



Adequacy of Resources for HEP



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GATES *foundation*

Outline

- Findings
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 - Physical facilities and infrastructure
 - Equipment, drugs, and other medical supplies
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HUMAN RESOURCE FOR HEP

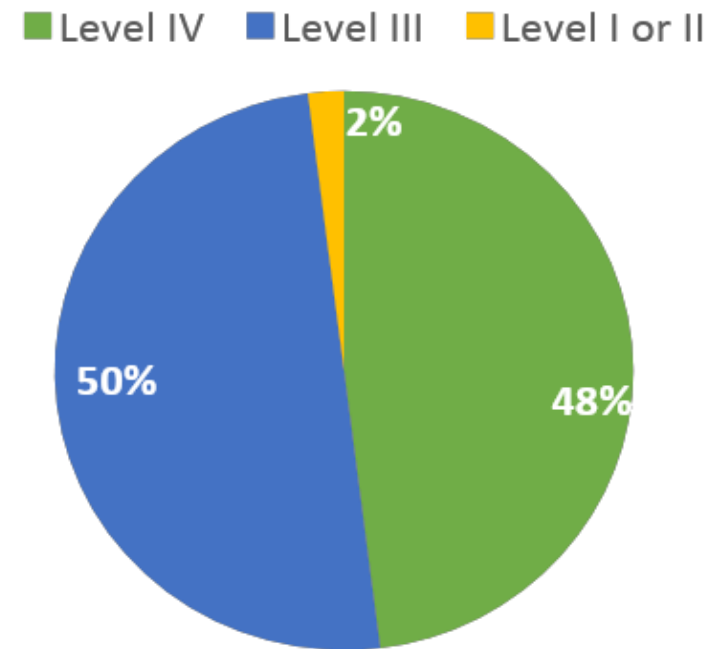
Human Resource Adequacy

- 87% of HPs have at least two HEWs (on payroll)
- Absenteeism was 21% (at least one HEW was absent from 48% of HPs)
- Compared to volume of work, two HEW per health post is not adequate to implement the full package of HEP in a kebele.
- HEP packages require expertise in diverse professional areas.
 - Relevant skills include: 1) environmental health, 2) Midwifery, and 3) Clinical/Nursing
- 89% of HEWs reported that they need additional staff
- FGD participants repeatedly mentioned that HPs are closed during working days

Knowledge and Skill of HEWs

- About 48% of HEWs have level IV education
- Only 57% of HEWs are COC certified for their current level of education, 25% are not certified despite taking COC examination at least once
- Several COC certified HEWs had to take the assessment multiple times before being certified.
- Objective evidences from primary data
 - Nearly half of the HEWs fail to correctly mention the EPI schedule
 - More than half of HEWs fail to identify the first line drugs to treat uncomplicated malaria

HEWs level of education



Possible Reasons for skill/knowledge gap

- English as a medium of instruction vs language skills of trainees
- Candidates recruited as HEWs have limited capacity (minimal English language skill)
- TVET colleges have limited capacity to equip trainees with the necessary knowledge and skills
- HEWs training focus on theory not practice
 - Limited time for practice
 - Limited follow up during practice
 - Practice sites differ from actual workplaces
- Training duration is not adequate to cover the curricula

Satisfaction and Burnout

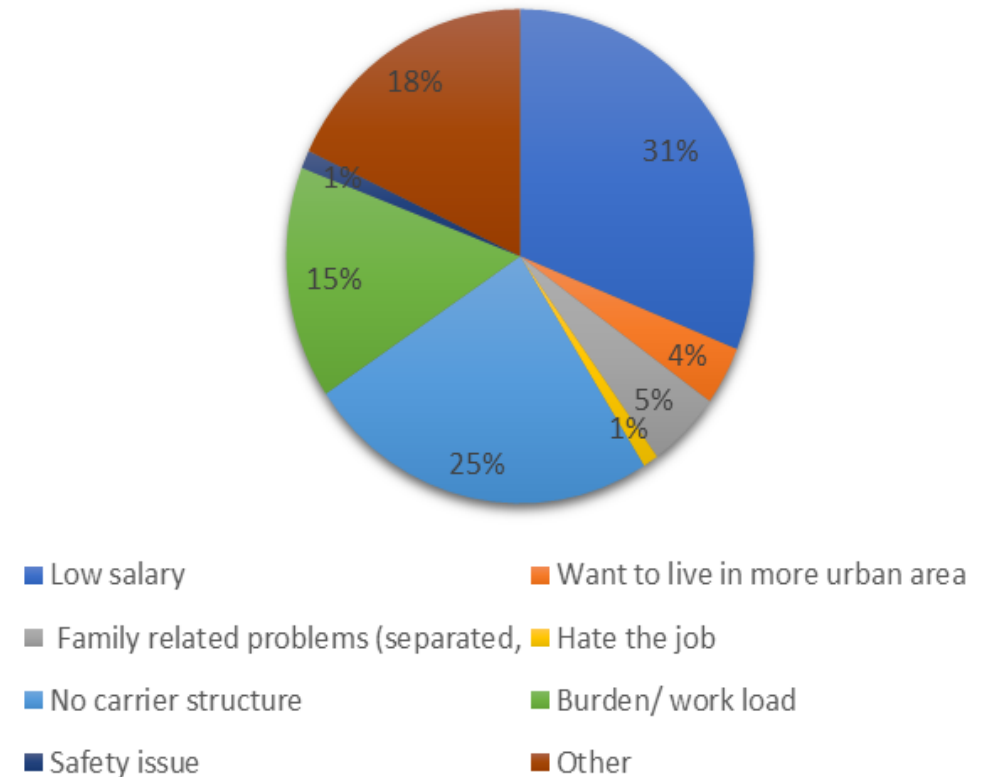
- 51% of HEWs were dissatisfied
- Least satisfaction rates observed on career and benefit related aspects
 - Salary and benefits
 - Opportunity for other jobs
 - Promotion
- 60% of HEWs reported that their level of satisfaction has been decreasing over time
- 75% of HEWs have some sign of burnout
- Around 17% of HEWs have probable symptom of depression



