Process and Lessons Learned from Rapid Site-Level Human Resources for Health (HRH) Assessment Exercise in Three Districts in Malawi

HRH2030: Human Resources for Health in 2030

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HRH2030: Human Resources for Health in 2030

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Acronyms

ANC	antenatal care
ART	antiretroviral therapy
CDC	Centers for Disease Control and Prevention
CDM	Centre for Development Management
COP	country operational plan
DBS	dried blood spot
DHO	district health officer
EID	early infant diagnosis
HCW	health care worker
HSA	health surveillance assistant
HRH	Human Resources for Health
HTC	HIV testing and counseling
ODK	Open Data Kit
OPD	outpatient department
PEPFAR	United States President's Emergency Plan for AIDS Relief
PMTCT	prevention of mother-to-child transmission
STI	sexually transmitted infection
VL	viral load

Acknowledgments

This President's Emergency Plan for AIDS Relief (PEPFAR) Human Resources for Health (HRH) rapid site-level assessment was made possible by support from many stakeholders. It was funded through the United States Agency for International Development (USAID) HRH2030 program and involved inter-agency collaboration between USAID and the Centers for Disease Control and Prevention (CDC) in the United States and at the Malawi mission to develop and pilot the data collection tool.

We would like to thank the Malawi Ministry of Health, notably the Department of HIV/AIDS, which provided letters of introduction to allow the assessment to move forward. The directors of central hospitals and district health officers (DHOs) in the districts of Blantyre, Lilongwe, and Zomba were also instrumental in granting permission to assessment teams to interview facility in-charges at the 110 sites where the exercise was conducted.

We would also like to thank the local data collection firm Centre for Development Management (CDM), which managed the logistics of the exercise, and to acknowledge excellent oversight provided by the PEPFAR/Malawi team of Ndasowa Chitule, Dan Singer, and Gillian Nkhalamba. Finally, we would like to acknowledge the data analysis conducted jointly by a team from University Research Co., LLC and CDM. Results from this work are presented separately in the accompanying Microsoft Excel database, as well as the site-specific qualitative data report.

Executive Summary

The President's Emergency Plan for AIDS Relief Human Resources for Health rapid site-level assessment was undertaken by University Research Co., LLC, a partner on the HRH2030 (Human Resources for Health in 2030) program. As part of Year 1 core-funded activities, the aim of this exercise was to conduct a rapid health workforce and infrastructure assessment in 110 PEPFAR-supported health facilities in three districts in Malawi using an Rapid Site-Level HRH Assessment Tool developed by the interagency PEPFAR Human Resources for Health (HRH) Technical Working Group (TWG), aligned with the first objective of the PEPFAR HRH Strategy. The rapid assessment tool is meant to provide PEPFAR USG and other stakeholders with a greater overview of HRH data across sites to help identify areas for further investigation and intervention with the longer term objectives of:

- Ensuring adequate staffing to reach site-level targets and 90-90-90 goals
- Optimizing efficient utilization of health workers across the HIV continuum
- Identifying HRH barriers to quality HIV service delivery and
- Collecting site specific HRH data to inform program planning and transition

The assessment tool addressed the following areas:

- Types, number and availability of cadres at facility
- Issues affecting 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

Preliminary information from the assessment was used to inform decision-making for Malawi's HRH and infrastructure needs at the country operational plan (COP) regional meeting in Johannesburg May 18 through May 20, 2016.

All data from the assessment are presented separately in a Microsoft Excel database that the PEPFAR team in Malawi can routinely update and use to guide subsequent decision-making at supported sites.

For the field-data-collection exercise, HRH2030 competitively selected a Malawian data collection firm, the Centre for Development Management, to collect data from 110 health facilities that were pre-selected by PEPFAR and included 37 sites from the Blantyre District, 42 sites from the Lilongwe District, and 31 sites from the Zomba District. In response to an urgent need for information from this exercise to inform Malawi's COP process, CDM recruited 18 data collectors, trained them on the approved questionnaire, and grouped them in nine teams of two data collectors each. Three teams were then simultaneously deployed to each district. Each team was equipped with an introductory letter from the Ministry of Health Department of HIV/AIDS to allow the assessment to be endorsed by each DHO, or the hospital director in the case of the central-level hospitals. Data collection was scheduled for May 2-11, 2016.

To facilitate rapid and efficient data collection, each team was provided with an Android tablet that had an electronic version of the questionnaire pre-loaded using the Open Data Kit (ODK) platform. One interviewer used the tablet to collect data, while the second one used a hardcopy questionnaire. At the end of each day, data from each site were uploaded to a cloud-based server on the ODK platform, then exported into Excel and cleaned by comparing the hardcopy and electronic responses. Subsequent analysis as requested by PEPFAR was done using Excel software. Results from the assessment are

presented in an Excel database, the primary deliverable, following the analysis guide provided by PEPFAR/Malawi.

This report details the methodology used to conduct the rapid assessment in Malawi, presents illustrative high-level results, and notes challenges, lessons, and recommendations from the exercise. The data collection tool for this exercise generated over 630 data points, which provide USAID with numerous possibilities for data analysis. Examples of preliminary analyses generated include the following:

- 27 percent of cadres at the PEPFAR-supported facilities visited were health surveillance assistants (HSAs) and nurse midwife technicians (17 percent). These were the same cadres who were also most involved in HIV service delivery overall.
- Respondents identified the areas for greatest training need as support antiretroviral (ART) provision (26 percent), HIV testing and counseling (HTC) service delivery (23 percent), and viral load (VL) testing (13 percent).

- Key barriers to increased HIV service delivery that were identified included inadequate space, shortage of health care workers, low staff motivation, and poor remuneration.

- Key reasons identified for why workers may consider quitting their jobs were mainly found to be work-related and included excessive workload, poor working conditions, poor remuneration, lack of promotion, lack of appreciation and incentives, and lack of supplies.

Further examples of data analysis possibilities are presented in the Excel database, and qualitative site-specific information is presented as Annex 3.

Introduction

For more than 50 years, USAID has been a vital supporter of global- and national-level efforts to improve the health workforce in low- and middle-income countries. However, the current work environment for health providers is rapidly evolving due to various factors, including increased population and life expectancy and poor infrastructure. These and other global trends are placing increased stress on systems that are already facing shortages of health workers, which restricts the ability of governments to provide high-quality essential services, especially to the most vulnerable and marginalized populations.

USAID and other global actors are leading a paradigm shift to reposition the health workforce as an opportunity for job creation and economic development. The goal of PEPFAR 3.0's HRH strategy is to ensure that PEPFAR investments result in an adequate supply and quality of HRH to meet the 90-90-90 targets in PEPFAR-supported scale-up sites and sustained sites in priority countries.

The HRH2030 program builds on USAID's investments to improve the health workforce. The program contributes to increasing the sustained availability, accessibility, acceptability, and quality of health workers in low- and middle-income countries. HRH2030 aligns with the overall approach that supports the goals of other U.S. government strategies — achieving an AIDS-free generation by 2030, Ending Preventable Child and Maternal Deaths, and Family Planning 2020 — by strengthening health systems to be able to deliver universal health coverage as part of the post-2015 Sustainable Development Goals.

During May 2016, an HRH2030 team led a site-level assessment exercise at 110 PEPFAR-supported sites in three districts in Malawi as part of core Year 1 activities. The purpose was to obtain data and support analysis to assess the adequacy of human resources for health, in terms of numbers and skills mix, to

provide HIV/AIDS-related services in line with the new World Health Organization treatment guidelines and Country Operating Plan (COP 16) site-level service delivery targets in a representative number of facilities. The assessment was expected to help identify HRH barriers to delivery of an adequate number of high-quality HIV/AIDS services. Results will be used to inform plans for improving staffing numbers, deployment, orientation, and training at the site level. Additionally, as part of the assessment, PEPFAR/Malawi requested an infrastructure assessment of vital space, such as counseling rooms, clinical consultation rooms, and pharmacies.

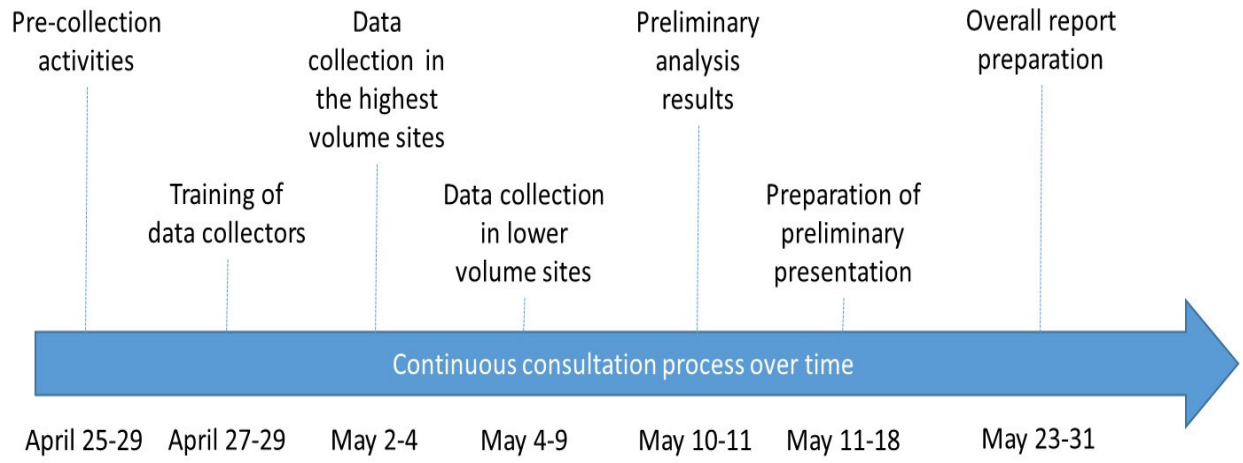
The final assessment tool used in Malawi is provided as Annex 1.

Methods

The assessment was undertaken at 110 sites that were pre-selected by an interagency PEPFAR team in Malawi and provided to the HRH2030 team. The selected sites in the three districts of Blantyre, Lilongwe and Zomba represented some of the highest-volume ART sites in the country. A complete list of these sites is presented in Annex 2.

The interagency PEPFAR HRH TWG, designed the data collection tool, which was customized by the PEPFAR team in Malawi to suit their needs. Due to an urgent need for information to support Malawi's COP review process, PEPFAR notified the team that data needed to be collected as quickly as possible. To accomplish this, the team decided on a hybrid method of data collection: simultaneously using an electronic questionnaire designed using the open-source Open Data Kit platform pre-loaded on Android tablets and a hardcopy questionnaire. Exhibit 1 represents the original assessment timeline developed before the exercise.

Exhibit 1. HRH Assessment Timeline



Data Collection

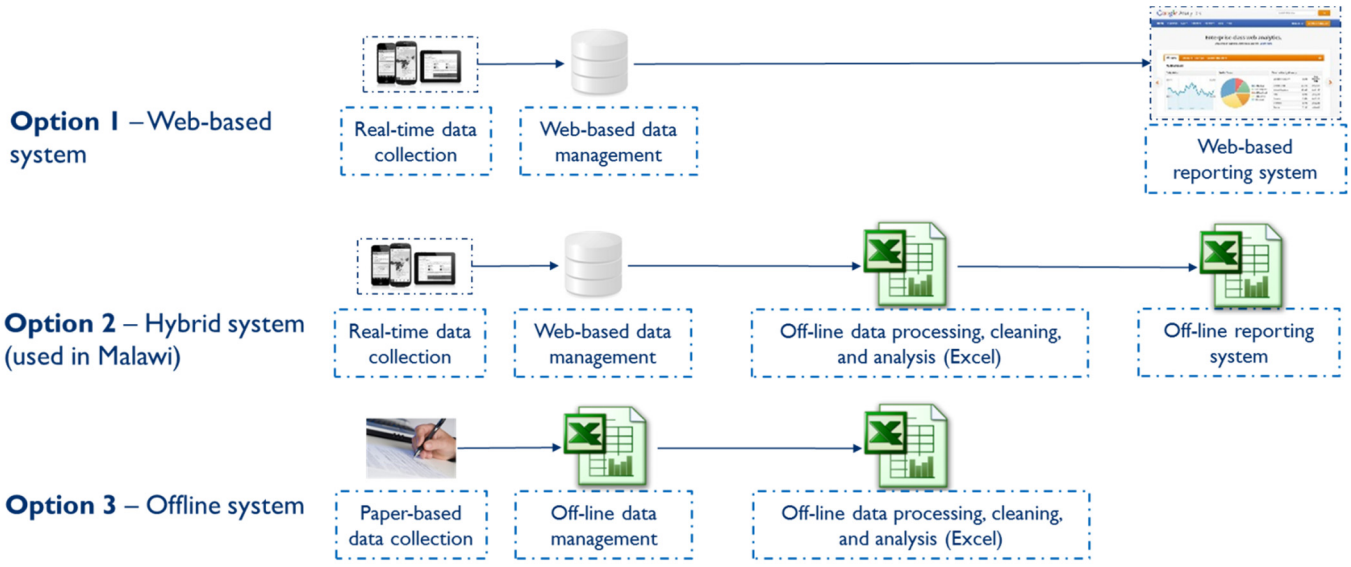
For the field work, the team recruited a local data collection firm, the Centre for Development Management. CDM recruited 18 data collectors (see Annex 3), trained them on the electronic and hardcopy questionnaire, and grouped them into nine teams of two data collectors each. Three teams were then simultaneously deployed to each district. Each team was equipped with an introductory letter from the Ministry of Health Department of HIV/AIDS to show that the exercise was endorsed by each district health officer or the hospital director in the case of the central-level hospitals.

