

Health Workforce “Innovative Approaches and Promising Practices” Study

Incorporating Lay Human Resources to Increase Accessibility to Antiretroviral Therapy: A Home-Based Approach in Uganda

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Consultants

Bruno Benavides
Margaret Caffrey

Capacity Project
USAID Global Health/HIV/AIDS
and the Africa Bureau Office of Sustainable Development



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Acronyms

ART	Antiretroviral Therapy
ARV	Antiretroviral
CDC	Centers for Disease Control and Prevention
FBO	Faith-Based Organization
HRM	Human Resources Management
MOH	Ministry of Health
NGO	Nongovernmental Organization
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
TASO	The AIDS Support Organization
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

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Executive Summary

The AIDS Support Organization (TASO) administers a home-based program in Uganda that gives people in poor and rural settings access to antiretroviral therapy (ART) 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' medications and perform various activities, from voluntary counseling and testing to education to promoting family and community support.

While field officers enrich TASO's ART program through their social science and education backgrounds, they also ease Uganda's shortage of human resources for health. 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. TASO's ART program comprises almost 9% of Ugandans living with HIV/AIDS who are receiving ART, reaching adherence rates over 95% and reducing mortality by almost 90% among those in the program.

To ensure the program's ability to expand, TASO has developed strong management units, among them a comprehensive human resources management system. This report provides details of the human resources practices developed by TASO for attracting, selecting, recruiting, training, deploying, supporting and retaining a workforce of 89 field officers. It also discusses the lessons learned and provides broad recommendations for replicating this approach in other settings.

I. Introduction

Problem

If developing countries severely afflicted by the HIV/AIDS pandemic are to expand ART, they must mobilize their health systems. One important challenge they face is the shortage of skilled health professionals, particularly in sub-Saharan Africa. Many current delivery models are labor-intensive, relying on scarce nurses and other skilled staff.¹ As more countries commit to expanding ART, the need to explore new service delivery models or adapt current models becomes critical.

Affected population

Uganda has a population of about 26 million people, with 80% living in rural areas, 38% living in extreme poverty² and 51% with no access to health services. According to UNAIDS, Uganda has about 530,000 people infected with HIV, and 110,000 of them need ART.³ Almost nine out of 10 people infected with HIV live in sparsely settled rural communities in extreme poverty.⁴ They cannot afford to travel to clinics to receive medication, nor can they afford their medication. The poor health infrastructure in rural areas, shortages of health professionals and their inequitable deployment render traditional delivery of services inadequate for this population.

The AIDS Support Organization (TASO)

Taking up this challenge is TASO, a Ugandan nongovernmental organization (NGO) with a successful history of providing counseling, care, support and prevention services using a community-based approach. In 1987 a group of Ugandans that included people living with HIV (PLHIV) founded the organization to fight the stigma attached to the disease by educating family members of PLHIV and health staff. TASO management encourages its staff to embrace values such as a moral obligation to help PLHIV; equal rights, shared responsibilities and equal opportunities; human dignity; family spirit; and integrity.⁵ Shortly after its founding, TASO signed a memorandum of understanding with the Ministry of Health (MOH) allowing the organization to work in public hospitals. TASO has four regional offices and 11 counseling centers.

TASO's comprehensive portfolio of programs includes counseling, medical care, laboratory tests, alternative palliative therapy and home-based care. TASO also supports clients' domestic skills classes, drama groups, nutrition support, orphans' social and psychological services and technical skill apprentice programs for teenagers. The organization plays an active role in

¹ Kober K, Van Damme W. Human resources for health and ART scale-up in sub-Saharan Africa. A background paper for the MSF Access to Essential Drugs Campaign. Antwerp, Netherlands: Department of Public Health, Institute of Tropical Medicine, June 2005.

² USAID/Uganda. Annual report FY 2004. June 14, 2004. Accessed 10 Feb 2006 at: http://pdf.dec.org/pdf_docs/PDACA048.pdf

³ UNAIDS/WHO. Epidemiological fact sheets on HIV/AIDS and sexually transmitted infections. Uganda, 2004 update. Accessed 5 Apr 2006 at: http://data.unaids.org/Publications/Fact-Sheets01/Uganda_EN.pdf

⁴ Coutinho A. The Uganda experience in scaling up HIV/AIDS treatment and care. Presentation at the 11th conference on retroviruses and opportunistic infections; 8-11 Feb 2004; San Francisco, CA. Accessed 20 Apr 2006 at: <http://www.retroconference.org/2004/pages/webcast.htm>

⁵ The AIDS Support Organization (TASO). TASO values. Brochure. Undated.

Uganda through advocacy and mobilization programs, networking and collaboration and training services from community workers to professional staff.

TASO's experience in ART started in 2001 with a program to provide ART to more than 100 staff affected by HIV/AIDS. In 2003, based on the success of this experience, TASO joined with the Uganda section of the U.S. Health and Human Services/Centers for Disease Control Global AIDS Program to pilot the ART Home-Based Care Program in Tororo district.⁶ This program followed the World Health Organization (WHO) recommendations on home-based provision of ART. It provided treatment to 1,000 clients and used 30 field officers, proving the feasibility of using non-health professionals for the program's home-based approach and adapting it for efficient scaling up.

