

Capacity Building for Providing ARVs Within a Continuum of Care: A Multi-Country Study

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Issues

- Need for large scale expansion of ART
- Limited understanding of capacity needs and constraints for ART scale up
- Multiple definitions of capacity affect quality of capacity building initiatives

Goal

- Develop a definition and common understanding of capacity to effectively guide ART delivery

Methods

- Review of key literature
- Focus group discussions
- Self administered electronic surveys to >350

Parameters of Interest

- Definition of capacity
- Capacity dimensions

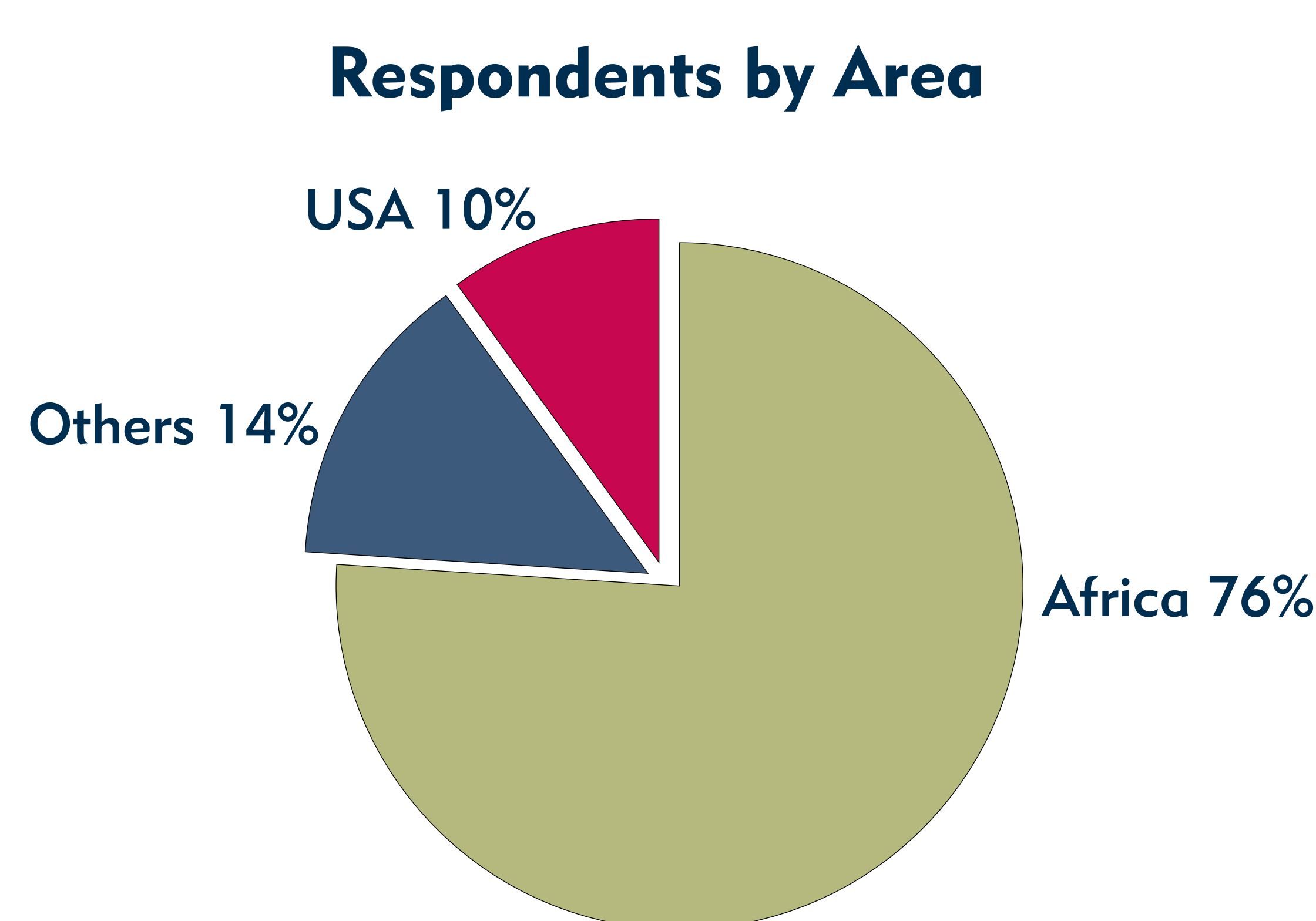
Definition of Capacity for ART

Maximization of human resources and organizational functions in collaborative work within and across institutions and sectors, supported by appropriate logistics, laws, policies and regulations to deliver ART