The schedule gave priority to the highest-volume ART sites because they contribute most to achieving the 90-90-90 country targets.

Due to slight delays in getting concurrence from some participating sites, data collection was completed on May 12, 2016. To facilitate this process, each team was provided with an Android tablet that had a pre-loaded electronic version of the questionnaire. One interviewer used the tablet to collect data while the second interviewer used the hardcopy questionnaire. At the end of each day, the team uploaded the data from each site to a cloud-based server on the ODK platform. Uploaded aggregate data were subsequently exported into Microsoft Excel for analysis, as requested by PEPFAR.

Exhibit 2 shows the data collection options that were considered by the team. For reasons already explained, Option 2 was used in Malawi.

Exhibit 2. Data Collection Options

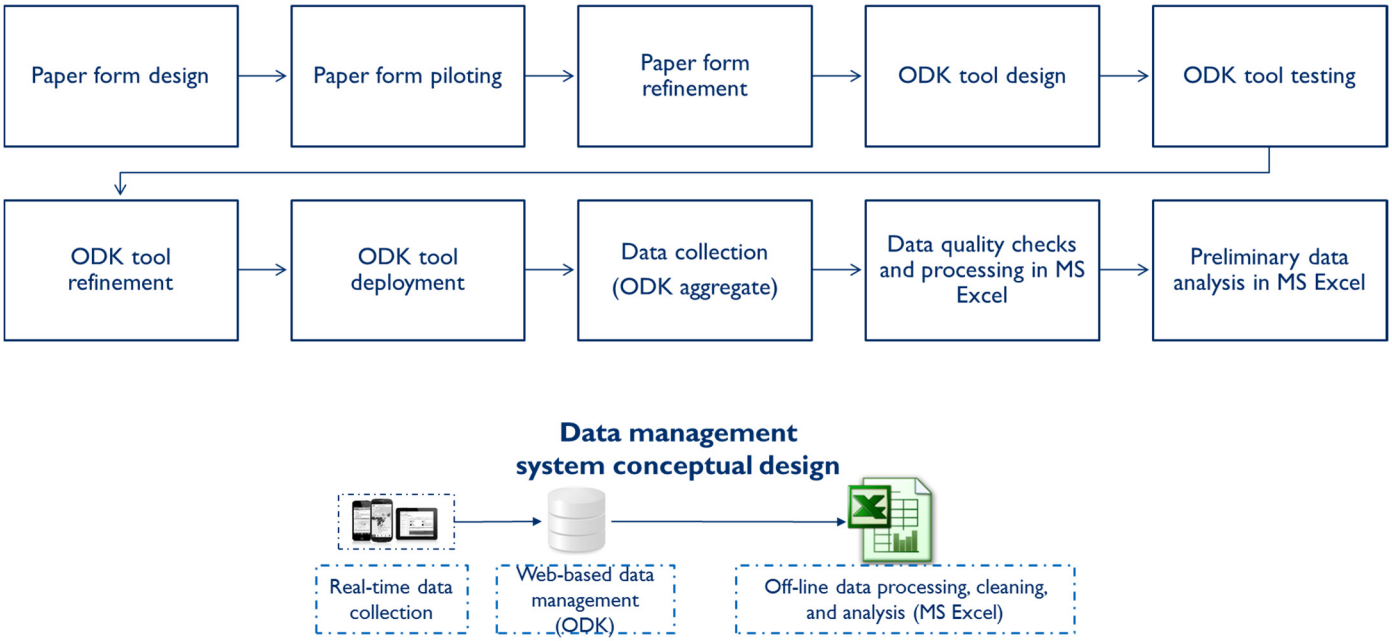


Using an up-to-date contact list provided by the ministry, data collection teams contacted respondents (usually health facility in-charges or at the larger facilities' human resource officers) in advance of the assessment visits. On the day of the visit, each team met the facility in-charge, showed him or her the introductory letter from the Ministry of Health Department of HIV/AIDS, and explained the purpose of the assessment. The data collectors conducted the interviews with the facility in-charges, who were sometimes assisted by other staff (e.g., nurses and HSAs). As part of the data collection exercise, interviewers also took measurements and photographs of the infrastructure space available. These site-specific photographs are provided in a separate database.

Each team spent 60 to 100 minutes with respondents, depending on the size of the facility. At the end of each interview, the team reviewed their work for accuracy and correctness and made remarks on the hardcopy questionnaire.

Exhibit 3 represents the data management system design from the paper-based questionnaire to ODK and then to Microsoft Excel.

Exhibit 3. Data Management System Design and Implementation



The team chose ODK as the electronic data entry platform because:

- It is free, open-source software.
- It allows for standardization.
  - On uploading, data are aggregated on a cloud-based server, which saves time.
  - Data validation rules can be reinforced.
  - Updates are easily made by replacing one electronic version of a data collection tool with another.
  - Forms can be reused or customized as needed.
- Data can be collected offline and sent to the server at a later time.
- Embedded geocoding ensures that data are actually collected at the specified site, verifiable through geographic information system coordinates.
- High-quality photographs can be taken, geocoded, and attached to site data.
- Data analysis can be completed in ODK and supports decision-making in real time; web-based dissemination is possible.
- Data anonymization is possible.

Data Cleaning and Analysis

An analysis plan was put in place based on the questionnaire (see Exhibit 4) and also based on guidance from PEPFAR/Malawi. Data was entered into a Microsoft Excel database with functionality that enables continual data analysis and visualization. Some examples of quantitative data analysis capability are presented below. Site-specific qualitative information that supplements quantitative responses is presented in Annex 3.

Double entry for the data was completed in ODK. Team members compared the original electronic data with data entered from the hardcopy questionnaires. Inconsistencies were resolved through

discussions with the data collectors, who contacted individual sites to verify the information that had been collected.

Exhibit 4. Data Analysis Plan

- Data was cleaned and ODK aggregated data was compared to information on each individual hard copy questionnaire
- Data Analysis Plan was put in place based on questionnaire and PEPFAR Mission and Washington needs
- Analysis was done in MS Excel and data visualization methods such as **frequency tables, pivot tables, graphs** and **dashboards**, etc., were utilized as necessary

Proposed Analysis Plan – HRH Rapid Site Assessment

For analysis and as requested by the client, disaggregation could be done by:

- District (Blantyre, Lilongwe, Zomba)
- Facility Type (Central Hospital, District Hospital, Health Centre)
- Facility Ownership (Public, Private not-for-profit, private-for-profit)
- PEPFAR Prioritization (Scale-up aggressive, Scale-up saturation, Centrally supported)
- Gender (male, female)

1. Health Worker availability:

- No./% of facilities that have specific ART Clinic Days (Q1b)
- Three most common barriers that exist to increasing Clinic Days/Working Hours for ART Clinic Days (Q1c)
- Three commonest ways of determining staff schedules and assignments (Q2b)
- Proportion of staff by cadre engaged in providing HIV services (Q3c)
  - % of time spent by staff by cadre on HIV service provision (Q3d)
  - % time spent by staff by cadre providing community based HIV services (Q3e)
  - % of staff by cadre working **on day of interview** who provide HIV services (Q3f)
- % of staff by cadre who provide specific HIV services along the cascade provided (Q4a, b, c, d, e, f)
- Three most common reasons why health workers quit their jobs

2. Health Worker Allocation:

- Type of health workers doing tasks listed in Table (Q6a)
- Reasons why staff (disaggregated by Cadre) carry out specific tasks (Q6b)
- Three most common cadres of health workers in need of in-service training (Q8c)

3. HRH Summary:

- Three most common HRH challenges related to HIV service delivery (Q9)

4. Infrastructure

- % of facilities that have adequate size rooms for HTC, ART and Laboratory services (Q11)
- % of facilities by power source (Q14a)
- % of facilities by water source (Q14b)

Results

Data with detailed site-specific results are contained in the Excel database. However, this section presents summary illustrative high-level results from the three districts.

The majority of assessed sites were classified PEPFAR Scale-up/Aggressive sites. There were also Scale-up/Saturation sites in Zomba District.

For all the tables in this section, the percentages highlighted in red represent a significant proportion of results that the report authors want to bring to the attention of the readership.

Exhibit 5. Sites Assessed by PEPFAR Prioritization

PEPFAR Category	District			
	Blantyre	Lilongwe	Zomba	Total (%)
Centrally Supported	2	0	0	2 (100%)
Scale-up Aggressive	35	42	2	79 (72%)
Scale-up Saturation	0	0	29	29 (100%)
Total	**37**	**42**	**31**	**110**

The majority of assessed sites (70 percent) were public health facilities, as shown Exhibit 6.

Exhibit 6. Sites by Facility Ownership

District	Public	PNFP	PFP	Total (%)
Blantyre	26	4	7	37 (34%)
Lilongwe	42	11	1	42 (38%)
Zomba	31	9	1	31 (28%)
Total	**77 (70%)**	**24 (22%)**	**9 (8%)**	**110**

Human Resources for Health

As shown in Exhibit 7, most health workers at the assessed sites were found to be health surveillance assistants and nurse midwife technicians. The category of "other cadres" was also significant, at 26 percent of the total, and includes some positions that were not listed in the data collection tool, such as ward attendants, home craft workers, tuberculosis volunteers, clinic aides, and mother2mother volunteers.

Findings show that higher-level cadres (e.g., medical officers, clinical officers, and matrons) were mainly present in the larger facilities. In most of the small facilities, some staff provided HIV services not as part of their official scope of work or job description but because they were trained to provide them due to staff shortages at these sites. For example, HIV Diagnostic Assistants, a cadre that was specifically created in Malawi to fill some of the HIV service gaps, are supporting many aspects of HIV service delivery.

Exhibit 7. Number of Health Workers by Cadre by District

District	Medical Officers	Clinical Officers	Medical Assistants	Registered Nurses	Nurse Midwife Technicians	Nursing Assistants	Health Surveillance Assistants	HIV Diagnostic Assistants	Pharmacy Technicians	Pharmacy Assistants	Laboratory Technicians	Laboratory Assistants	Clerks	Expert Clients	Other Cadres*	Total (%)
Blantyre	131	44	61	98	451	4	535	110	11	9	32	8	79	31	402	2,006 (31%)
Lilongwe	28	91	66	89	362	29	675	144	23	21	57	19	89	244	790	2,727 (42%)
Zomba	10	93	32	76	289	7	527	48	7	9	23	7	30	100	508	1,766 (27%)
Total	**169**	**228**	**159**	**263**	**1,102**	**40**	**1,737**	**302**	**41**	**39**	**112**	**34**	**198**	**375**	**1,700**	**6,499**
Percent	**3%**	**4%**	**2%**	**4%**	**17%**	**<1%**	**27%**	**5%**	**<1%**	**<1%**	**2%**	**<1%**	**3%**	**6%**	**26%**	

*include service providers such as ward attendants, home craft workers, tuberculosis volunteers, clinic aides, mother2mother volunteers, ground labor and security guards

The assessment found that, 46 percent of available health workers at site support some level of of HIV service provision along the 90-90-90 continuum. As also outlined in Exhibit 8, a lesser percentage of staff are providing HTC provision, ART initiation, and/or VL testing. Given that HTC, ART initiation and VL testing services are the three essential services needed to measure the 90-90-90 targets, the finding such a low percentage of staff are providing these services has major implications on the successful rollout of the 90-90-90 strategy.

Exhibit 8. HIV Service Provision Along the 90-90-90 Cascade*

District	Staff Providing Service				
	Total Staff	HIV Services (any)	HTC	ART Initiation	Viral Load/EID
Blantyre	2,006	853 (42%)	148 (17%)	143 (17%)	130 (15%)
Lilongwe	2,727	1,505 (55%)	594 (39%)	415 (28%)	517 (34%)
Zomba	1,766	629 (36%)	149 (24%)	115 (18%)	132 (21%)
Total	**6,449**	**2,987**	**891**	**673**	**779**
Percent	**100%**	**46%**	**30%**	**22%**	**26%**

*Percentages for HTC, ART initiation, and VL/early infant diagnosis (EID) testing are derived from the denominator of those who provide any HIV services. The percentages in columns 4-6 do not total 100 percent because only three out of several possible services provided under the HIV service delivery cascade are presented in the exhibit.

Exhibit 9 also shows that the majority of staff providing any HIV services are HSAs and nurse midwife technicians. It is worth noting that the "other cadres" who include service providers such as ward attendants, home craft workers, tuberculosis volunteers, clinic aides, mother2mother volunteers, ground labor and security guards were reported to be providing up to 16 percent of HIV services. It has been recognized that these cadres play an important role in many HIV services, however, further investigation may be useful here to determine the optimal division of labor given HRH levels, and whether the services these "other cadres" are reporting providing fall within their current job descriptions.

