

**ICAP Collaborative PMTCT and Pediatric HIV Strategic Planning Workshop  
In Partnership with Tygerberg Children's Hospital, South Africa and S2S**

Title:	<b>Motivating and building the skills of health care workers and team when you have limited resources</b>
Country	Lesotho
Host Name/Title:	Raphael Ntumy , Country Director
Session Goal:	To compare various experiences for creating positive solutions at the workplace level that build skills, motivate staff and sustain quality program with the existing workforce
Learning Objectives:	<ol style="list-style-type: none"> <li>1. Recognize/identify factors motivating or de-motivating ICAP staff and HCWs at sites supported by ICAP.</li> <li>2. Describe pathways that link skills building to achievement of desired results.</li> <li>3. Identify solutions for building and motivating ICAP staff and HCWs at sites supported by ICAP</li> </ol>
Instructional Method(s):	<ul style="list-style-type: none"> <li>• Group discussion</li> <li>• Problem solving</li> <li>• Case based learning</li> </ul>
Session Description :	<p><b>0-10 minutes:</b> Getting started, introductions and welcome</p> <ul style="list-style-type: none"> <li>• The host will welcome the participants and orient them on the session.</li> <li>• The participants will introduce themselves and describe the types of teams they work with or in.</li> </ul> <p><b>11- 25 minutes:</b> Setting the Stage: Discuss/Review challenges ICAP staff face as teams as well as at sites</p> <ul style="list-style-type: none"> <li>• Participants will be given the opportunity to describe what their personal challenges are with staff and what site staff's issues/perceptions are of them.</li> </ul> <p><b>21- 50 minutes:</b> Lesotho presentation on motivating HCWs with limited resources</p> <ul style="list-style-type: none"> <li>• The host will give a short case study of a specific ICAP site in Lesotho highlighting its experience followed by experiences and lessons learned from other countries</li> </ul> <p><b>51- 80 minutes:</b> Questions &amp; Answers and Group Discussion</p> <ul style="list-style-type: none"> <li>• Participants will be requested to ask questions on all the issues discussed and later break out into two groups to discuss in depth and come up with possible solutions/strategies to improving motivation of HCWs.</li> </ul> <p><b>81-90 minutes:</b> Take-home points</p> <ul style="list-style-type: none"> <li>• The participants will finally identify the priority issues and their respective strategies to motivating and building skills of HCWs at the sites.</li> </ul>
Other:	<p><b>Guiding Principles for the session:</b></p> <ul style="list-style-type: none"> <li>• The participants are taken as experts</li> <li>• Process: Every participant will be encouraged to participate and will be expected to: <ul style="list-style-type: none"> <li>○ Freely offer opinions and knowledge. Wild ideas are particularly welcomed</li> <li>○ Express and explore disagreements</li> <li>○ Question all underlying assumptions</li> <li>○ Be polite and respectful to each other</li> </ul> </li> </ul>

## Session Notes and Summary

**Session name:** Motivating and building skills of healthcare workers with limited resources

**Note taker name:** Cristiane Costa

### Major Discussion Points and/or Conclusions:

#### CHALLENGES

##### A. ICAP

1. Employment terms of ICAP expatriates and local staff affect cohesiveness of the overall ICAP team
2. Site staff have difficulty/challenges accepting expatriate ICAP staff
3. ICAP staff lack clear job description—many ICAP job descriptions currently overlap
4. Delayed procurement process and policies with ICAP affect relationship with partners and ICAP staff morale
  - a. ICAP financial system impacts sites trust and relationship with ICAP
5. ICAP staff do not mentor as a team—this results in different messages to site staff and duplication of work
6. There is poor/weak communication and planning between ICAP team and site teams
7. There is understaffing at some ICAP offices to deliver adequate support to sites
8. There is a disconnect in planning between central and regional ICAP office/staff
9. There is high staff turnover
  - a. Poaching by other partners affects turnover

##### B. ICAP supported sites

1. Sites lack ownership of programs—it is seen as ICAP initiative
2. Low motivation by sites staff due to low salaries and perception of high ICAP salaries
  - a. ICAP supported site staff receive different benefit package from MOH staff
3. There is an increasing demand for monetary incentives so it is difficult to secure site buy in without financial support
4. Lack of shared vision with sites (reporting, achieving targets, improper use of funds)
5. Challenge in mentoring older site staff
6. Shortage of site staff so constantly training and retraining site staff

#### SOLUTIONS

##### A. Lesotho experience:

1. Actively engaging sites by instituting site and team culture and ownership through training teams and having regular planning and review meetings together
2. Encourage sites to identify challenges and solve them together
3. Helps to strengthen systems that are important to provide services
4. Provide continuous encouragement and have constant communication with site staff/leadership

##### B. ICAP staff solutions

1. Hold retreats and joint planning with ICAP staff
2. Provide internal promotions and multitasking
  - a. Recognition of achievements

3. Staff training opportunities (short courses, conferences)
  - a. Management courses for clinicians/ICAP staff
4. Institute a problems solving approach
5. Create a social fund
6. Have clear rules on employment of local versus expatriates for ICAP (salaries and job descriptions/terms)
7. Team building activities
8. Regular performance evaluations
9. Study visits to other countries (such as S2S)
10. Hire local staff, when feasible
11. Institute regular support for ICAP staff

**C. ICAP supported sites solutions**

1. Use site staff to mentor and provide supportive supervision
2. Have clear communications of ICAP's level of support to avoid unnecessary expectations
3. Provide ongoing site training
4. Acknowledge and recognize outstanding site achievements
5. Promote regular MDT meetings
6. Have regular program progress review
7. Conduct joint annual planning
8. Identify and work closely with local focal person at site