In 2004, TASO secured funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to increase its program portfolio by providing ART to 3,000 clients in the first year and scaling up to 10,000 by 2007. The organization's extensive experience in HIV/AIDS service delivery and its large client base informed the design of the home-based service delivery approach and the decision to use non-health professionals in the ART program. TASO recognizes that shortages of skilled health professionals in Uganda constrain the effective delivery and expansion of services, especially to the poor.

TASO has a staff of almost 700, including counselors, volunteer community nurses (unpaid qualified nurses), community health workers, registered nurses, dieticians, laboratory technicians, pharmacists, doctors and management personnel. It is 100% dependent on donor funding and has strong links to and a good reputation with donors. Its sponsors and donors include CELTEL, a regional African communication provider, the Centers for Disease Control and Prevention (CDC), the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Uganda AIDS Commission, the United States Agency for International Development (USAID) and the WHO.⁷

Justification for the use of field officers in the ART program

ART programs continuously enroll clients through three stages: selection; prescription; and follow-up. During the selection stage the program enrolls clients according to eligibility criteria based on standard clinical protocols. After selection, clients receive ART prescriptions and learn about ART's characteristics and possible side effects and complications. Finally, follow-up ensures adherence to treatment, detects and treats complications and side effects and provides lifetime treatment.

The accumulation of ART clients demands a steady increase of time and human resources for follow-up care.⁸ Figure 1 shows changes in the number of clients enrolled in each phase of a hypothetical ART program with a constant enrollment rate. While the number of clients in selection and prescription remains unchanged, the number of clients in follow-up increases because the cohorts of clients accumulate. Figure 2 shows the relative level of effort demanded

⁶ Centers for Disease Control and Prevention. Testimony of Jonathan Mermin, M.D. Public Health Epidemiologist. Country Director for GAP Uganda. Accessed 9 Feb 2006 at:

<http://www.cdc.gov/washington/testimony/HI472004192.htm>

⁷ Donors and corporate sponsors [website]. The AIDS Support Organization, 2006. Accessed 10 Feb 2006 at:

<http://www.tasouganda.org/donors.php>

⁸ Kober K, Van Damme W. Human resources for health and ART scale-up in sub-Saharan Africa. Antwerp, Belgium: Department of Public Health, Institute of Tropical Medicine, June 2005.

by each program phase. Because the number of clients in follow-up increases with each cohort, the relative level of effort for that program phase increases from slightly less than a third to about two-thirds of the total level of effort of health workers.

This steadily increasing demand for resources for follow-up activities in ART programs could jeopardize their sustainability, as well as effective and efficient implementation, given the shortages of skilled health workers in many sub-Saharan African countries. When TASO began its extensive ART program, it addressed these challenges through recruitment and training of field officers.

