

# Capacity Project Resource Paper

## Guideline for Incorporating New Cadres of Health Workers to Increase Accessibility and Adherence to Antiretroviral Therapy

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Barbara Stilwell  
Liverpool Associates in Tropical Health (LATH)



*The views expressed in this document do not necessarily reflect the views of the United States Agency for International Development or the United States Government.*

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## Acronyms

ART	Antiretroviral Therapy
HR	Human Resources
HRH	Human Resources for Health
HRM	Human Resources Management
PLHIV	People Living with HIV
TASO	The AIDS Support Organization—Uganda
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing

## **Purpose of This Guideline**

Described in this guideline is an innovative promising practice in human resources for health (HRH) development that has been evaluated and described by the Capacity Project. The guideline aims to set out the steps that have made the program work well *in its initial context*; for this reason, the context is also described.

This guideline is for *human resources planners and managers* in the health sector and sets out the steps required to *extend the health workforce by incorporating lay workers (field officers), especially in the delivery of antiretroviral therapy (ART) to home-based clients.*

Like all creative solutions, the one set out here presents challenges as well as opportunities. This guideline stresses the ingredients for success but sets out, too, some of the difficulties encountered along the way and how they have been, or are being, overcome.

The guideline also attempts to describe the critical path required to set up such a program, showing some of the points at which there may be challenges or barriers. This critical path is based on the initial context of the program, which may not be exactly the same as other settings, but it offers a reasonable example of the scope of what has to be considered in starting and sustaining such a program.

## **Program to Be Described**

The AIDS Support Organization (TASO)—Uganda administers a home-based program that gives people in poor and rural settings access to antiretroviral therapy and services. The program's innovation lies in shifting delivery of most clients' follow-up activities at home to field officers, a new cadre of degree and diploma holders from the social sciences and education. Field officers ensure adherence to ART, refill clients' medicines and perform various activities, from voluntary counseling and testing (VCT) to education to promoting family and community support.

While field officers enrich the TASO ART program through their social science and education backgrounds, they also ease Uganda's shortage of HRH. This new cadre meets the high standards demanded by this kind of program and frees skilled health professionals to care for clients affected by opportunistic infections or drug toxicity. The result is an efficient use of scarce health professional staff, an expansion of the coverage of ART in Uganda and impressive health outcomes: the TASO ART program comprises almost 9% of Ugandans living with HIV/AIDS who are receiving ART. Over 90% of clients have reached adherence rates of 95% and mortality has been reduced by almost 90% among those in the program.

## **Context in Which This Practice Originated**

TASO—Uganda was established in 1987 to fight stigma through education of health staff, clients and family members. It is an organization with values that are important to the way that it conducts its business. TASO staff are encouraged to embrace these values of upholding dignity, giving equal rights to all, sharing responsibility through teamwork and client involvement, supporting a family spirit within and outside TASO and recognizing its obligation to people living with HIV (PLHIV). TASO is an immensely successful nongovernmental organization with a history of gaining high-level political support, conducting effective fundraising and providing a

comprehensive portfolio of care to PLHIV. TASO has negotiated a basket funding mechanism with donors that allows it greater flexibility to innovate and learn as an organization. With this arrangement, donor funding is pooled and can be allocated to areas of work, rather than specific activities. This facilitates the introduction of new projects and programs.

In 2004 TASO secured funding to provide ART to 3,000 clients in the first year, scaling up to 10,000 by 2007. The shortage of skilled health workers was a constraint to service expansion to meet these targets; at the same time, TASO recognized that the caseload of those clients requiring follow-up would be accumulating. The flexibility of the basket funding mechanism may have allowed greater innovation in finding a creative solution to the challenges posed by staff shortages. In line with its equity values, TASO was concerned to reach those people who could not travel easily, either because of geographical constraints, ill health or poverty. Home-based care offers a solution to these challenges. An innovative feature of the program was the introduction of field officers—lay health workers made up of mostly young graduates—who ensure adherence to ART, deliver the drugs and monitor health status. The role of field officer emerged in TASO from similar arrangements that had been previously tested and applied locally. As an employer, TASO incorporates good human resources management practices that include incentives for out-of-hours work, expenses for field work, supportive supervision and performance appraisal. This undoubtedly has supported the development of a new role and good performance in that role.

