother-to-child transmission (PMTCT), palliative care, and antiretroviral therapy (ART) services
	Swaziland	Strengthen TB DOTS implementation, integration of TB and HIV services, and implementation of guidelines for multi-drug resistant TB case management
	Tanzania	Assist National AIDS Control Program to develop a national quality improvement program for ART, VCT, PMTCT, and pediatric AIDS care in partnership with the Dutch PharmAccess Foundation; support scale-up of infant feeding counseling integrated into PMTCT; support OVC implementers in introducing quality standards
	Uganda	Support the Ministry of Health in quality improvement within the ART expansion program in 120 sites; strengthen laboratory quality control and efficiency and integration of TB and FP services in HIV/AIDS care
	Zambia	Support field testing of job aids to improve health worker competency in use of malaria rapid diagnostic tests
Asia	Afghanistan	Assess and support activities to improve quality of obstetric care
	Bangladesh	Conduct final evaluation of Quality Supervision and Monitoring intervention and conduct assessment for WHO of TB drug logistics system
	India	Improve TB DOTS and TB-HIV integration in Rangareddy District of Andhra Pradesh State
	Indonesia	Strengthen capacity for delivery of quality TB services
	Vietnam	Support TB-HIV integration activities in all eight districts of Thai-Binh Province
Europe	Russia	Continue scale up of locally developed best practices for HIV/AIDS treatment, care and support and TB-HIV integration in St. Petersburg and Orenburg Oblast; increase enrollment in ART through integration of HIV and narcological services; and improve coordination of health and social services for HIV-positive mothers
Latin America	Bolivia	Support TB DOTS improvement collaborative in six provinces
	Ecuador	Support the expansion of continuous quality improvement in essential obstetric and newborn care and improved management of obstetrical complications in all 24 provinces
	Honduras	Support the Secretariat of Health in implementing its EONC strategy in 11 health regions; support the implementation of performance-based management agreements with hospitals, maternity clinics, and decentralized providers
	Nicaragua	Support the Ministry of Health in institutionalizing quality monitoring and improvement in EONC and improving management of obstetrical complications in 15 health regions; support the organization of high quality services for HIV prevention, counseling and testing, and treatment among high risk populations; improve case management of severely ill children in 17 national and regional hospitals

Previous Work in Human Resources Planning and Management

HCI builds on research and technical assistance carried out under the Quality Assurance Project (QAP) in the area of human resources planning and management. Key QAP activities related to human resources management include:

Zambia Performance-based Incentives Study: Developed with the support of the Zambian Central Board of Health, this study tested the effects on health worker performance of monetary and non-monetary incentives provided to facility teams. Sites in two different districts in Lusaka Province tested 1) financial incentives derived from 10% of user fees with modifications in distribution and 2) non-financial awards in the form of trophies. The performance-based incentives system was designed to fit into and reinforce existing performance management systems that had recently been initiated by the Central Board. The study found that staff responded positively to performance-based awards that were based on indicators already being collected as part of the district performance management system: not burdening staff with additional data collection seems to be important in garnering staff support for an award program. Importantly, the study found that staff motivation improved substantially with even small gestures of support and encouragement from district supervisors. For example, non-financial awards were as motivating, if not more motivating, for staff than financial awards and did not generate as much conflict, suspicion, or frustration. Staff also expressed a sense of encouragement from knowing that the District Health Management Team was monitoring their performance and could provide targeted support based on staff's actual needs.

Rwanda Human Resources Assessment for HIV/AIDS Services Scale-Up: The major components of the national HIV/AIDS care program (including VCT, PMTCT, CD4 count testing, and ART) were investigated to estimate the number and type of health providers involved, the tasks and time required per client in each component, and other key aspects of the system. The study determined the feasibility of reaching targets and timeframes set for getting patients in ART based on the levels of existing human resources, entry of new personnel into the health workforce, service organization, and how HIV/AIDS-related tasks are assigned to specific types of providers. The study found that, under reasonable assumptions for the HIV prevalence rate, the VCT uptake rate, and the number of providers being trained, the additional number of providers required to meet national targets is very large. The study proposed alternative solutions to address the health workforce shortfall, including delegation of specific counseling and ART tasks to providers of lower skill levels.

Kenya Skilled Birth Attendant Competency Study: In 2006, at the request of USAID/East Africa and the East, Central and Southern Africa Health Community Secretariat (ECSA-HCS), QAP assessed the competency of birth attendants and the adequacy of their working environments to support quality labor, delivery, and immediate postpartum care in two randomly selected districts in each of three provinces in Kenya: Coast, Eastern, and Nyanza. Data were collected in December 2006 and analyzed in January, 2007; the results were presented at the annual conference of ECSA Ministers of Health held in Tanzania in March 2007. Meeting participants responded enthusiastically to the findings, and the Ministers adopted the study's recommendations as part of the meeting resolutions.

