

# Identifying and Addressing Human Resources Requirements for Sustainable and High Quality HIV/AIDS Care and Treatment in Uganda

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## CONTEXT

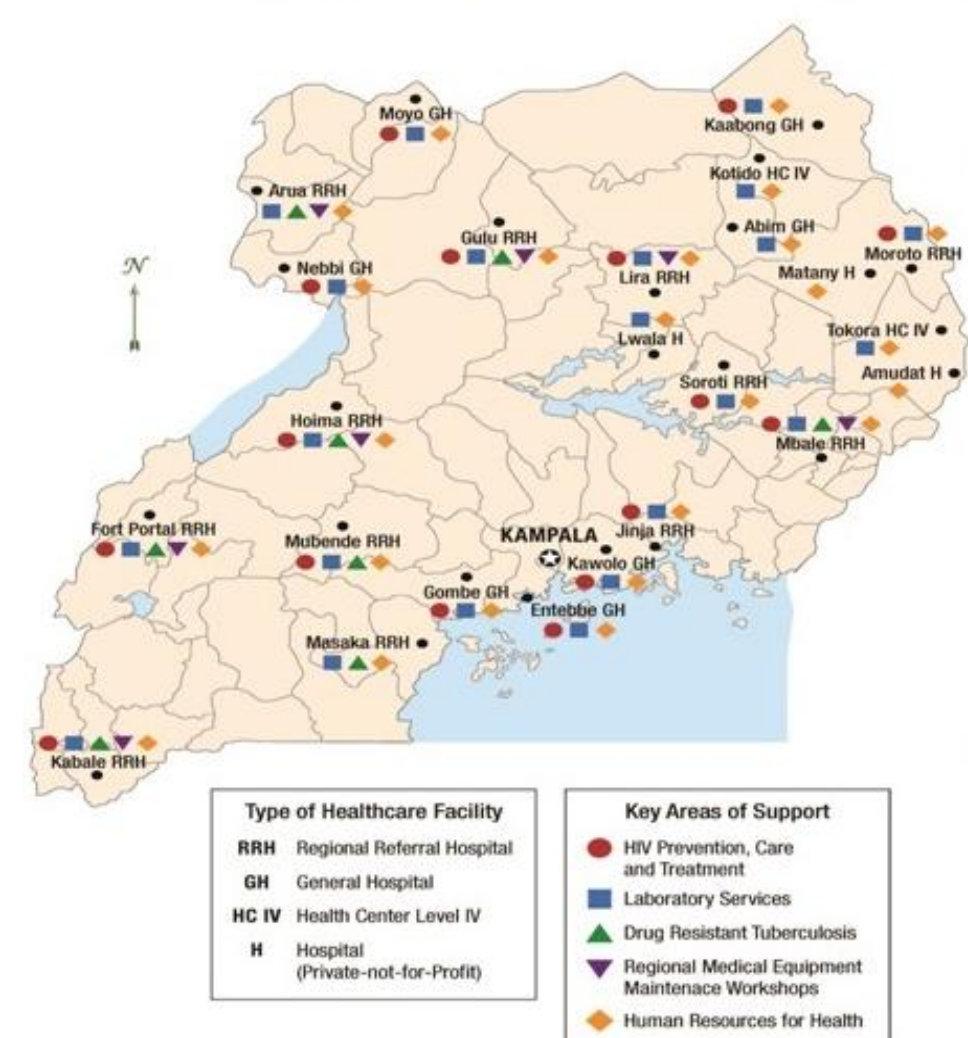
The USAID-funded Strengthening Uganda's Systems for Treating AIDS Nationally Project (SUSTAIN) Project supports the national effort to expand and improve the quality of HIV services at 18 general and regional referral hospitals, by strengthening systems and capacity at hospital and Ministry of Health (MOH) levels.

Providing HIV services requires significant and varied health human resources (HR), including clinicians, nurses, social workers, pharmacists, lab personnel, counselors and others to provide services and care for patients, as well as the facilities and administrative support staff. In 2007, WHO estimated that Uganda had only one doctor for every 22,000 people, and an overall health worker deficit of up to 80%.

SUSTAIN has seconded staff to the hospitals to compensate for critical shortages in the civil service workforce.