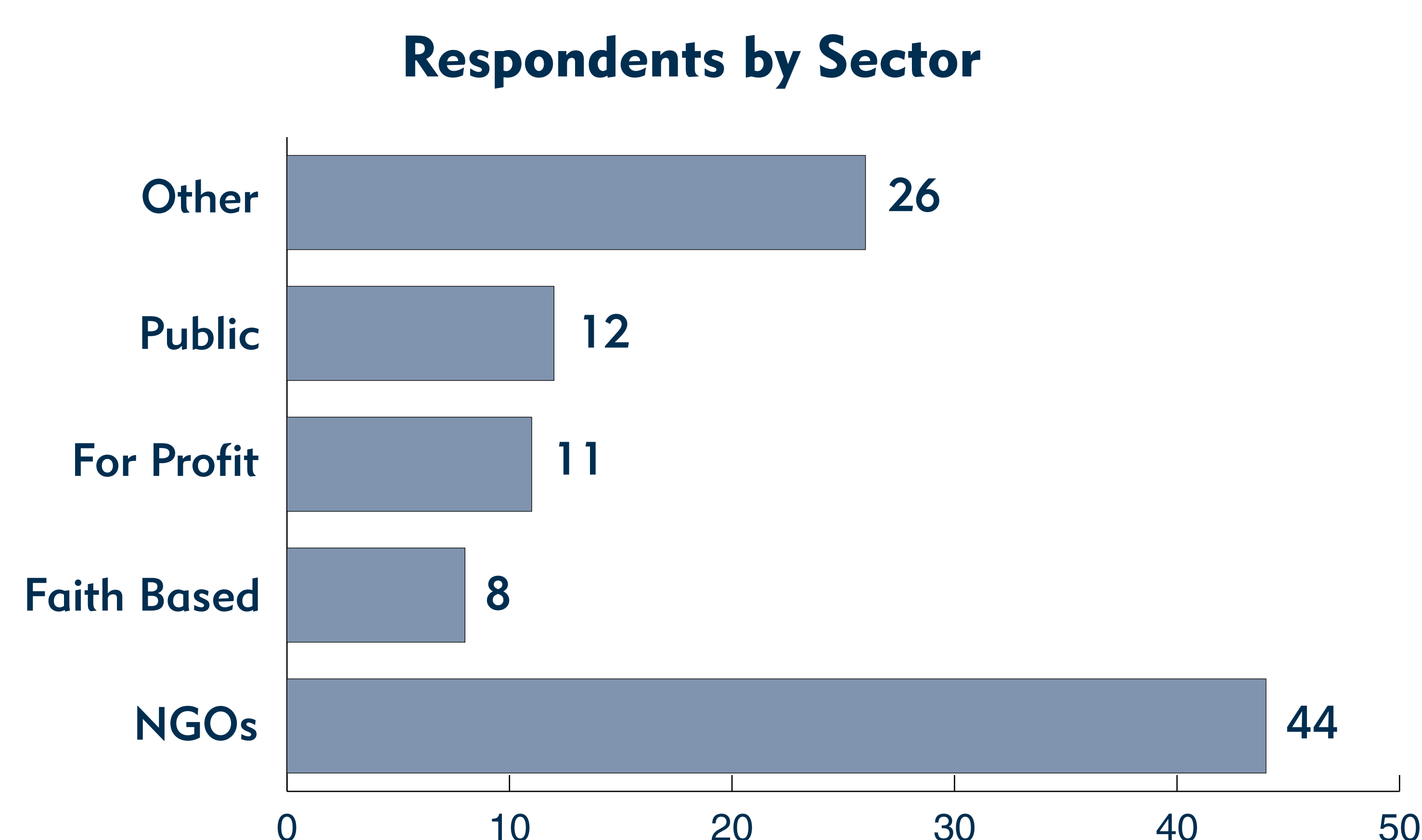
Dimensions of Capacity

- Human Resources: Size, skills mix, experience, motivation of staff
- Organizational Function: Soundness and alignment of objectives, activities, M&E, financial, management, accounting and reporting systems
- Sector Practices: Overall effectiveness of organizations and referral systems within and across sectors
- Policies: Laws, regulations, policies and political leadership
- Logistics: Finances, drugs, testing kits, testing centers, transport, etc required for ART