Nicaragua Skilled Birth Attendant Competency Study: QAP shortened and refined the skilled birth attendant (SBA) knowledge test and consolidated the skills evaluations used in the prior four-country safe motherhood study implemented by QAP in 2002-2003. During July and August 2005, simplified measurement methods to assess SBA competency were field tested in all 20 hospitals in the country that attend births and in 44 health centers, covering a total of 1,358 medical and nursing personnel. The global competency score calculated across all types of personnel and technical areas was 62%. The primary areas of knowledge deficiency identified were labor monitoring, use and interpretation of the partograph, management of the newborn (both with and without complications), management of gestational hypertension, and prevention of sepsis. The weakest skill areas identified were manual extraction of the placenta, bimanual uterine compression, and neonatal resuscitation.

HIV/AIDS workforce study in Zambia: This study looked at workforce needs, constraints, and realistic strategies related to scaling-up HIV/AIDS services to the entire country. Data were collected from 16 sites throughout Zambia, including interviews with 102 providers (e.g., doctors, nurses, volunteers), patient record reviews, and direct observations of 320 client-provider interactions, 42 laboratories, and 25 ARV dispensing units. The results proved to be a major contribution to the deliberations of the Zambia Central Board of Health and led to several additional study opportunities in Zambia. Some key results: Stand-alone VCT sites providing only VCT serve 18 times more clients per day than integrated VCT sites offering a range of services. 68% of counselors at stand-alone sites are lay counselors compared to only 18% at the integrated sites, and lay counselors achieve a higher performance (against standard) than all health professionals except nurses. To increase the VCT uptake rate from the current value of 2% to the targeted value of 6% in the country would require 81 additional full-time equivalent counselors. To train enough staff to integrate PMTCT into routine antenatal and postnatal care across the country will require an investment of \$3.9 million over the next 4-5 years. The pharmacy workforce would need to be increased by 22% and the laboratory workforce by 8% nationally to reach the current national target for ARV services.

HCI Contractor Team

- **University Research Co., LLC (URC)** (www.urb-chs.com) is a management consulting firm specialized in quality management, research, evaluation, communication, and training applied to strengthening health programs. Founded in 1965, URC has worked internationally since 1981, successfully managing a wide range of health services contracts for USAID, the Centers for Disease Control, the World Bank, UNICEF, the Gates Foundation, and the National Institutes of Health. For the past 25 years, our firm's major focus has been the adaptation of modern QI methods to the needs of over 32 countries through the Quality Assurance Project I, II and III and the two Primary Health Care Operations Research (PRICOR) Projects.
- **Initiatives Inc.** (www.initiativesinc.com) is a woman-owned small business based in Boston, MA specialized in human resources (HR) management and quality and performance improvement. In addition to its work on QAP III, Initiatives currently provides long-term assistance to strengthen public sector HR management in Ghana and in quality improvement in Zambia, Jordan, and Ethiopia.
- The **Center for Communication Programs (CCP)** (www.jhuccp.org) of the Johns Hopkins University Bloomberg School of Public Health in Baltimore, MD, is a leader in implementing strategic communication programs and research to enhance access to information and facilitate the exchange of knowledge to improve health and health care. CCP's strong qualifications in knowledge management using web and other media are demonstrated by their work on the Information and Knowledge for Optimal Health (INFO) Project and Health Communication Partnership.
- **Family Health International (FHI)** (www.fhi.org) is a nonprofit organization that manages research and field activities in HIV/AIDS and reproductive health in more than 70 countries. FHI has a large technical staff based in Arlington, VA, for the global Implementing AIDS Prevention and Care (IMPACT) Project and to support major Mission-funded HIV/AIDS and OVC programs in Nigeria, Zambia, Tanzania, South Africa, Botswana, Pakistan, Dominican Republic, and other countries.
- **EnCompass, Inc.** (www.encompassworld.com) will provide intermittent support for HCI through ongoing involvement of their core staff. EnCompass is a woman-owned small business based in Bethesda, MD, that has worked closely with URC on a task order basis, making important technical contributions to the evaluation and documentation of improvement collaboratives. EnCompass brings expertise in participative evaluation, facilitation, strategic planning, training, and knowledge management to document best practices and translate lessons learned into implementation strategies.
- **Management Systems International (MSI)** (www.msi-inc.com) will provide technical support for the planning, design, and implementation of systematic spread activities of improvement collaboratives and of national and international QI programs. MSI is a for-profit firm based in Washington, DC, with expertise, developed under a MacArthur Grant, in large-scale organizational change through scale-up, monitoring and evaluation, and incorporating gender considerations into management and development programs.