Intention to Leave and Attrition

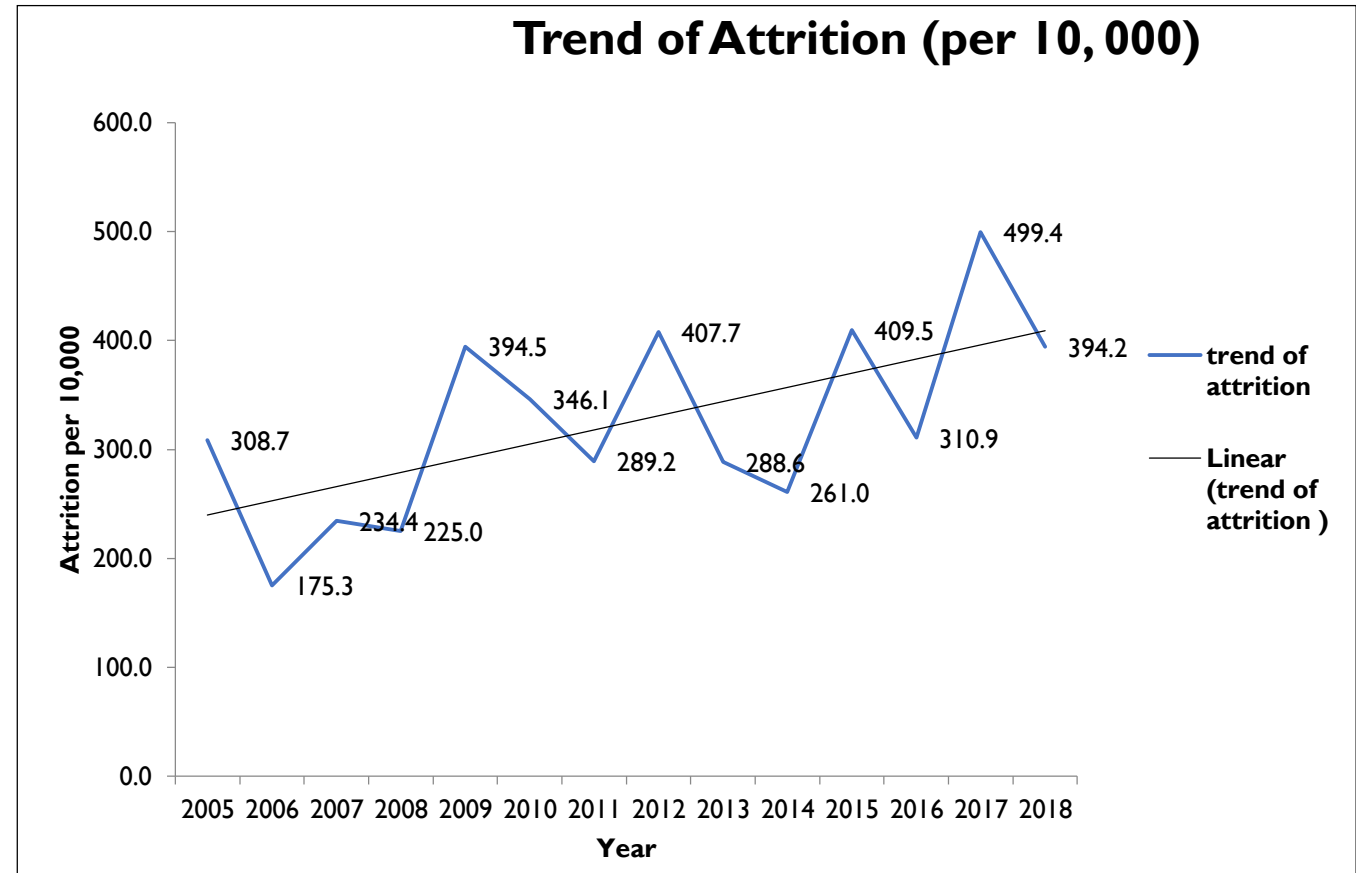
- 17% of HEWs are currently searching for another job
- Around 32% of HEWs have intention to leave their job in the next 5 years
- Low salary, career structure, and workload were the main reasons for their intention to leave

Reason for intention to leave



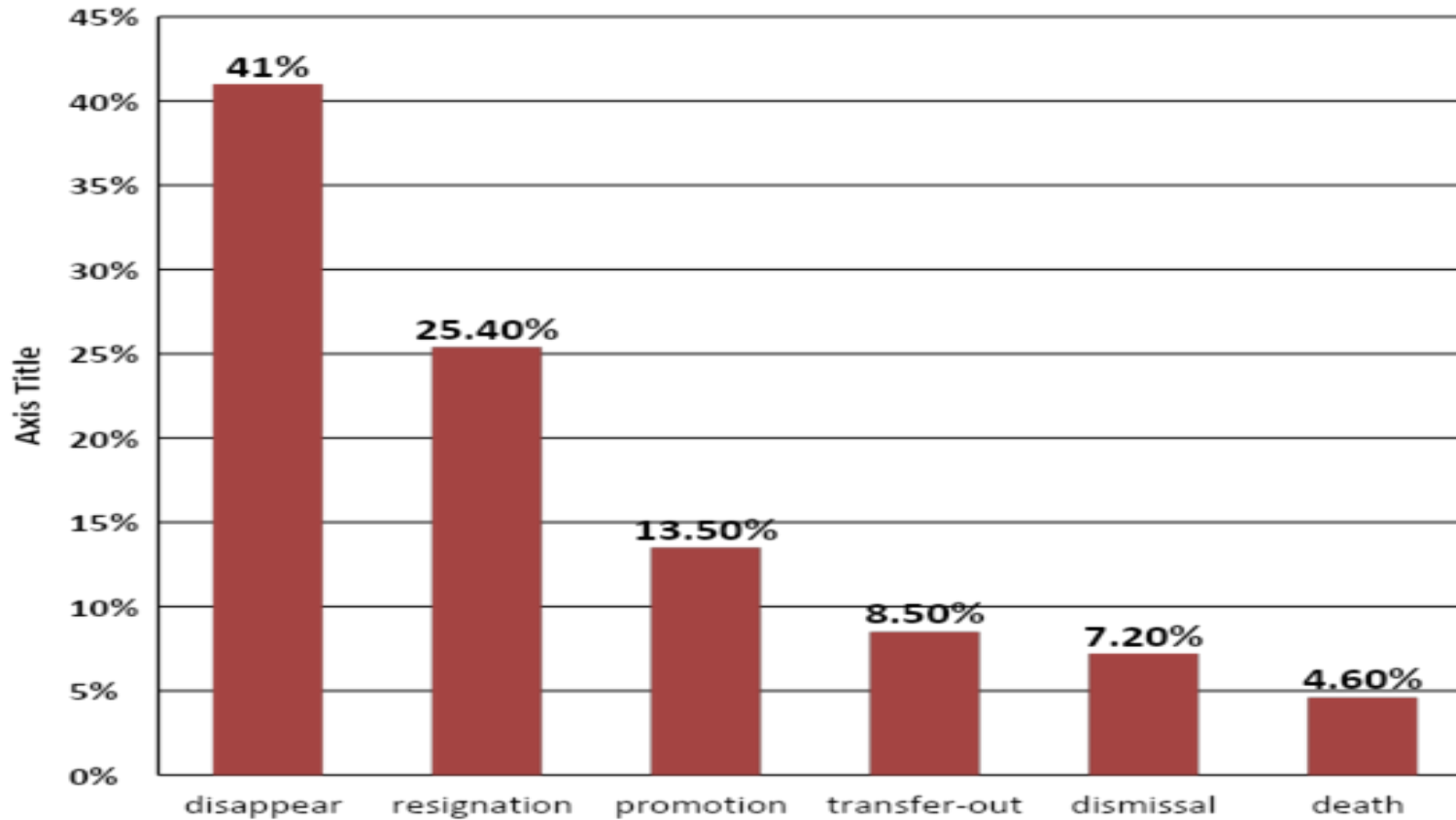
Attrition...