TASO has always encouraged and built in mechanisms for client feedback. During the initial stages of introducing a new role into the care structures, the inclusion of client representatives helped facilitate acceptance by the community.

The influence of the context of TASO on the success of the field officer program should not be minimized. This will be discussed in more detail in these guidelines.

#### *Keys to success in this context*

- Organizational values that are intrinsic to the way that staff and clients are motivated and cared for
- A well-established organization, where taking a risk in innovation would not threaten the whole program
- A flexible funding mechanism that allows innovation
- Practices in human resources management that support workforce retention and performance development
- Mechanisms for client feedback and dealing with any dissatisfaction that arises due to the changes.

## **Steps for Incorporating New Cadres of Health Workers**

This section provides recommended steps for incorporating new cadres of health workers to increase accessibility and adherence to ART. Recommendations are based on the lessons learned in Uganda, and managers and decision-makers should adapt them to their countries' specific conditions.

### *Stage 1: Introducing a new role*

Once it is clear that there is a requirement for a new role, or a change in the composition or organization of the workforce, there are steps that must be taken to ensure that everyone in the organization is aware of the coming changes and will support them. This is a preparatory phase that is essential for success.

**A need for change.** When TASO introduced this role it was clear that a change of structure was needed if it was to succeed in its goals of scaling up ART delivery while adhering to its organizational ethos of equity. ART programs are especially labor intensive, as clients have to be enrolled in the program, receive their drugs regularly and be followed up to monitor for side effects and adherence to treatment. There is, therefore, a steadily increasing workload as each recruited cohort requires follow-up. The requirement to increase the staff-to-client ratio was clear to all.

- *In many models of change, being able to see a need to introduce new ways of working is an important motivator to get the support of those who will be involved in the change.<sup>1</sup>*

**Seeing success.** Although the model of home-based care for the delivery of ART was new for TASO, a role similar to that of field officer had a precedent in other local health care schemes. This meant that it was possible for staff at TASO to visit the schemes that were already running and to see them working successfully. The field officer scheme was then introduced as a pilot in one TASO center, enabling the organization to test and revise it as necessary.

- *Testing a new model and finding out about similar experiences can reduce the risk of schemes going badly wrong and can convince those affected by change of its advantages.*

**Be clear about the requirements of the role.** Expanding the health workforce so that more people can have access to ART is not simply a question of increasing numbers. It is important to identify the components of a new role and the qualitative dimension required for safe and effective care to be given. In this case, field officers had to be able to work closely with clients and communities, provide some health-focused messages effectively, both individually and to groups, monitor their clients' health and work in a multi-professional team. The competencies of the role therefore include the ability to communicate effectively with clients and staff in a variety of media, understand individual, family and community health concerns and attach meaning to health screening so as to refer clients appropriately.

Other competencies would eventually have to include those necessary to monitor the health of clients on ART, but that specialized knowledge was not likely to be found in non-health staff and could be acquired through training.

The requirements of the role dictate the kind of recruits that will best suit the position. In this case, graduates of the social sciences and education-related programs were sought, as they might already have desirable competencies—in understanding society and individuals' educational needs, together with communication skills—along with an ability to quickly learn the other requirements of the role.

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<sup>1</sup> Isles V, Sutherland K. Organizational change: a review for health care managers, professionals and researchers. Managing Change in the NHS. London, UK: London School of Hygiene and Tropical Medicine, 2001. Available at: <http://www.sdo.lshtm.ac.uk/files/adhoc/change-management-review.pdf>

It was also clear from the need for this role that field officers would have to reach isolated communities. The most cost-effective mode of travel was deemed to be the motorbike, and so the groups targeted for recruitment were young (ages 25-30) with the *ability* to ride a motorbike. Skills in motorbike riding could be learned in training courses, and were not a prerequisite for selection.

