PEPFAR Rapid Site-Level Health Workforce Assessment Tool: Overview

Under PEPFAR 3.0, the Human Resources for Health (HRH) Technical Working Group developed a Human Resources for Health Strategy. The goal of this strategy is to make certain PEPFAR investments in HRH ensure adequate supply and quality of HRH to meet the 90-90-90 targets in PEPFAR-supported scale-up, sustained, and centrally supported sites.

The first objective of the HRH Strategy is to assess the HRH capacity at PEPFAR supported sites to deliver HIV/AIDS prevention, care and treatment services. Specifically, PEPFAR programs need to ensure HRH staffing interventions effectively provide adequate stock, distribution, and retention of HRH at priority sites to reach targets in the face of limited resources, while appropriately planning for transition. In addition, increasing attention to efficient ways to utilize health workers is key to optimizing diagnosis and linkage to treatment, care and adherence.

The objectives of the assessment tool are:

- Ensure adequate staffing to reach site-level targets and 90-90-90 goals;
- Optimize efficient utilization of health workers across the HIV continuum;
- Identify HRH barriers to quality HIV service delivery; and
- Collect site specific HRH data to inform program planning and transition.

In order to assist countries in assessing capacity at priority sites, the HRH TWG has developed a rapid site-level HRH assessment tool. Data collected in this tool include:

- Types, number and availability of cadres at facility;
- Reasons contributing to absenteeism, retention, and productivity;
- Current health worker cadre allocation per service point;
- Health worker capacity and preparation for providing quality HIV services; and
- HRH barriers pertaining to service delivery.

The tool can be administered annually to assess HRH. It is recommended that assessments are conducted by implementing partners working at sites. If more than one partner is working at the site, they should work with their funding agency to determine which partner will complete the assessment. Only one assessment needs to be undertaken per site. Completing the assessment during the 4th quarter of the fiscal year is advisable so that site level workforce data is available to review with year-end Monitoring, Evaluation and Reporting (MER) data during POART 4 and can be used for planning the next year COP activities. The assessment should take about 60-75 minutes to complete at each site.

Members of the HRH TWG are available to provide virtual or in-country technical assistance to countries interested in collecting site level HRH data. For future information please contact: Diana Frymus (dfrymus@usaid.gov) or Cate McKinney (ckm6@cdc.gov).
**PEPFAR Rapid Site-Level Health Workforce Assessment Tool: Instructions**

**When:** This tool is to be administered annually. It can be administered during the routine implementing partner’s supportive supervision visit to a facility or can be administered during a specific visit to a facility to conduct the rapid site level workforce assessment. Completing it during the 4th quarter of the fiscal year is advisable so that site level workforce data is available to review with year-end Monitoring, Evaluation and Reporting (MER) data during POART 4 and can be used for planning the next year COP activities.

**Who and How:**

*Role of the Data Collector:*

Ideally, this assessment should be conducted by the implementing partner’s staff who work with the facility. However, the assessment can also be conducted by USG staff or another implementing partner. It would be helpful, but not necessary, if the data collector has knowledge of Human Resources for Health (HRH). Prior to visiting the site, appropriate country stakeholders (e.g. district management, facility staff) should be notified of the assessment.

Prior to assessment, the data collector should refer to PEPFAR or facility data to complete this table:

<table>
<thead>
<tr>
<th>Facility name(s) (if more than one facility is linked to one PEPFAR site, please list all facilities):</th>
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</thead>
<tbody>
<tr>
<td>PEPFAR site ID: ________________________________</td>
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<tr>
<td>PEPFAR site type: □ scale-up to saturation □ aggressive scale-up □ sustained □ central support</td>
<td></td>
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<tr>
<td>Number of MOH established posts: ________________________________</td>
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<tr>
<td>Number of ART patients: ________________________________</td>
<td></td>
</tr>
<tr>
<td>Estimated patient volume per day <em>(all patients, not just HIV)</em>: ________________________________</td>
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</tbody>
</table>

Once at the facility, begin the assessment by reading the “opening statement” in Section i (page 4). Continue through Sections I-IV. Upon completion of the assessment with the in-charge, take time on your own to document any observations in Section ii, “End of Survey.”

*Role of Facility Management:*

The tool is to be administered through a discussion with the in-charge or lead manager for HIV services at a facility followed by a walk-through of the key HIV service delivery departments (i.e., HTC, ART, TB/HIV, PMTCT, pediatrics, pharmacy and laboratory). Questions may also be answered by facility management/supervisors of HIV staff as needed. To increase the ease of data collection, please provide the assessment tool *(pages 5-10 only)* to facility management to read along during the assessment.

