Impact on HIV/AIDS Programming

Background and Strategy

Health workforce shortages are a significant bottleneck to providing ART to all those who need it. Much of the Capacity Project's work focused on improving workforce productivity and numbers, and thus had particular relevance and urgency in the response to HIV. The challenge of delivering ART to the large number of people requiring treatment in sub-Saharan Africa has highlighted the real danger of health workforce shortages on the continent. Many current initiatives to scale up the workforce and improve productivity prioritize the prevention and treatment of HIV/AIDS as one important and specific goal. For this reason, the Project's activities in workforce strengthening had particular relevance to HIV service delivery, and many of the Project's activities had a measurable impact in this area.

"We quickly realized that not all ministries had data or budget lines for HIV. My role was to ensure that the MPND worked through the planning framework and the budget system to get every unit money for HIV/AIDS."

–Meshak Ndolo, HIV/AIDS and development program advisor, Kenya MPND

Results

Kenya: Emergency Hiring Plan

An analysis of EHP evaluation data from a sample of ten of the 193 facilities targeted for new hires revealed enhanced facility services. Eight of the ten facilities reported that the presence of the new hires allowed services to be added at times of day when they were previously unavailable, and that the overall workload was reduced. Seven facilities reported that the number of clients served increased; six reported that the number of clinic sessions increased and the types of services offered had changed; and three reported that hours of clinic services had been extended. In addition, one facility reported that the facility image improved, clinic revenue increased, waiting time decreased and more clients learned their HIV status. A comparison of facility statistics compiled within the first three months of new hire deployment and one year post-deployment found the following:

- Post-exposure prophylaxis service availability increased from 74% of facilities to 100%
- Availability of outpatient VCT services increased from 75% to 84% of facilities and the average numbers served increased from seven men and ten women to ten men and 12 women per facility per week
- Availability of outpatient PMTCT services increased from 85% to 94% of facilities, and the average number served increased from an average of ten to an average of 32 women per facility per week
- The average number of new inpatient ART clients increased from two men and five women to four men and eight women per facility per week.

The Project's secondment of an advisor to Kenya's Ministry of Planning and National Development (MPND) resulted in mandated budgeting across government ministries for mitigation of the socioeconomic impacts of HIV/AIDS and increased funding for strengthening central-level HIV/AIDS planning and programming, and contributed to an overall 150% increase in government funding allocations for HIV/AIDS.

Central America: Performance Support

HIV services have been available in Belize, Costa Rica, El Salvador, Guatemala, Nicaragua and Panama only at primary-level hospitals in main urban centers. Working with health ministries in each country to increase HIV service access, the Capacity Project supported the decentralization of HIV services to secondary hospitals through a combination of capacity-

"The whole Capacity Project is important to strengthen public health education about HIV/AIDS, and the approach is user-friendly. It is a multidimensional approach that helps to streamline the national approach, whether public or private."

–Starla Acosta, social worker, University of Belize Faculty of Nursing and Allied Health

strengthening activities. First, the Project helped create technical resource teams, with experts on various aspects of HIV and tuberculosis, to support selected hospitals to implement performance improvement processes. The Project also led a process to draft and review HIV service performance standards with MOH officers and health providers from hospitals that will deliver decentralized HIV care and treatment. With Project support, facilities used the approved performance standards in baseline and regular assessments of decentralized HIV services to strengthen the quality and access of HIV services throughout the region.

The intervention caused notable changes in provider performance. For example, in Costa Rica, local teams identified gaps between expected and real performance in service provision, then prioritized deficiencies, analyzed causes and developed action plans. Meanwhile, national and regional authorities led similar processes to support local plans and identify issues that can be addressed through central-level interventions. A baseline assessment reported that participant hospitals achieved 55%, 35% and 43% of performance standards for HIV services. A follow-up assessment showed that those figures had risen to 90%, 84% and 91%, respectively. It is notable that all three hospitals made such a leap in a short time period and with very few additional resources.

