

AIDSRelief Ethiopia

Achieving sustainability in HIV care and treatment programs using the AIDSRelief Site Capacity Assessment (SCA) tool: The experience of AIDSRelief Ethiopia

Background

Effective HIV/AIDS program implementation requires functional infrastructure, proactive leadership, skilled human resources, and adequate program monitoring tools. The Ethiopian national ART implementation guidelines clearly state the need for site capacity assessment prior to initiation of HIV programs and propose the utilization of a standardized national assessment tool. AIDSRelief’s Site Capacity Assessment (SCA) tool complements the national assessment checklist in assessing the overall capacity of health facilities to deliver quality HIV care and treatment services in a sustainable way. The SCA focuses on assessing program operations rather than program outcomes, enabling AIDSRelief supported health facilities to plan and prioritize technical assistance activities in certain program areas, including adult HIV care, community-based treatment services (CBTS), laboratory services, maternal child HIV care (MCHC), pharmaceutical services, continuous quality improvement



Figure I. AIDSRelief’s SCA Focus Areas



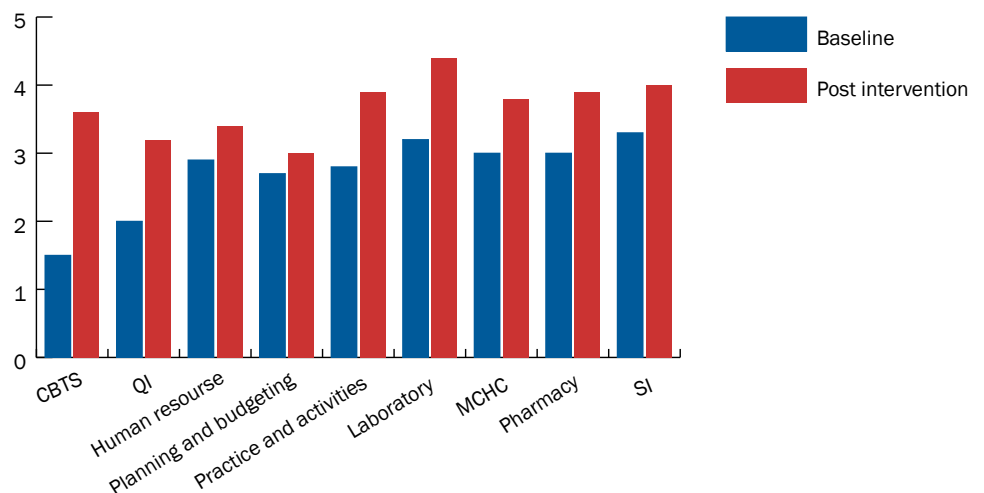
(CQI), finance and compliance, health care management, and strategic information (SI). See Figure 1. The SCA lists a set of indicators related to capacity in each program area that are critical to delivering quality care and treatment in a consistent and sustainable way.

Approach

An initial SCA was conducted in February 2010, followed by a subsequent SCA in May 2011 at St. Luke Hospital, a faith-based facility providing HIV care and treatment services. Structured interviews, with questions pertaining to each program area scored on a scale ranging from 1 to 5, with scores above 3 indicating that the facility is meeting the standard, were conducted with facility staff. Interviews were complemented by direct observation of activities at the facility and a review of relevant documents, such as performance reviews, standard operating procedures (SOPs), and manuals. Findings of the initial 2010 assessment were shared with senior management and technical staffs of the hospital and a series of discussions were held on the mechanisms to address identified capacity gaps. Accordingly, AIDSRelief technical staff collaborated with the hospital management to identify specific areas that had a low score in order to develop a plan of action. Action items were incorporated into the AIDSRelief technical team work plan with detailed objectives, activities, timelines, performance indicators, persons responsible, and planned cost for each capacity gap identified. Planned interventions were implemented throughout the year.

Results

During the baseline assessment, key program components identified with low scoring include: CBTS (1.5), fundraising advocacy (1.6), CQI (2.0), human resources (2.9), planning/budgeting (2.7), and practices/activities (2.8). See Graph 1. After implementing targeted interventions, such as establishing CBTS and CQI functions in the hospital ART program, training of staff in both clinical and leadership areas, development and distribution of SOPs, manual and guidelines and



Graph I. SCA Pre and Post Findings in Selected Program Areas

integrating HIV/AIDS services into general hospital services interventions, a subsequent assessment was conducted 14 months later. Post-intervention findings showed improvements in CBTS (3.6), CQI (3.2), human resources (3.4), planning/budgeting (3.0) and practices/activities (3.9). Further improvement was also identified in additional program components, including laboratory services (3.2 to 4.4), MCHC (3.0 to 3.8), pharmaceutical services (3.0 to 3.9) and SI (3.3 to 4.0). No decrease in scores was observed.

Lessons learned

With the findings of the SCA tool, AIDSRelief was able to obtain a clearer picture of the site's programmatic, technical, and administrative capacities. The assessment enabled the AIDSRelief team to reprioritize the focus areas of technical assistance, with greater emphasis given to the areas that scored low and required more attention. Capacity development activities—namely training and infrastructure support—were also made more focused to address specific identified gaps. The clinical, community, and SI technical assistance helped to greatly improve the site's program implementation capacity. Training sessions, Continuous Medical Education (CME) programs, and mentoring

activities also contributed towards improving the overall human resource capacity improvement of the site. These interventions helped to drive the improvements in the various program and functional that were observed during the second-round SCA. In addition, the assessment was completed with various facility staff, making it a very good opportunity for the site team to reflect on their capacities and enhance joint program implementation.

Effective utilization of SCA requires capable staff to conduct the assessment, engagement of senior management of sites in the whole process beginning with the planning phase through the implementation and analysis stages. The full buy-in and participation of site leadership is key for ownership of responsibilities and implementation of interventions. Even though St. Luke staff did participate in the assessments, there are potential challenges in ensuring facility ownership in planning and allocation of appropriate technical and financial resource to address identified gaps. The SCA tool is easy to administer and does not require extensive resources, making it potentially easily adopted by regional health bureaus, health facilities, or other implementing partners to be used on a larger scale. St. Luke management has already requested AIDSRelief to conduct the assessment at its seven other supported health centers.