Results: Demography of Respondents

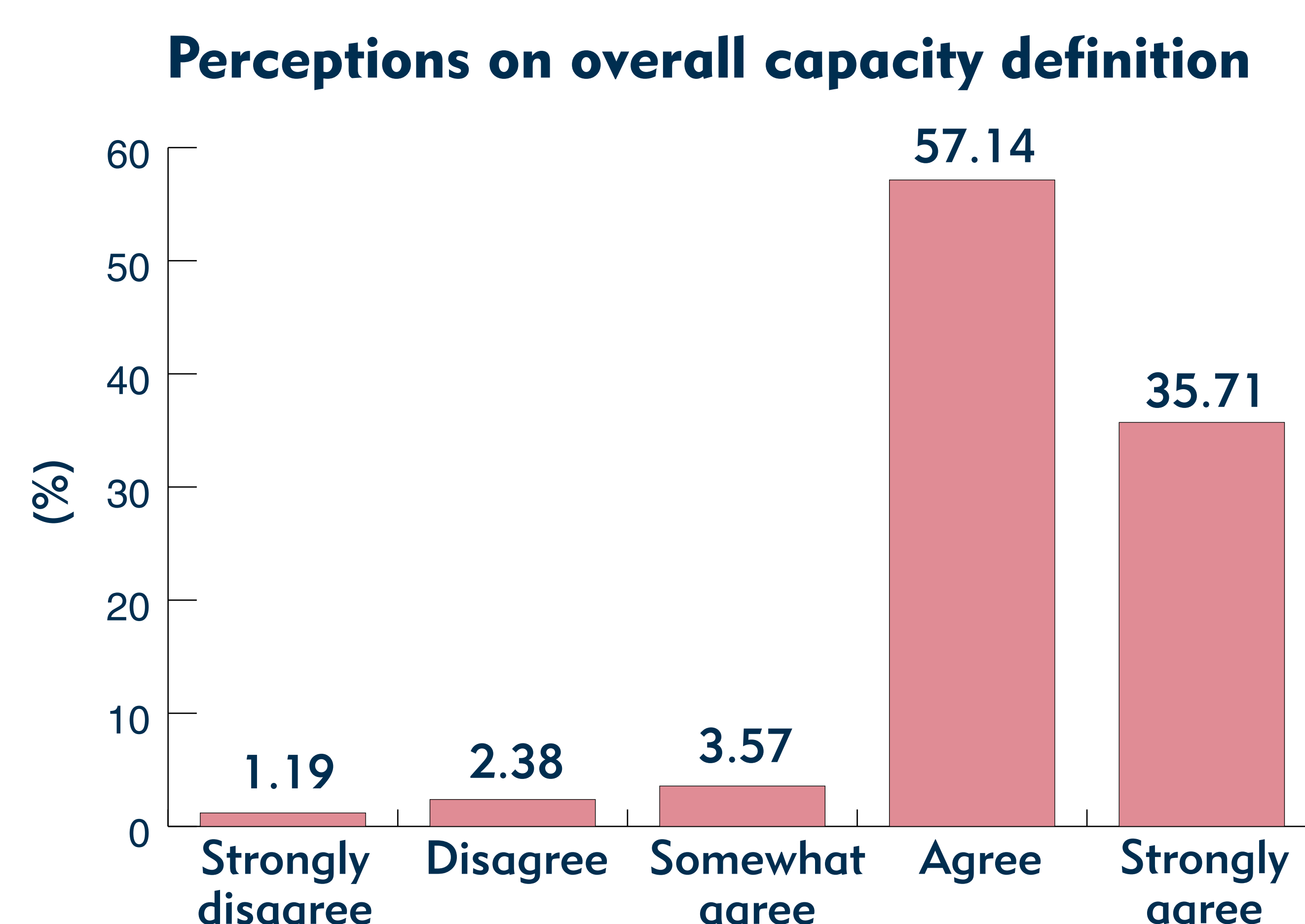


N= 88
 The largest number of Respondents came from African NGOs



Results: Agree or Disagree with Capacity Definition?

