



**Positive practice environments
for health care professionals**
Quality Workplaces for Quality Care

Zambia National PPE Campaign

Helping to **Accelerate & Sustain** gains made in efforts to resolve the HRH crisis

The PPE Campaign is a joint activity of:



The Alliance is the
PPE Campaign
Supporting partner



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Presentation format

- Zambia-specific **Background & Rationale**
- **The way we see things** – There are 3 Options for accelerated & lasting progress in solving the HRH crisis in Zambia
- **What we set out to do!** – PPE Process and methodology
- **How we did it** - The process used to change the mindset and develop a leadership for PPEs
- **Outputs, Outcomes & prospects** for the future
- **Summary** statements

Country-specific Background & Rationale for the PPE campaign

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Genesis and key factors to the HRH crisis in Zambia

KEY EVENTS AND SEQUENCE OF FACTORS LEADING TO THE CURRENT HRH CRISIS IN ZAMBIA

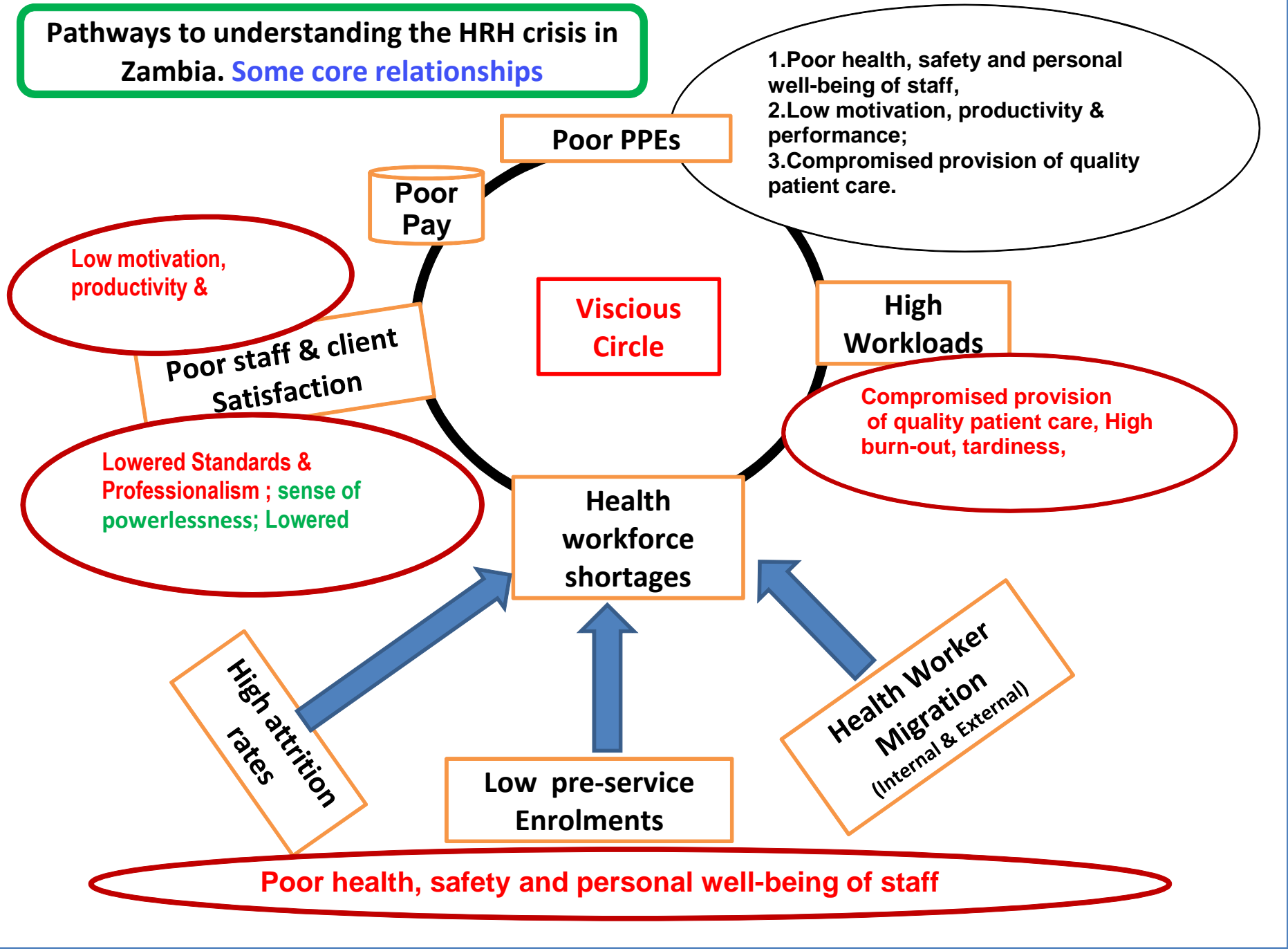


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Poor PPEs + Poor Pay caused & fuelled the HRH crisis in Zambia

- The resource [cash] trap on the 1970's
 - Copper dependent mono economy
 - Low copper prices
 - High oil prices
- Cut in spending and expansion in health services
 - Cost-cutting, trimming services, adapting to 'harsh' environments
 - Lowered adherence to PPEs
 - Migration from health services (initially expatriate workforce, then local workforce)
- Failure to adjust and cope with salary increases
 - Increased migration from health
 - Further worsening on PPEs
 - A vicious cycle created

Pathways to understanding the HRH crisis in Zambia. Some core relationships



The way we see things



3 Options for accelerated & lasting progress in solving the HRH crisis in Zambia



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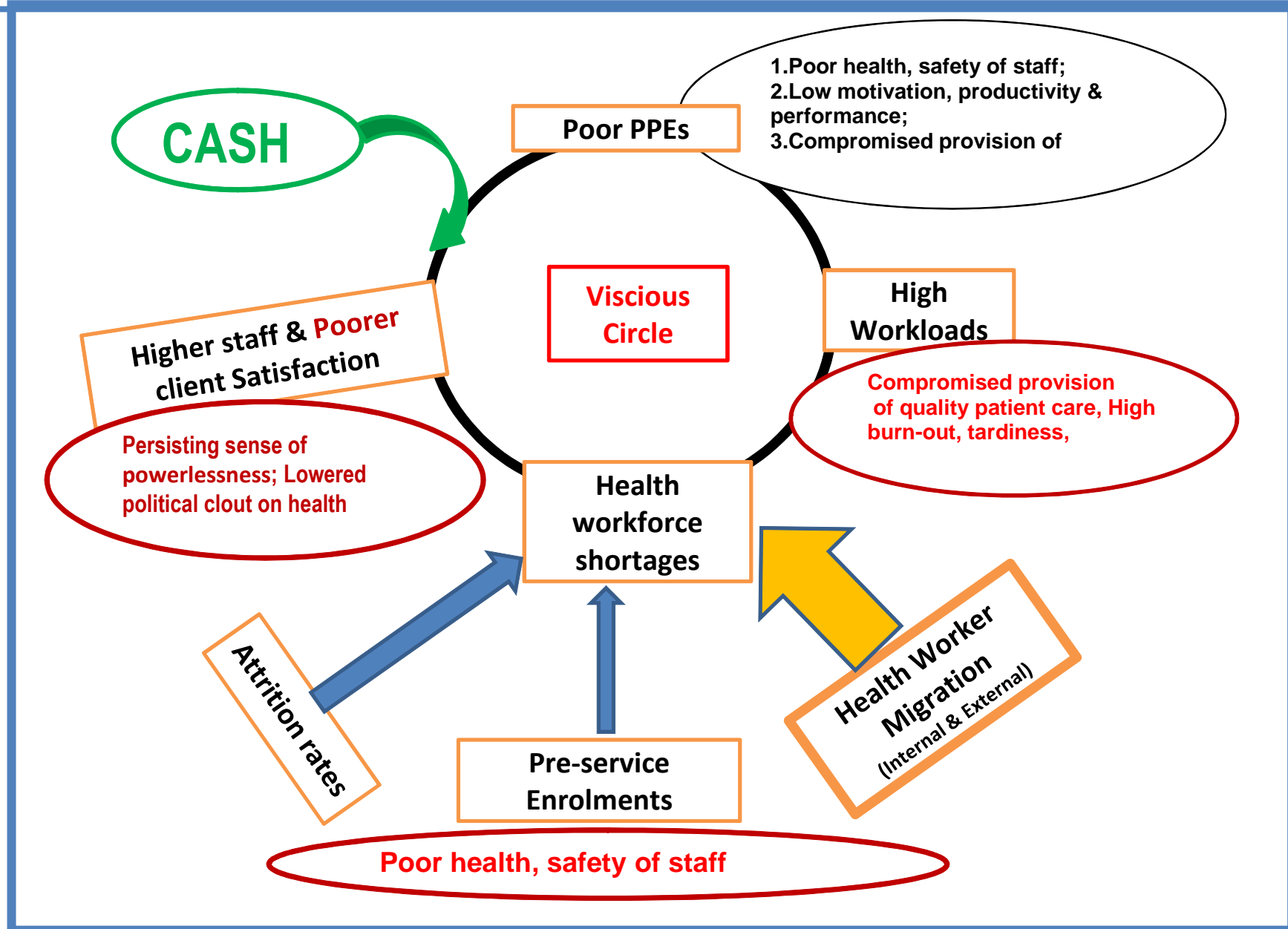
Confronting the core problems associated with the HRH crisis in Zambia