- *Use the opportunity of developing a new role to bring together a range of those who will be affected by the development to clarify what kind of personal specification is required. This has the effect of extending ownership of the role and allowing everyone to be clear about what can be accomplished.*
- *Jointly thinking through the role of field officer made it clear that a graduate-level candidate would be required, though not necessarily a health professional. This was an important piece of information, because in Uganda there is widespread unemployment among new graduates and there were likely to be enough suitable candidates for the jobs.*

#### Stage 2: Preparing the organizational support

Introducing a new role is only part of a more complex picture. The organization into which the new role will be added has to ensure that all the mechanisms for safe and effective performance are in place. This is a step that is frequently missing from the process of introducing new roles, perhaps because it takes time and sometimes money. But without it there will be employees who are not adequately guided and whose performance may not be safe or productive.

**Performance management and supervision.** Introducing a new role demands attention to how the incumbent is to be supervised safely and how performance can best be managed. TASO provides a high level of support to its entire staff, and, in the case of field officers, prepared a structured system of performance appraisal to be carried out by the designated first-line manager, the ART team leader. Initially the appraisal was to be done quarterly and then, after one year, annually. Performance is measured and rewarded against a work plan prepared by the field officers, outlining their goals and harmonizing them with the organization’s targets.

Providing supportive supervision for staff is an important element of TASO’s work. Having a structured support system for field officers means that the quality of their work can be monitored and they can be given the help they need to be maximally effective. TASO uses daily review of field notes and meetings with the field officers, together with rapid follow-up (within a day) of concerns that field officers have, to ensure that clinical safety is effectively monitored. Clinical information is collected on standard forms, reproduced in this guideline; it is these notes that are reviewed daily.

It is clear that such safeguards as TASO has must be built into a supervisory role. Table I takes the principles involved in effective supervision of the TASO field officers and explores the *what* and *how* that are key considerations in designing an effective support system.

**Table I: Management Considerations in Supervision Strategies**

What is to Be Supervised?	How is Supervision to Be Done?
<p><i>Tasks:</i> Supervision involves ensuring that tasks are carried out correctly and that field officers</p>	<ul style="list-style-type: none"> <li>• Some observation will be involved: how will the supervisor observe the tasks to be done?</li> </ul>

What is to Be Supervised?	How is Supervision to Be Done?
have what they need to perform well.	<ul style="list-style-type: none"> <li>• How many people will have to be observed? How will the supervisor get to the sites where supervision will take place?</li> <li>• How often will the supervision of tasks take place? Will the frequency change over time?</li> <li>• Is the supervisor able to ensure that changes are made in practice sites to support desired performance?</li> </ul>
<p><i>Clinical safety:</i> The supervisor should be able to review and give feedback on the clinical assessments of the field officer.</p>	<ul style="list-style-type: none"> <li>• Is there a protocol for the assessments to be done by the field officers? If not, and if the supervisor is not required to be on site with the field officer, then a simple protocol should be developed.</li> <li>• How often will the supervisor see the field officer reports?</li> <li>• How long does the supervisor have to respond to concerns?</li> <li>• What response mechanisms are there (e.g., referrals, supervisor visits, client contact)?</li> </ul>
<p><i>People:</i> The supervisor should ensure that the field officer is developing professionally and is happy in the job. The supervisor should be a teacher and/or mentor and/or coach, and be able to help resolve conflicts or deal with stress.</p>	<ul style="list-style-type: none"> <li>• How much time will the supervisor have to fulfill these broad supportive management roles?</li> <li>• How often can face-to-face meetings between the field officers and supervisors be arranged? How long should each meeting be?</li> <li>• Is the supervisor trained as a trainer, coach or mentor? Can training be arranged?</li> <li>• How can the supervisor use the other staff of the organization to support field officers?</li> </ul>

Establishing a supportive supervision system requires enough appropriately qualified staff that are available to be supervisors. In the case of TASO field officers, their supervisors are the ART team leaders, who are medical officers. Each team leader supervises about ten field officers. The clinical expertise and role of the supervisors is important because they are able to monitor the field officers' client assessment sheets each day and respond to clinical problems. The supervisors also have a teaching role with the field officers. Both the team leaders and the field officers agree that setting up a system that can respond quickly to concerns is vital. Supervisors, therefore, have to have capacity within their work time for planned and unplanned supervision activities, which means that the supervision role has to be built into their job descriptions rather than added on to other duties. It is also vital that supervisors themselves receive training and continuing encouragement to be supportive and effective. This may mean that their sphere of influence over resources has to be examined: it is little use noting that something has to be changed to promote effective performance if there is no mechanism for a supervisor to bring about that change.