- Overall attrition from the beginning of HEP to 2019 was 21%
- Incidence was 2.9 per 100 person years
- Average stay before attrition was 6 yrs
- Attrition rate seems increasing over time.



Attrition...

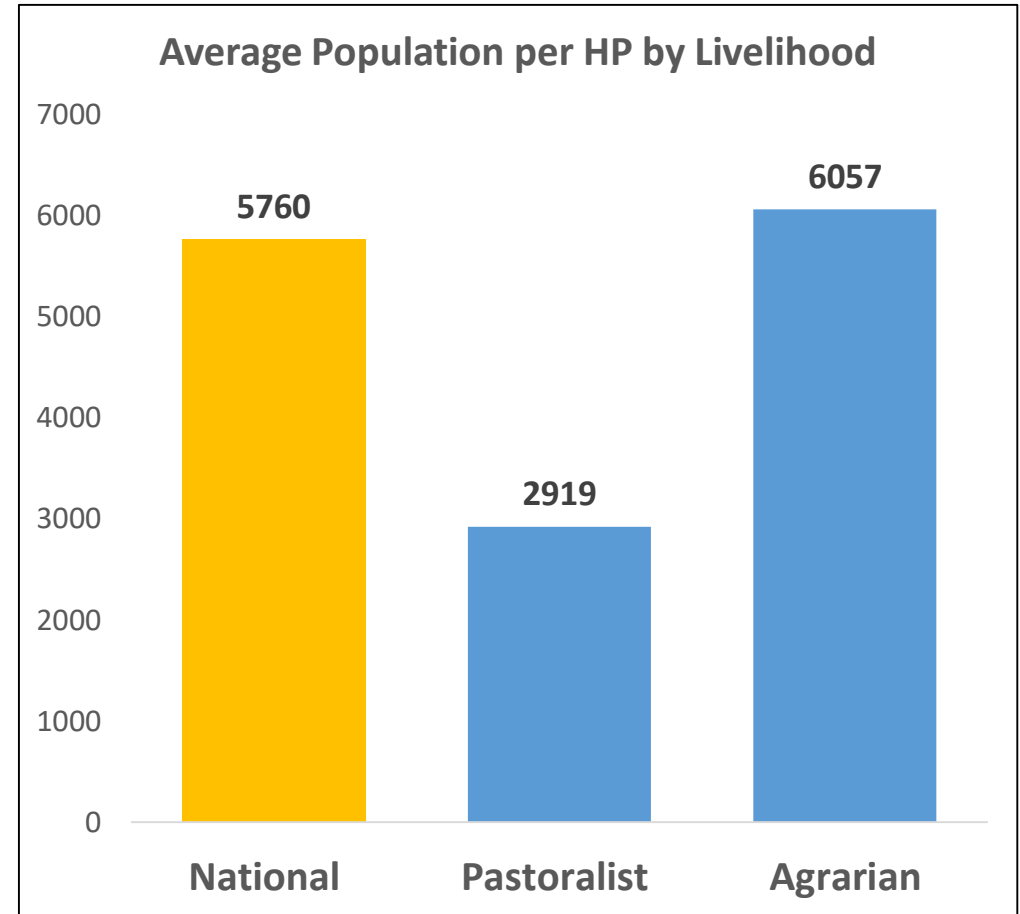
Documented reasons for attrition



Physical facilities and infrastructure

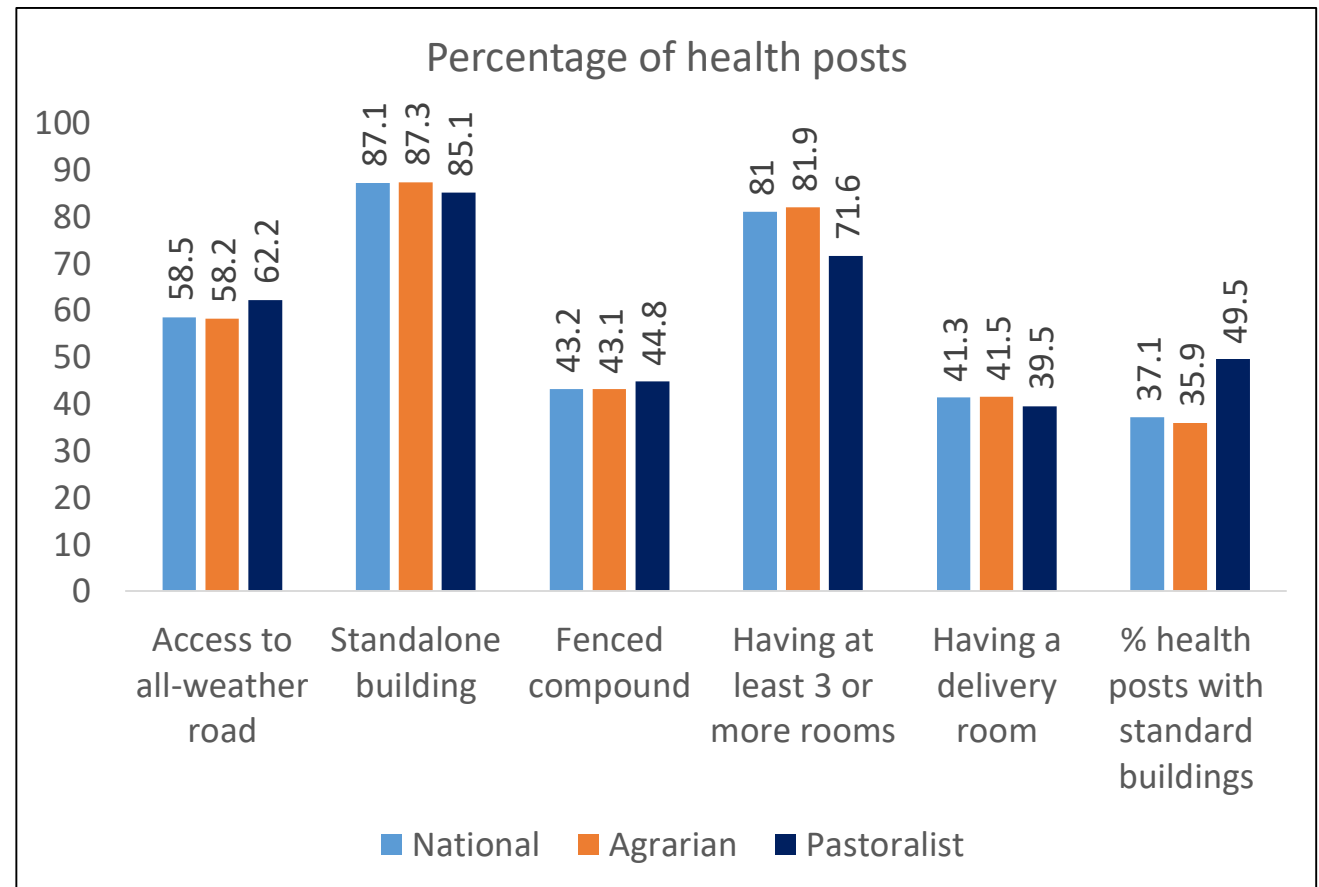
Availability of HPs is almost universal

- 97.4% of *kebeles* had at least one HP