Exhibit 9. Number of Health Workers Engaged in HIV Service Delivery by Cadre

District	Medical Officers	Clinical Officers	Medical Assistants	Registered Nurses	Nurse Midwife Technicians	Nursing Assistants	Health Surveillance Assistants	HIV Diagnostic Assistants	Pharmacy Technicians	Pharmacy Assistants	Laboratory Technicians	Laboratory Assistants	Clerks	Expert Clients	Other Cadres*	Total (%)
Blantyre	30	31	46	37	191	0	230	80	8	6	16	7	39	32	100	853
Lilongwe	17	69	54	66	278	25	219	143	19	18	31	8	83	223	252	1,505
Zomba	1	24	22	21	72	0	172	60	1	6	15	4	18	94	119	629
Total	**48**	**124**	**122**	**124**	**541**	**25**	**621**	**283**	**28**	**30**	**62**	**19**	**140**	**349**	**471**	**2,987**
Percent	**2%**	**4%**	**4%**	**4%**	**18%**	**<1%**	**20%**	**9%**	**1%**	**1%**	**2%**	**<1%**	**5%**	**12%**	**16%**	

* include service providers such as ward attendants, home craft workers, tuberculosis volunteers, clinic aides, mother2mother volunteers, ground labor and security guards

Regarding the provision of HTC services, it was found that HSAs, nurse midwife technicians, and registered nurses carry most of the burden. However, as shown in Exhibit 10, the "other cadre" category also provides a significant amount of the HTC services. Lay health workers such as HSAs and those in the "other cadre" category are frequently engaged to support HTC services.

Exhibit 10. Number of Health Workers Providing HTC Services by Cadre

District	Medical Officers	Clinical Officers	Medical Assistants	Registered Nurses	Nurse Midwife Technicians	Nursing Assistants	Health Surveillance Assistants	HIV Diagnostic Assistants	Pharmacy Technicians	Pharmacy Assistants	Laboratory Technicians	Laboratory Assistants	Clerks	Expert Clients	Other Cadres*	Total (%)
Blantyre	7	3	3	4	24	0	43	51	0	0	1	2	2	0	1	148
Lilongwe	17	23	22	95	156	1	75	105	1	1	15	5	7	7	64	594
Zomba	5	0	0	5	2	0	57	36	1	2	0	0	1	11	29	149
Total	**29**	**26**	**25**	**104**	**182**	**1**	**175**	**110**	**2**	**3**	**16**	**7**	**10**	**18**	**101**	**891**
Percent	**3%**	**3%**	**3%**	**12%**	**20%**	**0%**	**20%**	**12%**	**<1%**	**<1%**	**2%**	**<1%**	**1%**	**2%**	**11%**	

*include service providers such as ward attendants, home craft workers, tuberculosis volunteers, clinic aides, mother2mother volunteers, ground labor and security guards

Exhibit 11 shows that the majority of staff prescribing ARVs for those already on ART (refills) are nurse midwife technicians, clinical officers, and medical assistants. Overall, 72% of all the staff prescribe ARV refills.

Exhibit 11. Number of Health Workers prescribing ART (refills) by Cadre

District	Medical Officers	Clinical Officers	Medical Assistants	Registered Nurses	Nurse Midwife Technicians	Nursing Assistants	Health Surveillance Assistants	HIV Diagnostic Assistants	Pharmacy Technicians	Pharmacy Assistants	Laboratory Technicians	Laboratory Assistants	Clerks	Expert Clients	Other Cadres*	Total (%)
Blantyre	0	13	34	12	68	0	4	0	0	0	0	0	0	0	1	132
Lilongwe	12	56	39	42	204	1	14	10	7	4	1	0	11	0	24	425
Zomba	1	17	11	11	38	2	9	2	0	0	0	1	2	5	16	115
Total	**13**	**86**	**84**	**65**	**310**	**3**	**27**	**12**	**7**	**4**	**1**	**1**	**13**	**5**	**41**	**672**
Percent	**2%**	**13%**	**13%**	**10%**	**46%**	**0%**	**4%**	**2%**	**1%**	**1%**	**0%**	**0%**	**2%**	**1%**	**6%**	

*include service providers such as ward attendants, home craft workers, tuberculosis volunteers, clinic aides, mother2mother volunteers, ground labor and security guards

The assessment shows that ART initiation — the middle pillar of the 90-90-90 strategy — is overwhelmingly provided by nurse midwife technicians (46 percent) as shown in Exhibit 12.The assessment did not identify the reasons for this and further investigation as to whether a significant proportion of those on ART are initiated through the prevention of mother-to-child transmission (PMTCT) of HIV program may be considered.

Exhibit 12. Number of Health Workers Initiating ART by Cadre

District	Medical Officers	Clinical Officers	Medical Assistants	Registered Nurses	Nurse Midwife Technicians	Nursing Assistants	Health Surveillance Assistants	HIV Diagnostic Assistants	Pharmacy Technicians	Pharmacy Assistants	Laboratory Technicians	Laboratory Assistants	Clerks	Expert Clients	Other Cadres*	Total (%)
Blantyre	16	19	31	12	62	0	1	0	0	0	0	0	1	0	1	143
Lilongwe	13	57	43	42	206	1	16	10	1	5	2	0	7	0	12	415
Zomba	1	22	22	14	40	2	1	2	0	0	0	0	1	4	6	115
Total	**30**	**98**	**96**	**68**	**308**	**3**	**18**	**12**	**1**	**5**	**2**	**0**	**9**	**4**	**19**	**673**
Percent	**4%**	**15%**	**14%**	**10%**	**46%**	**<1%**	**3%**	**2%**	**<1%**	**<1%**	**>1%**	**0**	**1%**	**<1%**	**3%**	

*include service providers such as ward attendants, home craft workers, tuberculosis volunteers, clinic aides, mother2mother volunteers, ground labor and security guards

Assessment findings, as in exhibit 13, show that expert clients, HSAs, and HIV diagnostic assistants are the predominant cadres for provision of community-based HIV services such as community outreach, adherence support to patients, and community patient referrals to facilities. This finding is unsurprising as lay health workers such as expert clients and HSAs are commonly tasked with supporting community-based HIV service delivery in Malawi. Results show Zomba District as an outlier compared to other districts which may warrant additional investigation.

Exhibit 13. Average Time (%) Spent Delivering Community-Based HIV Services by Cadre

District	Medical Officers	Clinical Officers	Medical Assistants	Registered Nurses	Nurse Midwife Technicians	Nursing Assistants	Health Surveillance Assistants	HIV Diagnostic Assistants	Pharmacy Technicians	Pharmacy Assistants	Laboratory Technicians	Laboratory Assistants	Clerks	Expert Clients
Blantyre	0	20	41	40	35	20	48	43	0	0	0	0	49	68
Lilongwe	23	62	44	40	49	50	58	60	50	30	30	30	51	69
Zomba	0	0	10	10	10	6	0	41	18	0	0	0	6	41

As shown in Exhibit 14, respondents reported that the majority of training already conducted at the facilities participating in the assessment was on ART, HTC, and VL — well in line with the 90-90-90 strategy. Exhibit 15 lists the specific sub-categories of training provided.

Exhibit 14. Priority Training Requested

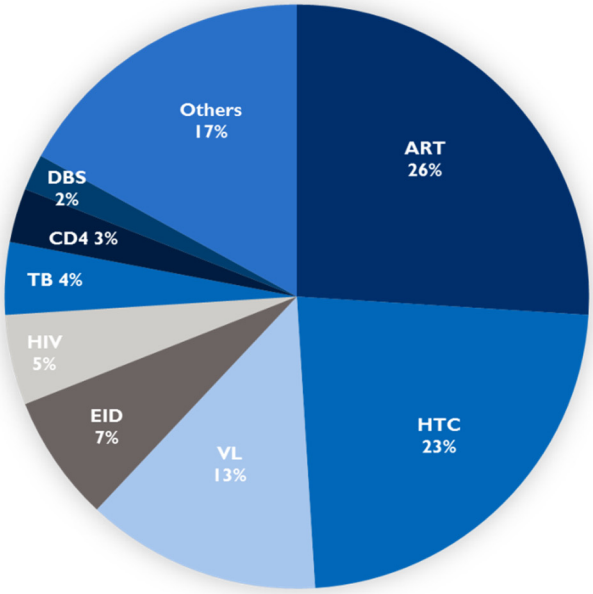


Exhibit 15. Priority Training Requested: Sub-Categories

HCT	ARV	VL	Other
Advanced counseling training for nurses and ART providers	Initiation by nurses, HSAs and lay cadres, including community midwives	Training for all cadres	TB screening and management for clinical officers
Training for HSAs, medical assistants, expert clients	Refressher course for ART clerks and providers	Interpretation for nurses and clinicians	Opportunistic infections, prevention and management
Training for hospital attendants on counseling	Training for more expert clients on adherence	Testing and collection	Palliative care
Dried blood spot	Updates on new guidelines		HIV staging
Provider initiated testing and counseling	Enhanced adherence, including motivation		Sign language
Early infant diagnosis (especially pink card completion)	PMTCT		Home-based care
Group counseling	Side effects		STI management
CD4 Count	Adherence for patient attendant		Nutritional care and support
Test and treat	Defaults, tracing		Data entry/record keeping
Counseling (unique cadre)	Dispensing		Laboratory services
Couples counseling	Second line treatment		Triage for patient attendant
Child counseling	Universal treatment		Youth-friendly services
			Family Planning

HCT	ARV	VL	Other
			Psychological counseling
			Case management and care monitoring
			VMMC
			Pharmacy inventory
			VIA cervical cancer screen
			Disclosure training

Infrastructure

Numerous facilities use the same rooms for ART as they do for other services, such as antenatal care (ANC) and the outpatient department (OPD). As a result, other services are sometimes suspended on ART clinic days to accommodate clients coming for HIV services and, conversely, ART services are not available when the space is utilized for other services. In some health facilities, there is no infrastructure exclusively for HTC and ART services. In these cases, the services are conducted in borrowed rooms in the maternity wing, the OPD, or other areas. However, it was observed that many sites had space available where structures for HTC and ART services could be constructed to accommodate increased demand.

The assessment found that Blantyre District fared best on the issue of adequate space for HTC and ART rooms (defined as a room of no less than nine square meters), as shown in Exhibit 16.

Exhibit 16. Sites with Adequately Sized Rooms for HTC and ART Service Delivery*

District	HTC Rooms	ART Rooms
Blantyre (37 sites)	28 (76%)	21 (57%)
Lilongwe (42 sites)	20 (48%)	22 (52%)
Zomba (31 sites)	18 (58%)	11 (35%)
Total	**66 (60%)**	**54 (49%)**

* The remaining number of facilities in each district had inadequate space available HTC and ART service delivery.

The assessment determined that health facilities depend on the national power grid for electricity, which suffers from repeated power outages. A few high-volume facilities supplemented their power sources with a diesel generator. Some health facilities also had solar power for lighting. Most health facilities use running water from the national water supply. An additional few sites supplement with water from boreholes (sometimes pumped into a tank by solar power).

Barriers to Increasing Services

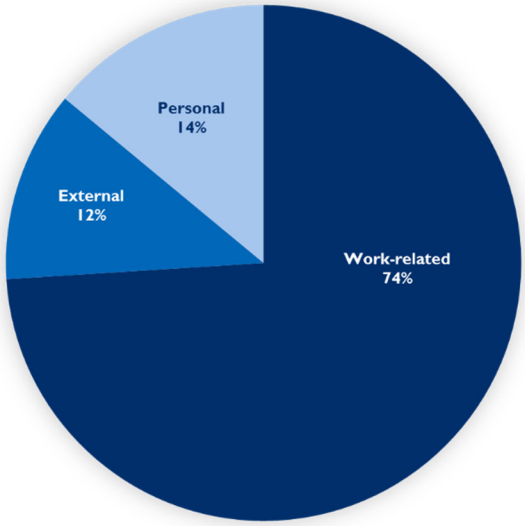
According to respondents, key barriers to increasing and improving services include the following, in order of priority:

- Inadequate space/infrastructure for HIV service delivery
- Shortage of health workers for HIV service provision
- Low staff motivation

- Inadequate staff compensation for those working in HIV service delivery
- Shortage of supplies

According to respondents, almost three-quarters of staff who quit their jobs did so because of work-related factors, as shown in Exhibit 17. The work-related reasons included excessive workload, poor working conditions, poor remuneration, lack of promotion, lack of appreciation and incentives, lack of supplies, and poor management.

Exhibit 17. Reasons That Health Workers Quit Their Jobs



Recommendations for Data Use and Additional Questions to be Investigated

Data Use

The data gleaned from this rapid assessment can be used for:

- Advocacy and/or decision-making purposes for filling specific gaps in types of cadres across the 90-90-90 cascade;
- Determining reconfiguration of health workforce task allocation at sites and within plans for new HIV service delivery models
- Informing PEPFAR IST training strategies and investments
- Comparing with population data and demand for HIV services for rational allocation of human resources across the health system
- Sharing with participating clinics to encourage appreciation for the use of data for decision-making and reinforce the value of contributing time to such assessments.