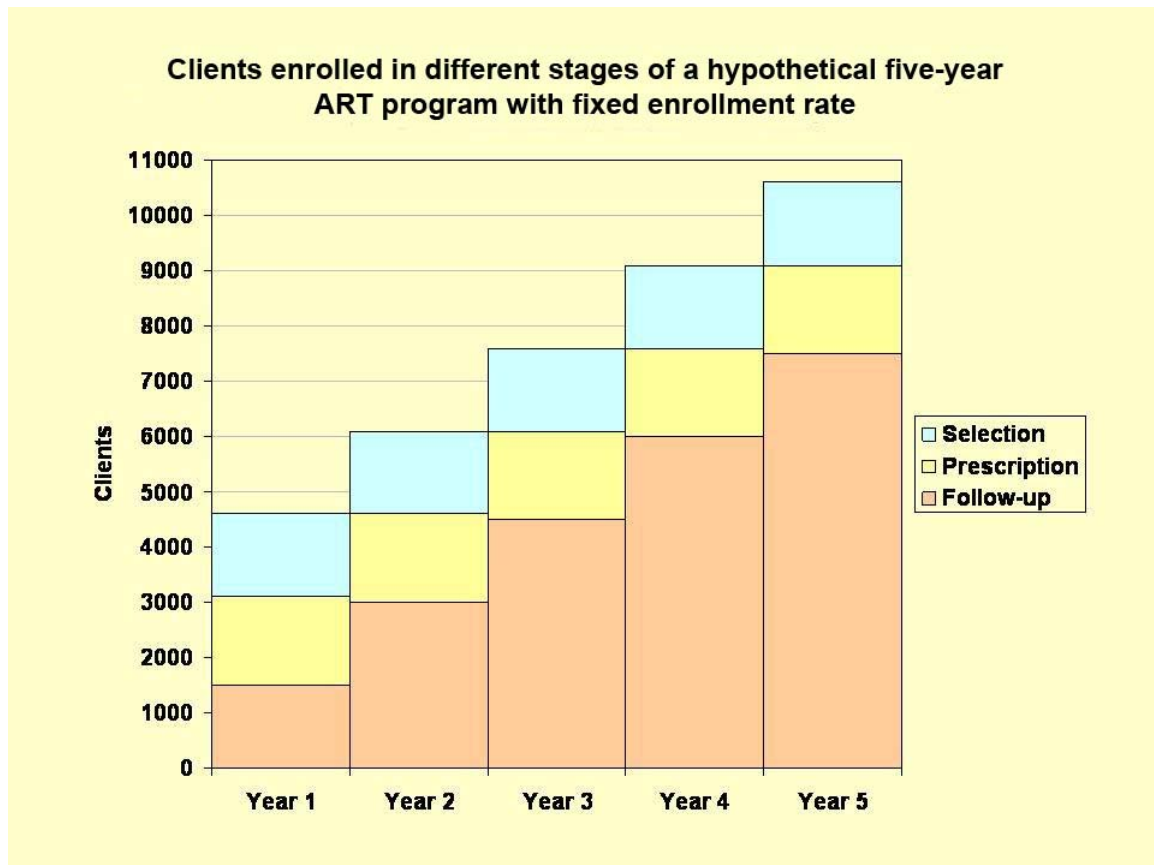


Figure 1

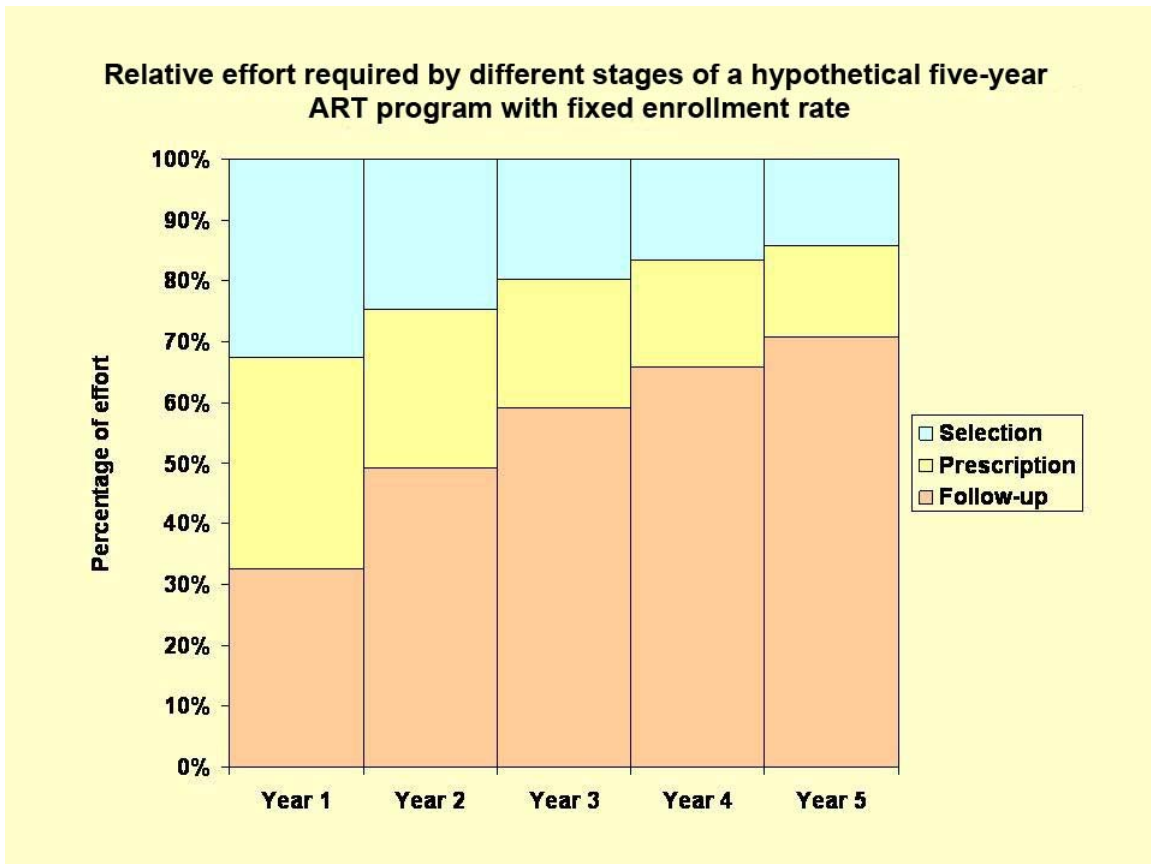


Figure 2

2. Presentation of the Promising Practice

2.1 Overview

Description of the ART program and the field officers' role

TASO's home-based approach delegates most of the tasks related to ART follow-up from health professionals to field officers, who travel from the TASO centers to clients' homes monthly using motorbikes provided by the organization.

Follow-up is of utmost importance in ART programs. It includes delivering ART, checking adherence, detecting ART failure or toxicity, looking for opportunistic infections and unsafe behaviors, offering voluntary counseling and testing (VCT) for household members and providing referrals for medical care. The home-based follow-up also includes community health education and awareness activities and coordination of community-based client support groups, ensuring adherence to the treatment as well as promoting and delivering VCT to clients' family members. This approach reduces the health professionals' role to prescribing medications for new clients and caring for the referred clients affected by opportunistic infections and drug failure or toxicity identified during the field officers' visits.

TASO's ART program addresses both effectiveness and efficiency during the follow-up stage. The use of health professionals for most of the follow-up is not likely, given their scarcity in Uganda. The MOH clearly recognizes shortages at the district, community and home levels.

TASO has taken a creative approach by using workers without health sciences backgrounds but with adequate education to fulfill the complex objectives of the ART follow-up stage.

It is important to note that TASO closely coordinates the ART program with the MOH and the public health services. The MOH oversees the ART program, which is part of the national strategy for controlling HIV/AIDS. TASO files monthly reports to the district and national health authorities, including the number of clients receiving treatment. Simultaneously, TASO coordinates with other partners at different levels. TASO has signed several memoranda of understanding with other organizations.