 - But 58% of the HPs serve population larger than the standard
- A HP on average serve 5760 (6057 in agrarian and 2919 in pastoralist communities)



Existing HPs are mostly sub-standard

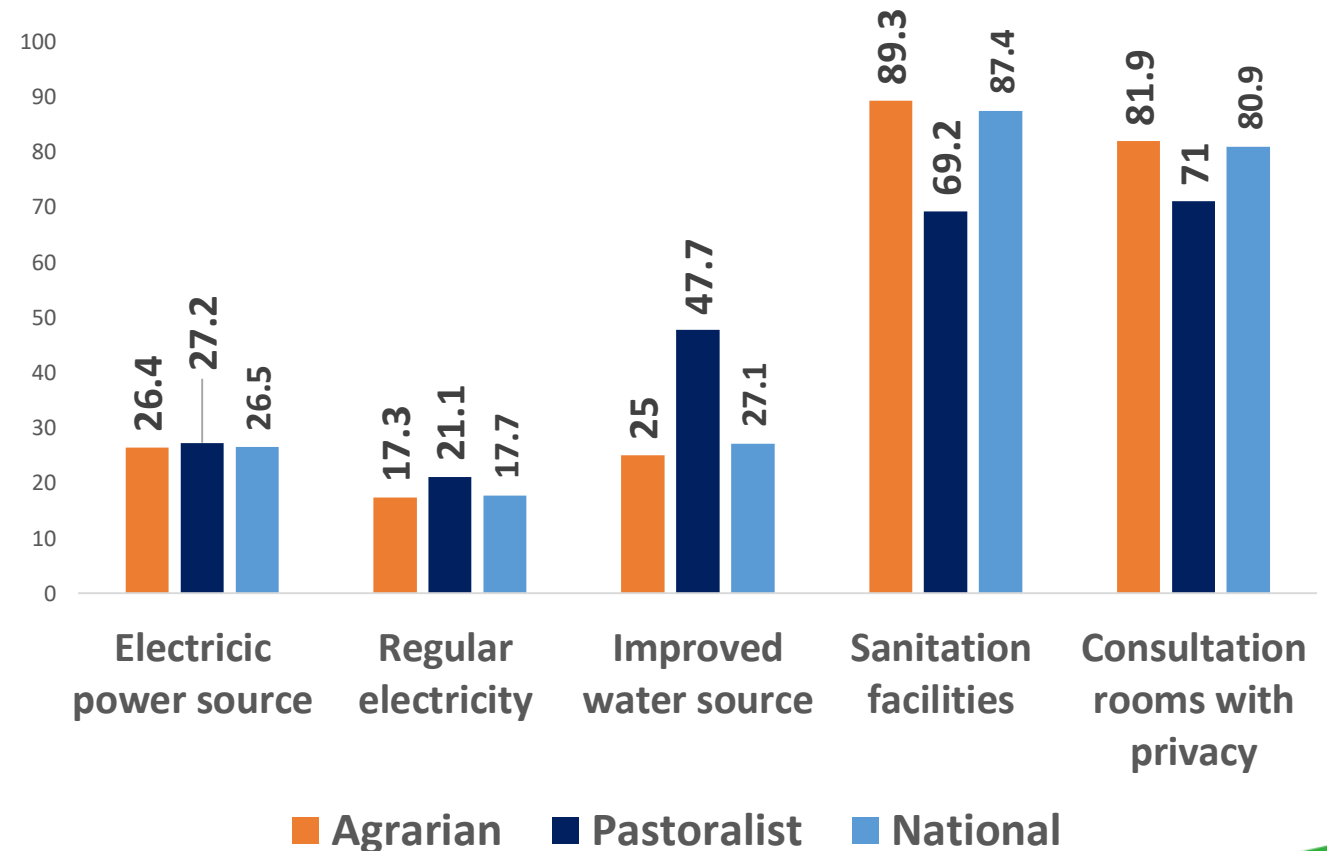
- Majority, **63%**, HP buildings do not meet the required HP building standards
- Only **12%** of HPs have incinerator and **7%** had placenta pit
- KIs often raised poor quality of HPs as a major issue



