Health Workers for Change workshops make a difference

Stories of how health workers changed their workplaces
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Front cover: A nurse weighs a pregnant woman at a clinic in Tanzania.
Pic: Rose Mjawa Mujingwa.
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This booklet tells the exciting story of how *Health Workers for Change* workshops in several health facilities around Africa led to better working conditions but also better quality of care for clients.

This story shows that the most important people working in a health system - the health workers - can make change happen for the benefit of everyone. It also shows that these changes need support from the health system level if they are to be sustained and built upon.

This booklet is a summary of an evaluation that took three years and the efforts of many dedicated health workers and researchers to complete.

*Who this book is for*
- health workers who work in primary health care facilities, but also
- health managers developing district primary health care services
- hospital managers
- all government and non-government organisations working in the health sector.

*Health Workers for Change* is for all health workers and managers as well as government departments and NGOs working in the health sector.

Pic: William Matlala
Chapter 1  What is Health Workers for Change?

*Health Workers for Change* is a series of workshops to help you and your managers solve problems in your health facilities. The workshops can help you to improve your working conditions but also the quality of care for your clients.

The topics of the six workshops are:
- Why am I a health worker?
- How do our clients see us?
- Women's status in society
- Unmet needs
- Overcoming obstacles at work
- Solutions

The evaluation looked at how the *Health Workers for Change* workshops affected a health facility in three ways:
- how services changed at the health facility
- how that facility's local health system changed
- how women clients saw the quality of service they received.

Sharon Fonin and Makhosazana Xaba of the Women's Health Project in Johannesburg wrote and developed the workshop manuals, which were later tested in Mozambique, Senegal, Uganda and Zambia. Then the workshops were revised and jointly published by the WHP, UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases. The workshops can be adapted and used in any country or culture.

Hundreds of these workshops have been held throughout Africa with positive results. Health workers were excited to see how they could bring about changes without too much effort, and improve their working conditions at the same time. These groundbreaking results, however, needed to be evaluated. This is a summary of that evaluation.
Chapter 2  How was the research done?

To find out the impact of the workshops, research was done at health facilities in Ghana, Kenya, Nigeria and Tanzania. A case study in Argentina, South America, was also included in the study. The three different research stages are T1, T2 and T3.

First, researchers went to the chosen health centre in their country to find out how the health workers, managers and clients felt about the conditions of service and quality of care. This was known as T1.

A few months later, facilitators conducted the six Health Workers for Change workshops at that health facility. Then the researchers returned twice to see what change took place in the health facility. They came about six weeks after the workshops (T2) and then again about six months later (T3) to find out four main areas of change:

- changes in how the health facility and health system relate to each other
- changes in the relationship between health workers and clients
- changes in how clients saw the care they received
- what solutions health workers arrived at to solve their work problems.

At each evaluation researchers met with health workers, managers and clients to find out their views of the health facility. Researchers used tools such as questionnaires, checklists, focus group discussions, client interviews, key informant interviews and observations.

Who were the researchers?

Argentina: Patricia Milburn Pittman, Patricia Rodriguez

Ghana: Irene Agyepong, Margaret Gyapong, Edith Wellington

Kenya: Washington Onyango Ouma, Theresa Odero

Nigeria - Ilorin: Margaret Olabisi Araoye, Esther Olfunmilayo Lambo

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Tanzania - Kinondoni: Rose Mjawa Mujingwa, Phare Mujinja

Tanzania - Ilala: Musiba Mbilima, Mathias Leo Kamugisha

Focus group discussions like the one here with clients in Offa, Nigeria, were one research tool used in the evaluation. Pic: Esther Olfunmilayo Lambo
Chapter 3  How did health workers feel about the workshops?

"Personally, I am very grateful to have participated in the training workshops because they have reminded me of my responsibilities as a health worker," said one of the 28 staff members at Tabata Dispensary, Ilala district, in the Dar-es-Salaam region, Tanzania. The urban clients who come to Tabata are mostly unemployed women who depend on husbands working in factories, business or government.

"The seminar topics and process were very good and exciting. I benefited greatly from the insights and they have given me new guidelines (mwongozo) in my daily work," another Tabata worker said. "Overall I think the seminar has not only given us new challenges, but also empowered and energized us in our daily work."

Her colleague added: "In the role play, I have learnt that if you don’t treat your patients well, then they will not be free to tell what they are suffering from. The result is that you will end up misdiagnosing and prescribing wrong treatment."

