

Optimizing Limited Human Resources: Capacity Building and Performance Improvement Initiative to Enhance PMTCT Services in Lesotho

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Background : HIV in Lesotho

- Population: 1.8 million
- Adult HIV prevalence: 23.2%
- HIV prevalence among ANC clients 25.7%
- ICAP program initiated in Jan 2006;
 - MTCT-Plus focused program with USAID support
 - Enhance existing PMTCT platform to engage women and their families into HIV care & treatment
 - ICAP supports 26 Sites



Rationale for Capacity Building and Performance Improvement Initiative (CBPII)

- Severe shortage of health workforce
 - 5 doctors and 62 nurses per 100,000 population
 - Doctors account for only 2.9% of health sector employees (95% expats)
- Limited management skills, team work and decision making
- Inadequate pre- and in-service training
 - Ineffective in-service training programs (off site, didactic, no follow-up)
- Weak staff motivation and morale
- Need to build capacity of HCWs and facilities to provide high quality PMTCT program
- Multi-drug antiretroviral regimens for PMTCT created urgent need to strengthen and expand the roles of health care workers

Performance Improvement Interventions (I)

- On-site introductory/refresher MTCT-Plus training
 - Morning clinical implementation/preceptorship sessions followed by afternoon didactic sessions and case study activities
- HIV/AIDS medical education meetings
 - Competency based skills oriented sessions building on previous trainings two afternoons per week at each site
- Saturday MTCT-Plus workshops
 - Systematic process with ICAP and clinic staff to identify desired and actual performance, analyze root causes of gaps in performance and select interventions to fill these gaps
- Implementation workshops
 - On-site, time limited sessions aimed at improving the quality of services provided in one specific area of care.

Performance Improvement Interventions (II)

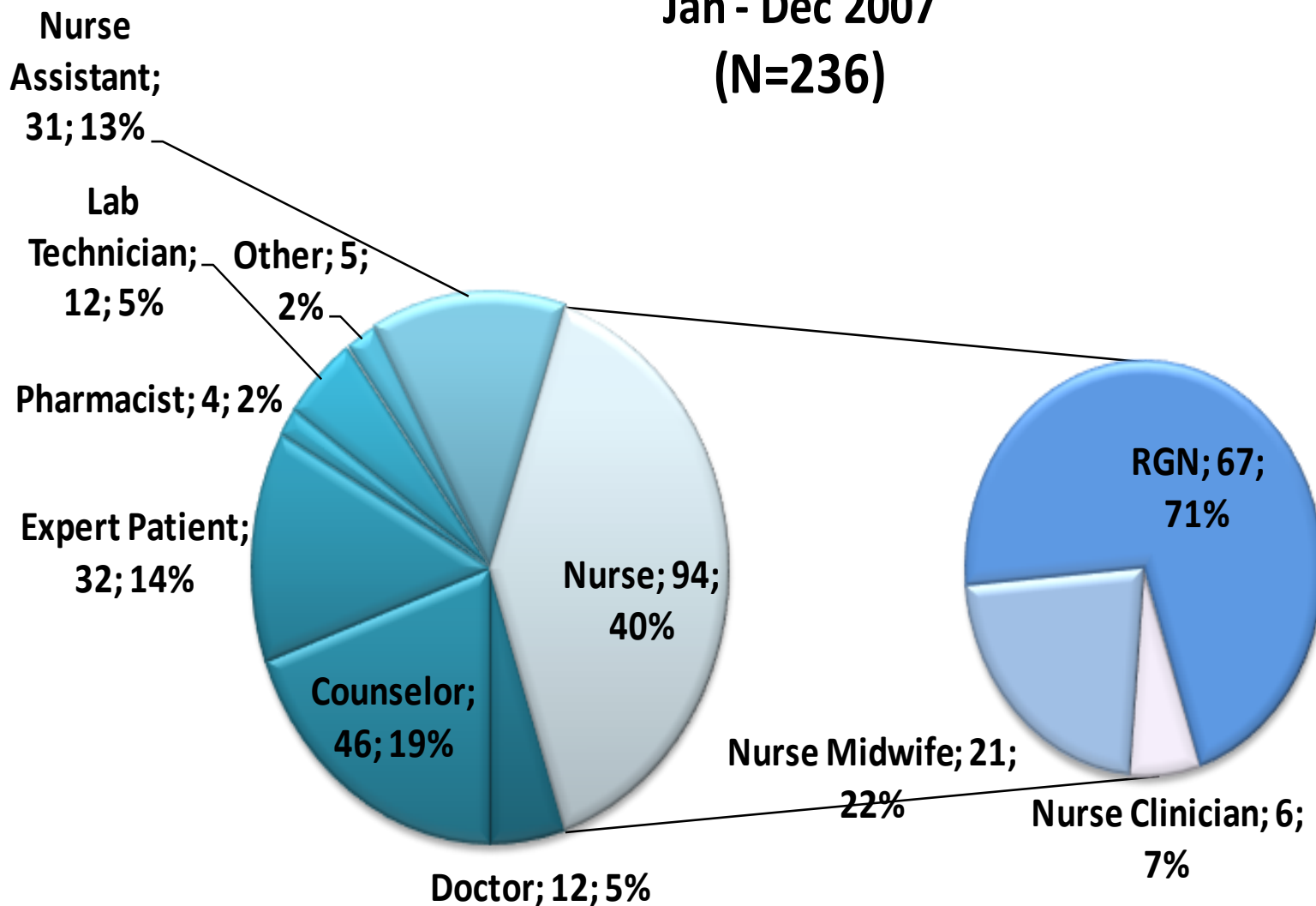
- Clinical Mentorship
 - Regular practical on-the-job training, support and consultation offered at sites
 - Provider, team and site level mentoring
 - A 24-hour hotline for clinical advice support to the sites
- Job realignment and task shifting/sharing
 - Lay workers and expert patients were trained to offer counseling, adherence and psychosocial support
 - Nurses and nurse clinicians were supported to initiate HAART
 - Doctors now able to focus on complex medical cases and supportive supervision

