WEBINAR

Optimized Human Resources for Health Staffing

March 25 (English)

Questions & Answers

ACCELERATING SUPPORT TO ADVANCED LOCAL PARTNERS
(ASAP)
Contract No. AID-OAA-I-14-00031

Optimized Human Resources for Health Staffing

Questions from March 25th Webinar (English)

General Questions

1. With regard to 'HRH needs and optimization planning solution', can you expand on what inputs are used in the tool to calculate workload and how this is contextualized to specific country contexts?

   The approach uses standardized client pathways for TX, HTS, and PrEP services which specify the sequence of tasks performed to provide a service to one client, the cadres who perform the tasks, and the time standards—that is, the number of minutes each cadre devotes to the tasks. The pathways are used in combination with TX, HTS, and PrEP program targets to estimate staffing needs. They have been standardized for application, but include a list parameters that allow but some level of customization to tailor the standardized client pathways for a specific country context. More information about the HRH Needs and Optimization Solution can be found [here](#).

2. Are our country programs invited to COP country dialogue? If not, can we get invited or influence those attending?

   HIV Civil society organizations in each country are invited to participate and provide input during the COP planning process. Implementing partners typically do not participate during COP but may meet with Agency colleagues outside or ahead of the COP planning meetings. We recommend you contact your PEPFAR A/CORs to determine the best way to engage during the COP process.

3. Where exactly can we implement the key uses of collecting and using HRH data?

   HRH data can be used to understand:
   - *Staffing composition and geographic distribution*
   - *Current staffing alignment to targets/performance to inform staffing needs/readjustments*
   - *Staffing models including staff providing service delivery and those doing non-service delivery / technical assistance*
   - *Staffing expenditures*

4. Do the speakers have any thoughts regarding whether it would be useful if PEPFAR could make the use of their funding more flexible, especially in the era of COVID?

   PEPFAR regularly updates and posts technical guidance in the context of the COVID-19 pandemic, including considerations for how PEPFAR funding can be used. That guidance can be found [here](#). COVID-19 guidance for USAID implementing partners and FAQ is also

available [here](). For additional guidance, we encourage all Partners to reach out to your Agreement Officer and Agreement Officer Representative.

5. Are we allowed to include the non PEPFAR funded staff members on the analysis and at reporting? Example other government employees contributing towards PEPFAR project.

   Yes, ideally partners are able to consider government staffing availability in strategies you are using to determine staffing investments.

6. Will HRH be addressed during the COP country dialogues coming up next month?

   The level of discussion will vary by country, but we expect HRH investments and management to be discussed during many COP meetings. Section 6.6.8 in the PEPFAR COP21 Guidance focuses on HRH recommendations and outlines considerations for how PEPFAR programs should optimize HRH staffing for maximum impact and sustainability.

7. In the majority of hospitals here in Cameroon, the staff who work in the HIV departments are generally people living with the virus. I would like to know what is the best practice? Should we recruit only people living with HIV or should we mix the staff? If not, what would be the impact of stigmatization on patients?

   Staff recruitment and hiring should be aligned with organizational HR policies and local labor laws. The full participation of community stakeholders, civil society, and PLHIV in every stage of PEPFAR programming and planning, from advocacy to service delivery, is critical to the success and sustainability of PEPFAR and the global effort to combat HIV.

Questions on Presentations from Partners in Hope and the Benjamin Mkapa Foundation

8. For the sites serving 500-1999 ART clients, there was an average of 0.5 Medical Assistants per site. Do any of the sites share Medical Assistants or is it the case that some sites simply don't have this cadre?

   Yes, it is 0.5 because not all the sites have a placement of Medical Assistants. Some clinical teams cover several sites.

9. During the Covid-19 pandemic, what strategy did you use to make sure ART clients are not defaulting from treatment since Community Experts Clients were not allowed to do home visits during lockdown?

   We continued to do phone reminders and tracing for those who have phone access. We continued to provide patient education in the waiting area for those who came and reminded them that we are providing full ART services hence they can tell colleagues to come and pick up their medication.

10. During the standardization of salaries in Tanzania, did you have to reduce some workers' salaries? And did you affect salary changes at once? Or was this staggered?

    The Standardization focused on aligning salaries and other benefits with government   scales. Some had higher than GoT scales, which was reduced to match with Government scales. This was effected once from November 2020 but preceded with almost 3 months advocacy and negotiations through service delivery partners, HCWs, supervisors and respective government authority to allow informed consent.

11. How difficult or easy was it to get PEPFAR supported staff absorbed in GoT health care system? And where do the rest (20%) go?

    - *Government engagement and alignment with policies and practices during recruitment processes was key to ease the absorption of recruited staff into the GoT system as staff information has also been maintained at Ministerial entities. The limitation remained on frequency, type and number of employment permit releases which resulted in not complete absorption.*
    - *The remaining 20% , some continued to provide services in facilities as volunteers with minimal remuneration from facility own resources and others joining other new project opportunities.*