The second Tanzanian research team was based at Mwananyamala District Hospital, which includes a mother and child care clinic, in Kinondoni district, also in Dar-es-Salaam region. The workshops helped health workers find creative ways to deal with problems, said researcher Rose Mjawa Mujingwa. "People loved the workshops. It was the first time they had fun at a workshop." The hospital is about 10 km from the city centre. The staff of 30 serves about 200 clients daily for family planning, antenatal/postnatal care, child care and curative care.

The workshops, which were conducted in Kiswahili, were adapted to the area. For example, the role play using the river as a symbol for life, was adapted to use a pathway, rocks and sand, because there are no rivers in that part of Tanzania. The workshops can be used in any part of the world.

In Villa Lujan, Avellaneda, Argentina, this poor community of 300 000 is just across the river that A mother and her sons collect water from the Sege dam, the only source of water for 4 000 residents. The Sege Health Post has a galvanised water tank that depends on rain water.

Pic: Paul Odoi
Even in poorly resourced clinics, the Health Workers for Change workshops helped health workers list what they needed. Here is the dispensary at Sege Health Post. Pic: Paul Odoi

Even in health facilities with few resources, the workshops helped health workers list what they needed. The Sege Health Post, located in the Greater Accra region of Ghana, serves the Sege sub district of about 30 000 residents whose main occupations are fishing, farming and trading. The post’s only source of water is a galvanised tank that holds 1 500 gallons but depends on rain water. People depend on springs, streams and other surface water for their daily needs. The water problem encourages health staff to leave the community.

Environmental sanitation is also a problem since there are not enough toilet facilities and residents use the bushes as toilets.

“No one really wants to go there because there is no water, nothing. Already the people are disgruntled. They have all kinds of problems,” researcher Edith Wellington said.

At least the health workers felt better by listing what they wanted to change, even if they did not feel change
would happen. And by the end, they were willing to try. All staff had something they wanted to see change in the facility where they worked.

For example:
Better working conditions and better salaries.
Repairs to the facility due to leaks, bats and cracks in the rooms.
Equipment such as a sterilizer, x-ray machine and a vehicle.
“We need a recovery ward because the one here is too small.”
“We need a laboratory to enable us to do testing.”
“We need a fence, the goats are a nuisance.”
“We need more medicines at the dispensary.”
“We need tools for work, like hoes and brooms, so that I can work effectively.”
“We need additional staff and more accommodation for the staff.”

By the end of the evaluation, health workers concluded: “Now we realise what is going on. We raised these issues but we hadn’t done much about them. But now we are seeing that there is a need to do something about them.”

In Nigeria, there were two research teams: the Kaduna state team looked at Kasuwan Magani and Narayi clinics. The Kwara state team studied the Shawo General Hospital and the Shawo Basic Health Centre (BHC) located in the town of Offa.

Health workers in Offa “were so excited about the workshops that they wanted them to be continuous,” said Esther Olunmilayo Lambo. “They felt they had gained a lot.”

Co-researcher Margaret Olabisi Araoye added that one officer in charge asked them: “When are you coming again because we have all these things we didn’t have before?”

Shawo is in the middlebelt region of Nigeria and is part of the tropical rain forest with yams as a staple crop.
Focus group discussions with clients in Offa, Nigeria
Pic: Esther Olfunmilayo Lambo

The General Hospital has 122 staff members while the BHC has a staff of 20.

The team adapted one role play to look at the issue of treating wealthier clients better than poorer ones. The role play involved a nurse who treated a rich patient well, while a poor woman vomited and the same nurse told the woman's relatives to clean it up.

The two Kaduna facilities are primary health centres with less than 30 staff located in rural northern savanna areas and responsible for maternal and child health, curative and preventive medicine for mostly women clients.

It's a middle income area that produces the bulk of farm produce including cereal and some root crops.

A workshop facilitator remarked that "the participants' high level of co-operation and feeling of
togetherness shows that if health workers have a time and place to discuss common working experiences, they will learn from each other."