Additionally, if possible, some information can be collected prior to conducting the assessment in order to decrease time needed to conduct the assessment on site. The following questions can be sent to and answered by the in-charge of the facility in advance of the assessment:

- Section I: question 2 (health worker availability)
- Section III: question 11 (health worker allocation)
When the in-charge has filled out Q2 and Q12 in advance, it is strongly advised that the data is validated during the in-person assessment.

**Defining the Health Workforce**

This tool assesses the health workforce that is working at the facility site that PEPFAR supports. It is meant to get a comprehensive inventory of the health workforce, **not limited to workers who are financially supported by PEPFAR**. The questions inquire about workers that are both engaged in direct patient care and clinical/technical support. Responses should capture workers who may work at the facility and/or in the community but who report to facility management. The questions should capture workers of all cadre types including volunteer cadres, part-time staff, and non-traditional (e.g. guards, ground labor) if they support HIV patient care (e.g. prevention of drug theft, infection control, triaging patients).
i. **Beginning of Assessment – Opening statement explaining the tool to be read by data collector:**

Good morning/afternoon, first let me introduce myself; I am (name) and I work for (organization name) to support the PEPFAR program in (country name). PEPFAR provides ongoing technical support to this facility in various HIV/AIDS technical areas.

PEPFAR is placing increased emphasis on how workers are being utilized and supported in the delivery for HIV/AIDS prevention, care, and treatment services to ensure high quality diagnosis and linkage to treatment, care, and adherence.

The objectives of the rapid HRH assessment tool are:

- Ensure adequate staffing to reach PEPFAR facility targets in order to reach the 90-90-90 goals;
- Optimize efficient utilization of health workers across the HIV continuum;
- Identify HRH barriers to quality HIV service delivery; and
- Collect site specific HRH data to inform program planning and transition.

In order to assist countries in assessing capacity at priority sites, data collected in this tool include:

- Types, number and availability of cadres at facility;
- Reasons contributing to absenteeism, retention, and productivity
- Current health worker cadre allocation per service point;
- Health worker capacity and preparation for providing quality HIV services; and HRH barriers pertaining to service delivery

It will take about 60-75 minutes to go through the questions of this tool. Many of the questions are multiple choice, although a few will require some numerical data regarding the workforce at this facility. I will read each question to you. I am also giving you a copy to follow along with me. Please feel free to ask me to clarify any of the questions.

The information being collected in this assessment is on the facility overall not on any individual health worker. PEPFAR (name of country) will be reviewing this data with the government in order to better understand the impact health workforce challenges have within in a facility and across facilities providing HIV/AIDS services.

Do you have any questions before we begin? Great, let’s start with the section of the assessment that focuses on health worker availability.

**Data collector should complete this section at the time of conducting the assessment:**

<table>
<thead>
<tr>
<th>Data collector (name and organization):</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Date of assessment:</td>
<td>Start time: __________ End time: ________</td>
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</tbody>
</table>
I. HEALTH WORKER AVAILABILITY

This section asks about health worker availability for HIV services. I’m first going to ask you a few questions to help understand the context of the health worker availability at this facility.

Q1a. What days of the week is this facility open, and what are the hours it is open each day? For example, Monday – Friday, 7-4 and Saturday, 8-12. ____________________________

Q1b. Are there HIV or ART clinic days? If so, what are the days and hours of the clinic days?
   □ Yes; specify clinic days and hours: ____________________________ □ No

Q1c. How many hours in a work week is considered full time employment? For example, 40 hours. __________________

The following set of questions use the table on the next page.

Q2. Looking at the spaces in the first column of the table, please tell me the type of staff working at this facility. (Data collector should fill these in.) Include both paid and volunteer cadres. Also include workers that work in the community but are connected to this facility. Examples within each category include:

- **Clinical** – Clinical professionals, including doctors, nurses, midwives, clinical officers, medical and nursing assistants, auxiliary nurses, auxiliary midwives, testing and counseling providers. Note: They should have completed a diploma or certificate program according to a standardized or accredited curriculum and support or substitute for university-trained professionals.
- **Clinical support** – Pharmacists, pharmacy technicians, medical technicians, laboratorians, laboratory technicians.
- **Managerial** – Facility administrators, human resource managers, monitoring and evaluation advisors, epidemiologists and other professional staff critical to health service delivery and program support.
- **Social Service** – Social workers, child and youth development workers, social welfare assistants.
- **Lay** – Adherence support, mother mentors, cough monitors, expert clients, lay counselors, peer educators, community health workers and other community-based cadres. Note: Lay workers are those who have non-clinical training and provide services directly to clients. They are health workers who provide important services for the continuum of care within facilities and/or communities. Lay workers who may conduct work in the community but that are formally managed/report to the facility are to be reported. Lay workers who are based in the community and managed or report to a CSO/NGO and whose only affiliation with a facility is for a specific task (e.g. referral) should not be accounted for.
- **Other** – Workers who do not fit into any of the categories above. Note: If other staff, such as ground labour or security guards have interactions with patients or provide HIV services support (for example, prevent drug theft), list these here.
**For full time staff:**