OPTIONS FOR CHANGING THE FUTURE FOR HRH & MDG IN ZAMBIA

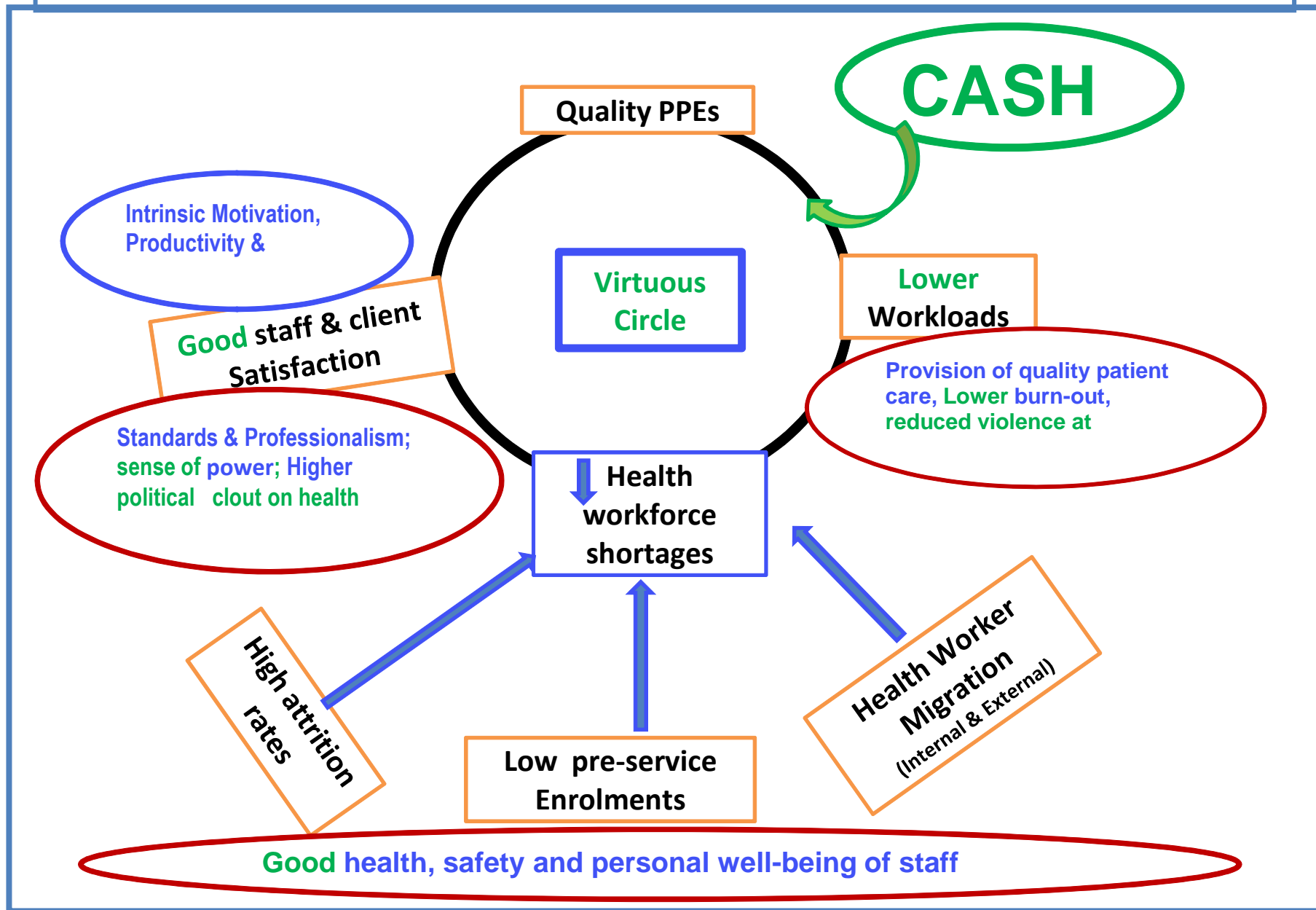


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Option 1: Putting money with no focus on PPEs



Option 2: Putting money on PPEs



Some key considerations in situating the PPE campaign in Zambia

Aiming for complementary efforts

PROCESS & METHODOLOGY IN THE ZAMBIA PPE CAMPAIGN



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Process & methodology in the Zambia PPE campaign

- **Literature review**
 - Zambia case study
 - Other sources of data [MoH publications, Journals, Internet, Statutory bodies, etc]
 - Which global knowledge theories to focus on
- **What else is being done?**
 - Government has set up the Zambia Health Worker Retention Scheme (ZHWRS)
 - With increasing allocations from tax revenues
 - Government has an HRH Strategic Plan in place;
 - Government is encouraging PPPs (Public-Private Partnerships) **and P4P approaches;**
 - Health workers (within the Civil service) now have separate (& higher) pay scales

What else are gaps on poor PPEs?

- We have senior health professionals in senior management positions in government
 - But they work within a system that has some inherent bottlenecks
- Government is focused on improving infrastructure for health service delivery
 - But there is no VOICE to remind and press for better PPEs at health institutions
- Overturn the general feeling of powerlessness to do something 'to uplift the spirit of working in health' as a copying strategy.