Additional Questions to be Investigated:

- The assessment found that, 46 percent of available health workers at site support some level of of HIV service provision along the 90-90-90 continuum. As also outlined in Exhibit 8, a lesser percentage of staff are providing HTC provision, ART initiation, and/or VL testing. This finding should be explored further to determine how staff task allocation may be adjusted to further accommodate 90-90-90 target achievement through improved workflow and productivity.
- The finding that ART initiation is overwhelmingly provided by nurse midwife technicians (Exhibit 12) needs to be explored further. As Malawi is implementing Option B+, it is likely that a

significant proportion of those on ART are initiated through the PMTCT program. Additional investigation could clarify what proportion of ART initiations are occurring in PMTCT and how staff task allocation could be rebalanced in order to maximize workflow efficiency in PMTCT as well as ART services.

- The assessment determined that community services account for a significant percentageof health worker time in Blantyre and Lilongwe (see Exhibit 13). Further exploration of this trend may be helpful to determine how time is allocated between facility-based and community-based services, the effectiveness or efficiency of each, and whether additional resources at the community level may be needed.
- The assessment determined a number of presumed reasons for health workers quitting their jobs according to respondents. Further investigation would be helpful to confirm these presumptions and determine more specificity around health worker attrition. Conversely, exploring the reasons why health workers have maintained their employment at certain sites may provide further information on how the MOH moves forward with retaining its employees.
- The assessment database provides information about clinic hours and HIV service delivery days. Further analysis and exploration of this data, in comparison to expected levels of service, may assist-decision makers with determine the most effective hours of operation for HIV services.
- Further exploration of the gender and age make up acros cadres and related implications health worker engagement, retention, and incentive structures would help inform MOH planning for the future of the work force.

Lessons Learned, and Recommendations for Conducting Site-Level HRH Assessments

The following were some of the lessons learned, and recommendations on utilization of the modified PEPFAR Rapid HRH Assessment Tool in Malawi:

Time Allocation

- The timeline for the data collection portion of the exercise was truncated based on demand for immediate availability of data. In the future, teams undertaking this assessment should ensure sufficient time is allocated for preparations prior to the field work, such as thorough coding and field pretesting the data collection tool and informing sites of the exercise in advance. At least two weeks are needed for these activities before data collection starts. Several teams experienced issues with accessibility at high-volume sites because the facilities did not receive enough notification about the assessment. Allowing time up front for these important steps reduces the risk of error and the time needed for data cleaning and validation.
- Application of the assessment tool identified that some questions (especially 3 and 4) require more time for respondents to think through to ensure the most accurate response. Therefore it is recommended that in future applications the questionnaire be provided to sites well in advance (at least a week) of the actual interview. Overall, the interviews lasted about 70-90 minues.
- To allow for seamless export of data from open-source platforms into Microsoft Excel, enough time should be devoted upfront to coding, validating, and pretesting the data collection instrument.
- Proper field testing helps determine how the questions are framed and translated and whether valid data are being collected after questions are translated. Triangulation using at least two data sources will help to determine the accuracy, consistency, and validity of data.
- Results from the validation exercise should be processed to determine whether the data collected and/or the tool respond to the information needs (i.e., indicators) or additional changes in the tool are needed.

Questionnaire

- Given the length of the data collection tool, and the complexity of some of the questions, it is very important that in future assessments, the tool be first piloted at a few sites to identify challenges and address them before rolling it out in all sites. This is particularly important when new questions are added to the questionnaire.
- PEPFAR teams may consider translating the data collection tool into local languages to avoid on-the-spot translation by data collectors when further clarification is requested. Translation would ensure questions are standardized and accurately represented in the relevant language.
- Sex disaggregation is an important data point for determining the make-up of HRH. For facilities with a high number of staff, it was difficult to obtain sex-disaggregated data on short notice because those interviewed were asked to recall how many men and women they have on staff.
- Initially, the PEPFAR/Malawi team wanted to calculate full-time equivalents for staff at each site through responses to questions 3 and 4 of the data collection tool. In practice, this was difficult to do accurately because some respondents did not know what percentage of time different staff spent providing HIV services. In some cases, services were provided in an integrated manner, making it difficult to tease out service delivery specifically for HIV patients. In other instances, some sites that provided HIV services through specific HIV or ART clinic days noted that staff provided 100 percent HIV service delivery on those days — a misunderstanding of the question. To accurately calculate full-time equivalents, information on time allocation should be gathered from staff who actually provide HIV services. This could be done by asking staff to fill out time logs for a period of time just prior to the assessment.
- Questions about the need for training (questions 8a-c) required time for respondents to think through and/or interview some of the staff who are involved in HIV service delivery themselves. However, this was not possible at many of the sites because only in-charges or human resources staff were interviewed. Staffing constraints at many facilities also meant that only a number of staff could be able to participate in the assessment without causing major disruptions to service delivery.

Annex 1. HRH Rapid Assessment Tool for Malawi

PEPFAR MALAWI Rapid Site-Level Health Workforce Assessment: Overview

April – May 2016

In Country Operational Plan 16, PEPFAR/Malawi will focus on supporting the Ministry of Health in implementation of the 90-90-90 goals. This entails supporting the scale-up of the rollout of Test and Start in Malawi as guided by the Department of HIV/AIDS. Although it is commendable that Malawi is set to roll out Test and Start for HIV/AIDS, it is also imperative for all stakeholders, including PEPFAR, to acknowledge that existing health system challenges need to be immediately addressed to achieve Test and Start goals. The two critical health system challenges for Test and Start are:

- Inadequate numbers of health care workers (HCWs) to respond to increased demand for HIV testing services, ART and HIV/AIDS care services, and VL testing and monitoring
- Inadequate infrastructure at primary and secondary care level facilities to accommodate increased demand for HIV/AIDS testing, HIV/AIDS treatment, and accompanying pharmacy storage and laboratory services' needs

PEPFAR/Malawi plans to strategically address these health workforce and infrastructure challenges in selected high-volume sites for HIV/AIDS testing and treatment. Among several planned key health systems strengthening strategies, PEPFAR intends to place additional HCWs and increase available space in high-volume sites to ensure accessibility to high-quality HIV/AIDS services as Test and Start rolls out. As such, PEPFAR/Malawi, with approval from the Ministry of Health has commissioned a rapid site-level assessment to take stock of existing HRH gaps and infrastructure challenges in high-volume sites in Lilongwe, Blantyre, and Zomba districts. The data collected will be used to develop PEPFAR's COP 16 proposal to support recruitment of additional HCWs and improvement of infrastructure for HIV/AIDS services in the three priority districts.

PEPFAR/Malawi has developed the following assessment tool to collect HRH infrastructure needs data at site level. Data collected in this tool will include:

- Type, number, and availability of cadres at facility
- Issues affecting retention and productivity
- Current health worker cadre allocation per service point
- Health worker capacity and preparation for providing high-quality HIV services
- HRH barriers pertaining to service delivery

The assessment should take about 60-75 minutes to complete at each site.

Members of the PEPFAR/Malawi Health Systems Strengthening Technical Working Group are available to provide any clarification required on the rapid assessment. Contacts: Ndasowa Chitule (nchitule@usaid.gov) and Dan Singer (dps4@cdc.gov)

PEPFAR Rapid Site-Level Health Workforce Assessment: Instructions

Prior to assessment, the implementing partner/facilitator should complete this table:

Facility name(s) *(if more than one facility is linked to one PEPFAR site, please list all facilities)*:

_____

PEPFAR site ID: _____

Site type: □ scale-up to saturation □ aggressive scale-up □ sustained

Data collector (*name and organization)***:**

_____

Date of assessment: _____

Start time: _____ **End time:** _____

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 V, End of Survey.

Role of Facility Management

The tool is to be administered through a discussion with the management team for HIV services at a facility (this should include the facility in-charge, the ART coordinator, and the HTC coordinator at a minimum, but can also include pharmacy, laboratory, and environmental health staff if available) followed by a walk-through of the key HIV service delivery departments (i.e., HCT, ART, TB/HIV, labor and delivery, 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 to decrease time needed to conduct the assessment on site.

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 and is not limited to workers who are financially supported by PEPFAR. The questions inquire about workers who are 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).

I. BEGINNING OF ASSESSMENT *(Opening statement explaining the tool to be read by implementing partner staff member)*

Good morning/afternoon. First, let me introduce myself. I am _____and I work for _____ to support the PEPFAR program in Malawi. PEPFAR provides ongoing technical support to this facility in various HIV/AIDS technical areas.

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

The objectives of the rapid HRH assessment tool are:

- Identify HRH barriers to high-quality HIV service delivery
- Collect site-specific HRH data to inform program planning and transition

To assist in assessing capacity at priority sites, data collected in this tool include:

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

It will take 60-75 minutes to go through the questions of this tool. Many questions are multiple choice, although a few will require some numerical data regarding the workforce at this facility. I will read each question and answer one at a time. 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/Malawi will be reviewing the data with the government to better understand the impact health workforce challenges have within in a facility and across facilities providing HIV/AIDS services.

All data collected will be secure, and the confidentiality of all participants will be protected. No personal information about you (such as your name or job title) will be recorded. The information collected from your responses will only be linked to an identification code for the site or the implementing partner.

If you have any questions about taking part in this assessment, please ask them now. Your participation will indicate that you agree to take part, that you were given the opportunity to ask questions, and that any questions were answered to your satisfaction.

II. 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. How many days a week is this facility open, and what are the hours it is open each day? *(such as Monday – Friday, 7-4 and Saturday, 8-12)*

_____

Q1b. Are there HIV or ART clinic days?

□ Yes □ No
If so, what are the days and hours of the clinic days? Specify HIV/ART clinic days:

_____

Q1c. What barriers exist to increasing clinic days or working hours for the HIV/ART clinic beyond current practice?

□ Inadequate staff □ Inadequate space/clinical rooms □ Inadequate staff AND space □ Other (specify)

_____

_____

_____

Q2a. Are there days of the week or hours of the day that more health workers are scheduled to work?

□ Yes □ No
If yes, specify_____

Q2a.1. Have there been changes in facility hours to accommodate when most HIV patients come to this facility?

□ Yes □ No
If yes, specify_____

Q2b. How are staff schedules and assignments determined?

- □ Assessment of patient volume
- □ Assessment of availability of staffing to provide services
- □ Assessment of evening/weekend patient needs
- □ Based on clinic days (e.g., HIV)
- □ Assessment of waiting times
- □ Assessment of patient travel time and distance to the facility
- □ Other (*specify)*
  _____

Q3a. Next, looking at the spaces in the first column of the table below, please tell me the type of staff working at this facility. *(Data collector should fill these in.)* Include paid and volunteer cadres. Also include workers who work in the community but who are connected to this facility. Examples in each category include:

- Clinical – doctors, nurses, midwives, medical assistants, nursing assistants
- Clinical support – pharmacists, pharmacy technicians, medical technicians, laboratorians, laboratory technicians
- Managerial – facility administrators, HR managers, monitoring and evaluation advisors, epidemiologists
- Social – social workers, child and youth development workers
- Lay – adherence support, mother mentors, cough monitors, expert clients, lay counsellors, peer educators/navigators, community health workers (specify name)
- Community – any other cadres not captured above that work or volunteer in the community
- Other – If other staff, such as ground labor or security guards have interactions with patients or provide HIV services support (e.g. prevent drug theft), list these here.

Q3a. Cadre Categories	**Q3b.** For each staff type, how many staff does this facility have in total?	**Q3c.** How many of these staff are engaged in HIV services?	**Q3d.** For staff working with HIV patients, what percentage of their time each week is spent engaging in HIV services?	**Q3e.** For staff working with HIV patients, what percentage of their time engaging in HIV services is spent in the community?	**Q3f.** How many staff working today are engaged in providing HIV services (in the facility or in the community)?
Example: Nurse	*12*	*7*	*50%*	*10%*	*4*
a. Medical Officer					
b. Clinical Officer					
c. Medical Assistant					
d. Registered Nurse					
e. Nurse Midwife Tech					
f. Nursing Assistant					
a. HSA					
b. HDA					
c. Pharmacy Technician					
d. Pharmacy Assistant					
e. Laboratory Technician					
f. Laboratory Assistant					
a. Clerk					
a. Expert Clients					
Other					
a.					
b.					
c.					
d.					

Q4. On a typical clinic day, how many of each staff are providing **CLINICAL** HIV services as follows. If other cadres regularly provide a service, write them in the blank spaces provided.

Q4a	Q4b	Q4c	Q4d	Q4e	Q4f
Cadre	**HTC**	**ART Initiation**	**ART Refills**	**VL/EID Testing**	**Linkages/ Defaulter Tracing**
a. Medical Officer	I			I	I
b. Clinical Officer					
c. Medical Assistant					
d. Registered Nurse					
e. Nurse Midwife Tech					
f. Nursing Assistant					
g. HSA					
h. HIV Diagnostic Asst.					
i. Pharmacy Technician					
k. Pharmacy Assistant					
l. Laboratory Technician					
m. Laboratory Assistant					
n. Clerk					
o. Expert Client					
p.					
q.					
r.					
Total					

Q5. In your opinion, what are the top three reasons health workers quit their job or ask to be transferred from this facility? *(Check the top three reasons health workers quit their job 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 Wi-Fi/phone service
- ☐ Other *(specify)* _____

III. HEALTH WORKER ALLOCATION

This next question looks at how 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.

