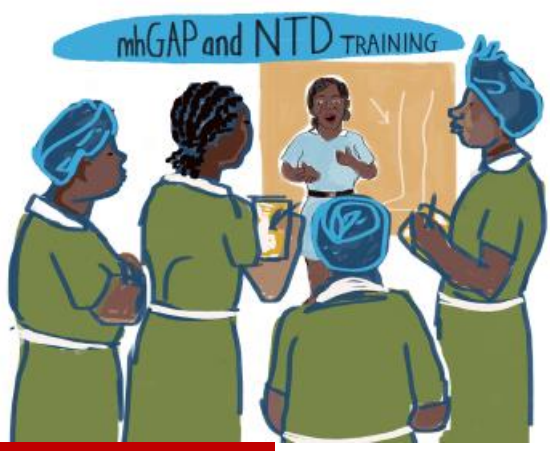
REDRESS

Reducing the burden of
Severe Stigmatising Skin Diseases

A holistic and coherent package of training and health workforce management practices supports health workers to deliver person-centred skin NTD services



Picture 1: Participatory training

Picture 2: Supportive supervision

Summary / Synopsis

Training, supporting and empowering health care workers (both paid and voluntary) at different levels of the health system is pivotal to the delivery of person-centred care for NTDs. Our initial research found high levels of attrition and that some health workers lacked knowledge and motivation and had stigmatising attitudes toward people affected by NTDs. In REDRESS, we developed a holistic and coherent package of training and health workforce management practices to support health workers to deliver NTD services, including; training (guided by adult based learning approaches), direction and supervision, provision of resources, and rewards for good performance. Mental health and stigma awareness were integrated within the intervention, supervision processes and all job aids. Following the intervention, health workers at all levels described providing more and better services for people with skin NTDs, e.g. community health assistants (CHAs) and community health promoters (CHPs) identified and referred more persons affected. Formal health workers described increased motivation and managed patients with greater confidence at facility level, as they had improved knowledge and skills, clearer roles, more resources and increased recognition. However, a lack of drugs and supplies to provide treatment needed by patients was felt to contribute to demotivation by health workers at both facility and community levels.

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Background

What challenges do health workers face in delivering services for skin NTDs?

The health workforce is a critical element of the health system, which underpins efforts to control and eliminate NTDs and to care for people affected. The quality of NTD service delivery relates closely with the work carried out by health workers, both skilled and voluntary. NTD elimination and control programmes are often highly reliant on the provision of services by community health workers (CHWs), who provide an effective way to reach endemic communities with a range of interventions. These CHAs and CHPs [1] operate alongside a range of skilled health workers as part of the broader health system. All health workers (both at community and facility levels) need support to ensure that they fulfil their vital roles and contribute effectively to NTD programmes and health system strengthening (World Health Organization [WHO]. 2018; Scott et al. 2018). In keeping with this priority, one of REDRESS' objectives was to "To analyse the impact of current human resource management (HRM) practices on existing case detection, referral and treatment for SSSDs with a specific focus on performance management perspectives."

Formative findings from REDRESS revealed that:

- ✓ Staff attrition was high, with many staff working on a voluntary basis leading to discontent.
- ✓ Health workers had knowledge gaps relating to skin NTD identification, diagnosis, management and reporting, especially for surveillance, M&E and laboratory staff, who typically were not included when trainings took place and as a result, they felt that they did not have the knowledge needed to be able to carry out related activities. The need for more comprehensive training for Community Health Assistants (CHAs) to be able to identify and refer people with possible NTDs was described. Overall, only 21.5% of health workers stated they had received NTD training (including refresher) within the last 12 months.

> ***"But [NTD knowledge] is a major gap the focal person will have to be running and is not possible for him to cover the whole county... To bridge that gap, like I said, fill in the knowledge gap because of NTDs; not many of our clinicians have knowledge on NTDs."***
>
> County Key Informant, Grand Gedeh

- ✓ Health workers held stigmatising beliefs, with baseline health worker survey data revealing that:

12.5% of CHAs and CHPs believed NTDs are caused by witchcraft (all counties)

19.6% of health workers stated they think that people with skin NTDs should be isolated at home

24.6% of CHAs and CHPs believed NTDs are caused by witchcraft (all counties)