What we took into account: **Context**

Low motivation,
productivity &
performance

Lowered Standards &
Professionalism; sense of
powerlessness; the need to
increase influence on
resources for PPEs

Compromised provision
of quality patient care,
High burn-out rates,
tardiness, violence at ,
workplaces

PPEs can help to
promote solidarity
& teamwork

There is a volunteer pool of
seasoned, willing &
experienced health
professionals; **BUT** no
Leadership on PPE existed

Poor health, safety & personal well-being of staff

The need for a systematic planned behaviour change approach

- Empowering health workers [**Changing the mindset** - for better outcomes on PPEs]
 - **Ownership of the problem by the Professional Associations, accompanied by**
 - Raising the power **within** individuals
 - Stimulating the “power **with**” others behaviour among health professionals (power for greater solidarity)
 - **Leadership on PPEs by the Associations**

Basing the **empowerment** approach on a theory of **behavior change**

- Systematic & **verifiable** empowerment approach (by adapting the **3-step theory** of planned behaviour change)
- Developing /**adapting appropriate tools** to assist with the planned changes
 - Surveys for ongoing (3-way learning)
 - Overcoming knowledge gaps identified through shared understanding (e.g. Leadership, power & power relations)
 - Developing techniques for engaging with the public health system on PPEs (Budget tracking resources for PPE at all levels of the health system)