Purpose of field officers

The purpose of field officers in the TASO approach is to provide free treatment to eligible clients, reduce and treat opportunistic infections and ensure compliance with treatment.⁹

Program methods and approaches

TASO's ART program follows a home-based approach that gives poor people in rural settings better access to quality health services and treatment. The program seeks "not only to put people on ARVs but to have systems in place to make sure people adhere."¹⁰ TASO provides ART as a part of a comprehensive family health package, enrolls clients using cheap CD4 testing and targets high adherence rates to reduce drug-resistant virus variants.

The program consists of several phases. First, health professionals help clients understand ART through education and information. In the second phase, clients take part in eligibility laboratory and clinical tests and receive counseling for enrolling in the ART program. Clients then engage in an education program, which improves their understanding of the disease, prepares them for ART by learning about its characteristics and expected adverse effects, strengthens their commitment to adherence and promotes behavioral change. In the third phase, field officers follow up with clients through monthly home visits, performing the previously mentioned tasks.

Field officers are not traditional community health workers. They are degree or diploma holders with backgrounds in social sciences or education and without formal education in health. Deployment of field officers is central for achieving the program objectives. Their social sciences and education backgrounds promote a more holistic approach to home-based care and enable them to understand the social dimensions of HIV/AIDS and the needs of clients. This in turn increases the opportunities for good rapport with clients and for ensuring improved adherence to treatment.

TASO has undertaken several human resources management (HRM) practices to attract, select, recruit, train, deploy, support and retain field officers. These practices complement the innovative approach of using this new cadre, enabling the organization to support and develop its workforce. The following section describes these practices.

⁹ The AIDS Support Organization (TASO) information booklet. 2nd ed. The AIDS Support Organization (TASO), 2005.

¹⁰ Coutinho A. Cited in: Bass, E. The two sides of PEPFAR in Uganda. *The Lancet*. 2005;365:2077-2078.

2.2 Activities to Implement the Promising Practice

Attraction, recruitment, selection and deployment

TASO officers at headquarters manage the recruitment process. The organization searches for graduates and diploma holders from the social sciences and education, ages 25 to 30, from both sexes to match the clients' gender profile. TASO advertises the open positions on its own premises and through local newspapers and media. The recruitment and selection process begins by short-listing potential candidates against established criteria and according to human resources needs. Those who are short-listed undertake a written test on general HIV/AIDS knowledge, and a panel of staff from different levels interviews successful candidates, exploring their interpersonal skills, ensuring that candidates clearly understand the nature of the job and clarifying expectations and views.

There is a great demand for these positions; during the fourth recruitment in January 2006, 1,208 applicants competed for 17 positions. Of several field officers interviewed¹¹, some had been unemployed, while others had been working in their respective professional fields or as TASO volunteers and others had been TASO clients or children of TASO clients (HIV-positive on ART).

The interviewed field officers said the position attracted them for many different reasons. These included the wish to serve poor people affected by HIV; job security; and TASO's reputation and approach to HIV/AIDS service delivery.

Field officers also said that salary was not a strong motivator in their decision to apply. However, the starting salary for this position is substantially higher than they could expect to receive as social workers or teachers.

In deploying field officers, TASO considers each individual's preference for posting and fluency in the local language. Field officers cited several reasons for their preferences, including a wish not to move away from their families or change their way of living. They also wanted to have access to training and personal development opportunities. All the interviewed field officers showed satisfaction with the centers they chose, remarking that this strategy had positively affected their motivation and retention.

Training

Immediately after selection, field officers take part in a four-week training course tailor-made for the position. The course uses adult learning methods, including instructional experiences, group work, role play and simulation exercises. TASO adapted WHO, CDC and TASO training and clinical guidelines and materials for ART provision to fit with the special characteristics of the program, the trainees' backgrounds and the Ugandan context.

TASO trainers deliver the training program, which includes an introduction to TASO's philosophy and core values as well as knowledge and skills 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

¹¹ Two focus-group discussions were conducted with a total of 16 field officers from the Mulago and Entebbe centers.

evaluation consists of daily pre- and post-tests, evaluation of the previous day's work, group leader feedback and end-of-course evaluation.

Field officers thought the training was “quite good,” a “perfect fit” with the realities of the job that also equipped them with the necessary skills and knowledge to undertake their responsibilities effectively. Those affected by HIV/AIDS felt that their own experiences combined with the training enabled them to change their sexual behaviors and helped them to reduce stigma and fear. Others felt that the training helped them perform their jobs effectively and improve the lives of others. All of them valued the defensive motorbike-riding techniques gained through the training.

TASO provides field officers with regular professional development sessions and other in-service training programs to improve their skills and knowledge. Feedback from supervision and field officers' practice continuously introduce adjustments to the original training curriculum to respond to new needs and challenges.

Performance management and support

TASO is devoted to achieving a balance between extended coverage and high-quality standards in its ART program. For this purpose, the organization provides structured support to ensure that field officers perform at the required level.

Field officers prepare individual, annual work plans aligned with the organization's strategic and annual plans. A team leader reviews individual plans to ensure the appropriateness of goals and targets. Although each field officer has the target of following up on 100 clients, clearly both the organization and the field officers see quality of care and satisfying clients' individual needs to be a greater priority than quantity. Team leaders use the plan to appraise performance quarterly during the first year of the contract and then yearly. According to field officers, performance appraisal is the basis for rewarding them for good performance.

