

# Shifting ART Service provision: Health care workers' experience and challenges in Malawi and Zimbabwe

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## Introduction

- In the context of the decentralisation of ART services in Sub-Saharan Africa, health care workers (HCWs) face new challenges linked to the availability of resources and relevant training to effectively deliver ART to those in need of treatment.
- A comprehensive baseline survey was set up to describe HIV care and ART provision on the ground in Malawi, Zimbabwe and Uganda (see Poster LBPE7).
- In addition, a qualitative baseline study (presented here) was conducted in health facilities in Malawi and Zimbabwe as part of Lablite, a large implementation study which aims to evaluate strategies to optimise clinical management of ART and minimize routine laboratory monitoring to support ART decentralisation in low resource settings.

## Methods

- Focus group discussions (n=32) were conducted with HCWs from 21 health facilities in Malawi and 19 facilities in Zimbabwe.
- Participants were involved in delivering ART and included different HCWs cadre levels (Medical assistants, nurses, clinical officers, hospital clerks, health surveillance assistants).
- Using a focus group guide, discussions explored issues related to work conditions, training, perception of care, and overall satisfaction with current ART service provision.
- Data were analysed using a coding framework based on recurring themes and organized using NVivo7.

## Increased workload and shortage of staff

- One of the biggest impact of the introduction of ART in the day to day running of health centres has been on health workers workload (in both Malawi and Zimbabwe).
- In Malawi, the introduction of new guidelines (ART for all HIV positive pregnant women) in 2011 is further perceived to have increased workloads as more people are currently initiating treatment.

*"The introduction of new regimen has made more people access ART [...] and having a lot of people also means a lot of work for the providers...."* Kamuzu Central hospital, Malawi

- Since the advent of ART, task shifting was promoted to respond to recurrent staff shortages. In Malawi, community health workers are now actively involved in maintaining patient records and managing the distribution of ART drugs.
- The introduction of ART is perceived as an additional responsibility to their role as community health workers. It has also resulted in extending their working hours and is blamed as a cause of the daily overcrowding in some health facilities.
- It was observed that increased workload prevents some health workers from providing optimal and high standard services. Other health care workers attribute the inability to provide optimal services to lack of equipment (for example testing kits) and to problems in chain supply management of ART and unavailability of drugs.

- HCWs in both Malawi and Zimbabwe felt that their salaries should have increased as they feel that their workload is considerably greater.

*"We usually work from around past 4 in the morning to around past 4 in the evening while someone doing the same job starts from around half seven or eight o'clock in the morning and by four o'clock he is supposed to be knocking off. Surprisingly, we receive the same salary without any differences or considerations that others have done much work."* Migowi health center, Malawi



Health workers in Zomba District, Malawi are often burdened with heavy patient loads ©Jacquie Lablitt, Dignitas International, 2012.

## Job satisfaction

- Low job satisfaction in relation to the current ART supply system has led to health care workers equating their work to pastoral duties.

*"There is huge work load, no allowances, even locum is only applicable when you are off duty otherwise even if you work overtime there nothing you are given, no lunch allowances, no tea time, not even night duty you don't even get anything, if you have not brought your personal sugar there is nothing. So anyway we don't know what to do, since the job is like a calling from God we have no choice but work."* HCW, Lilongwe, Malawi

- Some health care workers expressed how the lack of equipment impacts on their work.

*"I should say so but you feel like you are not assisting people because the necessary supplies are out of stock, and yet you know that this particular clients need such and such kind of drugs but because they are not available you feel helpless, and because of lack of resources you feel like you are doing nothing."* Kamuzu Central hospital, Malawi

- Health care workers also felt that there are too few career advancement opportunities offered to them. This was cited in both countries as an important source of dissatisfaction towards their job.

## Inadequate infrastructure



Kawale Health Centre, Malawi ©Dignitas International, 2012

- Health facility staff felt that the lack of adequate infrastructure prevents them from providing good services.

- In both Zimbabwe and Malawi, this lack of infrastructure is perceived to compromise confidentiality as there are not enough rooms reserved for ART provision.

- This results in clinicians providing ART services to share consultation rooms with those providing non ART services.

- As a way of dealing with this challenge, ART provision is often done on designated days. On such days, general patients are not seen.

### Case Study:

*Jacobs Ngwira (not real name) has been a health surveillance assistant (HSA) for the past four years in a small health centre, South of Malawi. In January 2012, he was promoted to the post of HSA supervisor. He cites lack of space, shortage of trained staff (he and another officer are the only ones trained in ART provision) and shortage of drugs as the main challenges to ART provision. Cotrimoxazole Preventive Therapy (CPT) hasn't been available for the previous three months. He also feels he doesn't get enough supervision from the district hospital. In August 2011, he attended training on integrated guidelines for clinical management of HIV. There are two staff members who are providing ART at the health center. He complains of unpaid allowances from the trainings he attended. He feels the training was beneficial as HIV patients are accessing ART at the health center instead of travelling to the district hospital, a distance of about 40 KM.*



A health care worker using a mobile phone to examine a patient in Zomba District, Malawi ©Ian Brown, Dignitas International 2012

## Lack of training opportunities

- Most health care workers felt that they have not undergone enough training in order to care for ART patients.

- Increasingly, they are dealing with clinical tasks for which they feel unequipped.

*"We receive very little training because sometimes we are asked to test a mentally sick person and yet we have never learned on how to handle psychiatric patients as such we are forced to do a quick job and give results. So we are denied chances in most of the trainings and yet we meet different issues which need trained personnel to handle."* HSA/Counsellor, Malawi

- One of the consequences of the lack of training opportunities was that staff felt less confident in conducting their duties, and link this lack of confidence to low staff morale.

*"Personally I don't get satisfied with the job that I do. There are two reasons; one is the issue of low salary. Secondly I feel undermined because of the fact that I do n't know how to give all HIV related services while the other people doing the same work are professionals in the field. It becomes difficult for me to refer patients to other people who are working in the same department as me."* Phalombe Health Centre, Malawi

- New training opportunities are perceived to be given only to higher cadres of HCWs despite their relevance to direct patient care.

- Further, HCWs stated that training opportunities are mostly available for urban and district staff rather than for those working in remote or rural areas.

- Trainings are broadly perceived as an extra source of income in a context of low salaries. Unpaid or delayed payment of training allowances is perceived as a lack of respect towards HCWs.

- Preference is given by HCWs for trainings that will result in professional qualifications. HCW also said they favor having refresher courses now and again as "things change".

## Conclusions

- The Lablite team ([www.lablite.org](http://www.lablite.org)) conducted a short qualitative baseline to understand the experience of HCWs in relation to the current provision of HIV care and ART in Malawi and Zimbabwe.
- The experiences of Malawian and Zimbabwean HCWs are similar as they broadly perceive ART provision as having dramatically increased their daily workload.
- Recurrent shortages of qualified staff, low job satisfaction linked to inadequate salaries, poor infrastructure and lack of training opportunities are cited as major concerns by HCWs in both countries.
- Providing novel and equal opportunities for HCWs' training focused on ART delivery may improve service provision, HCWs' morale and overall job satisfaction, and contribute to raising the perceived level of professional status of HCWs involved in delivering ART in Zimbabwe and Malawi.
- Further investigation as part of the Lablite implementation study will examine the perceived challenges of HCWs in relation to training and ART service provision.