TASO has mobilized other staff to support the field officers informally. These include community nurses, counselors and community volunteers, including people affected by HIV and



AIDS. This support deals with specific client needs and issues of coordination at the service-delivery level.

For issues of conflict, harassment or other serious workplace concerns, TASO has adopted a mechanism for staff to select a senior staff member with whom they can discuss personal and confidential matters. Senior staff members have to agree to provide this informal service; their role is to listen, advise and refer appropriately.

Finally, TASO encourages the field officers to support each other through sharing experiences and challenges and seeking solutions together. They are encouraged to do this through regular scheduled team meetings, sometimes facilitated by their supervisors and sometimes just among themselves. All of the field officers interviewed cited the support that they got from each other as vital in helping them cope with the demands of the job.

All of these support systems mean that the field officers can access different types of supervision and help as they need it. There is a low attrition rate among field officers, and there can be little doubt that comprehensive support mechanisms promote job satisfaction.

- *Without adequate supervision, the role of a field officer cannot be implemented safely. Supervision is essential for monitoring the quality of the work that the field officers are doing, ensuring that they are performing the activities in their job descriptions and dealing with issues that arise in the workplace. Who in your organization can provide these types of supervision?*
- *It is difficult to be an effective supervisor with no dedicated time to undertake this role. What will it mean for your organization if additional time has to be set aside for supervision?*
- *One quality of supervision mentioned as important by both supervisors and field officers at TASO was the ability of the supervisor to deal with any problems quickly. One supervisor said, "I do not keep them in suspense. Dealing with issues quickly prevents gossip and resentment building up." Setting up a system that deals rapidly with issues demands both time for the supervisor and a good management chain of communication and action.*
- *Will supervisors have to travel to visit their supervisees? If so, how will the travel be undertaken? Will it involve the purchase of vehicles or bicycles? Has this been factored in to the budget?*
- *If clinical supervision is required to ensure safe practice, what will be the mechanisms for the supervisor to review the practice? If it is by reviewing case notes, then it is essential to have an accepted way of recording every client encounter. The model used by TASO is reproduced in this guideline as an annex.*
- *Setting aside regular time for team meetings gives workers the opportunity to discuss their work, share knowledge and deal with challenges.*

### *Stage 3: Finding and keeping the right people in the right places*

The speed and effectiveness of recruitment procedures depend on having a strong human resources management (HRM) unit with policies and practices that are well developed. At an early stage in the process of designing a new cadre or a new role for an existing cadre, involve the HRM unit in reviewing the job description and in helping you grade it for seniority, accountability and salary. The HRM unit will be able to advise you on recruitment tactics.

If your HRM unit is new, or indeed not yet in existence, you will probably have to tackle some of these issues yourself.

**Recruitment.** Attracting suitable recruits to a new role can significantly affect the successful implementation of the role. In the case of field officers, TASO needed to have recruits who were educated to graduate level, but who would also be willing to care for clients in hard-to-reach areas. To do this they targeted graduates, and as part of the recruitment process, found out their preferences for deployment. In this way TASO managed to match preferences and placements, so that some of the field officers were fluent in local languages and based closer to their families.

Beyond the need to advertise widely in appropriate sites, it is important to construct an advertisement that will highlight the important characteristics of the role. Large organizations sometimes carry out market research to find out what will attract suitable people to a particular post. In exploring the field officer role, the Capacity Project found that the candidates were attracted to the position for several reasons: wishing to serve poor people; being affected personally by HIV/AIDS; knowing of TASO through working as a volunteer or by reputation; and job security. Though salary was said not to be a strong motivator to apply for the job, it was substantially higher than many jobs in social work or teaching, and certainly competitive with other comparable organizations.