SUSTAIN needed accurate data on staffing requirements for HIV services to inform its inputs and, with long-term sustainability in mind, to help the hospitals to revise and substantiate their staffing requests to the MOH.

### SUSTAIN-Supported Healthcare Facilities



## ASSESSMENT OBJECTIVES

In 2011, SUSTAIN conducted a human resources assessment at 15 supported hospitals to:

- Describe and quantify the workforce providing HIV services at supported hospitals
- Assess staffing requirements at supported hospitals by:
  - Documenting the time required to carry out key HIV-related service tasks
  - Documenting staff time use for HIV services
- Describe employment policies and practices that could facilitate or hinder HR scale-up and integration for HIV service delivery
- Identify strategies for integrating seconded staff into hospitals and harmonizing HR management and compensation for SUSTAIN and government staff

### Services included in the assessment:

- HIV Counseling and Testing (HCT)
- Prevention of Mother-to-Child Transmission (PMTCT)
- Anti-Retroviral Therapy (ART) Initiation
- ART Monitoring
- HIV/AIDS Laboratory Tests
- ART Drug Dispensing

## METHODS & DATA COLLECTED

### HOSPITAL RECORDS REVIEW (n=15)

- Service days and hours
- Means of accessing services
- Staffing levels in the clinic and hospital
- Client loads for past 12 months

### TIME-TASK OBSERVATION

- 13 clinical services (n=412)
- 11 lab services observed (n=103)
- Completion of a service defined as at least 70% of key tasks completed

### STAFF INTERVIEWS (n=169)

- Work experience
- Perceptions of workload
- Support systems

### TIME-UTILIZATION OBSERVATION (n=122)

- Staff activity recorded every 15 minutes for eight hours
- Analyzed to distinguish between productive and unproductive time use



Data collector documenting service delivery

## KEY FINDINGS

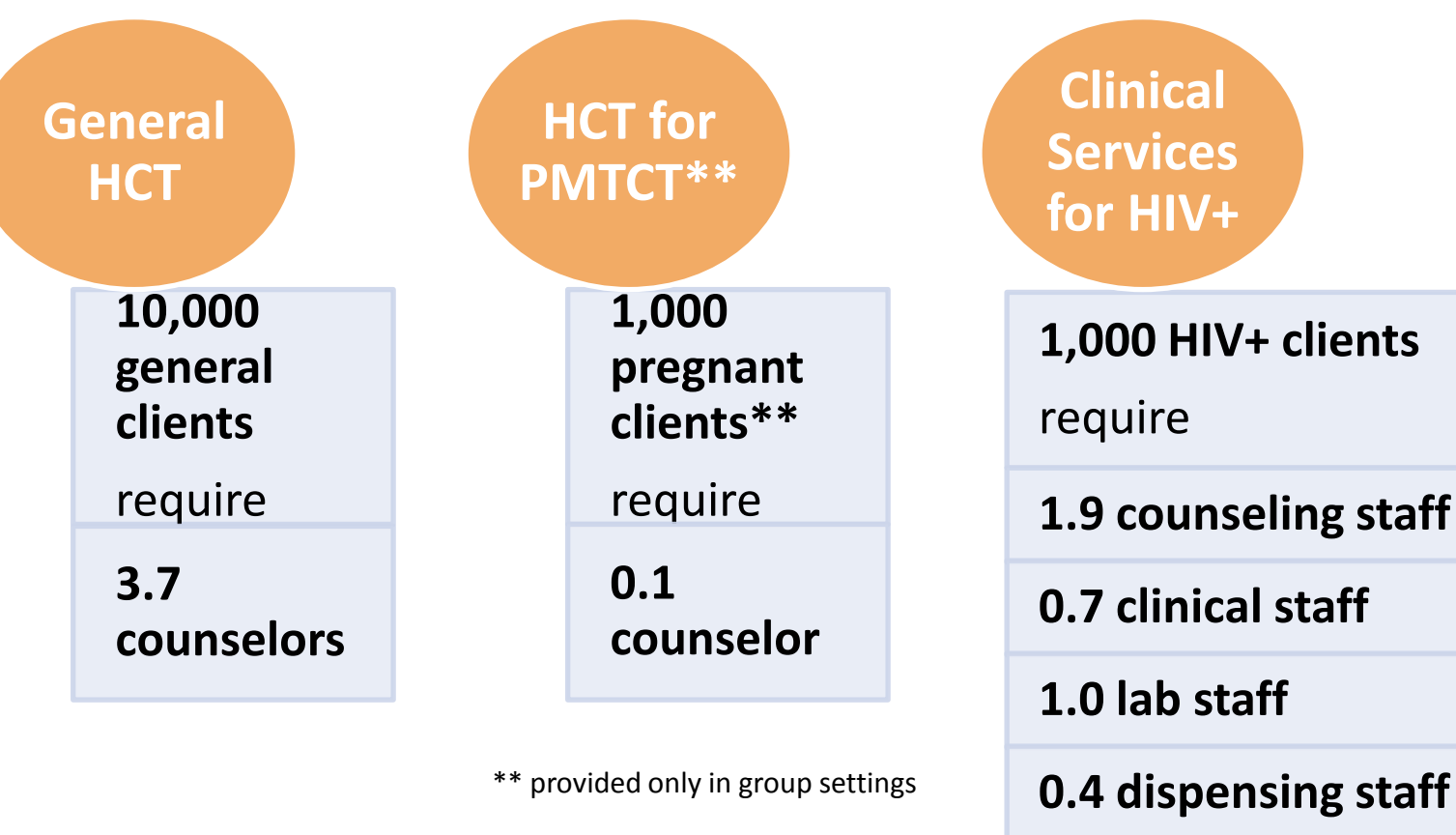
- Some hospital HIV services were adequately staffed at the time of the assessment. However, most hospitals were understaffed for general health care.
- All hospitals were projected to require additional staff for HIV care as the number of clients continued to expand.
- The greatest shortages were among dispensing and counseling staff.
- While onsite, staff were generally using time productively. However, staff time could be used more efficiently: late arrivals and early departures contribute the most to unproductive time usage.
- The assessment's findings were subsequently used to help each hospital develop a staffing plan.