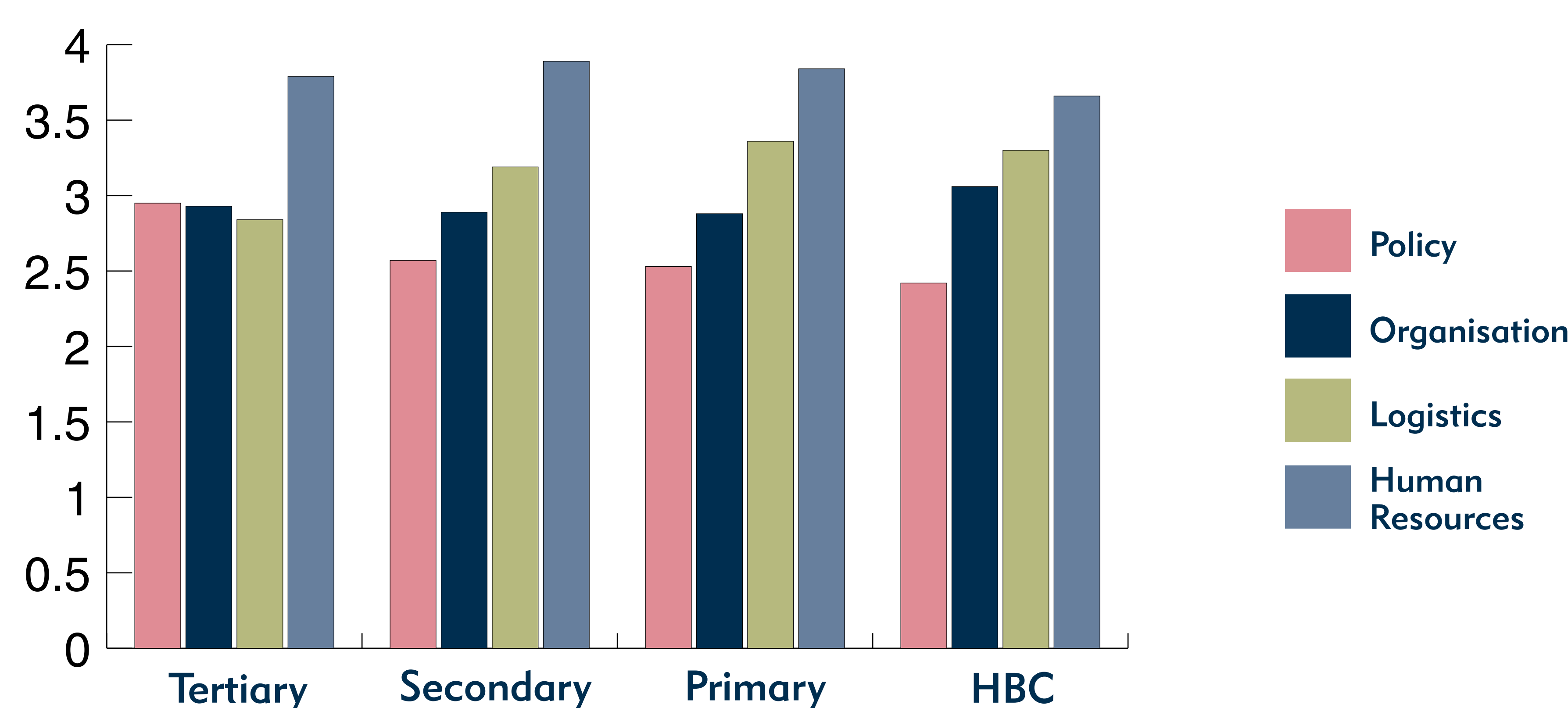
Over 97% of respondents agree with the overall capacity definition



Results: Capacity Constraints

- HR identified as greatest capacity constraint at all levels of care
- After HR, logistics is greatest constraints at all levels of care except at tertiary level where policies and organizational functions are the next most pressing constraints

Perceived capacity constraints by level of care



Conclusions

- Strong Consensus on capacity definition
 Implication: Capacity framework exists across levels of care on which policy options can be built
- HR is the greatest capacity constraint at all levels of care
 Implication: ART systems building should focus first on HR capacity building at all levels of care
- After HR logistics is the most pressing capacity constraint
 Implication: Logistical support should accompany HR especially at lower levels of care
- Policies perceived as lesser binding constraint at lower levels of care but next most binding constraint at tertiary level
 Implication: Appropriate laws, regulations and policies are necessary to enhance HR capacities at tertiary levels

Way Forward

- Additional country-focused research on ART delivery is required to:
 - Provide policy-makers with understanding of capacity weaknesses that need to be addressed
 - Identify the most effective entry point after HR for capacity building in each context – whether logistics, organization, or policies that support or constrain ART expansion
- Country ART expansion packages should include research of country capacities for ART scale up