<table>
<thead>
<tr>
<th>Q2a. List cadre categories below.</th>
<th>Q2b. For each staff type, how many staff does this facility have in total?</th>
<th>Q2c. How many of this facility’s staff are full time staff and work in HIV service delivery, regardless of time/ workload allocated to non-HIV services?</th>
<th>Q2d. For these full time staff delivering HIV services, on average, about how many hours each week are they delivering HIV services? (Include facility and community time)</th>
<th>Q2e. For these full time staff delivering HIV services, on average, about how many hours each week are they delivering HIV services in the community?</th>
<th>Q2f. How many of this facility’s staff are part time staff and work in HIV service delivery, regardless of time/ workload allocated to non-HIV services?</th>
<th>Q2g. For these part time staff delivering HIV services, on average, about how many hours each week are they delivering HIV services? (Include facility and community time)</th>
<th>Q2h. For these part time staff delivering HIV services, on average, about how many hours each week are they delivering HIV services in the community?</th>
<th>Total FTEs = (Q2c<em>Q2d) + (Q2f</em>Q2g)</th>
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<tbody>
<tr>
<td>Example: Nurse</td>
<td>12</td>
<td>7</td>
<td>20</td>
<td>0</td>
<td>1</td>
<td>18</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>Example: Expert Client</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>10</td>
<td>5</td>
<td>1</td>
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**CLINICAL**

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<tr>
<th>a.</th>
<th>b.</th>
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**CLINICAL SUPPORT**

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**MANAGERIAL**

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**SOCIAL SERVICE**

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**LAY**

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**OTHER**

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<td>b.</td>
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<tr>
<td>c.</td>
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</tbody>
</table>
The next set of questions continues asking about health worker availability.

**Q3.** For the health workers that are not at work today, what are the reasons for their absence? Please tell me all that apply. *(Check all that apply)*

- Off duty
- National holiday
- Workshop/meeting
- Training
- Sick leave
- Maternity leave
- Annual leave
- Other excused personal leave (for example, family leave)
- Other (specify: ___________________________

**Q4a.** When was the last time a health worker resigned/quit their job at this facility?

- Less than a month ago
- Less than 6 months ago
- More than 6 months ago

**Q4b.** What cadre or type of health worker was this person? ____________________________

**Q4c.** Is this worker's post/job position still vacant?  □ Yes  □ No

**Q5.** In your opinion, what are the top 3 reasons health workers quit their jobs or ask to be transferred from this facility? Which one of these is the most common reason? *(Check the top 3 reasons health workers quit their jobs at this facility. Then circle the most common reason health workers leave this facility.)*

- Remoteness of area
- Burnout
- Reassigned by government
- Migration to another country
- Better opportunities in the private sector
- Spouse relocation/follow spouse
- Not doing job tasks trained for
- Lack of professional advancement opportunities
- Lack of supervision
- Poor occupational safety and health
- Insufficient salary and benefits
- Insufficient housing, utilities, or wifi/phone service
- Other (specify: ____________________________

**Q6.** When a health worker is on leave for more than one week, how do you ensure coverage?

- We do nothing
- We assign work to existing staff
- We bring in new staff
- Other (specify: ____________________________
II. WORKFORCE PERFORMANCE MANAGEMENT

The next section asks about workforce performance management.

Q7. Are there documents or visual aids in place that clarify roles and expectations for staff at this facility who are involved in the delivery of HIV services? For example, documents or visual aids could include job descriptions, staff schedules, or workflow charts that distribute and outline tasks for team members.

- Yes, and they are displayed for health workers to see (data collector should confirm)
- Yes, but they are not displayed
- No

Q8. What are the ways health workers get feedback on their job performance from their supervisors, co-workers or patients? (Check all that apply:)

- Performance reviews that follow national plans/guidelines
- Routine supervisory support
- Participation on quality improvement (QI) teams
- Collection of client feedback (for example, survey, feedback box)
- Other (specify:)

Q9. Does this facility have any of the following guidelines, policies and practices to protect patients living with HIV from stigma and discrimination?

- Guidelines on the right of people living with HIV to equal care
- Guidelines on the right of key populations to equal care
- Guidelines on voluntary testing and informed consent
- Guidelines on patient confidentiality and privacy
- In-service trainings to raise awareness and change stigmatizing attitudes
- Supervisor support of staff in providing non-discriminatory services
- Standards of practice for health workforce safety, including guidelines on HIV transmission and use of post-exposure prophylaxis (PEP)
- Use of care models that engage key populations (men who have sex with men, people who inject drugs, sex workers or transgender persons) such as through employment or linkages with a key populations Civil Society Organization (CSO) or Community Based Organization (CBO)
- Other (specify:)

Q10. Are any of these infection control and universal precautions in place to protect health workers?