Researcher Mairo Zakari said “the people felt very happy” because they changed one of the role plays and used the local Hausa language. Participants also enjoyed ice-breaker songs. For example one Hausa song:

\[ \text{Mu sha hanu kauna} \]
\[ \text{Mu sha hanu alura} \]
\[ \text{Mu sha hanu haifuwa} \]

It means: Let’s shake the hand of love
Let’s shake the hand of giving injection
Let’s shake the hand of receiving delivery.
Generally the workshops led to improvements in all the health facilities, especially in Kenya, Tanzania and Nigeria, while there was limited change in Ghana and Argentina. The changes can be divided into three main areas:

- changes in the local health system in which the facility operates
- better health services at the health facility
- better service for women clients.

Changes in the local health system in which the facility operates

In Argentina, the workshops changed the attitude of managers. "Because of the workshops, for a period of

time city health officials were more sensitive to difficulties faced by health workers," Patricia said. "Before the intervention, they blamed health workers for a series of problems linked to quality of care...the workshops helped them to see they were complex problems and that there were two sides to the relationship."

After the workshops, one top official said: "There has been a communication gap with the health workers. The directors need to visit the centres more often."

A mid-level official added that: "we need to listen more (to the health workers) and that way the health workers will listen more to the community."

At the last evaluation a mid-level official commented: "The workshops made us see the importance of consulting with the health workers in the managerial process."

In Nigeria, Margaret said that people taking initiatives have changed the relationship between the facility and the system, making it more co-operative and meetings more participatory. Esther added that if health workers cannot take the needed action, they report their needs to the system. "They now initiate repairs of equipment or they make their needs known, either to the local government, to the community or at the district health office."

Margaret also noted that the government's health sector reform has complemented the Health Workers for Change workshops.

Now there are more resources, but without the workshops, the health workers would not have made requests or demanded follow-up.
Said Esther: “It’s one thing to complain. It’s another thing for the complaints to be attended to if the resources are just not there.”

Dr Chime Ozemela, of the Kaduna state team in Nigeria, said the health workers “now think of ways by which they can change the situation within their own limits, rather than having to wait for the health system, the decision-makers at the top.”

“The intervention made them aware of their roles to the clients and their roles as health providers. To this end, they have had a series of meetings among themselves and have relayed the discussions to the head of health at the local government headquarters for necessary action. They have now even adopted a problem solving approach to overcoming some of the problems mentioned earlier,” the researchers reported.

Chime said that if immediate needs are met, change is more possible to occur. “They have been able to ask the health system to give them equipment and now they’ve got it. Health workers at Offa said: “ministry officials also try to visit us and find out how best we are coping with the problems.”

In addition, health workers now receive training that fits with their needs and the Commissioner of Health wants the Health Workers for Change to be extended to other districts.

Since the workshops, the Kombewa Rural Health Demonstration Centre in the Kenyan district of Kisumu, requested more staff and had a positive response from the health system, said researcher Theresa Odero.

Theresa added that the centre started a kitchen garden, which the system and district nutritionist want to copy elsewhere. The workshops also encouraged problem solving within the centre, Theresa reported. The centre is located in Nyanza province, inland in the western part of Kenya near Lake Victoria.

“This is a facility on a second level compared to lower facilities like the small health centres. The next level up would be a district hospital,” said co-researcher Washington Onyango Ouma.
"Patients said treatment is better and that health workers spend more time answering questions and advising about medication,” Onyango said. Theresa reported that clients said: "You have hit the head of the snake for us, and now they (the health workers) are doing well.” The snake was the problem of poor care.

Clients also noticed the facility was cleaner and neater with more advice on drugs, more availability of drugs, more respect and good communication.

Musiba Mbilima, who researched Tabata Dispensary in Tanzania, said: “Interviews with patients showed that there is a great change in the services provided with the health workers more friendly and helpful and patients feeling more comfortable.”

He said research showed that clients were spending less time waiting in queues at the clinic but more time with the service provider in the consulting room, dispensary and injection room.

Rose reported that clients said the quality of care improved as did their relationships with the health workers. Clients said about the health workers:

"They are more friendly now and helpful than before.”
"Their language is good and they talk in a friendly manner.”
"Compared to the past, these days the services are very good.”
"They speak kindly, not as before.”
"You are given the opportunity to ask questions after the examination.”

Clients also said that:
Health workers listen more and are more responsive.
Quality of care has improved. Confidentiality and privacy issues have improved. Clients are more involved in decisions. There was more freedom of expression towards senior staff than before. Ethics are now observed with health workers demanding fewer tips. Long queues were no longer there because after the workshops, the general registration was changed so that clients register at their sections of need. Client-provider observations of both Tanzanian sites showed that greetings and the ability to ask questions improved by over 50%.