The process to change the mindset and develop a leadership on PPEs

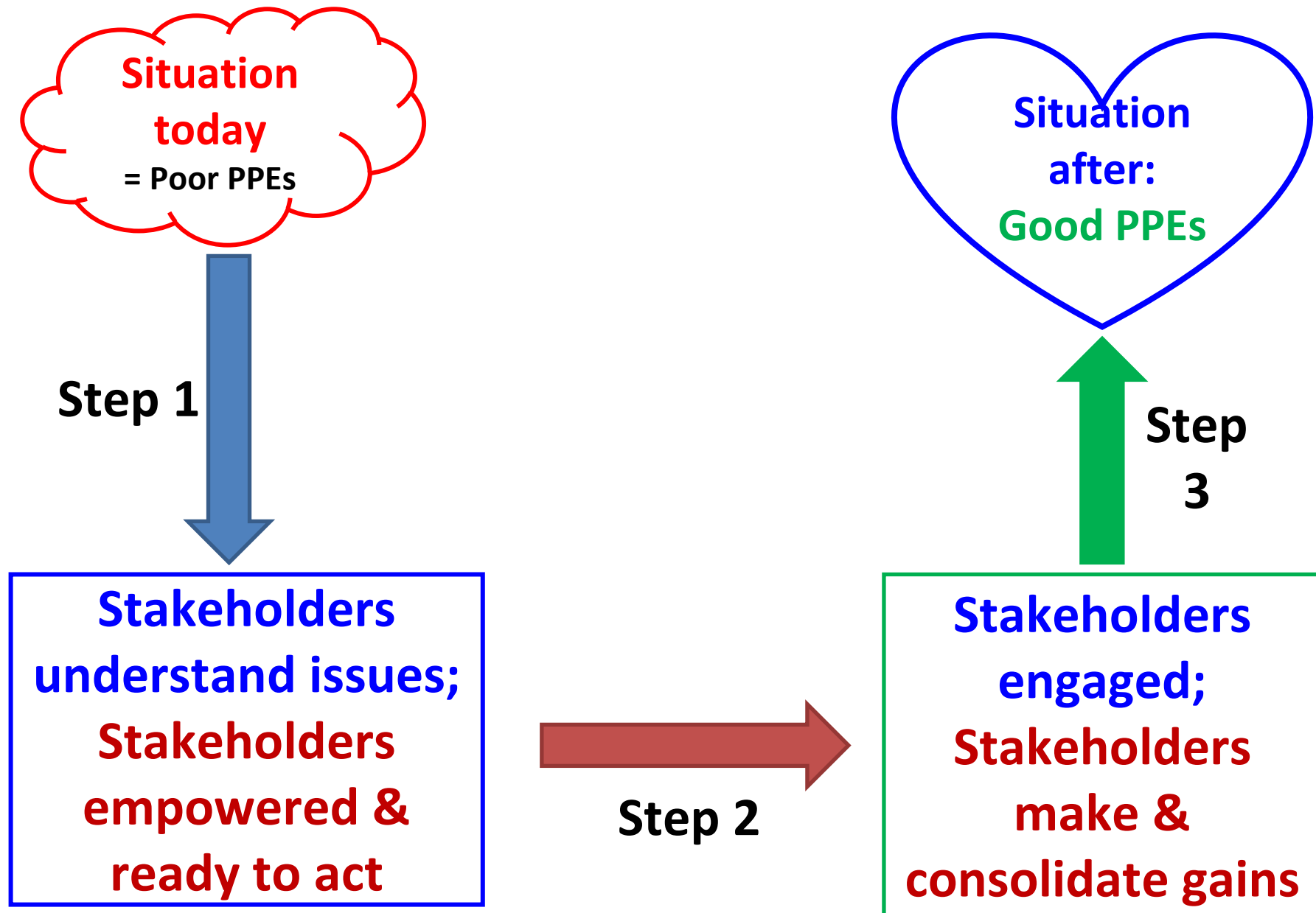
“True success is not in the learning, but in its application to the benefit of mankind” –
HRH Prince Mahidol of Songkla, Thailand