- Sufficient supply of gloves, needle disposal boxes and PEP
- Staff have confidential access to HIV testing and treatment
- Other (specify:)

Rapid Site-Level Health Workforce Assessment Tool
III. HEALTH WORKER ALLOCATION

This next question is looking at which cadres of health workers are assigned specific HIV duties in this facility and why they are assigned these duties. As an example, community nurses might do outreach in the community because it is in their job scope and expert clients might also do outreach in the community because of high patient volumes.

<table>
<thead>
<tr>
<th>Service points:</th>
<th>Q11a. List the type(s) of health workers that perform each of the tasks below. Examples include:</th>
<th>Q11b. Select all reasons staff do these tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td>Community outreach</td>
<td>It is in their job scope</td>
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<td></td>
<td>Community nurses</td>
<td>x</td>
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<tr>
<td></td>
<td>Expert clients</td>
<td>They have received training for this task</td>
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<td></td>
<td></td>
<td>High patient volume (staff assists/provides back-up support)</td>
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<tr>
<td></td>
<td>Community outreach (for example, mobile clinics, community testing or dispensing)</td>
<td>Health worker shortage (task is shifted to this worker)</td>
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<td></td>
<td>Community-facility linkages (for example, community patient referrals to facility)</td>
<td>Govt. directive</td>
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<td></td>
<td>Client registration</td>
<td>Other (Specify)</td>
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<tr>
<td>Triage</td>
<td></td>
<td></td>
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<tr>
<td>TB screening for HIV patients</td>
<td></td>
<td></td>
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<tr>
<td>Patient consultation and clinical assessment</td>
<td></td>
<td></td>
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<tr>
<td>HIV/AIDS pre- and post-test counseling</td>
<td></td>
<td></td>
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<tr>
<td>Lab tests</td>
<td></td>
<td></td>
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<tr>
<td>Check available tests:</td>
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<td>------------------------</td>
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<td></td>
</tr>
<tr>
<td>□ HIV □ CD4</td>
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<tr>
<td>□ Viral load</td>
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<tr>
<th>Adherence counseling and psychosocial support</th>
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<tr>
<th>Pill count</th>
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<th>ARV initiation</th>
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<th>ARV refill</th>
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<tr>
<th>Dispensing ARVs</th>
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**Q12a.** Are there days of the week or hours of the day that more health workers are scheduled to work? □ Yes □ No

*If yes, continue to Q12b. If no, skip to Q13.*

**Q12b.** How are staff schedules and assignments determined?

- □ Assessment of patient roster/volume
- □ Assessment of evening/weekend patient needs
- □ Based on clinic days (for example, HIV clinic days)
- □ Assessment of waiting times
- □ Established staffing norm
- □ Other (specify: ) ________________________________________

**Q13.** How do staff access work schedules and assignments?

- □ Posted on wall
- □ Discussed in team/staff meetings
- □ Handed out by supervisor
- □ Other (specify: ) ________________________________________
- □ Not applicable (for example, because schedules are regular/routine so they are not handed out)

The next set of questions all pertain to HIV in-service training at this site.

**Q14.** Do you have a system for keeping track of which workers receive in-service training?

- □ No
- □ Yes: (circle:) electronic OR written/on paper

**Q15a.** What are the priority HIV trainings at this site? ____________________________________________

**Q15b.** How are staff selected to receive these priority HIV trainings? ____________________________________________

**Q15c.** What types or cadres of health workers are receiving these priority HIV trainings? ____________________
Q15d. Are there additional staff who need these priority HIV trainings? □ Yes □ No □

If yes, about how many? __________________________________________________________

If yes, why? _____________________________________________________________________
IV. SUMMARY

Thank you for your patience. We are nearing the end of the survey.

**Q16.** In this question, I will be asking you to rank in order the 3 biggest HRH challenges related to HIV service delivery at this facility. I will read all possible challenges and then ask you to tell me the first or most important challenge, followed by the second and third top challenges. (*Use numbers from 1 to 3 to rank for importance, with “1” being the most important:*)

- High vacancy rates (*enter specific rate if available: _____________*)
- Recruitment, contractual, and/or payroll processes
- Inadequate infrastructure
- Shortage of supplies
- Absenteeism
- Inadequate HRH management capacity/support
- Insufficient clinical competencies
- Inadequate operational policies and guidelines for delivering services
- Not doing the job they are trained for
- Health worker shortage
- Unclear position descriptions
- Inadequate staff compensation
- Staff turnover
- Low staff motivation
- Inadequate transportation
- Payroll
- Other (*specify*)

**Q17:** This is the last question of the assessment. Is there anything I haven’t asked about staffing that you think I should know?
Data Collector, please provide feedback from your visit. For example: Did you see long queues? How organized were the registration and/or triage processes?