In poorly resourced clinics, like the Sege Health Post, the workshops made an impact but change was more limited. Researcher Edith Wellington said that the workshops have led to better technical performance, competence and better manners. But the main impact was that health workers were sensitized to clients’ needs. The health workers’ better understanding of their role led to better service. For example, clients interviewed said the following about health workers:

“They used to complain if you came on the weekend or at odd hours. No one was there. Now someone is always there.”

“First they don’t explain things to you, but now they have time for us.”

“We are now buying drugs, initially we were not.”

“Now they can tolerate a lot and don’t get annoyed very quickly.”

“Health workers now take initiatives and request supplies and technical assistance, for example medicines, equipment and infrastructural changes. The staff are better able to think of creative ways to problem solve at the facility level and find appropriate means to achieve goals,” the Kaduna team reported.

Argentinian health workers said the workshops showed them that they could make changes and that they should and could improve their attitudes to their clients.

“It was like a voice of conscience for me. When I start to get irritated with the patients I remember the workshops,” said a woman gynaecologist.

“In the centre, people are received more warmly now.”

Ordering and distributing medicines is a huge problem for many health systems. Here is a laboratory at a Kaduna state health facility where health workers began to request more supplies like medicines.
said a woman receptionist.

“I became an accomplice of the people,” a woman janitor said.

“We are better with people now,” a male nurse commented.

Better service for women clients

“The attitudes of the health workers, most of whom are women, have changed dramatically over the period, especially the way they think of women patients and how they handle them,” said Onyango, of the Kenyan team. He says this is because the health workers better understand the conditions faced by women at home and in society in general.

During the workshop called “Women’s status in society”, the Kenyan facilitator used a poem called “A Woman’s Hand”. It was about the hands of a woman always toiling and rough. “Since you told us about the hands of a woman we now know what is happening with women,” health workers said.

Onyango added that “sometimes women come late to the clinic because they have other duties at home. Sometimes they can’t answer things very well because of their position at home, where they are not used to talking. Sometimes they cannot buy a required medicine because they don’t have access to money back home. And this is not of their own liking.

“These were some of the issues raised at the workshop. Health workers came to understand these
issues and this has made them try to change their attitude to women. So in this way I see a positive change showing more empathy and trying to be accommodating because they came to understand that women behave so not because they want to. It's their subordinate position in society and the family."

A woman nurse at the Tabata Dispensary in Tanzania commented on the workshop called Women's status in society: “This topic taught me that there is nobody more important than a woman. It also taught us that although the man is the head of the household, it is the woman who carries more responsibility. A woman is both a parent and a caretaker. A woman ought to be loved and given the utmost respect. Women fail to develop themselves because of their many responsibilities and roles, such as frequent births.”

Most of the sites reported a decrease in client waiting time. Here clients wait at a health facility in Kaduna state, Nigeria.
In Argentina, the facilitators adapted the workshop so that it focused on gender issues, such as gender roles in their own lives at home and at work, Patricia said. Participants looked at how material conditions affected daily lives and the distribution of power. The main issues were domestic violence and the problem that men saw health centres as places for women only.

“About 75% of health workers are women and they really became very excited about issues as did a male nurse,” Patricia said. Some women clients in Nigeria complained about male gynaecologists examining them.

“Because the village is small you feel embarrassed when a male staff examines you for antenatal,” one patient said before the workshops were held.

Now there is a change in attitude and a better understanding of women and men health workers. “Before women were embarrassed when a man examined them in the antenatal clinic, but now they understand that people are different specialists and it’s okay,” the researchers said.

**Conclusion**

While this booklet reports mainly positive changes, in some areas (especially Argentina and Ghana) positive changes noticed at the second evaluation did not continue because the system level staff failed to respond to the needs and requests of the facility level staff. This shows that if *Health Workers for Change* is to have maximum impact, it should be implemented in areas where there is willingness to change at all levels.

*Health Workers for Change* is still a useful tool. Participation in the workshops is enjoyable and fosters a problem-solving approach. Participants leave the workshops feeling energized and, in many cases, recommit themselves to their work in the face of difficult conditions. Implementing *Health Workers for Change* improves provider-client relations, facility level functioning, relationships among staff, and has some impact at the system level. This study shows that *Health Workers for Change* directly and indirectly led to positive changes.