Step 4: Build Site Capacity

There are two major ways of building organizational capacity: training of personnel and upgrading of infrastructure. Both can enhance the operational capabilities of organizations allowing them to provide better service. Capacity development is particularly important in many places where the HIV/AIDS epidemic is most severe such as Sub-Saharan Africa. There is a serious shortage of skilled personnel working in public health services in these countries and the national health budgets are not sufficient to provide the required basic infrastructure. In addition to specific training on HIV/AIDS, the conduct and management of programs can be facilitated by providing training to selected individuals in areas such as program design, project management, administration and financial management.

Objectives

- Train and build capacity of all stakeholders to deliver services and other skills dictated by the shared goals of the project.

- Build capacity of physical facilities to adequately deliver clinical services.
Training Personnel

On Program Design:

- Not all personnel need to be expert at program design. A few key individuals, (e.g., the project manager, the chief physician, the head nurse, the M&E officer), however, could benefit at an early stage in planning from specialized training in program design. These individuals are likely to be responsible for the overall mission and goals of the project and can create an overall design concept. Thereafter, one excellent way of involving most personnel in the refinement of the concept is to have M&E workshops, at which they can participate in the elaboration of a program logic model and its associated performance indicators as described in Step 3. As mentioned previously in that step, the creation of a good M&E framework is a very effective way of designing a program. Involving personnel in this process is a good way of training them in program design.

On Implementation, Coordination and Management:

- Once again, a few selected staff members should be trained in project management. Hopefully, the program will already have identified a qualified and experienced overall project manager in Step 3. But other team leaders’ effectiveness can be significantly improved with a little training and the provision of some management tools. The project manager and some other key individuals should receive training in project management and financial management.

On Service Delivery:

- Almost all staff will benefit from HIV/AIDS training, appropriate to their level and job function. There are many excellent and well accepted tools and resources for capacity building to provide ART that have been developed by local and national public health agencies as well as major technical assistance and donor programs like WHO 3X5 and PEPFAR. For general training purposes, however, we recommend Resource No. 3, the HIV Curriculum for the Health Professional, published by BIPAI. It is comprehensive and adaptable for all cadres of personnel on both clinical and community levels. BIPAI has successfully used the curriculum to train physicians, nurses, psychologists, social workers, community health workers, pharmacists, lab technicians and volunteers. IT specialists, M&E officers, finance personnel, administrative personnel and data clerks can also benefit from training on HIV using the curriculum, but may require, in addition, specialized training for their particular jobs.

In addition, you may find useful the following videos and DVDs prepared by BIPAI specifically for children’s issues and which can be obtained by contacting BIPAI at the addresses listed in the introduction to this Toolkit:

1) Kids to Kids: Medication Dedication (for education of health professionals, caregivers and children about adherence).
2) Now You Know: Now What? (for education of health professionals, caregivers and children about disclosure of HIV diagnosis)
3) Teaching Pill-Swallowing (for education of health professionals about pill swallowing in children)

On Program Evaluation:

- As described in Step 3, it is worthwhile giving all personnel who are involved in the collection of data a basic training in M&E evaluation, stressing in particular its value to them as a management tool.

Training for Community Service Delivery:

- Capacity building and specific skills training should be provided to all the organizations providing community services. Training for the high impact services of home-based care is described in Resource No. 5.

Physical Infrastructure

It is also imperative to build the capacity of the physical infrastructure in which the program will be implemented. If there is not an existing facility for ARV treatment, the project team needs to select a site and work with funders on helping to build one or refurbish facilities.

Already in Step 2, decisions were made about the required configuration of service facilities: centralized or decentralized, stand alone or integrated into general health services. Tool No. 3 will assist you in determining what additional infrastructure is required to allow you to provide the services you have decided to offer to meet your program objectives.

Basic services that will be provided depend on what is needed in the geographic area and what the
government believes is needed. Basic services provided at most BIPAI COEs include VCT, PMTCT, pediatric HIV care and treatment, family centered care, psychological and social work support services, pharmacy services, and basic laboratory services. Other services that are available at some BIPAI COEs that became available because of need in the area are TB services, gynecological services and well child services including immunizations.

An example of how BIPAI undertook comprehensive capacity building, both in terms of personnel skills, infrastructure and equipment to allow a rural clinic to provide pediatric HIV care is illustrated in Field Story No. 4.

Field Story No. 4: Building Capacity in Uganda

In 2006, Baylor College of Medicine Children’s Foundation – Uganda (Baylor-Uganda) entered into collaboration with UNICEF to scale-up pediatric HIV care and treatment in post-conflict, rural districts in Eastern and Western Uganda. Following formal site assessments by a joint local government and Baylor-Uganda/UNICEF team, sites were selected and scale-up began in November 2006.