Workshops are serving both as a methodology and a tool for change



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The **3-Step theory** or **Theory-“U”**



Step 1: Raising stakes for individual buy-in in the campaign

- **Raising awareness on the poor situation on PPEs & the entrenched powerlessness of the health professionals to overcome it!**
 - National PPE workshops
 - Wider information dissemination through **video** and **newsletters**
 - Technical sessions for the steering committee for firmer grasp of issues at hand and raising their willing + capacity to do something positive on PPEs
 - Overcoming knowledge gaps identified through shared understanding (e.g. Leadership, power & power relations)
 - Developing techniques for engaging with the public health system on PPEs (Budget tracking resources for PPE at all levels of the health system)

What has been achieved & Prospects for the FUTURE

OUTPUTS & OUTCOMES AS AT NOW



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Outputs & Outcomes (I)

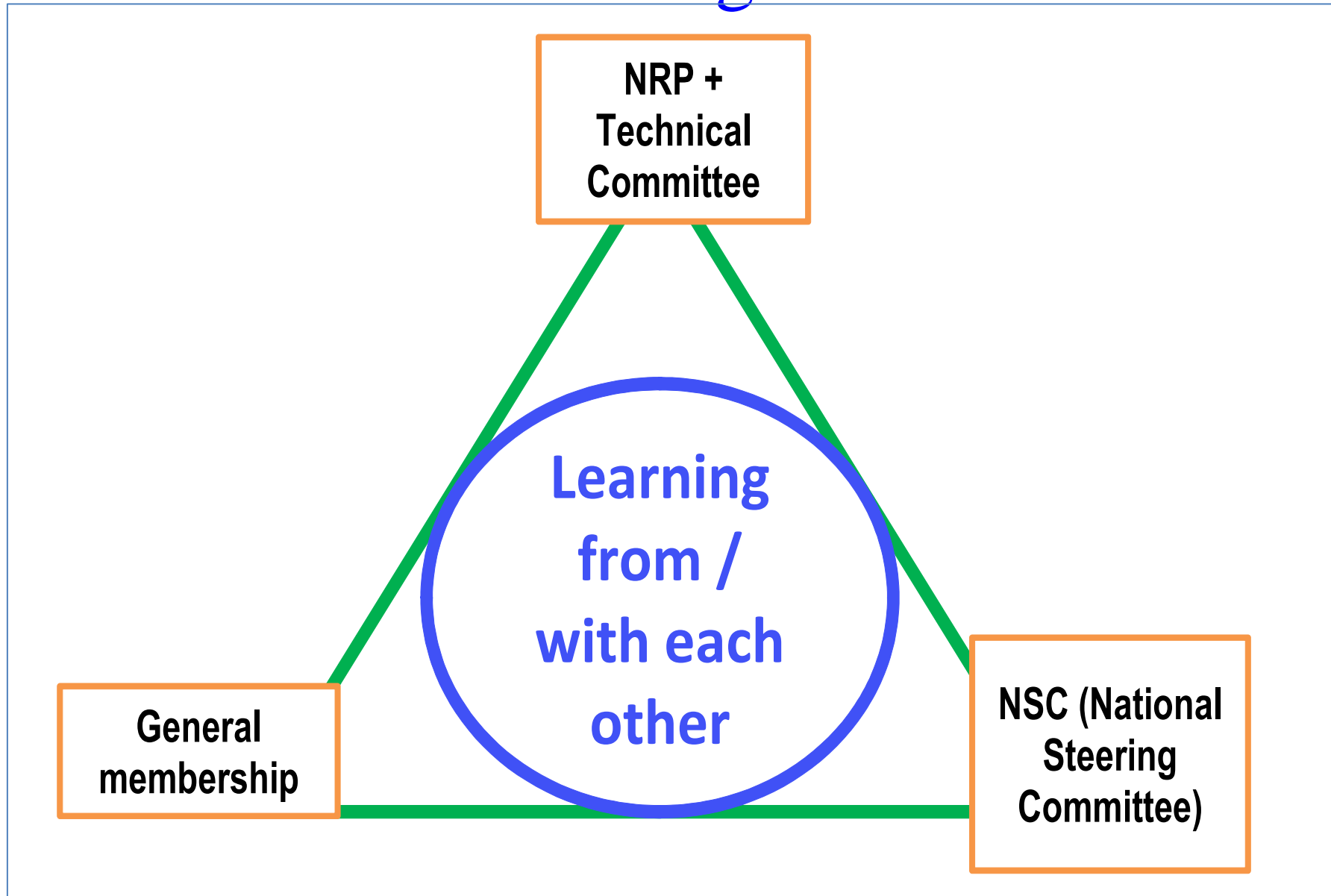
- **Outputs**

- Leadership for PPE campaign has evolved
- A PPE campaign structure is firmly in place
- Newsletter **[ready for printing]**
- Video **[ready for dissemination]**
- Increased sensitization for togetherness on PPEs across the health professions
- The campaign is now ready and in a firm position to help address specific and targeted identified components to poor PPEs at public health institutions in Zambia

- **Outcomes**

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Working together – Leadership for Change