TASO has implemented different mechanisms to support field officers, ensure quality and improve their performance. The organization has a strong policy for protecting its workforce against accidental exposure to HIV. Staff members, including field officers, receive training on and follow standard procedures to reduce the risk of accidental exposure. If an accident occurs, TASO ensures free ART prophylactic treatment.

An ART team leader in each center directly supervises the field officers. The ratio of supervisor to field officer varies according to the assigned number of field officers to each TASO center, ranging from seven to 11. Team leaders help field officers achieve their individual goals and are ready to help with clinical or logistical issues, questions and doubts, performing the double role of trainer and administrative aide.

TASO has an integrated approach for program management, allowing field officers to receive support from staff working in other TASO programs, including community nurses, AIDS community volunteers, counselors and medical officers. Since they work in the same geographic areas, they are ready to help field officers deal with specific clients' needs, ensuring coordination at the community level for supporting and following up on clients with special needs.

For preventing sexual harassment, conflicts and other issues that could affect the human relations and productivity of the staff, TASO has set up the informal mechanisms of “Senga” (Senior Aunt) and “Koja” (Senior Uncle). Staff members select from among themselves one senior person who manages confidential, personal complaints. Their actions may range from

giving personal advice to conducting arbitration to referring a case to the management, depending on its severity.

Recognizing that field officers' work is stressful, TASO ensures that the staff has regular opportunities for stress relief, such as non-work-related retreats, safaris and staff meetings, as well as annual leave.

Retention

TASO recognizes the importance of field officers in the effective implementation of the ART program and efforts to increase clients' adherence to treatment. The organization is also aware of its significant investment in recruiting and training field officers. As a result, TASO has designed and carried out strategies to retain this cadre.

Field officers' training in HIV/AIDS and their affiliation with TASO improve their marketability. They are attractive to other HIV/AIDS-related organizations, which recruited four out of 30 field officers from the first cohort. Three other field officers moved horizontally to other TASO programs, resulting in an attrition rate of 23.3% for this cohort. Most of these field officers had health education backgrounds. Other organizations, especially those linked to HIV/AIDS research, continue to approach field officers, offering a much higher salary than that provided by TASO.

Believing that the background in health-sector employment of those who left the organization was an issue, TASO focused its recruitment efforts on candidates with no background in formal employment in the health sector. The organization also improved incentives, giving field officers field and transportation allowances and refunds for medical expenses. Good performers during the probation period receive an extra salary increment.

TASO also carries out an "envisioning process," which involves promoting the idea that remaining in the same job for many years will improve employees' *curricula vitae* and prospects for future jobs. The organization also supports its staff to develop their careers through external training and professional development opportunities, beyond regular training and continuous education. Field officers reported that they had not been successful in their applications for external training, possibly because they are relatively new in the organization.

Instituting the field officer cadre and recruiting other staff for the ART program resulted in changes to the organization's structure, management systems, hierarchies and ways of working. The organization has been successful in reducing the consequent resistance and managing staff views and attitudes toward this new cadre, making the recruits feel more welcome and part of the TASO "family."

Most of the field officers said they love their work and receive high satisfaction from seeing improvements in their clients' health and lives. During the interviews they presented several examples of how dramatically the treatment allowed their clients to improve their health and return to work and their normal lives. Many of them remain in their positions despite active recruiting by other organizations. TASO's human resources department reported that two field officers who had left the organization have re-applied for the position, noting that TASO's working culture and environment were preferable to higher salaries.

3. Achieved Results

3.1 Summary

TASO has recruited and deployed 89 field officers and was recruiting 17 more at the time of this study. Some field officers have achieved 100% of their target of providing follow-up services to 100 clients, but most have reached 40% to 60%, apparently due to the difficulties of reaching some clients' homes. By December 2005, the program was providing ART to 5,854 clients, representing almost 9% of the countrywide total of 65,500 clients currently enrolled in ART, and around 5% of the 110,000 adult Ugandans who are in need of treatment.¹² The total number of family members tested through home-based VCT at all centers reached 9,051 (353 HIV-positive).

The HRM strategies implemented by TASO have been successful in recruiting, training, deploying, supporting and retaining lay human resources to provide follow-up in an ART program.

- **Recruitment and selection strategies** have ensured that the organization hires the right people; selecting diploma holders makes certain that candidates have the necessary education to understand and assimilate the training content. Their social sciences and education backgrounds have enriched the ART program, because field officers are equipped to understand the complex social realities of their clients.
- **The intensive and tailored training program** gives field officers the necessary skills and knowledge to do their jobs and ensures that they are in the field and providing services in the shortest time possible. Continuous professional development and in-service training upgrade field officers' skills and knowledge.
- **Well functioning management and support systems** help field officers integrate and assimilate core TASO values and bond with the organization. Interviewed field officers consistently made reference to the organization's values and philosophy. They showed strong commitment to PLHIV and to the way the organization delivers its services, and they identified with the positive organizational climate, which they considered vital for feeling comfortable, recognized and supported.
- Information gathered from TASO staff suggests that the organization's retention strategy has been effective, reducing the early attrition rate. The organization has created a **positive environment, shaped by its core values**, which helps to motivate and retain field officers. They are loyal to the organization, despite the recruitment efforts of other, better-paying organizations.