Multidisciplinary Team Enrolled in CBPII

QEII, Qoaling, Mabote, Mafeteng, Mohale's Hoek

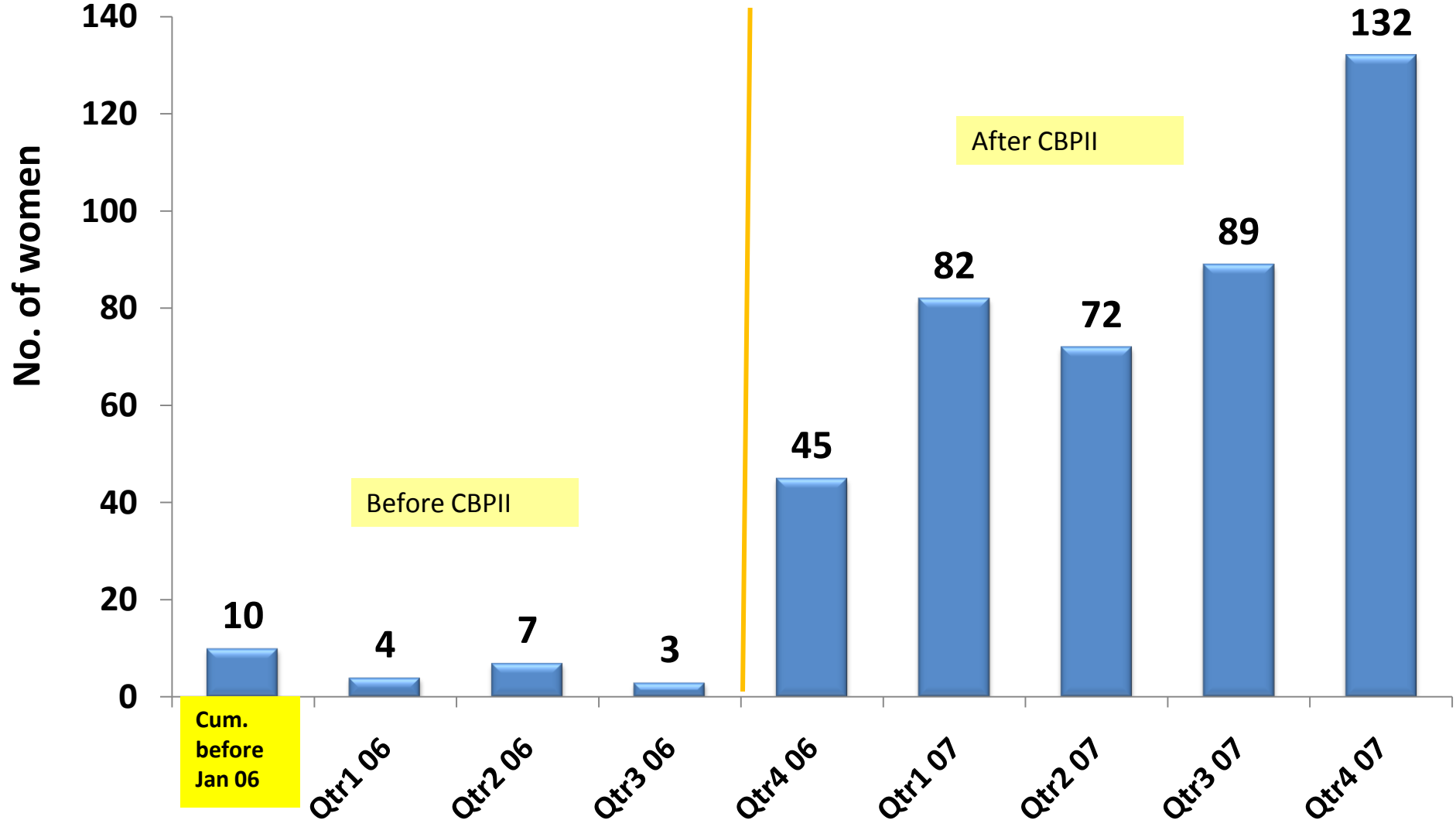
Jan - Dec 2007

(N=236)