- *Discuss your requirements for the role, including the job description, with your HR department. If you do not yet have an HR department, then form a small working group of colleagues to develop the job description and make decisions about advertising locations.*
- *Think creatively about the wording of any advertisement: for example, what kind of people do you wish to attract to this post? If interpersonal skills, empathy and social conscience are important, find ways of stressing these qualities in the advertisement.*

**Retaining good workers.** While it is self-evidently vital for health workers to have a living wage and be paid regularly, financial incentives are not the only, nor even the most important, factors that prevent workers from leaving. Research<sup>2</sup> shows that health workers want to be able to carry out their work well and have the environment and equipment to do so. They also wish to have adequate housing and living conditions. Opportunities for professional development and supportive supervision keep health workers motivated to stay and perform well. In short, health workers need quality management practices to provide the tools and environment they need to work effectively and help them feel cared for and appreciated.

Does your organization have a culture of good management? If not, this may seem like an insurmountable requirement to have in place. But it is possible to introduce an oasis of good management within an otherwise desert-like environment. The new cadres will have to be supervised, and this is an opportunity to review supervision practices and to ensure that there is organizational support for good supervision. Convening a working group to oversee the introduction of the new cadre is one way to involve the broader organization but at the same time leave room for creativity and flexibility. TASO staff repeatedly drew attention to their

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<sup>2</sup> Mathauer I, Imhoff I. Health worker motivation in Africa: the role of non-financial incentives and human resources management tools. *Human Resources for Health* 2006, 4:24. Available at: <http://www.human-resources-health.com/content/4/1/24>

organizational culture of innovation and flexible response to challenges: this was how the field officer program originally developed.

Recognizing that field officers' work is stressful, TASO ensures that staff has regular opportunities for stress relief, such as special non-work-related retreats, safaris and staff meetings, as well as annual leave. While such incentives will incur cost, there is little that can say as much to employees about the esteem in which their employer holds them.

Introducing a new cadre may be the key to quickly scaling up the workforce to deliver ART, or indeed for other services too, but a further consideration in retaining the new workers is how they will progress up a career ladder. If the role is a new one, what are the expectations about the future for these new workers? Is there a way that they can progress to other jobs? Is there appropriate bridging training for them to change careers if they find that it is health care that interests them? If not, then the introduction of the new role could be a short-term solution only. There is nothing wrong with short-term solutions, but it important that they are acknowledged as such.

Recruits for a new cadre can be given contracts for, say, two or three years, with the clear expectation that they will use this time to gain experience and consider where else they can work in the health arena. This will prevent the frustration that may be experienced by those wishing for promotion where there are no opportunities.

- *Salary and benefits, such as pension, paid vacation, maternity leave and sickness benefits, should be considered essential for any health worker; ensuring that these are fully funded, made explicit and paid on time will provide a basis from which to negotiate other incentives.*
- *Non-financial incentives are important in motivating people to stay in the workforce and do a good job. These include having satisfactory working conditions, supportive supervision and opportunities for professional development.*
- *Be clear about career possibilities for new cadres, both with the workers and within the organization.*

#### Stage 4: Training

If non-health professionals are being recruited to new roles, the issue of training is a key one. It may be that the role you are envisaging is unique to your organization, and in that case you will need to design a training that equips the new recruits to get into practice quickly and safely.

The Capacity Project has worked extensively on developing a step-by-step instructional design process that is targeted to fix a performance problem or gap when workers lack the essential skills and knowledge for a specific job responsibility, competency or task<sup>3</sup>. The process for doing this is set out in Table 2 below, and the tools to support the process can be found on the Capacity Project website.