Field officers recognize the personal growth they have experienced because of the job. They also recognize improved interpersonal skills, better positioning in the job market, increased understanding of HIV/AIDS, stronger motorbike-riding skills and a sense of job security. Field officers reported a personal transformation by reducing stigma and increasing compassion toward those affected by HIV; those field officers living with HIV said the program has helped them to lead life with a more positive attitude.

Clients' feedback received by field officers shows that their clients' quality of life and health are improving, allowing them to continue being productive. Interviewed field officers reported that

¹² Coutinho A. The Uganda experience in scaling up HIV/AIDS treatment and care.

education and counseling have empowered their clients, making them better able to articulate their needs and negotiate with health providers in the public sector about their rights and the quality of treatment they receive.

By the end of 2005 eight of the 11 TASO centers were taking part in the ART program. In terms of effectiveness, the program shows promising results. The mortality rate dropped from 490/1,000 per years of observation to 59/1,000 in the Entebbe TASO Center.¹³ According to data from the Mulago TASO Center, during the first two weeks of ART, 30% to 50% of clients needed referrals because of reactions to the drugs, but then the need for referrals decreased to nearly 5%. The registered annual client drop-out rate was around 7%, including those deceased, lost to follow-up and referred to other institutions. A study in this TASO center showed an adherence rate of over 95% in 226 out of 251 clients (90%), and 75% to 95% in the remaining 25 clients (10%). These results could not be achieved without a strong follow-up component, which relies mostly on the field officers' performance.

According to Dr. Elizabeth Madraa's testimony¹⁴, the MOH supports TASO's approach and has interest in adapting it for similar interventions in public health services to address the shortage of health professionals at district and community levels. The MOH is willing to build on the lessons learned from the TASO ART program.

3.2 Meetings and Interviews

Members of the Capacity Project staff produced this report based on a series of interviews and document reviews conducted during February 2006. Interviewees were mainly members of TASO's central management team. Data collectors used focus group sessions and interviewed field officers based in Mulago and Entebbe due to logistic and time limitations.

4. Discussion and Perspectives

4.1 Facilitating Factors

Using lay human resources to provide follow-up services in an ART program has been a key element in increasing access to ART services while challenging models and views of who should provide these services and how. The use of non-health professionals in providing HIV/AIDS services has been increasing in counseling and home-based care services, but its use in delivering ART and HIV testing during the follow-up stage is an innovative promising practice in Uganda.

The success of TASO's initiative can be demonstrated from different perspectives.

- **Comprehensive human resources management.** Well-organized HRM strategies support the field officers cadre, allowing TASO to attract, recruit, train, deploy, support and retain them. This cadre is a cornerstone of the ART program, and the evidence suggests that the organization has paid close attention to the design, development and implementation of these management strategies. Creating and sustaining these strategies

¹³ Ibid.

¹⁴ Interview with Dr. Elizabeth Madraa, Director of the MOH AIDS Control Program. February 2, 2006.

is a major accomplishment, as they are quite sophisticated and often difficult to maintain without effective leadership. They can look easy as described, but they are not.

- **Program efficiency.** The ART program has shown that the use of lay human resources for providing follow-up services can significantly reduce the need for skilled health professionals. This result is important considering their severe scarcity in Uganda, especially in poor rural settings with limited access to health services. The program's approach is an effective and efficient response to the increasing need for human resources for providing ART follow-up services. Several ART strategies currently in place in African countries rely on the use of doctors and nurses. These strategies, called "doctor-based," recommend the use of one doctor for 500 to 600 clients. A simple analysis shows that the need for more doctors is much larger than currently available human resources.¹⁵
- **Program effectiveness.** The ART program has produced adherence rates over 95% for most clients. This is a promising result because that adherence is likely to produce positive clinical outcomes.¹⁶ The 90% drop in mortality has confirmed the effectiveness of the program in the Entebbe TASO Center.
- **Sustainability.** The organization bases its approach to sustainability on the recognition that fighting HIV/AIDS in Uganda is impossible without financial aid from developed countries. The organization's leaders believe that the country cannot by itself pay for the long-term costs of providing ART to those living with HIV. From that standpoint TASO has built its sustainability strategy on three pillars. The first is increasing the credibility of the organization through strong and transparent financial management. Second, TASO expects ART costs to decline, making them more affordable. Finally, TASO believes that its strong alliance with the MOH and the pressure of empowered people on the government will facilitate adapting its model in the public sector.

Given these management and clinical results, the following sections analyze the reasons that are likely to have contributed to achieving them as well as those that are blocking or can potentially block the program's prospects for scale up and sustainability.

TASO's successful use of field officers has been possible thanks to a positive and supportive environment, both in Ugandan society and internally in TASO. Some key features of this environment are:

- **Favorable context.** The commitment of the country's highest leadership has contributed to a favorable environment for fighting HIV/AIDS, increasing public awareness and reducing stigma. TASO managers say this environment has helped the ART program's implementation. Since stigma is decreasing in the country, clients are more comfortable receiving field officers' visits, which reveal their health conditions. Clients also feel free to seek advice or health care when treatment failure, complications or serious ART side-effects occur.

¹⁵ Kober K, Van Damme W. Human resources for health and ART scale-up in sub-Saharan Africa. Antwerp, Belgium: Department of Public Health, Institute of Tropical Medicine, June 2005.