Service Points	**Q6a.** List the type(s) of health workers that perform each of the tasks below. Examples include: • Clerk • Nurse • Clinical officer/ doctor • Lab • Pharmacy • Lay cadre	**Q6b.** Select all reasons staff do these tasks. *(If more than one cadre performs a task, please write the cadre in the appropriate box below.)*					
		It is in their job scope	They have received training for this task	High patient volume (staff assists/ provides back-up support)	Health worker shortage (task is shifted to this worker)	Govt. directive	Other (*Specify)*
Client registration							
Triage							
TB screening for HIV patients							
Patient consultation and clinical assessment							
Adherence counseling and psychosocial support							
Adherence review and pill count							
ARV initiation and counseling							
ARV refill prescription							

Service Points	**Q6a.** List the type(s) of health workers that perform each of the tasks below. Examples include: • Clerk • Nurse • Clinical officer/ doctor • Lab • Pharmacy • Lay cadre	**Q6b.** Select all reasons staff do these tasks. *(If more than one cadre performs a task, please write the cadre in the appropriate box below.)*					
		It is in their job scope	They have received training for this task	High patient volume (staff assists/ provides back-up support)	Health worker shortage (task is shifted to this worker)	Govt. directive	Other (*Specify)*
Dispensing ARVs							
HIV/AIDS pre- and post-test counseling							
Lab tests *Check available tests:* □ EID □ CD4 □ Viral load							
Community outreach (e.g., mobile clinics, community testing or dispensing							
Community-facility linkages (e.g., community patient referrals to facility)							
	Other cadres, specify						

The next set of questions pertains to in-service training at this site.

Q7. Do you have a system for keeping track of which workers receive in-service training?

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

Q8a. What are the priority HIV/AIDS-related training courses at this site?

_____

_____

_____

Q8b. How are staff selected to receive training?

_____

_____

Q8c. Which types of health workers are most in need of training? Please circle.

1. Medical officer
2. Clinical officer
3. Medical assistant
4. Registered nurse
5. Nurse midwife technician
6. Nursing assistant
7. HSA
8. HIV diagnostic assistant
9. Pharmacy technician
10. Pharmacy assistant
11. Laboratory technician
12. Clerk
13. Expert clients
14. Others, specify_____

_____

IV. HRH SUMMARY

Q9. In this question, I will be asking you to rank in order the three 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
- ☐ Recruitment, and/or payroll processes
- ☐ Inadequate infrastructure
- ☐ Shortage of supplies
- ☐ Absenteeism
- ☐ Inadequate capacity to manage clinic
- ☐ Insufficient clinical competencies
- ☐ Inadequate operational policies and guidelines for delivering services
- ☐ Not doing the job they are trained for
- ☐ Health worker shortage

Q10. Is there anything I haven't asked about staffing that you think I should know?

_____

_____

V. INFRASTRUCTURE *(facilitation team should have a tape measure and camera for this section to measure space available and take photos of available infrastructure and space)*

Q11. How many ADEQUATE* size rooms does the facility have for:

i) HTC services_____ (take photo if inadequate space)
ii) ART services_____ (take photo if inadequate space)
iii) Laboratory services/blood sample collection_____ (take photo if inadequate space)

*Adequate size means a room of at least 3m x 3m (9 square meters)

Q12. What is the area of the existing:

i) Waiting area for HIV patients (square meters)? _____ *(take photo)*
ii) Pharmacy/storage of supplies and drugs (cubic meters)? _____ *(take photo)*

Q13a. Does the facility have space for construction/installation of at least two additional clinical rooms (18 sq. meters) on:

i) Its existing foundations? Yes/No_____ *(take photo)*
ii) On the facility plot beyond its existing foundation? Yes/No_____ *(take photo)*

Q13b. Does the facility have space for construction/installation of one pharmacy in box (70 square meters), in addition to the two rooms mentioned above on:

i) Its existing foundations? Yes/No_____*(take photo)*
ii) On the facility plot beyond its existing foundation? Yes/No_____ *(take photo)*

Q14a. What is the power source for the facility? Please circle.

i) Connected to power grid
ii) Solar power
iii) Generator
iv) Other (specify)_____

Q14b. What are the available water sources for the facility? Circle any appropriate.

i) Running tap water
ii) Bore hole
iii) Other (specify)_____

V. END OF SURVEY

Annex 2. List of Sites for HRH Rapid Assessment

Note: Facilities highlighted in blue are the 10 highest-volume sites for those on ART in each district.

Lilongwe District, Central Region: 42 Sites

#	iPSL ID	Name of facility	Location	PEPFAR Prioritization	U. S. Government Agency	Implementing Partner	Currently on ART (Q4 2015)
1.	100133	Bwaila Hospital Martin Preuss Centre	Lilongwe City	Scale-up Aggressive	CDC	Lighthouse	17,586
2.	100164	Lighthouse Clinic	Lilongwe City	Scale-up Aggressive	CDC	Lighthouse	9,888
3.	100199	Partners In Hope Clinic Moyo Clinic (public)	Lilongwe City	Scale-up Aggressive	USAID	PIH	5,079
4.	100126	Area 25 Health Centre	Lilongwe City	Scale-up Aggressive	CDC	Lighthouse/Baylor	3,424
5.	100165	Likuni Mission Hospital	Lilongwe City	Scale-up Aggressive	USAID	SSDI	3,142
6.	100202	St Gabriel Mission Hospital	TA Kalolo	Scale-up Aggressive	USAID	SSDI	2,661
7.	100161	Kawale Health Centre	Lilongwe City	Scale-up Aggressive	CDC	Lighthouse/Baylor	2,638
8.	100124	Area 18 Health Centre	Lilongwe City	Scale-up Aggressive	CDC	Lighthouse/Baylor	2,558
9.	100185	Mitundu Community Hospital	TA Chiseka	Scale-up Aggressive	CDC	Lighthouse	1,991
10.	100194	Nkhoma Mission Hospital	TA Mazengera	Scale-up Aggressive	USAID	SSDI	1,947
11.	100172	Macro Lilongwe Clinic	Lilongwe City	Scale-up Aggressive	CDC	Lighthouse	1,489
12.	100198	Partners In Hope Clinic Dalitso Clinic (private)	Lilongwe City	Scale-up Aggressive	USAID	Equip	1,372
13.	100146	Daeyang Luke Hospital	Lilongwe City	Scale-up Aggressive	USAID	SSDI	1,323
14.	100189	Nathenje Health Centre	TA Chadza	Scale-up Aggressive	CDC	Lighthouse	1,098
15.	100122	African Bible College Clinic	Lilongwe City	Scale-up Aggressive	USAID	SSDI	1,032
16.	100200	SOS Clinic	Lilongwe City	Scale-up Aggressive	USAID	SSDI	992
17.	100157	Kamuzu Central Hospital	Lilongwe City	Scale-up Aggressive	CDC	Lighthouse/Baylor	938
18.	100171	Lumbadzi Health Centre	Lilongwe City	Scale-up Aggressive	CDC	Lighthouse	883
19.	100186	Mlale Mission Hospital	TA Chiseka	Scale-up Aggressive	USAID	SSDI	779
20.	100155	Kabudula Rural Hospital	TA Kabudula	Scale-up Aggressive	USAID	Baylor	775
21.	100139	Chileka Health Centre	TA Kalolo	Scale-up Aggressive	CDC	Lighthouse	561

#	iPSL ID	Name of facility	Location	PEPFAR Prioritization	U. S. Government Agency	Implementing Partner	Currently on ART (Q4 2015)
22.	100127	Area 30 Police Clinic	Lilongwe City	Scale-up Aggressive	USAID	SSDI	508
23.	100142	Chitedze Health Centre	TA Malili	Scale-up Aggressive	CDC	Lighthouse	504
24.	100174	Malingunde Health Centre	TA Chiseka	Scale-up Aggressive	USAID	SSDI	502
25.	100166	Lilongwe City Assembly Chinsapo	Lilongwe City	Scale-up Aggressive	USAID	SSDI	490
26.	100163	Khongoni Health Centre	TA Khongoni	Scale-up Aggressive	USAID	Baylor	460
27.	100187	Mtenthera Health Centre	TA Kalumbu	Scale-up Aggressive	USAID	SSDI	445
28.	100196	Nthondo Health Centre	TA Kalolo	Scale-up Aggressive	USAID	SSDI	359
29.	100144	Chiwamba Health Centre	TA Chimutu	Scale-up Aggressive	USAID	SSDI	349
30.	100179	Maula Prison Health Centre Static Art	Lilongwe City	Scale-up Aggressive	CDC	Lighthouse	294
31.	100183	Mbwatalika Health Centre	TA Malili	Scale-up Aggressive	USAID	Equip	278
32.	100178	Matapila Health Centre	TA Mazengera	Scale-up Aggressive	USAID	Equip	268
33.	100147	Diamphwi Health Centre	TA Mazengera	Scale-up Aggressive	USAID	Equip	263
34.	100195	Nsaru Health Centre	TA Kabudula	Scale-up Aggressive	USAID	SSD	258
35.	100150	Dr. David Livingstone Memorial Clinic	Lilongwe City	Scale-up Aggressive	USAID	SSDI	245
36.	100151	Dzenza Health Centre	Lilongwe City	Scale-up Aggressive	USAID	SSDI	236
37.	100137	Chadza Health Centre	TA Chadza	Scale-up Aggressive	USAID	Equip	219
38.	100181	Mbabvi Health Centre	SC Njewa	Scale-up Aggressive	USAID	Equip	214
39.	100159	Kang'oma Health Centre	SC Tsabango	Scale-up Aggressive	USAID	Equip	212
40.	100148	Dickson Health Centre	TA Chiseka	Scale-up Aggressive	USAID	Equip	192
41.	100156	Kachere Private Clinic	Lilongwe City	Scale-up Aggressive	USAID	Equip	181
42.	100129	Baylor Children's Centre of Excellence in Malawi	Lilongwe City	Scale-up Aggressive	USAID	Baylor	

Zomba District, Southern Region: 31 Sites

#	iPSL ID	Name of Facility	Location	PEPFAR Priority	U.S. Government Agency	Implementing Partner	Curr. on ART (Q4 2015)
1.	100526	Zomba Central Hospital Tisungane Clinic	Zomba City	Scale-up Saturation	USAID	Dignitas/Baylor	6,481
2.	100519	Pirimiti Rural Hospital	TA Mwambo	Scale-up Saturation	USAID	Dignitas/Baylor	3,359
3.	100523	St. Lukes Mission Hospital	TA Malemia	Scale-up Saturation	USAID	Dignitas/Baylor	2,830
4.	100509	Matawale Health Centre	Zomba City	Scale-up Saturation	USAID	Dignitas/Baylor	2,775
5.	100503	Likangala Health Centre	Zomba City	Scale-up Saturation	USAID	Dignitas/Baylor	2,301
6.	100510	Matiya Health Centre	TA Mwambo	Scale-up Saturation	USAID	Dignitas/Baylor	1,907
7.	100500	Domasi Rural Hospital	TA Malemia	Scale-up Saturation	USAID	Dignitas/Baylor	1,561
8.	100498	Chipini Health Centre	TA Mlumbe	Scale-up Saturation	USAID	Dignitas/Baylor	1,526
9.	100511	Mayaka Health Centre	SC Mbiza	Scale-up Saturation	USAID	Dignitas/Baylor	1,484
10.	100524	Thondwe Health Centre	TA Chikowi	Scale-up Saturation	USAID	Dignitas/Baylor	1,451
11.	100507	Makwapala Health Centre	TA Kuntumanji	Scale-up Saturation	USAID	Dignitas/Baylor	1,171
12.	100521	Police College Hospital	Zomba City	Scale-up Saturation	USAID	Dignitas/Baylor	891
13.	100515	Namasalima Health Centre	TA Kuntumanji	Scale-up Saturation	USAID	Dignitas/Baylor	818
14.	100491	Bimbi Health Centre	TA Kuntumanji	Scale-up Saturation	USAID	Dignitas/Baylor	803
15.	100502	Lambulira Health Centre	TA Chikowi	Scale-up Saturation	USAID	Dignitas/Baylor	801
16.	100518	Ngwelelo Health Centre	SC Mbiza	Scale-up Saturation	USAID	Dignitas/Baylor	780
17.	100506	Magomero Health Centre	SC Mbiza	Scale-up Saturation	USAID	Dignitas/Baylor	730
18.	100497	Chingale Health Centre	TA Mlumbe	Scale-up Saturation	USAID	Dignitas/Baylor	677
19.	100514	Naisi Health Centre	TA Malemia	Scale-up Saturation	USAID	Dignitas/Baylor	660
20.	100519	Nkasala Health Centre	TA Mlumbe	Scale-up Saturation	USAID	Dignitas/Baylor	589
21.	100493	Chamba Health Centre	TA Mwambo	Scale-up Saturation	USAID	Dignitas/Baylor	582
22.	100517	Nasawa Health Centre	SC Mbiza	Scale-up Saturation	USAID	Dignitas/Baylor	534
23.	100527	Zomba Central Prison Clinic	Zomba City	Scale-up Saturation	USAID	Dignitas/Baylor	482
24.	100516	Namikango Health Centre	TA Chikowi	Scale-up Saturation	USAID	Dignitas/Baylor	478
25.	100499	City Clinic Zomba	Zomba City	Scale-up Saturation	USAID	Dignitas/Baylor	471
26.	100495	Chilipa Health Centre	TA Mlumbe	Scale-up Saturation	USAID	Dignitas/Baylor	463
27.	100522	Sadzi Health Centre	Zomba City	Scale-up Saturation	USAID	Dignitas/Baylor	437
28.	100512	M'mambo Health Centre	TA Mlumbe	Scale-up Saturation	USAID	Dignitas/Baylor	421