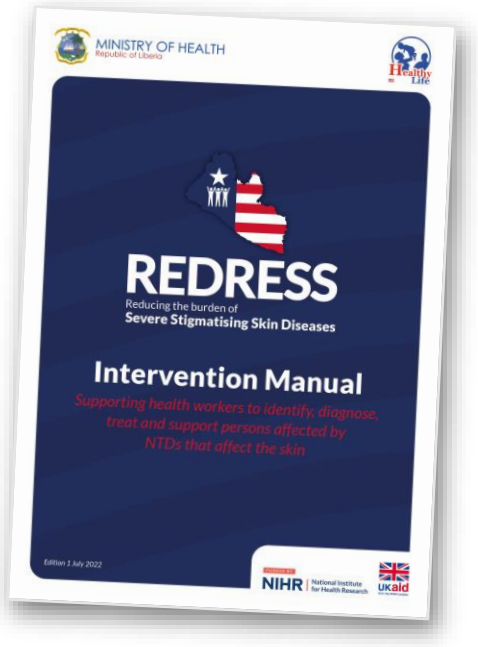
- ✓ Lack of needed drugs and supplies was a strong demotivator, with health workers feeling embarrassed and disheartened when they lack the needed supplies to manage their patients. This was also felt to undermine trust between the health worker and their patients. CHAs and CHPs described a lack of raingear and lack of replacement of resources when needed.
- ✓ There was strong intrinsic motivation amongst CHWs and clinicians, with personal sense of duty and faith being important. See CHA and CHP photovoice booklets for more information.
- ✓ Supervision was felt to be motivating by health workers, focusing on stock check and review of duties against the job description. However, it was hindered by lack of funds, transport and training on supervision skills among supervisors.

[1] CHAs and CHPs are types of community health workers within Liberia. CHAs work in communities 5km or more from a health facility and receive a regular monthly payment, while CHPs work in communities located within 5km of a health facility and do not receive a regular payment.

What were REDRESS interventions to strengthen health workforce management? What was their impact?

We sought to improve health workers' capacity and motivation to provide people-centred skin NTD services by:

Producing a holistic and coherent package of training and health workforce management interventions (training, direction and supervision, provision of resources, and rewards for good performance) that supports health workers to deliver person-centred skin NTD services (see integrated case management manual).



We enabled:

Health workers to provide more and better services for people with skin NTDs, as they had:

- ✓ Improved knowledge and skills, clearer roles, more resources and increased recognition.
- ✓ Health workers described feeling motivated by new knowledge, being able to provide care and treatment for their patients, seeing their patients recover, and being able to carry out awareness within their community.
- ✓ Reduced stigmatising attitudes towards persons affected expressed by health workers. For example, 12.5% of CHV agreed that "Skin NTD problems are caused by witchcraft or curses" at baseline, which was reduced to 6.8% at end line.

Key:
- Intervention
- Impact

Training Intervention and Impact

- **Training on integrated case management:** This training included case detection, diagnosis and management, including mental health and stigma prevention and was provided for CHAs, CHPs, CHSS, OICs, second screeners[2], as well as supervision staff at district and county levels.
- **Trainers and CHSS were trained in adult learning approaches:** with participatory approaches used to develop training resources and related materials, as well as adult learning applied throughout all trainings delivered.
- **Training for laboratory staff:** One lab technician from each facility took part in a one-day training about sample collection and testing, as well as a three-day training for staff from two lab referral hubs[3] per county.
- **mhGAP training:** This training was provided for staff at 20 health facilities within each intervention county to ensure local referral. This training was adapted to include NTD case scenarios to reinforce the link between NTDs and mental health.

Photo 1. Participatory training on use of clinical algorithm

[2] CHA – community health assistant; CHP – community health promoter; CHSS – community health services supervisor; OIC – officer in charge, second screener – clinical health worker at facility level.

[3] Hub refers to a strategically located health facility, where patients could be referred to for laboratory investigation, or mental health care.

- Improved knowledge about integrated NTD case management across all health worker trainings, with improved knowledge scores recorded for officer in charge (OIC) (21% average score increase), second screener (25% average score increase), community health service supervisor (CHSS) (16% average score increase).
- More recent training, with 22.1% of health workers surveyed at baseline stating they had received NTD training (including refresher) within the last 12 months, compared with 57.1% at endline (statistically significant at 95%).
- Health workers described changing views about NTDs. Some health workers admitted to having previously held discriminatory views about persons affected by NTDs which have now changed through involvement with the REDRESS intervention. Health workers also emphasised the importance of their actions as a role-model to the wider community to accept persons affected, and to challenge existing discrimination.
- Health workers have been able to apply their new knowledge in their work, with CHAs and CHPs carrying out more awareness raising, case detection and referral activities in their communities. CHAs and CHPs have also been able to provide look listen link support for mental wellbeing (as presented at CHW2023 Symposium, Liberia 2023).
- Facility health workers now have the knowledge needed to be able to reach a diagnosis and start patients on appropriate treatment, including the provision of basic psychological support.
- As health workers move to new areas and are replaced there is the need for training of these new health workers in the integrated case management of NTDs.