The selected health facilities had existing HIV clinics, serving primarily adult patients. The initial focus, therefore, was to orientate these health units and their communities about provision of pediatric and family HIV/AIDS care. Chronic HIV/AIDS care and HIV Counseling and Testing (HCT) took on a family model approach. Clients already in care and those coming for HCT were asked “Where is your child?” To achieve this, we undertook activities aimed at building the capacity of the health facilities, the staff and the community to respond to the needs of HIV positive and exposed children and their caretakers. Capacity building took on multiple forms, including: health worker training and mentorship, community sensitization and mobilization, and infrastructure or systems development.

In order to create an environment that would support pediatric and family HIV services, a number of infrastructure enhancements were made. These included: general painting of the clinic space, building of shelves, installation of burglar proofing of the pharmacy store and partitioning of the clinic space to allow for enhanced clinic flow and patient privacy. At one of the clinics (continued on next page)
where space allowed, an external shaded waiting area was built in order to allow the patients to wait comfortably outside the clinic. This external waiting area also allowed children to play outside the clinic while being monitored by their caregivers.

During the initial site assessment phase, it was noted that many of the health facilities visited did not have the necessary equipment to support the effective provision of pediatric care. In response to this discovery, Baylor-Uganda developed the “Essential Package of Pediatric HIV Care Equipment.” This Essential Package includes: weighing scales and stands, blood pressure machines with child-sized cuffs, otoscopes and ophthalmoscopes, examination pen-light torches, pediatric stethoscopes, hammers, height/length measures, stadiometers, digital thermometers and industrial pill cutters.

In addition to physical infrastructure enhancements, logistical and systems enhancements were also made. As the communities served by these upcountry clinics had little knowledge about the availability and benefits of pediatric HIV care and treatment services, outreach child- and family-centered community-based testing and routine testing and counseling (RTC) services were introduced through the selected health facilities. Because consistent availability of commodities to support the services was limited, Baylor-Uganda in collaboration with UNICEF now provides commodities such as HIV test kits, supplies and medications, both for opportunistic infections and ARVs. And because lack of skills in drug and supply forecasting and procurement by the district health facilities contributes to the issue of stockouts, Baylor-Uganda has partnered with another, in-country organization that supplies drugs and provides training in forecasting and drug procurement.

Laboratory monitoring of children and their family members enrolled in care and data management were two additional aspects of pediatric- and family-centered HIV care that were supported in these upcountry facilities. The laboratories at the district-level health facilities do not have the capacity to process many of the typical laboratory investigations used to support pediatric HIV diagnosis and patient monitoring, e.g., DNA-PCRs and CD4 counts. Memoranda of Understanding (MOUs) with regional laboratories were executed in order to support effective patient monitoring. Children and their family members in care are scheduled once per week for CD4 count sample collection. On that same day, a vehicle from the clinic is used to transport these samples and the dried blood spot DNA-PCR samples to the regional laboratories for processing. Test results from the previous week are then picked up from the laboratory and brought back to the clinic to guide clinical care and for incorporation into patients’ files.

A review of recordkeeping and data management practices at the health facilities revealed significant gaps and inconsistencies. Data relative to HIV-related services were inconsistently collected and reported, and baseline data with regard to number of children and even number of patients actively in HIV care was extremely difficult. To address these issues, Baylor-Uganda facilitated a two day recordkeeping and data management workshops for the health workers at the implementation health facilities. This workshop introduced basic data collection and management best practices, as well as introduced some of the HIV testing registers introduced on the wards by Baylor-Uganda. One Baylor-Uganda supported data manager sits in each of the two regions. These data managers are responsible for collecting all program-related data, as well as providing technical support to the implementation health facilities in order to strengthen the facilities data management capacities in general.

The Baylor-Uganda/UNICEF collaboration is in its second year of implementation, and it is anticipated that a similar service model will be rolled out to Northern Uganda in the coming year.
Are You Ready To Start?

While resources and capacity will always by definition be less than perfect in a resource-limited setting, the urgency of providing care and treatment for children infected and affected children requires that you should start as soon as feasible. On the other hand it is counterproductive to launch a service which cannot be delivered effectively. Tool No. 1 on site readiness is a useful tool for assessing capacity building needs and progress against site preparedness milestones.

Lessons Learned

- Training is necessary for effective operation of a pediatric HIV/AIDS program in a resource-limited setting and is also supportive of professional development of the individual implementers
- Capacity building is not just about training, but can be facilitated by providing appropriate, sometimes innovative upgrades or modifications to workplaces and other physical structures.

Uganda outreach: Following sensitization, communities are mobilized to come to a nearby health unit for counseling and testing. Adults are encouraged to come with their children to the testing centers. Referral to care is also done through community volunteers and opinion leaders.

The Botswana-Baylor Children’s Clinical Centre of Excellence-Botswana in Gaborone nears completion