#	iPSL ID	Name of Facility	Location	PEPFAR Priority	U.S. Government Agency	Implementing Partner	Curr. on ART (Q4 2015)
29.	100504	Machinjiri Health Centre	TA Malemia	Scale-up Saturation	USAID	Dignitas/Baylor	350
30.	100513	Mwandama Health Centre	TA Mlumbe	Scale-up Aggressive	USAID	Equip	211
31.	100492	Blm Zomba Clinic	Zomba City	Scale-up Aggressive	USAID	Equip	49

Blantyre District, Southern Region: 37 Sites

#	iPSL ID	Name of Facility	Location	PEPFAR Priority	U.S. Government Agency	Implementing Partner	Curr. on ART (Q4 2015)
1.	100581	Queen Elizabeth Central Hospital	Blantyre City	Scale-up Aggressive	CDC	CoM	10,915
2.	100554	Limbe Health Centre	Blantyre City	Scale-up Aggressive	CDC	MSH	5,095
3.	100576	Ndirande Health Centre	Blantyre City	Scale-up Aggressive	CDC	MSH	5,036
4.	100569	Mlambe Mission Hospital	TA Kapeni	Scale-up Aggressive	CDC	MSH	4,958
5.	100529	Bangwe Health Centre	Blantyre City	Scale-up Aggressive	CDC	MSH	4,812
6.	100544	Chilomoni Health Centre	Blantyre City	Scale-up Aggressive	CDC	MSH	3,495
7.	100559	Macro Blantyre Clinic	Blantyre City	Scale-up Aggressive	CDC	MSH	3,495
8.	100589	Zingwangwa Health Centre	Blantyre City	Scale-up Aggressive	CDC	MSH	2,071
9.	100586	South Lunzu Health Centre	Blantyre City	Scale-up Aggressive	CDC	MSH	1,743
10.	100586	South Lunzu Health Centre	Blantyre City	Scale-up Aggressive	CDC	MSH	1,743
11.	100542	Chileka Health Centre	TA Kuntaja	Scale-up Aggressive	CDC	MSH	1,555
12.	100570	Mpemba Health Centre	TA Somba	Scale-up Aggressive	CDC	MSH	1,185
13.	100530	Blantyre Adventist Hospital	Blantyre City	Scale-up Aggressive	CDC	MSH	1,175
14.	100556	Lirangwe Health Centre	TA Lundu	Scale-up Aggressive	CDC	MSH	1,116
15.	100567	Mdeka Health Centre	TA Chigaru	Scale-up Aggressive	CDC	MSH	1,116
16.	100566	Masm Medi Clinic Limbe	Blantyre City	Scale-up Aggressive	CDC	MSH	969
17.	100562	Makhetha Clinic	TA Makata	Scale-up Aggressive	CDC	MSH	871
18.	100531	Blantyre City Assembly Clinic	Blantyre City	Scale-up Aggressive	CDC	MSH	801
19.	100572	Mtengoumodzi Private Hospital	Blantyre City	Scale-up Aggressive	CDC	MSH	733
20.	100558	Lundu Health Centre	TA Chigaru	Scale-up Aggressive	CDC	MSH	677
21.	100546	Chirimba Health Centre	Blantyre City	Scale-up Aggressive	CDC	MSH	634
22.	100541	Chikowa Health Centre	TA Kunthembwe	Scale-up Aggressive	CDC	MSH	535
23.	100549	Kadidi Health Centre	TA Kapeni	Scale-up Aggressive	CDC	MSH	528
24.	100587	St. Vincent Health Centre	TA Somba	Scale-up Aggressive	CDC	MSH	423
25.	100543	Chileka SDA Health Centre	TA Kuntaja	Scale-up Aggressive	CDC	MSH	415
26.	100560	Madziabango Health Centre	TA Somba	Scale-up Aggressive	CDC	MSH	410
27.	100548	Dziwe Health Centre	TA Kuntaja	Scale-up Aggressive	CDC	MSH	379

#	iPSL ID	Name of Facility	Location	PEPFAR Priority	U.S. Government Agency	Implementing Partner	Curr. on ART (Q4 2015)
28.	100573	Mwachira Private Clinic	Blantyre City	Scale-up Aggressive			356
29.	100540	Chichiri Prison Clinic	Blantyre City	Scale-up Aggressive	CDC	MSH	339
30.	100584	Soche Maternity	TA Somba	Scale-up Aggressive	CDC	MSH	306
31.	100575	Namikoko Health Centre	TA Lundu	Scale-up Aggressive	CDC	MSH	287
32.	100561	Makata Health Centre	TA Makata	Scale-up Aggressive	CDC	MSH	259
33.	100545	Chimembe Health Centre	TA Kuntaja	Scale-up Aggressive	CDC	MSH	228
34.	100563	Malabada Health Centre	Blantyre City	Scale-up Aggressive	CDC	MSH	222
35.	100555	Limbe Leaf Tobacco Clinic Limbe	Blantyre City	Scale-up Aggressive	CDC	MSH	170
36.	100538	Chavala Health Centre	TA Kuntaja	Scale-up Aggressive	CDC	MSH	163
37.	100535	Blm Lunzu Clinic	Blantyre City	Scale-up Aggressive	CDC	MSH	126

Annex 3. Responses from Open-Ended Questions from HRH Rapid Site-Level Assessment

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Introduction

This document supplements the qualitative data in the Microsoft Excel database, and it is a site-specific extract of the qualitative responses to open-ended questions that the interviewees gave in the PEPFAR/Malawi Human Resources for Health rapid site-level assessment. It complements answers to quantitative questions and is not to be taken as complete feedback without reference to the other responses provided as part of the assessment exercise.

The qualitative extracts form a rich part of the responses to the questions in the data collection tool because they sometimes provide more context and detail for the quantitative responses. As a brief summary, the qualitative captions constitute a number of areas that required open-ended responses or were added to alternatives in the multiple choice answers, especially in the "other" category. This report contains brief responses to the following questions:

- 1c: on existing barriers to increasing clinic days
- 2b: on determination of schedules
- 3a: on other staff who have interactions with HIV patients or provide HIV services
- 5: on reasons health care workers (HCWs) quit their jobs
- 8a: on priority training for staff in the facility
- 8b: on how HCWs are selected for training
- 8c: on HCWs who also need training most
- 9: on biggest HRH challenges relating to HIV services
- 10: on any other issue not asked in the HRH section on staffing
- 11: on adequacy or inadequacy of rooms for HIV testing and counseling (HTC), ART, laboratory services
- 13b: on existing rooms for possible construction and/or installation of a pharmacy for HIV supplies
- 14a: on power sources for the facility
- 14b: on water sources for the facility

In summary, these are the questions that were focused on in this document.

Please note that site-specific answers are provided to enable the reader to link the qualitative responses to each site, something PEPFAR/Malawi is interested in for this assessment. To make it easier to read, responses are provided by district.

Qualitative Responses from Blantyre District

Question #	Qualitative Response
100529=Bangwe Health Centre	
Q8a	Priority training at this site includes: palliative care
Q8b	Selection for training is based on directives from the Ministry of Health and an individual's performance
Q8c	HCWs who most need training are nurses, clinicians, and health surveillance assistants
100530=Blantyre Adventist Hospital	
Q8a	Priority training at this site includes: HTC training, ART training, TB/HIV training, infection prevention
Q8b	Selection for training is on a needs basis
Q8c	Apart from those ticked, additional staff who need for training include: nursing aides, especially in HTC
Q11	HTC and ART use same area and same room; Lab for CD4 machine broken down, there is no VL machine; usually samples are sent to district main center for CD4 count and viral loads
100531=Blantyre City Assembly Clinic	
Q2a	On Thursday – more staff are allocated to handle the ART clinic
Q8a	Priority training is in intensive HTC provision, youth-friendly services, and sign language
Q8b	Selection for training is based on work and previous training
100535= Banja la Mtsogolo Lunzu	
Q5	Additional reasons health workers quit their job include: transport to Banja la Mtsogolo site, and lack of promotion
Q8a	Priority training at the site includes ART service provision and HTC
Q8b	Selection for training is dependent on priority being given to those not already trained
Q11	No separate HIV service rooms - same room used for ART, HTC, and lab for rapid tests
100538=Chavala Health Centre	
Q5	Reasons that staff quit their jobs include long distance to the city.
Q8a	Priority training include: training in ART, VL, and HTC
Q8b	Selection for training is based on knowledge of the job by the provider
100540=Chichiri Prison Clinic	
Q5	Other reasons that staff quit their jobs include a stressful environment
Q8a	Priority training includes: training in ART new guidelines
Q8b	Selection of staff for training is based on service provision
Q8c	In addition to those ticked, training is needed for counselors
100541=Chikowa Health Centre	
Q5	Reasons that staff quit their jobs include: personal reasons
Q8a	Priority training at this site includes: training in ART and HTC

Question #	Qualitative Response
Q8b	Selection for training is based on hard-working spirit
100542=Chileka Health Centre Blantyre	
Q8a	Priority training at this site includes: training on side effects of ARVs
Q8b	Selection for training is based on capacity of individual and direction from Ministry of Health
Q12	The facility has no waiting area
100543=Chileka SDA Health Centre	
Q8a	Priority training at this site includes: training in prevention of mother-to-child transmission
Q8b	Selection for training is based on performance
Q11	The facility does not have a lab, but it uses the ART room to collect blood samples
100544=Chilomoni Health Centre	
Q8a	Priority training at this site includes: basic and refresher ART training
Q8b	Selection for training is dependent on those not already trained being given priority
Q11	There is lack of privacy due to lack of adequate rooms for HTC and ART – rooms are shared
100545=Chimembe Health Centre	
Q8a	Priority training at this site includes: training in ART and HTC
Q8b	Selection for training is based on interest in the job and capacity to learn
Q11	On infrastructure, the health center uses an improvised room from maternity for HTC
100546=Chirimba Health Centre	
Q2a	Yes, when too many clients turn up, clinic extends hours to 13:30 p.m.
Q2b	How are staff are scheduled? All staff come to work except on public holidays
Q8a	Priority training at this site includes: VL, ART refresher, and TB training (TB management).
Q8b	Selection for training is based on work performance
100548=Dziwe Health Centre	
Q5	Reasons that staff quit their jobs includes other reasons: misunderstanding with the community
Q6	Outreach is an initiative of NGOs
Q8a	Priority for training at this site includes: training in dried blood spot (DBS) collection and VL
Q8b	Selection for training depends on activeness of officer/staff and their availability
Q10	What has not been asked: refresher training on ART
100549=Kadidi Health Centre	
Q2a	Yes, there are more days in the week with more patients: because of booking of HIV patients before coming for ART
Q8a	Priority training at this site includes: pharmacy and AIDS opportunistic infections especially TB

Question #	Qualitative Response
Q8b	Selection for training is based on performance of staff
100550=Kanjedza Police Clinic	
Q5	Staff quit their jobs due to poor working relationships
Q8a	Priority training at this site includes: training in HTC
Q8b	Selection for training is based on impact the training will have to service provision
100554=Limbe Health Centre	
Q8a	Priority training at this site includes: training in ART
Q8b	Selection for training is based on commitment to work
100555=Limbe Leaf Tobacco Clinic Limbe	
Q8a	Priority training at this site includes: training in VL and HTC
Q8b	Selection for training is based on relevance of the job description to the training
Q11	On infrastructure, the health facility uses the same room for ART and HTC services
100556=Lirangwe Health Centre	
Q3b	Additional staff involved in HIV services are hospital attendants and mothers2mothers volunteers
Q8a	Priority for training at this site includes: training in ART drugs
Q8b	Selection for training is based on knowledge gap of staff
100558=Lundu Health Centre	
Q8a	Priority training at this site includes: training on HTC
Q8b	Selection for training is based on performance of staff
100559=Macro Blantyre	
Q5	Staff quit job due to a number of reasons, including retrenchment
Q8a	Priority training at this site includes: training in EID and sign language training
Q8b	Selection for training is based on knowledge gap
100560=Madziabango Health Centre	
Q2a	Yes, there have been days in the week when the high number of clients led to an increase in ART clinic days (on such days, clinic does not open for other services)
Q2b	Staff schedules are determined based on knowledge of the people providing the service
Q3a	Two HSAs are serving as pharmacy clerks
Q5	Staff quit their jobs due to attitudes of community toward the health workers
Q6	Outreach is an initiative of Population Services International, and not that of the facility
Q8a	Priority for training for this site includes: training in VL and HTC
Q8b	Selection for training is based on willingness/commitment to work and knowledge gaps