Majority of the HPs do not have basic utilities

- Only 18% HPs have regular electricity,
- 27% have improved water sources
- KIs mentioned HPs lack amenities such as electricity, water, toilet facilities

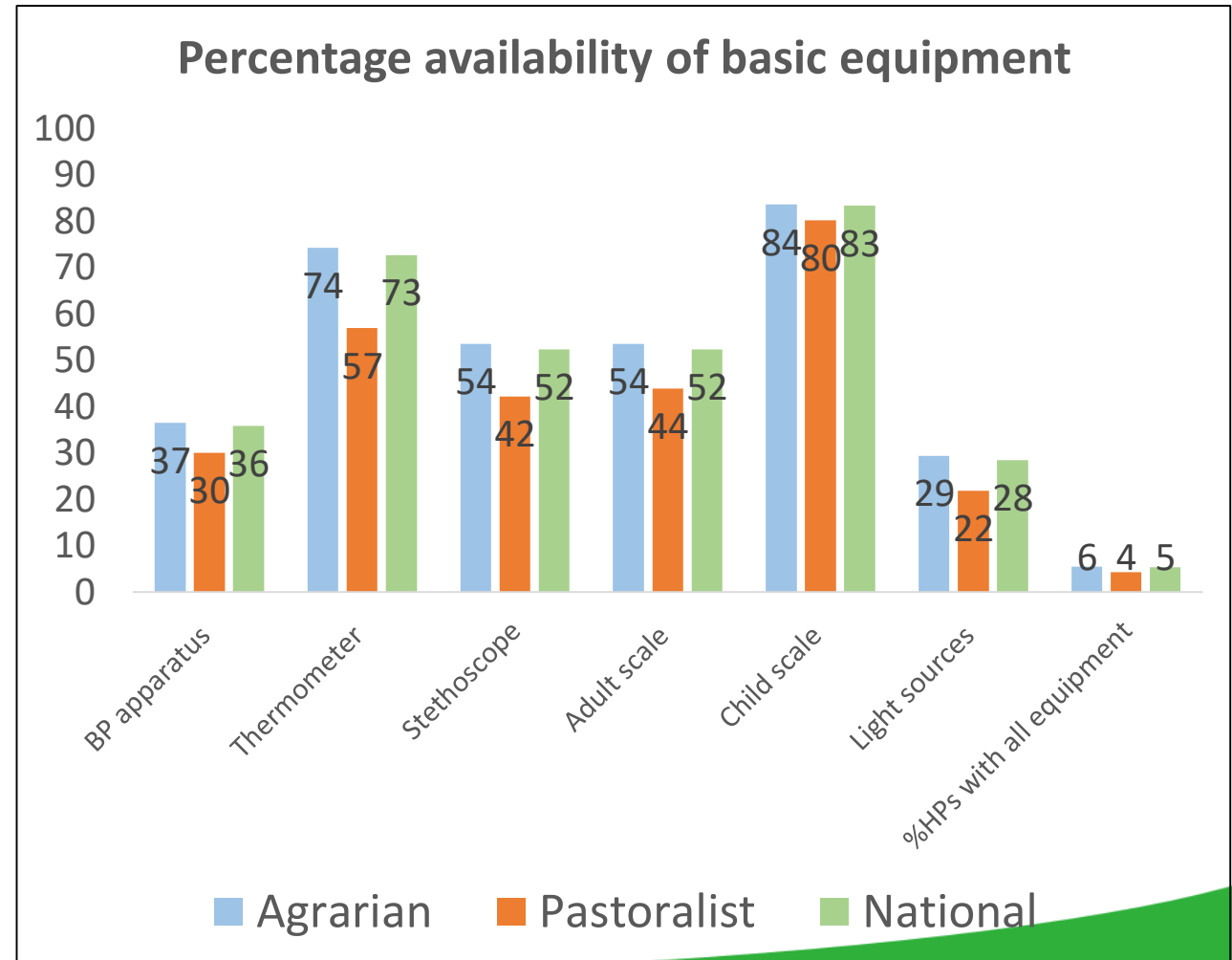
Availability of basic utilities at HPs



Equipment, drugs and other medical supplies

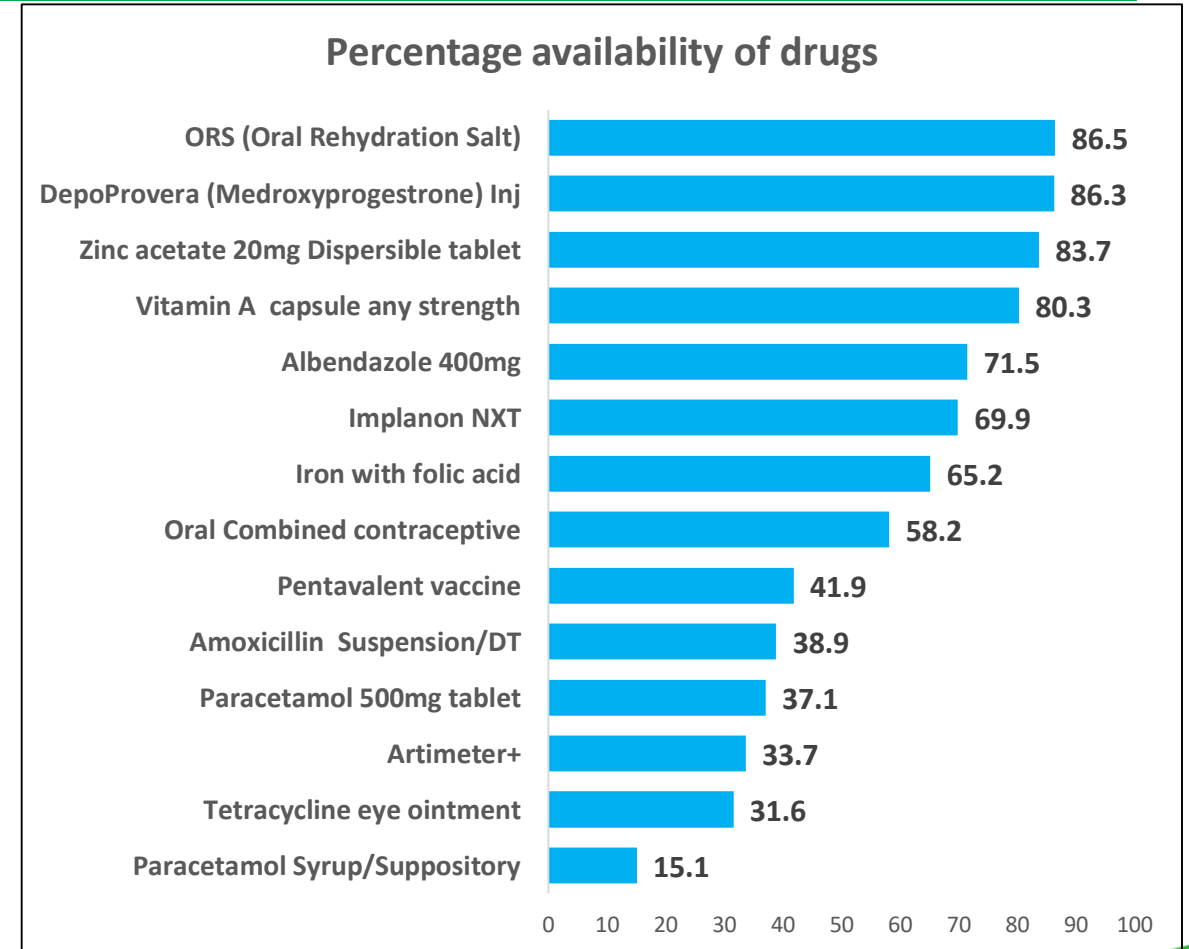
HPs mostly do not have the recommended set of equipment required for provision of HEP packages