¹⁶ Paterson DL, Swindells S, Mohr J et al. Adherence to protease inhibitor therapy and outcomes in patients with HIV infection. *Annals of Internal Medicine*. 2000;133:21-30.

- **Strong leadership.** TASO leaders have successfully transmitted the organization’s core values and philosophy to its staff. They have motivated the staff to actively pursue the organization’s common goals and objectives. As a result, field officers and other management staff interviewed are proud to belong to TASO and are passionate about performing their jobs with compassion toward those living with HIV. The chief executive officer has succeeded in building transparent structures and procedures to secure the good reputation the organization enjoys in the country and among international donors.
- **Alliance building.** TASO has built strong alliances with key partners. The country’s First Lady supports the organization, which increases TASO’s visibility in Ugandan society. The MOH is another key ally that sees TASO as a collaborator rather than a competitor, approving guidelines and training materials, providing free space for TASO centers inside public hospitals and speeding up their accreditation. TASO collaborates with other NGOs by sharing strategies, methods and materials, thus reducing the pressure on TASO to meet the increasing demand for its services. The organization has also succeeded in managing its relations with professional boards in the country, to the point of having no apparent opposition, conflict or resistance to its programs, especially in delegating ART follow-up tasks to lay people.
- **Learning organization.** Information collected during interviews strongly suggests that TASO is an active learning organization that is aware of changes and issues that challenge program implementation, and that it has the mechanisms to produce an informed response. Examples of this organizational feature are as follows:
 - The entire ART program design rests on the results and lessons learned during the pilot program in Tororo.
 - When other organizations tried to recruit field officers with health backgrounds, the organization changed its strategy by giving priority to candidates from the social sciences and education fields. TASO also improved its own recruitment by ensuring that applicants are more aware of the realities of the job.
 - The continuous supervision of field officers allows the organization to identify performance needs and respond effectively with professional development courses to upgrade the field officers’ knowledge and skills.
 - TASO pays attention to its clients’ opinions, feedback and complaints. Field officers continuously receive direct feedback on their performance from clients, community-based nurses or supervisors. TASO has promoted diverse mechanisms to allow clients to make their voices heard. The organization has installed suggestion boxes at TASO centers, and clients have representation in TASO management and board meetings. Field officers also receive peer support through fortnightly meetings, during which they share learning experiences, plan their work, share workloads and motivate one another.

Presumably the vertical nature of the program is both a strength and possible weakness—the strength being that it delivers a narrow range of clearly defined services to a clearly defined population, the possible weakness being that if it is not integrated with other services it may not contribute as effectively to overall health gain, and the field officers may be isolated from broader career opportunities.

4.2 Constraints

Increasing demand for ART

If Uganda manages to increase the coverage of ART, TASO will certainly have a role to play. However, the organization will have to grow—adding staff and more complex operations—without exceeding its own management capacity. TASO management is aware that Uganda lacks the qualified HRM needed for an expanded nationwide program and is exploring new approaches to the challenge. It is analyzing several more efficient means of ART distribution, such as increasing field officers' client loads; setting up community ART distribution points; providing travel allowances to clients who live far from TASO centers to allow them to make the trip to pick up drugs and receive counseling; and increasing the ART refilling period to two months. Solutions to this challenge have to balance the need for increasing ART coverage against the quality of TASO services.

Unsolved gender issues

TASO employees have equal opportunities regardless of gender; 47% of workers in all TASO centers are female. However, the organization has not achieved this balance among field officers. While TASO's current client gender profile is 65% female, 85% of field officers are male. It is a challenge to attract the needed number of women in the preferred age range for many reasons. Field officers reported that local culture discourages women from riding motorbikes. Another explanation of the gender bias lies in the physical demands of the job, especially for women in their reproductive years. The male-biased profile of field officers reduces their ability to set up good rapport with female clients, who represent the largest part of the client base. Male field officers report that this is a barrier, since it is sometimes difficult for them to provide personal care and support for female clients. There are also cultural taboos about a woman interacting with a man other than her husband. This gender mismatch between field officers and clients could potentially affect the program. TASO is adjusting its recruitment procedures to achieve the desired gender balance in its field officer workforce.

Threats to retention

Field officers raised some issues suggesting that TASO has to make more efforts to retain them. After experiencing the job, the perceived workload, psychological stress and risks, field officers feel the salary does not adequately compensate them. It was clear from the interviews that several factors could threaten the retention of the field officers, the most significant being burnout due to the physical and psychological demands of the job. Some female field officers left the job because of the difficulties of motorbike riding during and after pregnancy.

Unclear career development for field officers

Field officers perceive a lack of career progression and limited prospects for promotion in the organization; even horizontal movement within the organization appears unlikely because of the field officers' lack of health qualifications. Because field officers are a new cadre of health workers and the experience is new, TASO is working to ensure their full integration and is seeking ways to resolve this issue.

Need for improving supervision

Field officers felt that TASO has to strengthen supervision. Some suggested that supervision and support are not as regular as they should be. ART team leaders are doctors who are also delivering services for other TASO programs and performing other management tasks. This extra workload reduces the time available for supervision. Field officers felt that if team leaders

and members of the management team made more regular field visits, they would better understand the conditions under which field officers work. The need to strengthen supervision and support for field officers is something the organization is aware of and is already addressing.