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<sup>3</sup> Murphy C, Harber L, Kiplinger N, Stang A, Winkler J. *Learning for performance: a guide and toolkit for health worker training and education programs*. Chapel Hill, NC: IntraHealth International/Capacity Project, 2007. Available at: [http://www.capacityproject.org/images/stories/files/learning\\_for\\_performance\\_guide\\_relinked.pdf](http://www.capacityproject.org/images/stories/files/learning_for_performance_guide_relinked.pdf)

**Table 2: The Steps to Learning for Performance**

1. Specify the learning goal related to the gap in skills and knowledge
2. Learn about the learners and their work setting
3. Identify existing resources and requirements for training and learning
4. Determine job responsibilities (or competencies) and major job tasks related to the gap in skills and knowledge
5. Specify essential skills and knowledge
6. Write learning objectives
7. Decide how to assess learning objectives
8. Select the learning activities, materials and approaches and create the instructional strategy
9. Develop, pretest and revise lessons, learning activities and materials, and learning assessment instruments
10. Prepare for implementation
11. Implement and monitor learning and logistics
12. Assess effectiveness of the learning intervention and revise

There will remain questions of who is to conduct the training and how long it should be. If workers from your organization are to do the training, or part of it, then like supervisors, they have to be given time for preparation and teaching. Field officers in TASO have a four-week training immediately after recruitment. The curriculum was adapted from other existing training courses and tailored specifically to the educational needs of the field officers. Adult teaching techniques were used, and the curriculum included an induction to TASO's philosophy and core values, as well as skills and knowledge modules on HIV/AIDS testing, clinical HIV/AIDS care, ART, counseling, community issues and motorbike driving skills. The course promotes team-building and experience-sharing with veteran field officers. The course evaluation consists of daily pre- and post-tests, evaluation of the previous day, group leader feedback and end-of-course evaluation.

It is also worthwhile to explore how the training can be built into existing educational systems. For example, can it be one module toward a health-related degree? Or can it be a postgraduate certificate that will help the candidate build his or her résumé?

#### *Stage 5: Looking at the bigger picture*

Issues relating to the health workforce form one system inside the larger health system. The health system, in turn, functions within many other systems of society, culture, economics and regulation. Introducing a new cadre of health worker will be not be sustainable without consideration of what might influence the cadre's development within and outside the health system, as well as what impact a new role might have on the health system and on the broader picture. It is often these pressures outside of any new development, if ignored, which can lead to changes being abandoned.

**Society and culture.** What are the assumptions about the new role that is being considered? If it is a role similar to field officers, is it expected that they will visit women and men at home? If so, is it acceptable that men may visit women when their husbands are not there? Can men and women talk about sexual and reproductive health?

These considerations will influence your targets for employing women and men in your organization, and if it is the case that you seek equal numbers, then it may be necessary to consider forms of transport. In TASO, motorbikes were chosen as transport for field officers to reach remote areas. However, in Uganda it is uncommon for women to ride motorbikes, and so

there are only a few female field officers—a cause for concern for the organization. Therefore if it is important to employ women to visit other women, ensure that there is a suitable mode of transportation or appropriately designed motorcycles for women.

Issues of safety may also be important in society. Is a health worker likely to be safe when traveling alone to a remote area? How can safety be ensured? This may be a responsibility that communities are ready to take on, and having client representatives serve on a working group that is discussing new roles offers an opportunity to discuss these issues. Women may be more vulnerable and may need additional protection.

**Economics.** Exploring the labor market will help in identifying a pool of possible workers. In Uganda unemployment was high among new graduates, which meant that there were suitable workers available. Indeed, some were already volunteering at TASO.

It is important, too, to scan the labor market environment and look at salaries and benefits that will help recruit and retain the people that your organization needs, and to ensure that you can afford expansion.

**Regulation.** Health care regulation mechanisms that apply to HRH establish the requirements and procedures for the production, recruitment, deployment and management of the workforce. Regulation will include licensure or registration that verifies certain standards of competency to perform work safely and effectively.<sup>4</sup> If new roles are developed in an ad hoc way, they may fall outside the normal regulatory mechanisms.

If the new cadre of workers is to undertake a new style of practice, how will the practice be regulated? Will the workers be able to dispense drugs and if so, who will be responsible for the safety of the prescription? What mechanisms exist for clients to give feedback about the quality of the practice or concerns that they may have?

These are difficult issues to reconcile, and it will be helpful to consult with professional associations about concerns and modes of practice.