- Only 5% of HPs have all basic tracer equipment (BP apparatus, stethoscope, thermometer, adult scale, child scale and artificial light sources)
- Mean availability is 3.3 out of the possible 6



Availability of Medicine

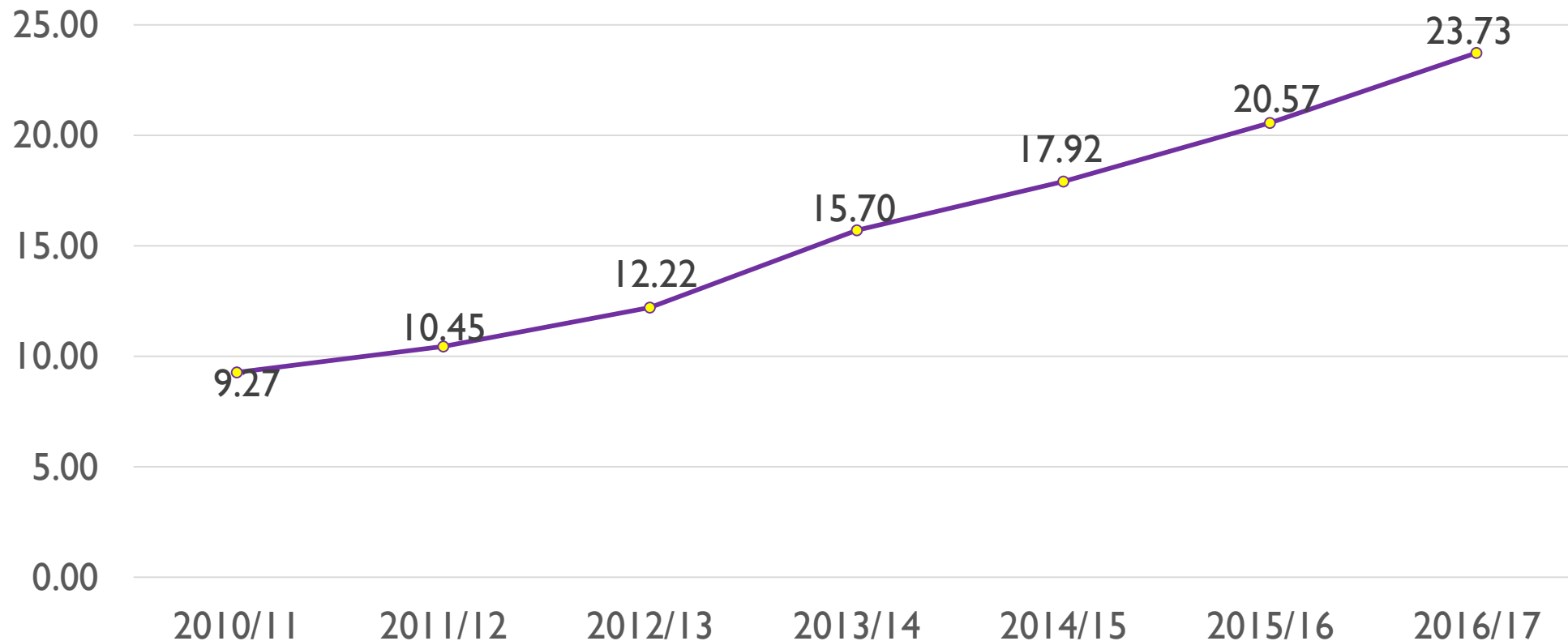
- There was stock out of essential drugs in substantial proportion of HPs during the day of study visit.
- Stock out for long period of time was very common in the past six months
- Relatively more available drugs include ORS, Depo, Zinc and Vit A
- Relatively less available drugs include paracetamol, TTC, Artimeter, Amoxicillin