Hardship areas

A long-standing armed conflict between the government and rebel groups affects the northern districts of Uganda. This makes it difficult to provide and sustain basic services to the population, resulting in high morbidity and mortality rates. For example, in the Guru district there is an estimated prevalence of HIV infection that is double the national average, and AIDS is responsible for more than two thirds of the district mortality.¹⁷ TASO faces great difficulties in filling positions in these conflict areas, and it is not clear how the deployment strategy, based on the recruits' preferences, affects filling these posts. TASO is considering offering extra incentives to attract and retain field officers in these areas.

Unintended effects

Because of the success of the program, TASO is receiving an increasing number of requests to undertake consultancies and to support other organizations in Uganda and abroad. While it is important for TASO to share its experiences and support similar programs, these requests put pressure on TASO's capacity to effectively carry out its programs.

Field officers' provision of VCT has led to an increased number of HIV-positive people among clients' family and community members. This extra demand has exceeded the availability of drugs and the management capacity of TASO, which is now referring new clients to other providers.

The program has empowered TASO clients. As a result they are demanding better services and are challenging health providers in public services, asking for more information on diagnosis, treatment and clinical procedures. These health providers sarcastically call them "rugezigezi," a local term for someone who knows everything.

TASO suggests that its clients are developing a "dependency syndrome." Clients often expect the organization to meet all their needs, including personal, social and economic needs.

4.3 Lessons Learned

The program carried out by TASO has shown that non-health professionals such as field officers can effectively and efficiently perform several follow-up tasks related to ART. Thus, the strategy reduces the demanded level of effort from health professionals for program implementation and scale-up, especially in making counseling, testing, treatment and care more accessible to poor people in rural settings. NGOs and faith-based organizations (FBOs) in other African countries should consider adopting the TASO strategy. An adapted version should be tested in the public sector for scaling it up in Uganda and other countries in the region.

However, the TASO experience has also demonstrated that field officers are just one ingredient of a comprehensive strategy. This strategy depends on a balance between demand and supply of

¹⁷ Wallis D. HIV/AIDS rate soars in war-torn northern Uganda. Reuters. 27 Sep 2004. Accessed 3 Apr 2006 at: <http://www.peacewomen.org/news/Uganda/Sept04/HIVAIDSsoars.html>

services. The program must first create extended risk awareness in the population to produce demand for VCT, and then the program must reduce stigma and discrimination to promote the demand for ART. Once the program creates demand for VCT and ART, it must ensure that quality services are in place to respond effectively and efficiently.¹⁸

But this strategy does not work in a stand-alone way. TASO has also developed management support systems to allow the strategy to work as smoothly as possible. HRM is one of these systems, and TASO has carefully crafted its design for responding effectively to organizational and staff needs and priorities during recruitment, selection, deployment, training, support and retention of workers.

To enable this interaction among program design, strategy and supportive management systems, organizations need strong leadership that shares core values, promotes management efficiency and transparency and helps set up solid alliances. Effective leadership is a key for ensuring sustainability, something needed by ART clients who depend on effective and efficient organizations for lifetime treatment.

4.4 Recommendations

These recommendations are intended for governments or organizations interested in replicating TASO's strategy in other settings.

- **Confirm the program's effectiveness and efficiency.** Since TASO's program is new and lacks documented references from other similar home-based strategies, it is necessary to confirm its advantages over doctor-based or other community worker-based approaches. The following illustrative indicators could be useful to make this comparison: (1) enrollment of clients into ART; (2) ART adherence rate; (3) health and social outcomes of the program; and (4) program cost-effectiveness.
- **Boost the capacity of implementer organizations.** NGOs and FBOs must ensure that their leadership and management systems are robust enough to start, scale up and sustain programs using the TASO approach. Alternatively they must recognize the need for assistance and have access to it in order to ensure the management and leadership foundation for effective systems support. Cooperating agencies should include this in their agendas to provide technical assistance services to make this process easier.
- **Adapt the program to work in public services.** Interested stakeholders need to adapt and test the TASO approach to confirm its use for the public sector. The original approach is unlikely to work under the public sector's different policy, legal and management framework. One possible way to do this is to create or strengthen public-private partnerships with a clear division and coordination of responsibilities based on the strengths of each partner. For example, the public sector could be responsible for the clinical parts of the program, while NGOs and FBOs could be responsible for training, deploying and supporting field officers.

¹⁸ Coutinho A. Moving from national policy to free provision of ART in Uganda. In: Bond V, Kwesigabo G, eds. Forging the links against AIDS: HIV/AIDS research, policy and practice. HIV/AIDS report series no. 1. Lusaka, Zambia: Swedish International Development Agency (Sida), June 2004.

- **Formally incorporate new cadres into the health system.** TASO designed, tested and scaled up the field officers cadre. However, several important issues are still under consideration, especially the issue of how field officers or other new cadres of human resources will fit into health systems. TASO and similar organizations should test and document experiences in solving this problem. A careful analysis of the workforce market would help to determine a salary level that is attractive to professionals and diploma holders from the social sciences and education fields, but is simultaneously realistic in terms of long-term sustainability.
- **Address the gender mismatch between field officers and clients.** TASO and similar organizations should continue exploring different approaches for solving this issue. Possibilities include considering different transportation vehicles for female workers, working in pairs with field officers of both sexes and redistributing the workload to reduce the mismatch as much as possible.

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The Capacity Project Partnership



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
www.capacityproject.org