HIV-Infected Pregnant Women Initiated on HAART

QEII, Qoaling, Mabote, Mafeteng, Mohale's Hoek

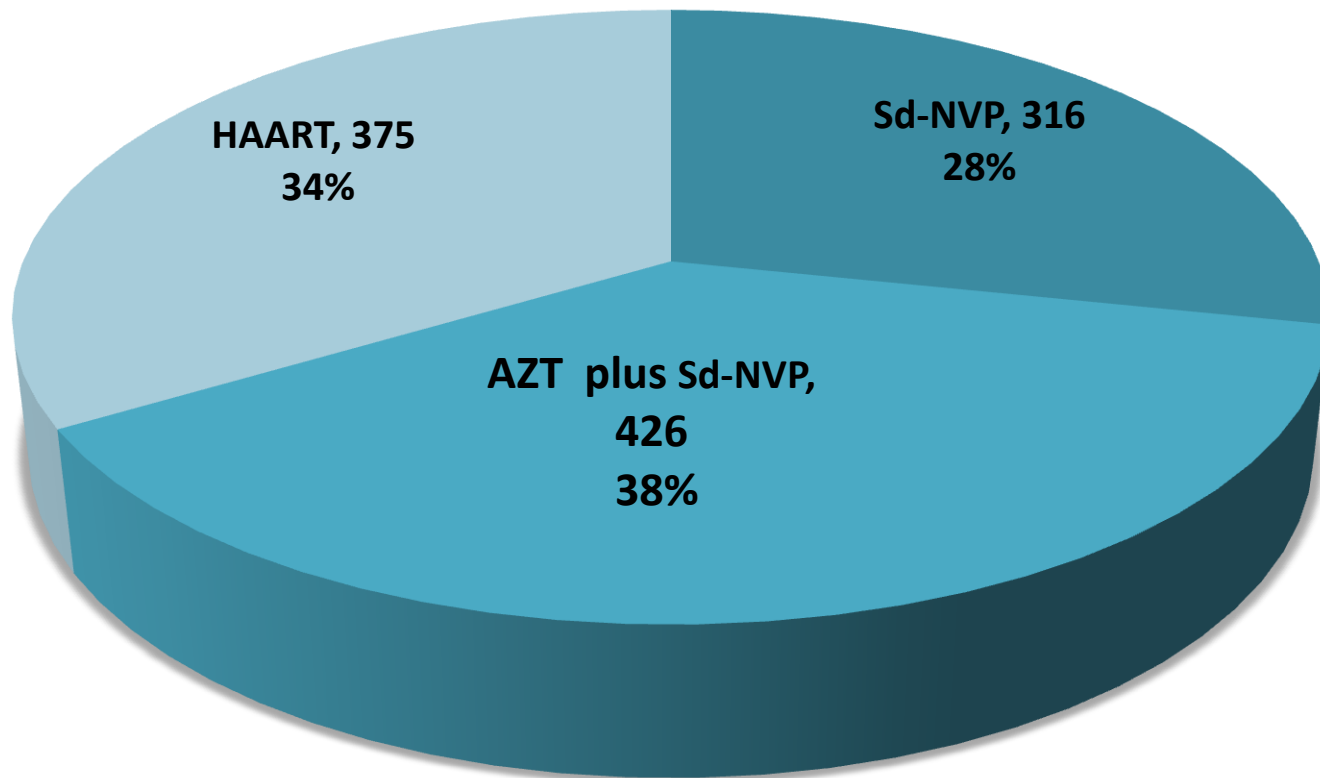


ARV Prophylaxis Received by HIV-Infected Pregnant Women

QEll, Qoaling, Mabote, Mafeteng, Mohale's Hoek

Jan to Dec 2007

(N=1,117)



Summary Results

- Enhanced capacity of health care work force
- Successful implementation of more efficacious regimens for PMTCT including HAART for women with advanced HIV disease
- Encouraging preliminary MTCT transmission rates
- Engagement of families in continuous services for HIV

Ongoing Challenges

- Still inadequate health workforce
- Ensuring quality performance in the context of complex task shifting and sharing
- Responding to staff work overload and maintaining staff morale/motivation
- Promoting workforce wellness program

Lessons Learned

- A multifaceted approach is needed to enhance the capacity of fragile and limited health workforce
- Human resource improvement must be linked to broader capacity building initiatives
- Effective and successful training requires assessment, custom design, targeted content and regular review
- Successful task shifting needs regular mentorship and supportive supervision
- Performance can be improved with the same workforce provided capacity is enhanced

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Thank you