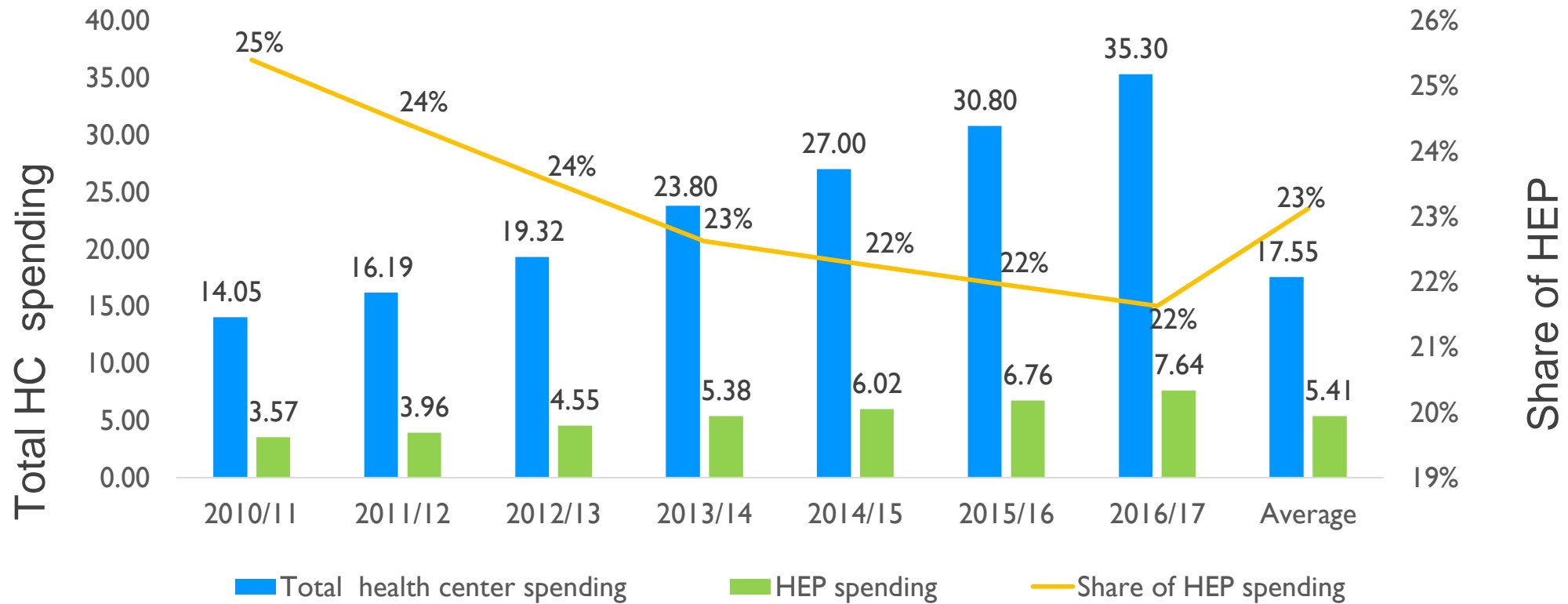
FINANCING FOR HEP

Expenditure on PHC (HC and HP level) has been increasing during the last decade.

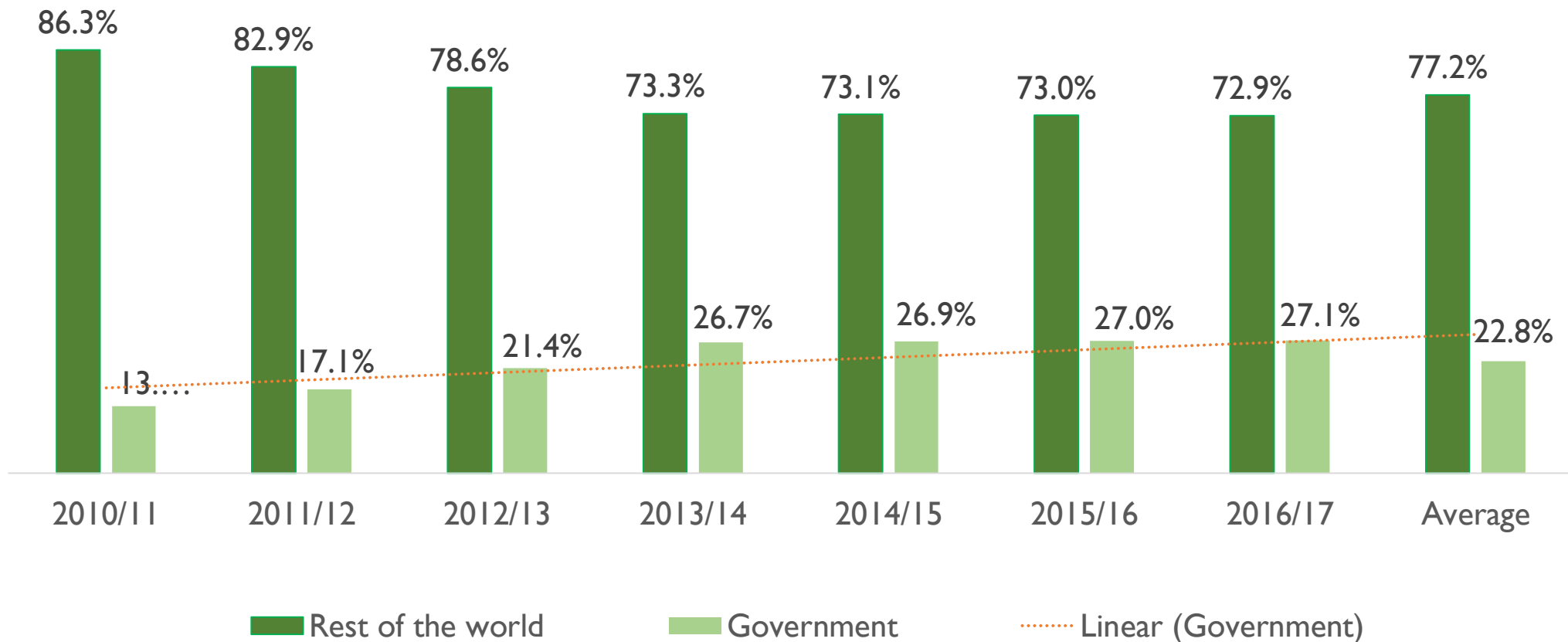
Total health center and health post expenditure trend 2010/11 to 2016/17 in billion ETB



Total share of HEP expenditure from total health center and health post expenditure is slowly declining.



Government spending for HEP has been increasing. However, HEP spending is still largely dependent on the rest of the world with a share averaging 77% for the period 2010/11 - 2016/17



Conclusion

Human Resource

- Most health posts are staffed with at least two HEWs. However, the current workforce has challenges related to competency and motivation.
- Gaps in competency of HEWs are primarily linked to sub-optimal pre-service training.
- Availability of at least one level IV HEW, midwife, or nurse is associated with better implementation of HEP but increasing the number of HEWs within a HP is not associated with better performance.
- HCs are attempting to fill the skill gap at health post level by assigning their staff to rotate at health posts. This approach has been criticized for logistical challenges and inefficiency associated with travel time.
- Introduction of additional interventions over time markedly increased the workload of already strained HEWs.