### Average Time to Provide a Complete Service:

Service	Number of Observations	Average time* (minutes)
ARV Therapy Initiation	28	12
Pre-Test Group Education for Pregnant Women	13	29
1st Pre-ART Counseling Session	23	29
2nd Pre-ART Counseling Session	22	25
3rd Pre-ART Counseling Session	22	29
Pre-Test Counseling for General Clients	43	27
Post-Test Counseling for General Clients who test HIV+	24	21
Post-Test Counseling for Pregnant Clients who test HIV+	19	15
Post-Test Counseling for General Clients who test HIV-	30	11
ART Adherence Counseling for New Clients	23	21
Post-Test Counseling for Pregnant Woman who test HIV-	29	8
ART Adherence Monitoring	65	15
ARV Therapy Monitoring	71	9

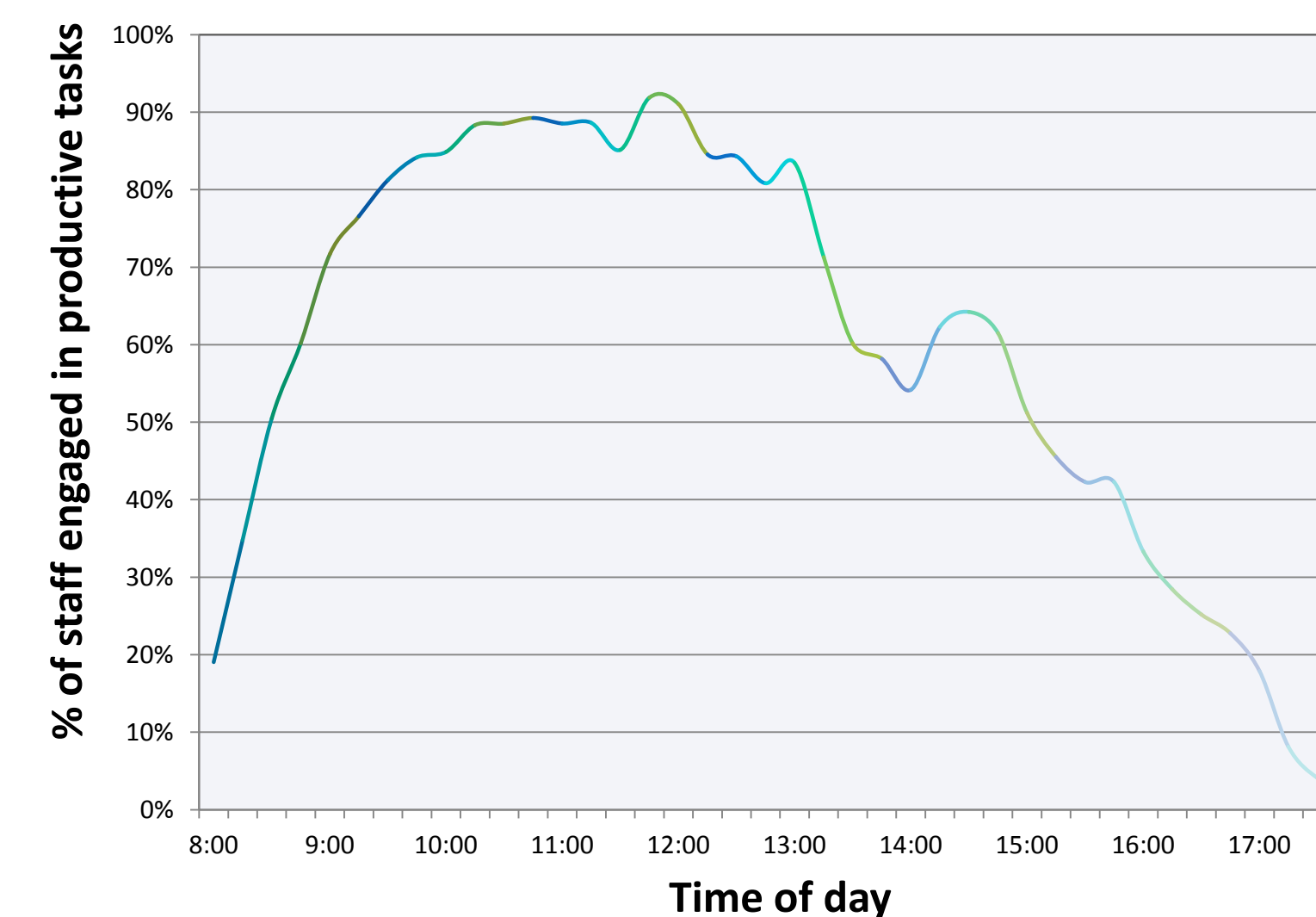
\*for observations in which the provider completed 70% or more of the standard tasks

### Staffing Requirements for Key HIV Health Services:



\*\* provided only in group settings

### Pattern of Productive Time Use at Clinics:



### Projected Hospital Staffing Needs for HIV Services:

Hospital	2013 Projected ART Client Load	Workload-based Staffing Requirement	2011 Actual Staff	Total Additional FTE Staff Needed by 2013
Entebbe	999	4	1	3
Fort Portal	7158	30	23	7
Gulu	3686	16	15	1
Hoima	3696	16	14	2
Jinja	2414	10	23	-13
Kaabong	529	3	2	1
Kabale	3671	16	12	5
Kawolo	1934	8	9	-1
Lira	7442	30	14	16
Mbale	5173	22	18	5
Moyo	805	4	5	-1
Mubende	5164	22	14	8
Nebbi	2760	12	8	4
Nsambya	1949	8	7	1
Soroti	932	4	10	-6

## LESSONS LEARNED

- Facility-level staffing analysis helps clinic managers understand staffing requirements, advocate for adequate workforce and develop strategies to fill gaps
- Staff management strategies can be used in some cases to improve service delivery
- To meet national targets, the government and its partners must plan to both increase the health workforce and utilize the existing workforce efficiently

## KEY RECOMMENDATIONS

- Support HIV clinic managers and staff to maximize productive time use through task rationalization
- Continue building capacity in HIV service delivery skills, particularly counseling
- Consider shifting working hours of some staff cadres to better align with high demand times
- Adopt workload-based staffing standards for use by facilities developing staffing requests
- Develop strategies to smoothly transition project staff to civil service positions to maintain service delivery
- Advocate to increase the number of civil service positions available for HIV services



Nurses discussing workload with SUSTAIN representative

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