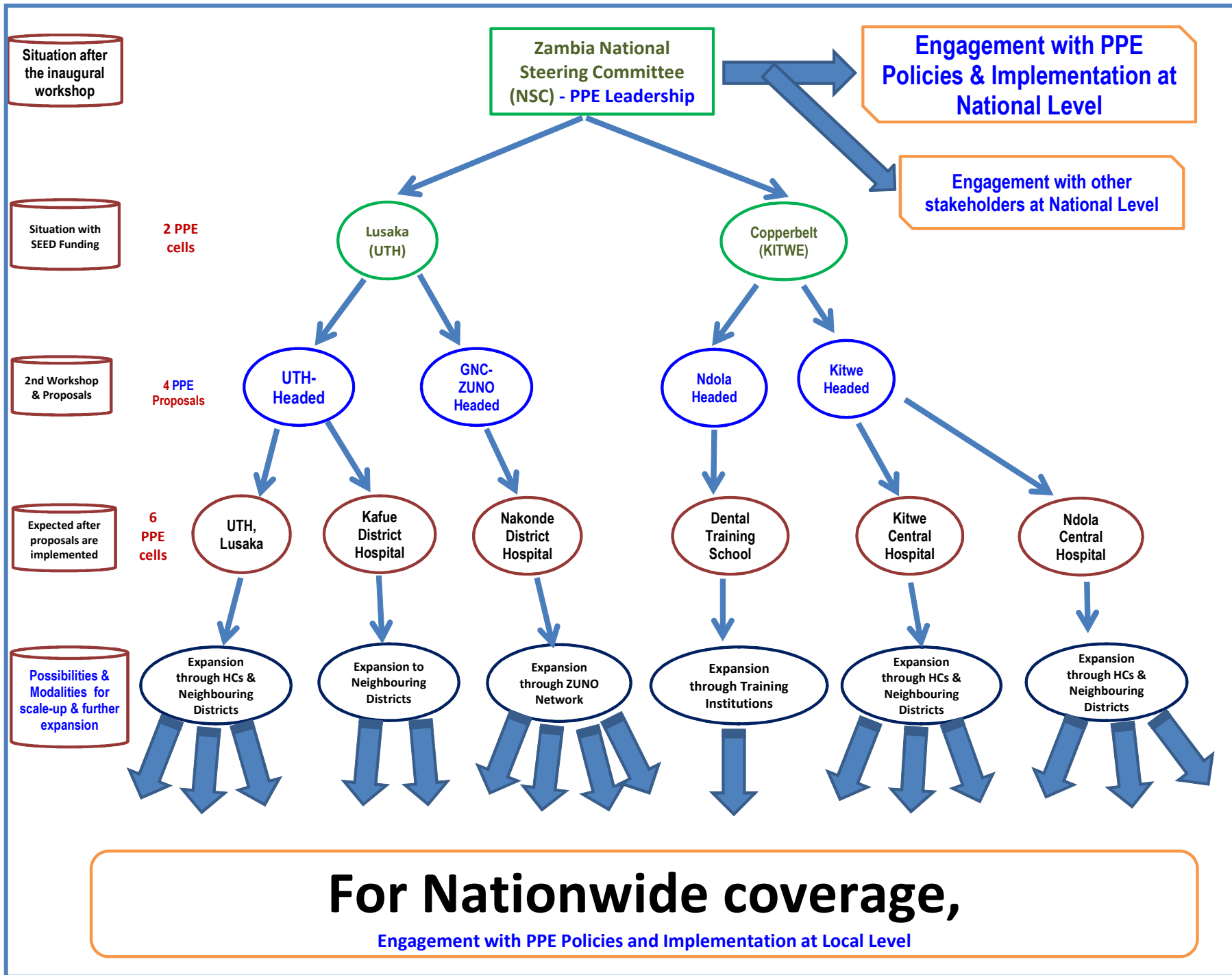


Outputs & Outcomes (II)

- **Outputs**
- **Outcomes (as new behaviour, taking action for PPE, or new thinking)**
 - **Mindset is changed and set to change further**
 - The poor PPEs have arisen due to lack of leadership to guide adherence to available pieces of legislation
 - The poor situation with PPEs **is our own problem** (owned by the professional associations taking part in PPE)
 - It is now understood that the members of the **professions have been invested with power** in national legislation to guide & provide oversight on PPEs
 - It is possible to leverage **local resources for PPE**, but it will take some time and external resources and support is needed in the meantime
 - **If we don't take action** on PPEs, we risk alienating the next generation from joining our professions

Outputs & Outcomes (III)

- **Outputs**
- **Outcomes (new behaviour – taking action, new thinking) – cont'd**
 - High motivation for action among NSC members
 - High support for the PPE campaign and real expectations from the membership at the grassroots
 - Increased awareness for togetherness on PPEs across the health professions
 - There is expanding coverage with PPE campaign sites at the initiative of NSC membership





 Sites for PPE campaigns - Projected (by 2011)

**5 Proposals ready
for expanding
leadership & sites
for PPE Campaign**

Ndola Hospital

Dental School

**Improving
PPEs in Dental
Care Practice
Environments**

NSC

**Leadership
for PPE
campaign,
'the Zambian
context'**

Kitwe Hospital

Departments

**Improving Health
Workers'
(Professionals)
Work Attitudes, a
Case of Kitwe
Central Hospital**

GNC

ZUNO

Nakonde

**Improving
Customer Care