Question #	Qualitative Response
Q11	On infrastructure, there is a room for laboratory services, but there is no electricity and water
100561=Makata Health Centre – Lunzu	
Q8a	Priority for training at this site includes: training in HTC and its refresher course
Q8b	Selection for training is based on performance
Q8c	Apart from those ticked, staff for training include other cadres: hospital attendant
100562=Makhetha Clinic	
Q5	Workers quit their job due to other reasons, such as personal problems
Q8a	Priority for training at this site includes: training in ART and viral load
Q8b	Selection for training is based on capability of staff, nature of training, and interest in the job
Q12	There is no waiting area for ART patients
100563=Malabada Health Centre	
Q8a	Priority for training at this site includes: training in EID and AIDS-related diseases
Q8b	Selection for training is based on performance of staff
100566=Masm Medi Clinic Limbe	
Q8a	Selection for training is based on knowledge gap
100567=Mdeka Health Centre	
Q3b	Other staff involved in HIV services include: ground labor, hospital attendants, and mothers2mothers volunteers
Q5	Reasons workers quit their job include: poor management
Q8a	Priority training for this site include: training in HTC and provider-initiated HIV testing and counseling
Q8b	Selection of staff for training is based on capacity of the candidate and needs assessment of the facility
100569=Mlambe Mission Hospital	
Q8a	Priority training for this site includes: ART training (adults and children), HIV diagnostic assistants, and HIV/AIDS at the workplace
Q8b	Selection of training is based on need
Q8c	In addition to those ticked, staff to train includes administrators
Q9	They want a stand-alone ART clinic; on inadequate transport, the National AIDS Council gave them car keys but the ambulance never arrived
Q14a	They have a generator, but it is expensive to run
100570=Mpemba Health Centre	
Q3a	Expert clients are supported by mothers2mothers volunteers; HSAs are HTC counselors
Q8a	Priority training at this site includes: training in HTC for nurses and clinicians
Q8b	Selection for training is based on performance of staff and staff interest

Question #	Qualitative Response
Q12	Waiting area is borrowed from maternity wing
100572=Mtengoumodzi Private Hospital	
Q5	Reasons that staff quit their job include: workload
Q8a	Priority training at this site includes: training in HTC
Q8b	Selection for training is related to work and performance
Q8c	Apart from those ticked, training is needed for others, such as nurse aides
100575=Namikoko Health Centre	
Q8a	Priority training at this site includes: training on ART
Q8b	Selection for training is based on performance of staff
Q8c	Other staff requiring training includes: hospital attendants
100576=Ndirande Health Centre	
Q2a	If more staff were available, ART could be provided Monday through Friday
Q8a	Priority training at this site includes: initial ART, refresher ART, and HIV specialist
Q8b	Selection for training is based on need (priority given to those not trained)
Q8c	Apart from those ticked, additional staff to train: lab officer
Q11	ART room available (not adequate), currently renovating an old structure, but funds not available. The laboratory was burnt down, but there are no funds to renovate it. Facility has two HTC rooms, but they are very small – photos taken
100579=Polytechnic Blantyre Centre	
Q1c	There are no barriers because there are small patient numbers (135 clients on ART only)
Q4e	Note: complicated HIV/AIDS patients are referred to Queen Elizabeth Central Hospital
100581=Queen Elizabeth Central Hospital	
Q2a	Yes. More health care workers are scheduled to work Mondays, Tuesdays, Wednesdays, and Fridays.
Q2a. 1.	Yes, there have been changes - through Teen Club, every 3rd Saturday– teenage HIV-positive on ART are seen and given ART plus other services
Q2b	Staff schedules include: staff always alternate in the clinic
Q3d	Clinical officer only sees complicated ART cases from the clinic or referred cases. There are more project clinical staff than government staff working at the ART clinic
Q8a	Priority training at this facility includes: disclosure training, ART refresher training
Q8b	Selection for training is based on relevance to patients or cadre
Q8c	In addition to those ticked, cadres most in need of training include: counselors
Q11	Inadequate ART room; one area not measured due to being inaccessible because of cartons. An example of the staff at Queen Elizabeth Central Hospital as a large health facility is given in Annex 3 of this report
100584=Soche Maternity	

Question #	Qualitative Response
Q8a	Priority training at this site includes: training in ART and VL
Q8b	Selection for training is based on commitment to the job
100586=South Lunzu Health Centre	
Q2a	Yes, there are a lot of appointments to attend to
Q8a	Priority for training at this site includes: new guidelines on HIV and ART and training on EID
Q8b	Selection for training is based on instructions from the Ministry of Health or implementing partners
100587=St Vincent Health Centre Chadzunda	
Q8a	Priority training at this site includes: HIV/AIDS for counselor and ART clerk
Q8b	Selection for training is based on commitment, knowledge, and need
Q8c	In addition to those ticked, training is needed for hospital attendants and patient attendants
Q10	Additional information required: staff training to be updated on new developments
Q11	The facility has one room used for HTC, ART, youth-friendly services, and TB screening. But this room is meant for ANC services. There is also no laboratory room.
100589=Zingwangwa Health Centre	
Q8a	Priority training at this site includes: training on EID
Q8b	Selection for training is based on work performance of staff
Q8c	Apart from those ticked, training is needed for hospital attendants

Qualitative Responses from Lilongwe District

Question #	Qualitative Response
100122=African Bible College Clinic	
Q8a	Priority for training includes: training in ART (for clerks) and infection prevention
Q8b	Selection for training is according to list in the records book
Q8c	Apart from those ticked, there are others who need training: HTC counselors
Q9	The three biggest HRH challenges apart from those ticked include: lack of involvement in ART services
Q13b	Note: in-built by blocks for rooms within the telephone area
100124=Area 18 Health Centre	
Q2a	There were changes: yes, on ART days and the facility starts at 6:00 a.m.
Q2a	Changes had to be made, yes, starting at 6:00 a.m. to accommodate more clients
Q8a	Priority training at this facility includes: training in CD4 count, VL, HTC, provider-initiated testing and counseling, and second-line prescribers
Q8b	Selection for training depends on interest
Q8c	In addition to those ticked, training is for others: such as hospital attendants

Question #	Qualitative Response
100126=Area 25 Health Centre	
Q8a	Priority training at this facility includes: training in HIV second-line treatment
Q8b	Selection for training is based on those who are attached to relevant departments and are not on duty
Q11	Note: there are two small rooms for HTC and ART services
100127=Area 30 Police Clinic	
Q8a	Priority training at this facility includes: training in HTC, ART, EID, and VL
Q8b	Selection for training is based on commitment of person and qualifications
100129=Baylor Children's Centre of Excellence in Malawi	
Q5	HCWs quit their jobs also because of leaving for further studies
Q8b	Selection for training is according to their job descriptions
100133=Bwaila Hospital Martin Preuss Centre	
Q2b	Staff schedules are assigned in a way that all of staff work from Monday to Saturday – no shifts
Q8b	Selection of staff for training: depends on needs assessment
Q8c	In addition to those ticked, other type of HCWs in need of training. Otherwise, all are well trained.
Q14a	In addition to power grid and generator, the facility uses batteries for back-up especially on computers
100137=Chadza Health Centre	
Q2a. 1.	Yes, changes due to late-comers for ART
Q2b	In addition to those ticked, schedules for work are based on roster
Q8a	Priority training for this facility includes: training in EID, VL, and HTC ART
Q8b	Selection for training is by order from above (usually district health officer)
Q12	Note: they have very small rooms for HTC and ART
Q14b	Water source is by borehole, which is in the nearby village
100139=Chileka Health Centre Lilongwe - Static Art Static Art	
Q2a	Yes, more HCWs are scheduled to work, especially on Wednesday and Monday due to workload
Q2b	In addition, staff are scheduled to work on the basis of the duty roster
Q8a	Priority training at this facility includes: initial ART training for nurses and clinicians
Q8b	Selection for training is based on strength of the person, sometimes names come from the DHO
Q12	On infrastructure, the waiting area is arena for a lot of things like HTC, ART for under-fives, pharmacy. There is no waiting area for HIV patients
100142=Chitedze Health Centre	
Q2	Changes to hours worked are invoked in the facility, especially on clinic days
Q8a	Priority training in the facility includes: training in ART, HTC, viral load, EID, sexually transmitted infection (STI), and family planning

Question #	Qualitative Response
Q8b	Selection for training is based on need and hard work of person
100144=Chiwamba Health Centre	
Q8a	Priority training in the facility includes: training in ART, DBS sample collection, HTC
Q8b	Selection for training depends on personal interest and need. If a person is not trained for that training if it is seen as a priority
Q14a	The facility depends on solar power. However, other sources are a transformer just a few meters away, yet electricity is not yet connected to the facility
100146=Daeyang Luke Hospital Public	
Q5	Apart from those ticked, HCWs quit their jobs due to lack of motivation in terms of appreciation
Q8a	Priority training at this facility includes: training in HTC, viral load, test-treatment
Q8b.	Selection for training depends on one who is on holiday to prevent creating shortages
100147=Diamphwi Health Centre	
Q2a	Only those trained are doing the work
Q2a. 1.	Yes, changes occur especially when the clients are many, i.e., on clinic day
Q2b	HCWs schedules are based on the duty roster
Q4	Note: HTC counselors and ART clerks are both HSAs
Q8a	Priority training in this facility includes: counseling on ART, HTC, couple counseling, and child counseling
Q8b	Selection is based on area of specialization; also names come from the DHO
Q10	Anything else to say: Because the hospital is on a boundary between Lilongwe and Dedza, it is hard to follow/trace the patients, especially on HIV for Dedza
Q12	Note: The waiting area is for HIV patients and antenatal; they have a very small room, which is used for ART and antenatal
100148=Dickson Health Centre	
Q8a	Priority training in this facility includes: training in universal ART treatment
Q8b	Selection for training is by order from above (DHO)
Q12	Note: the waiting area is for HIV patients as well as OPD patients
100150=Dr. David Livingstone Memorial Clinic	
Q5	In addition to those ticked, staff quit their jobs due to poor conditions of service
Q8a	Priority training at this facility includes: VL training and testing, collective counseling, HTC, and provider-initiated HIV testing and counseling training
Q8b	Selection is based on gaps in training – training needs
Q14a	In addition to grid, power source is through use of lamps
100151=Dzenza Health Centre	
Q2a	Yes, there are changes made almost daily, according to the situation
Q2b	Schedules are determined according to HCWs' activeness

Question #	Qualitative Response
Q5	In addition to those ticked, HCWs quit their jobs as a result of insufficient resources
Q8a	Priority training at this facility includes: HIV/TB, STI, EID, sexual reproductive health, youth-friendly health services
Q8b	Section for training is according to distribution of duty and their commitment
Q8c	In addition to cadres ticked, other cadres include: HTC counselors
Q12	Note: Waiting area is improvised; it is not for ART and HTC
100155=Kabudula Rural Hospital	
Q8a	Priority training in this facility includes: training in HTC, ART
Q8b	Selection for training is according to interest, area of specialization, and training needs
Q11	Note: HTC room is a container - not a built-up room, but it is adequate
100156=Kachere Private Clinic	
Q1c	Barriers exist to increasing ART clinic days, which include lack of equipment and supplies, e.g., CD4 count machine
Q2a	There are days in the week that more health workers are scheduled to work: on Wednesdays because of U5 clinic
Q8a	Priority training for this facility includes: HTC counseling, CD4 count, VL, voluntary medical male circumcision
Q8b	Selection of staff for training is based on professional qualifications and experience
100157=Kamuzu Central Hospital - Opd1	
Q2a	More HCWs are scheduled to work, especially on ART clinic days and Saturdays
Q2a. 1	Yes, changes are made to number of working hours as most of the time HCWs don't go for lunch when there are increases in number of clients
Q8a	Priority training at this facility includes: ART refresher, adverse effects of ART drugs, opportunistic infections
Q8b	Selection for training is based on HCWs who are always available and have knowledge
Q11	The facility does not have specific ART, HTC rooms. The facility uses the same OPD room. The facility has one adequate room, but the available room is also used for the whole hospital for other services. It is available for ART clinic on Wednesday only. The other days it is used for other services.
100159=Kang'oma Health Centre	
Q5	In addition to those ticked, staff quit their jobs due to "bad attitude of the community"
Q8a	Priority training at this facility includes: ART, HTC, family planning
Q8b	Selection for training is based on experience of a person and hard work
Q14b	Water source is by water being pumped into a tank by electricity from a borehole
100161=Kawale Health Centre	
Q2a	More HCWs are scheduled to work to cover up someone who is on leave or has gone to a workshop
Q8a	Priority training at this facility includes: training in HIV second-line treatment
Q8b	Selection for training is according to names just coming from above (DHO)