This is also an issue of health service governance, meaning that those who design and run national strategy for health should ensure that there is a way for people to complain about poor quality of care. Sadly, these mechanisms are often lacking. At TASO, ways have been found to include the clients of the services as part of the management structure. In this way, new developments can be presented and discussed by those who will be receiving new services, and complaints can be heard. Even though there may not be a national system for clients and patients to have their voices heard, TASO has shown that it is still possible to do this within the organizational structure. This may be true for your organization too.

**Professional interests.** The development of a new role within the health workforce may be resisted by other health professions when the new role is perceived as a threat. The perceived threat may arise from a fear that services will be provided by a cadre that is cheaper to train and employ than existing staff. Health professions have a long history, often with well-established norms and standards, within the professional organizations. While these can seem obstructive,

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<sup>4</sup> Necochea E. Building stronger human resources for health through licensure, certification and accreditation. Capacity Project Technical Brief No. 3. Chapel Hill, NC: Capacity Project, 2006. Available at: [http://www.capacityproject.org/images/stories/files/technical\\_brief\\_no3\\_credentiaing.pdf](http://www.capacityproject.org/images/stories/files/technical_brief_no3_credentiaing.pdf)

they are nevertheless deeply felt. Getting early support from established health professionals and their associations can give a huge impetus to workforce changes. Ways of doing this will depend on your circumstances, but will also depend on negotiations that can identify situations that have benefit to all. One way of presenting the proposed changes is as a time-limited measure to be monitored and evaluated, and to ask for help in doing this.

- *Health systems are complex organizations characterized by the diversity of stakeholders within and outside the system. To bring about change successfully involves working with:*
  - *Changing environmental pressures*
  - *Stakeholder views, including those of clients*
  - *The regulation of the health system and the workforce*
  - *Different professional interests.*
- *Ensure that stakeholders are represented in managing a workforce change and elicit views at every stage.*

## **Conclusion**

This guideline has described some of the recommendations about the introduction of a new role in the health care team, based on TASO's experiences with introducing field officers. In essence, what we have done here is to take one organization's experience and examine in some detail what underpinned success in that context.

In development work, the issue of the importance of context recurs constantly. To replicate promising practices in the health field, it is important that more is understood about context and successful replication. If your organization is implementing changes in the health workforce using this guideline, we welcome your feedback. Please contact the Capacity Project at [info@capacityproject.org](mailto:info@capacityproject.org).

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### *Further reading*

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To facilitate use and adaptation of the 14 tools in the *Learning for performance* manual, Microsoft Word versions of the tools are available for downloading. Available in English at:

[http://www.capacityproject.org/index.php?option=com\\_content&task=view&id=186&Itemid=164](http://www.capacityproject.org/index.php?option=com_content&task=view&id=186&Itemid=164)

Available in French at:

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# Annex A: ARV Refill Form, The AIDS Support Organization (TASO) Uganda

THE AIDS SUPPORT ORGANIZATION (TASO) UGANDA LTD.

## ARV REFILL FORM

TASO Center: _____	Client's Name _____	Sex(F/M) _____
Registration Number _____	Family Number: _____	Age: _____
ARV Refill Date ___/___/_____	Provider's Code [ _____ ]	

1. a) Venue (*circle one*): 1.TASO Centre 2. Home 3.Out Reach 5. Hospital Ward 6. CDDP 99. Other, .....

If venue is Outreach or CDDP, specify name: \_\_\_\_\_

b) Was the client at home? Yes [ ] No [ ]

If no, give reason and end here.