in Health
Facilities**

UTH

Kafue

Departments

**PROMOTION OF
safe hospital
practices at the
(UTH) Lusaka,
Zambia**

The Future of the Zambia PPE campaign

- **Monitor & Evaluate resources for PPE at all levels in the health system**
 - Develop tools and techniques in **budget tracking & accountability** of resources **for PPE**
 - Promote investment in PPEs
- **Using a ToT training cascade for leadership on PPEs at all health institutions [expanding and firming-up national and local leadership]**
- **Link the PPE campaign onto on-going established activities (institutions, associations, unions, commemorations, honors lists, etc)**

Summary Statements (I)

- **The HRH crisis as experienced in Zambia has two key components to it**
 - **Poor pay / incentive packages, and**
 - **Poor Positive Practice environments**
- Efforts to address the HRH crisis in Zambia need to address the dual challenge of uplifting the mutually reinforcing factors to motivate the workforce for higher performance, better quality care and increased productivity - in terms of:
 - **Extrinsic factors (Pay and incentive packages)**
 - **Intrinsic factors (Positive Practice Environments)**

Summary Statements (II)

- The **Zambia PPE campaign** is an initiative aimed at complementing & reinforcing efforts being made to address extrinsic factors known to be associated with the HRH crisis in Zambia.
- A start has been made and the country professional associations have taken on a leadership role on PPEs, but more needs to be done.
- Your support can help. **Join the campaign**



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Zikomo



Thank You

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