Rwanda and Namibia: Clinical Service Delivery

In Rwanda, fewer than 300 physicians work for the public sector, and 70% of physicians work in Kigali where just 10% of the population lives. Therefore, to provide better HIV-service access to rural areas, the Project launched an innovative mobile district physician scheme. In this approach, district physicians travel to rural health centers two to three times a week to deliver essential ART. During these visits, the physicians see newly-referred clients being evaluated to start ART, provide initial follow-up of clients and review clients with complications. The Project also initiated a physician-nurse mentoring program to train ART nurses to provide ongoing support to clients during their treatment regimens.

In Namibia, the Project reviewed information related to the efforts of FBOs to integrate FP/RH information, counseling and referral into HIV programming. In a follow-up review, patient data showed that in health facilities run by FBOs, nearly 100% of pregnant women were receiving counseling on HIV testing and chose to be tested; 20% of tested pregnant women were found to be HIV-positive; and most were enrolled in PMTCT services as part of the Project's integrated care services within the FBO facilities. Furthermore, the review showed that the FBO facilities emphasized care and treatment, prophylaxis and breastfeeding education, and many provided HIV-positive women with FP counseling and referrals during their first postnatal visits.

Building Systems for Orphans and Vulnerable Children

One of the main challenges to successfully address the situation of orphans and vulnerable children (OVC) is the lack of skilled HR in public social services and civil society sectors. While guidance on OVC services is reflected in a country's National Plan of Action (NPA) and other policies and strategies, the levels and types of human capacity and HR support needed to implement them are not well understood.

To meet this need, the Project created and tested the HR Assessment Kit for OVC policy and programming, in collaboration with USAID/Africa Bureau, to provide implementers with a concrete process, methodology and tools to assess government HR capacity to lead and manage effective implementation of the NPA. The Project field-tested and adapted the HR Toolkit in three countries: Tanzania, Namibia and Malawi.

Tanzania: The government used HR assessment findings to improve Department of Social Welfare management, influence NPA operations, inform responsibilities of new national-level government staff, train local-level workers in appropriate skills and knowledge, strengthen district supervision and support for current workers and develop long-term plans to dramatically increase the OVC workforce.

Namibia: The Ministry of Gender Equality and Child Welfare used the assessment findings as part of the government's official launch of the NPA and has begun implementing several recommendations. First, to position OVC as a national priority copies of the NPA are being reprinted and will be disseminated at regional and constituency levels. Second, to improve coordination for the NPA, a meeting was conducted to review and strengthen the terms of reference for the Permanent Task Force. Third, to improve capacity of staff, a manual for training new staff in OVC services at regional and constituency levels is being developed.

Malawi: The initial focus on OVC expanded to an HR capacity analysis for all services and departments of the entire Ministry of Women and Child Development, including those related to OVC. The OVC NPA HR assessment toolkit was used to develop the interview questions as they pertained to the OVC components and to the larger spectrum of services. The assessment was implemented by a multidisciplinary in-country team and was conducted via interviews and focus group discussions at the national, district and local levels. The Ministry intends to use the recommendations from the HR assessment to support a functional review of the Ministry and to implement an HR capacity-building plan.

"Before I came here, I was not even sure how to administer ARVs to children. With the knowledge I have gained, I feel equipped to manage a comprehensive care center."

—Joseph Chebii Kiano, health worker hired and trained on HIV care through the Project's EHP in Kenya

Lessons Learned

- **Implementing the Kenya EHP resulted in enhanced facilities services and greater use.**
- **Use of approved performance standards in baseline and regular assessments of decentralized HIV services can strengthen the quality and accessibility of HIV services.**
- **Mobile district physicians can increase access to HIV prevention, care and treatment in rural settings.**
- **Working at the district level is vital in addressing health issues, such as HIV, in decentralized settings.**
- **HRH successes in addressing HIV serve as important models for other emerging epidemics and pandemics.**