Human Resource

- Full implementation of current HEP packages requires:
 - more health workers in each health post
 - more sets of skills in diverse areas of health disciplines
- Attrition rate is fairly low despite high intention to leave among HEWs implying:
 - there is high level of work dissatisfaction
 - retention of only less competent staff over time
 - high risk of losing large number HEWs if alternative job opportunities emerge
- Salary, promotion, inability to transfer to other places or categories of health institutions are main sources of dissatisfaction among HEWs.

Physical Facilities and Infrastructure

- Health Posts are almost universally available.
- Most of the available HPs do not meet standards of infrastructure, physical facilities, and basic utilities.

Equipment, drugs and other medical supplies

- Essential equipment required for the provision of services under the current packages are very often not available or not functional at health posts.
- Availability of tracer drugs varied across items. Both shortage of supply and inadequate supply management system were related to stock out of tracer drugs and other medical supplies.
- Unavailability of functional medical equipment possibly explains compromised quality of health post based services including low effective coverage of ANC.

Financing of HEP

- Investment on HEP has been increasing in nominal terms. However, the share of spending on HEP in relation to total expenditure at health center and health post level has been continuously declining since 2010.
- Except for voluntary contribution of time/labour at community level, government and donors are almost the only financing sources of HEP.
- Government share in financing HEP has been increasing over the years. However, HEP is still a highly donor dependent program with 77% of its spending still coming from donors.

Recommendations

I. Human Resource

- **Maintain**

- Upgrading level 3 HEWs to level 4

- **Modify – Pre-service training**

- Revise entrance criteria for HEW training. Introduce entrance exams involving HEW training institutions.
- Build the capacity of HEW training institutions (involvement in student recruitment, instructors' capacity, management of practical attachment, and skill labs)
- Strengthen regulation of HEW training institutions.
- Review and balance duration of training with curriculum content with a focus on practical attachment.
- Match practical attachment sites with expected learning outcomes.

I. Human Resource ...

■ **Modify – staffing**

- **Number of staff:** Revise human resource standards of health post to allow assignment of more health workers at health posts
- **Staff mix:** Consider staffing health posts with a team of health workers composed of HEWs and other health professionals with expertise allowing the provision of more comprehensive services at health post level. The willingness to assign more HEWs in each health post is an opportunity that can be redirected to diversifying skills and gender at health post while at the same time alleviating the workload of existing HEWs.
- **HC support:** Mobilize underutilized staff of health centers to work in health posts until adequate health post capacity is built. Develop incentive packages to motivate HC staff to work temporarily at health posts.

I. Human Resource ...

- **Modify – management of the current workforce**
 - Strengthen the provision of IRT, in local languages whenever possible.
 - Open career development for HEWs to allow them grow in more diversified areas of specialties allowing competent HEWs to compete and occupy positions in other levels of health institutions.
 - Respect the rights of HEWs as civil servants in the areas of transfers, leave, and career structure.
 - Transform workflow and information system of health posts in a way that strengthens continuum of care that is resilient to staff turnover. This will require making CHIS a more dependable source of information about households than the memory of individual HEWs.

I. Human Resource ...

■ Add

- Address language barrier in training of HEWs by introducing English language competency tests for entrance
- Initiating virtual learning modalities for HEWs as a continuous professional development strategy.
- Provide simple technology applications serving as job aid and decision support tools.

■ Drop

- Assigning more than two HEWs in a health post may not be an effective way of using limited public resources. It is important to consider assigning professionals with additional skills in stead of adding more HEWs.

2. Physical facilities and Infrastructure

- **Maintain**

- HC to HP linkage to overcome challenges related to lack of electric power at health posts.

- **Modify**

- Responses to the increasing population size within a kebele should focus on expanding capacity within a HP instead of constructing additional HPs.
- A phased approach to renovation/reconstruction of HPs should be introduced with due consideration to:
 - 1) the need to expand services
 - 2) the importance of avoiding any more sub-standard construction,
 - 3) the limited capacity of the country, and
 - 4) the availability and accessibility of infrastructure and utilities within the kebele
- Coordinate efforts to renovate or reconstruct health posts in line with plans for expansion of services within each PHCU.
- Initiate an innovative approach to mobilize resources for renovation of health posts from government, community, and other funding sources.

2. Physical facilities and Infrastructure

■ **Modify ...**

- Negotiate at a higher level to ensure that health posts are prioritized in infrastructure development projects (road, electricity, water, and telecommunication) targeting rural communities.
- Consider long term plans to solve lack of residential houses for health post staff. Actions should include multiple options like constructing residential houses in health post compounds, incentivizing private leasers, and facilitating access to land for HP staff intending to construct their own houses.

■ **Add**

- Enforce regulatory standards on future health post construction and/or renovation activities to prevent investment for sub-standard constructions.

3. Equipment, drugs and other medical supplies

- **Maintain**

- The supply of program specific drugs and other medical supplies (eg. FP commodities and vaccines)

- **Modify**

- Strengthen IPLS implementation through regular supervision and introduction of simple electronic technologies.
- Revise drug list of health posts to match revision in scope of services.
- Build the capacity of health post staff on supply chain management system for drugs and other medical supplies.
- Ensure appropriate storage and usage of drugs and other medical supplies.
- Avail durable and quality assured equipment at health posts and strengthen continuous maintenance

- **Add**

- Explore and introduce alternative sources of funding the supply of drugs and other medical supplies.
- Assess the feasibility and effectiveness of alternative for financing HP based services through mechanisms including CBHI and incentivizing private sector involvement at kebele level.
- Explore options for expansion of investigations involving rapid tests to address the gap in laboratory facilities as services expand at health posts.

4. Financing of HEP

- Maintain
 - Expanding government share in financing for HEP
- Modify
 - Increase the rate at which domestic financing schemes substitute donors with the ambition of ensuring financial sustainability of HEP.
- Add
 - Consider alternative sources of financing HEP packages including CBHI

Thank you!