1. Away from home at time of visit, *plan for follow up* \_\_\_\_\_
2. Prolonged absence (e.g. traveling), *specify* \_\_\_\_\_
3. In hospital, *fill information on hospitalization below*
4. Died, *fill death notification form*
5. Lost to follow-up

2. a) Test Results: Hb: \_\_\_\_\_ HCG: 1[ ] Positive 2[ ] Negative Weight: \_\_\_\_\_ Kg

b) Is Client on Cotrimoxazole (Septrin) Prophylaxis? 1[ ] Y 2[ ] N

3. Illness assessment (*tick appropriate box on right*)

a). Since the last visit, have you received treatment from any health facility? 1[ ] Y 2[ ] N

*If yes, where? (Tick all that apply)*

- [ ] Health center
- [ ] Community Nurse
- [ ] TASO Center
- [ ] TASO Outreach
- [ ] Hospital
- [ ] Private clinic or pharmacy
- [ ] other \_\_\_\_\_

b) Were you admitted? 1[ ] Y 2[ ] N

*If Yes, Reasons for admission:*

**4. Medication review:**

a) Are you having difficulty taking your medication? (*Tick one*) 1  Y, 2  N

b) Pill Delivery	ARVs Drug codes				Cotr	Other Medicines			
Patient signature/print for receipt of pills  X _____									
Number of pills delivered									
c) Pill Return	ARVs				Cotr	Other Medicines			
<i>If the pills being returned are different from those being delivered, please record their names in the boxes.</i>									
Number of pills returned ( <i>to be used to calculate pill count adherence</i> )									
d) Did you miss taking ARVs in last 3 days? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<p><i>If yes, tick reason(s) for pills missed as patient provides.</i></p> <p><input type="checkbox"/> Forgetfulness</p> <p><input type="checkbox"/> Toxicity or side effects</p> <p><input type="checkbox"/> Pills not available</p> <p><input type="checkbox"/> Other condition made patient not to take pills</p> <p><input type="checkbox"/> Instructions from health care provider</p> <p><input type="checkbox"/> Medication fatigue</p> <p><input type="checkbox"/> Change of schedule/delivery day or overfill</p> <p><input type="checkbox"/> Other, <i>specify</i> _____</p>									
Adherence Level - 3 Day Recall( <i>Tick one</i> ): 1 <input type="checkbox"/> <75% 2 <input type="checkbox"/> 75% - 95% 3 <input type="checkbox"/> >95%									
Number of condoms (pieces) given ( <i>write figure</i> ) _____									

**6. Client's Concerns discussed:**

A1) Medical Concerns:

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A2) Action on medical concerns: (1) Referred to TASO Medical Dept (2) Referred to Other Health Facility  
(3) Treated on spot (fill medical summary form)

B1) Counselling Concerns:

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B2) Action on Counselling Concerns: (1) Referred to Counsellor (2) Counseled (fill counselling session form)

**7. Complete Review of Symptoms:** Ask the question: "In the past 7 days, have you had any of the following?" For each of the symptoms, tick if the response is "yes".

Fever	Tick if Yes (√)	Comments
General weakness		
Loss of appetite		
Headache		
Confusion		
Rash		
Itching		
Nausea/Vomiting		
Diarrhea		
Abdominal pain		
Cough		
Chest pain		
Difficulty breathing		
Genital itching		
Genital sores		
Genital discharge		
Mouth pain or sores		
Difficulty swallowing		
Burning or numbness in hands or feet		
Difficulty walking or using hands or arms		
Other symptoms:		

Date of Next visit: \_\_\_ / \_\_\_ / \_\_\_

The AIDS Support Organization (TASO) Uganda Limited  
Field Officers' Daily Field Summary Report

TASO Center: \_\_\_\_\_ Field Officer's Code: \_\_\_\_\_

Date: \_\_\_\_\_

Client's Name	Sex (F/M)	Registration Number	Address (Village, Parish, Sub country)	Counsellor Name	Main Problem	Action taken

Field Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**The Capacity Project** is an innovative global initiative funded by the United States Agency for International Development (USAID). The Capacity Project applies proven and promising approaches to improve the quality and use of priority health care services in developing countries by:

- Improving workforce planning and leadership
- Developing better education and training programs for the workforce
- Strengthening systems to support workforce performance.

### ***The Capacity Project Partnership***



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**The Capacity Project**  
IntraHealth International, Inc.  
6340 Quadrangle Drive  
Suite 200  
Chapel Hill, NC 27517  
Tel. (919) 313-9100  
Fax (919) 313-9108  
[info@capacityproject.org](mailto:info@capacityproject.org)  
[www.capacityproject.org](http://www.capacityproject.org)