"Since we went for the training there have been improvement because with the training we have knowledge because we never had sufficient knowledge on those NTDs cases, but since after the training, we got vast knowledge, we are able to identify cases, do counselling and also put them on the rightful treatment, the rightful medication."

Facility Health worker, Grand Gedeh, FGD

Supervision and Direction Intervention and Impact

- **Adult learning and supportive supervision training** provided for CHSS and supervisors.
- **Integrated supervision established for NTD, Mental Health and Community Health** in each county and supervision tools revised across health systems levels.
- **Job tasks revised** and shared with staff.
- **Regular problem-solving meetings with county NTD FP** where health workers discuss challenges and identify solutions together.
- **Chatrooms were established** where health workers can share questions and seek advice from those more experienced with caring for persons affected by NTDs. These were an innovation by the health workers themselves.
- At baseline, just 38.6% of those surveyed described having been assigned job tasks related to the care of people affected by NTDs, compared with 69 % at endline (statistically significant at 95%).
- Baseline survey data revealed that 88.7% of all staff have a clearly assigned supervisor at facility level, and staff generally reported high levels of satisfaction with the supervision they received, this compared with 96% at endline (statistically significant at 95%).
- Supportive supervision was felt to help identify errors, for example, supervisors identified errors in reporting and were able to discuss this together with facility level staff to improve their record keeping. Additionally, supervision created the space for health workers to ask questions and advice, and for supervisors to provide mentorship and improve knowledge and skills. Both supervisors and supervisees felt that it attached value to NTD related work of health workers.
- Challenges still persist, with shortages of materials, fuel and DSA, and supervisors not providing health workers with enough notice prior to conducting supervision.

"Supervision is like a way of checking and correcting … Maybe the person or the CHA on the field would not know they are making mistakes. So when the supervisor, the CHSS, comes in and goes through the booklets that we are using in the field sometimes he will say "no, this one is right and this one is not right next you should do it this way." That is what I like about supervision, and it is very good, it helps to improve the work and makes it effective."

CHA, Margibi, FGD

Photo 2. Supportive supervision with mental health and NTD supervisors

Provision of Resources Intervention and Impact

- **Essential resource kit provided for CHAs and CHPs**, including raingear, rain boots and a protective cover for job aids.
- **Job aids and manual** were developed to support health workers at facility and community levels to identify, refer, diagnose and manage patients, as appropriate. These included the integration of mental health, with PHQ9 and GAD7 tools included into the clinical algorithm, as well as basic psychological support resources, including look listen link for CHAs and CHPs.
- The revised job aids enabled health workers as they provided care for patients, with the clinical algorithm, PHQ9 and NTD ledger highlighted as providing prompts that support the health worker to make their diagnosis. In particular, integration of mental health and stigma awareness within the intervention, supervision and job aids was particularly valuable for health workers.
- The NTD ledger was felt to guide clinicians and supervisors, with some health workers stating that they would not remember how to treat a patient with skin NTD without it.
- CHAs in particular, felt that having their job aids legitimised their role when providing community awareness and discussing NTDs within their community. The posters were felt to support awareness raising and to make knowledge accessible for those who are illiterate.

> ***"My experience in using the job aid, it makes everything easy. It makes me to understand things that I never knew before. You know, when we carry the job aid on the field, when we show the pictures to the people, it can convince them... So, it makes work very, very easy for us."***
>
> *Health worker, FGD, Grand Gedeh County*

Rewards

- **Non-cash awards** scheme introduced during training and followed up during routine supervision, encouraging facilities and community level actors to introduce actions to strengthen NTD case detection and care.
- Awareness about the non-cash awards varied between counties, with good awareness in Grand Gedeh and Margibi counties.
- Where there was good awareness, it was felt to be a source of motivation for CHAs who hoped to win the award and who were seeking to showcase their work and receive recognition from their community.
- Supervisors felt that it was helping to drive effectiveness of clinicians through competition, with health workers felt to be more eager to work harder and report their work.

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