Question #	Qualitative Response
100163=Khongoni Health Centre	
Q8a	Priority training at this facility includes: training in HTC, ART, viral load
Q8b	Selection is based on hardworking and training needs
100164=Lighthouse	
Q2a	Has made changes, with Saturday having been put in place to accommodate HIV patients
Q3a	Note: No records for sex on expert clients since they don't work at Lighthouse clinic
Q4e	Note: They use Kamuzu Central Hospital laboratory and as indicated in the memorandum of understanding
Q8a	Priority training in this facility includes: ART, HTC, home-based care, palliative care training
Q8b	Selection for training is based on training needs, capability and hard work of HCWs
Q9	Note: on shortage of supplies (no CD4 count machines)
Q11. (iii)	Note: The facility does not have a laboratory; they collect blood samples in ART rooms
Q12. (ii)	For pharmacy/storage and drugs, they have a very small room
100165=Likuni Mission Hospital	
Q2a	Yes, there have been changes because "most of the time they leave work late, like after 5:00 pm, staff don't even go for lunch because of workload"
Q8a	Priority training at this facility includes: psychological counseling, Teen Club, HTC counseling, implementing partner refresher for all members
Q8b	Selection for training is based needs of the person after seeing an appraisal and capability
Q8b	In addition to those ticked, other HCWs who need training are: patient attendants and hospital attendants
100166=Lilongwe City Assembly Chinsapo	
Q1	Note: the facility is a City Assembly outreach, so on other days, staff go to other clinics. So there is shortage of staff
Q5	In addition to the reasons ticked, HCWs also quit their jobs due to insufficient resources or materials
Q8a	Priority training at this facility includes: training in HTC, STI counseling, infection prevention
Q8b	Selection for training is for those with recommended qualifications who are selected to go
Q12	On infrastructure, the facility uses a corridor as waiting area for ART patients
100171=Lumbadzi Health Centre	
Q2a	Changes made in the facility, especially on clinic days to start early and knock off late
Q8a	Priority training at this facility includes: training in ART refresher, HTC
Q8b	Selection was based on personal commitment
100172=Macro Lilongwe	
Q1c	Barriers that exist to increasing clinic days include inadequate resources

Question #	Qualitative Response
Q5	Apart from those ticked, HCWs quit their jobs due to retrenchment/insufficient funds
Q8a	Priority for training includes: training in EID, ART, electronic data entry
Q8b	Selection for training is based on training needs
Q9	On three HRH challenges, includes lack of funding
Q11	Note: ART drugs are stored in ART room because they do not have pharmacy room. Also, the organization is renting the building, which has inadequate space for expansion and if they have a chance to expand, they need permission from landlord
100174=Malingunde Health Centre	
Q5	In addition to two reasons, HCWs quit their jobs due to a lot of workload
Q8a	Priority training in this facility includes: training in HTC, DBS
Q8b	Selection for training is according to names, which just come from above (DHO)
Q10	Note: There are small rooms for HTC and ART
Q12	Note: The waiting area is for both HTC and ART, so there is no privacy
100178=Matapila Health Centre	
Q2a	Yes, there are changes, especially on Wednesday and Thursday, due to increased number of clients
Q2b	Work schedules are determined also by duty rosters
Q8a	Priority training in this facility includes: counseling and how to collect blood samples, defaulter training, EID, viral load
Q8b	Selection for training – they select those who are capable and can help others and based on the type of training involved
Q9	The three biggest HRH challenges include: health workers are not properly trained
Q11	Note: They have one room each for HTC and ART, but both rooms are inadequate
100179=Maula Prison Health Centre - Static Art	
Q8a	Priority training at this facility includes: HTC, test and treat, laboratory technician, and pharmacy technician training
Q8b	Selection is based on hard-working spirit
	Note: Because Maula is a Prisons Health Center, photographs were not taken at this facility on the day of data collection because the in-charge said he had to ask for permission from headquarters first
100181=Mbabvi Health Centre	
Q2a. 1	Barriers to changes existed, but changes made for Wednesday hours – extended to 5:00 p.m. instead of 4:30 p.m. due to increase in clients
Q8a	Priority in training includes: training in HTC, ART, TB screening, feeding therapy
Q8b	Selection for training depends on behavioral (discipline), hard work, and workload of staff
100183=Mbwatalika Health Centre	
Q8a	Priority training in this facility includes: ART training, HTC training
Q8b	Selection for training is based on need and qualifications

Question #	Qualitative Response
Q12	Stores and drugs are kept in the same room. For ART, drugs are kept at the corner
Q14a	Facility uses torches during blackouts
100185=Mitundu Community Hospital	
Q2b	In addition to those ticked, HCWs' schedules are based on duty roster
Q8a	Priority training in this facility includes management of HIV patients, VL testing, cervical cancer screening
Q8b	Selection for training is based on commitment of a person
Q9	Apart from those ticked, the biggest HRH challenges include furniture
Q10	Any other issue not covered included: lack of knowledge on data management; also note that they want their system to be computerized
Q11	Note: there are three HTC and ART rooms, but small
Q14b	They have water pumped from the ground
100186=Mlale Mission Hospital	
Q2b	In addition to what was ticked, staff schedules are made based on the duty roster
Q5	Apart from what was ticked, HCWs quit their jobs due to indiscipline
Q8a	Priority training in this facility includes: training in HTC for counselors
Q8b	Selection for training – information comes from the headquarters or DHO or Christian Health Association of Malawi officials
Q8c	Apart from the list ticked, training is needed for hospital attendants, patient attendants, and ground laborers
Q13a	Note: The facility is building another lab on its own big enough because the one it is using is for general
100187=Mtenthera Health Centre	
Q2a	Yes, the facility increases hours of work, especially during ART clinic days, and they can start early and knock off late
Q5	In addition to what was ticked, staff quit their jobs because of poor relationship with the community
Q8a	Priority training at this facility includes: HTC, ART refresher, home-based care
Q8b	Selection of staff for training depends on the activeness of the person/worker and professional and qualifications
Q14b	The available water sources are borehole and pumped water by electricity from a sunken borehole
100189=Nathenje Health Centre	
Q2b	HCWs are scheduled following a duty roster
Q8a	Priority training at this facility includes: more counselors
Q8b	Selection for training is according to heads of department (their choices)
Q9	Apart from others, HRH challenges include workload
Q12	Note: there are two small rooms for HTC (inadequate space)
100194=Nkhoma Mission Hospital	

Question #	Qualitative Response
Q8a	Priority training at this facility includes: viral load, CD4 count
Q8b	Selection for training of staff depends on personal commitment and qualifications
100195=Nsaru Health Centre	
Q8a	Priority training at this facility includes: training in ART disclosures
Q8b	Selection for training is based on training needs and hardworking spirit
100196=Nthondo Health Centre Lilongwe	
Q2a	There have been changes to accommodate more clients – yes, especially on clinic days
Q8a	Priority for training at this facility includes: EID, viral load, HTC
Q8b	Selection of staff for training is according to experience and need and qualifications
100198=Partners in Hope Clinic Dalitso Clinic (private)	
Q8a	Priority for training in this facility includes: management of opportunistic infections, monitoring patient care; VL testing, CD4 count, clinical and non-communicable disease management
Q8b	Selection of staff for training depends on the needs
Q10	Anything else that has not been covered: We have foreign doctors who visit and therefore need orientation on HIV/AIDS care policies.
100199=Partners in Hope Clinic Moyo Clinic (public)	
Q8a	Priority for training in this facility includes: training in pharmacy inventory, management of opportunistic infections, care and monitoring – CD4/VL, kidney function, non-communicable diseases
Q8b	Selection for training depends on gaps and needs of staff
Q10	Anything else that has not been covered: We have foreign doctors who visit and therefore need orientation on HIV/AIDS care policies; also there are students – nursing/laboratory /medical that need orientation.
100200=SOS Clinic	
Q1c	It is the nature of the organization not to extend hours of work – policy
Q8a	Priority for training in this facility includes: training in EID, refresher in ART, HTC, test and treat
Q8b	Selection for training is dependent on following the policy that has been put in place
Q9	In addition to the ticked, biggest HRH challenges is shortage of supplies, e.g., for cotrimoxazole preventive therapy
100202=St Gabriel Mission Hospital	
Q5	Apart from those ticked, HCWs quit their job because they want to go to school - further studies
Q8a	Priority for training in this facility includes: training in dispensing drugs, and monitoring and evaluation
Q8b	Selection for training depends on where you are working and how long you have stayed as well as your working capacity
Q9	The three biggest HRH challenges, apart from those ticked, (e.g., shortage of staff – clerks), are results of VL testing taking too long to come

Qualitative Responses from Zomba District

Question #	Qualitative Response
100491=Bimbi Health Centre	
Q2a.1	Changes that were made to accommodate most patients include: working outside normal hours
Q2b	Staff schedules are determined by other reasons: training/qualifications/cadres
Q8a	Priority training for this facility includes: ART training for nurses; viral load training for HSAs
Q8b	Selection for training is based on hard-working spirit and cadres
Q12	The facility does not have waiting room for ART/HTC patients
100492= Banja la Mtsogolo Zomba	
Q8a	Priority training for this facility includes: training in refresher course on new ART guidelines for all cadres involved, expressing the 90-90-90 strategy
Q8b	Selection of staff for training depends on dedication to providing HIV services and rotation
Q8c	Apart from those ticked, cadres most needing training include: HTC counselors
Q9	Apart from those ticked, three HRH challenges include: increased workload
Q10	Note: Yes, the facility is being overwhelmed with increased number of clients because clients consider Banja la Mtsogolo as one of the places where their privacy is ensured. As a result, the quality of service delivery is being compromised due to health workers being over stretched.
Q11	Note: HTC room is adequate, but there is need to have lockable cabinets in the room
100493=Chamba Health Centre	
Q1c	Apart from those ticked, barriers exist to increasing clinic days which include: no room for ART clinic - ART is done outside antenatal clinic
Q3f	Challenges on staff working today were that since medical assistant was sick (did not come to work), the nurse was attending to patients in maternity ward
Q8a	Priority training for this facility include: ART training for community midwives; training in viral load, ART clerks; ART recordkeeping for HIV diagnostic assistants; training medical assistants in pediatric ART; training in 90-90-90 campaign because medical assistant and nurses do not understand the 90-90-90 strategy
Q8b	Selection for training depends on personnel working in ART department; training need (priority given to those who have not attended the training
Q8c	Apart from those ticked, HCWs who need training include community midwife technicians
Q9	Note: Apart from those ticked, the facility has other HRH challenges such as: facility has no water and electricity. HCWs draw water from borehole. With no electricity, at night use torch/phones when treating patients/clients also bring candles
Q11	No ART room, facility uses OPD rooms as ART clinic Wednesday and Thursday mornings. Use antenatal clinic for ART services
100495=Chilipa Health Centre Zomba	
Q2a.1	Changes made to accommodate majority HIV patients include: working outside normal hours
Q2b	Staff schedules are determined by the number of cadres available
Q5	Apart from those ticked, HCWs quit their jobs due to other reasons such as school upgrading
Q8a	Priority for training at this facility include: training of clinical officers in TB in general and counseling, nurses in HIV-World Health Organization staging

Question #	Qualitative Response
Q8b	Selection for training is according to job description and those not trained before
100497=Chingale Health Centre	
Q1c	Barriers that exist to increasing clinic days beyond current practice, apart from those ticked include: availability of partners like Baylor and Dignitus who help in HIV ART service delivery on Tuesdays and Thursdays
Q2a. 1	Yes, changes in facility hours made to accommodate HIV patients, including increasing ART clinic hours from 7:30 a.m. to 11:00 a.m. to 7:30 a.m. to 01:00 p.m. determined by increasing numbers of clients and workload
Q3a	Notes: Expert clients not captured onto electronic version – no columns for sex of cadre on the hard copy; expert clients do group counseling, drug administration, patient enrolment
Q5	Apart from those ticked, HCWs quit their jobs due to seeking further education
Q6a	Note: EID not done at this facility, samples are sent to Thondwe Health Centre; HSAs, patient attendants assist in drawing blood samples from patients
Q8a	Priority for training at this facility include: training in advanced/enhanced counseling for nurses and all ART providers, initial ART training for nurses, ART disclosure to children who are on ART, second-line treatment training for medical assistants and nurses and all ART providers
Q8b	Selection for training depends on information from training conveners, as an incentive for hardworking staff, willingness to working at area after training
Q8c	Apart from those ticked, others that need training include hospital servants to be trained in HTC
Q9	Apart from those ticked, the biggest HRH challenges include: lack of houses for staff and lack of incentives
Q11	Note: Only one adequate room, the rest is an improvised antenatal clinic room used as CD4 count, blood drawing room during ART clinic days
100498=Chipini Health Centre	
Q2a	Yes, there are days when they need more HCWs, especially on Tuesdays because they do a lot of things
Q2b	Staff schedules are considered; by looking at experience and qualifications.
Q8a	Priority for training at this facility includes: training for nurse-ART Initiation, VL, ART, ART training; training for counselors – testing, group counseling
Q8b	Selection for training depends on those who have not done training before and period of stay at the facility
Q8c	Apart from those ticked, training is also needed for patient attendants
Q14b	Water from the borehole is pumped into the facility pipes
100499=City Clinic Zomba	
Q2a.1	Yes, as part of changes, they forgo lunch to accommodate all patients/clients until they are finished
Q5	Apart from those ticked, HCWs quit their jobs due too much workload
Q8a	Priority training at this facility includes: training in EID, especially pink card filling for all cadres involved; World Health Organization staging for nurses, ART refresher training on new guidelines for nurses and clinicians
Q8b	Selection for training is based on rotation and targets those not trained in the service
Q8c	In addition to those ticked, HCWs needing training include hospital attendants
Q9	Apart from those ticked, HRH challenges include lack of storage space for data

Question #	Qualitative Response
Q11	Note: The room is adequate but it's not enough for the three HTC counselors. As a result, they just rotate instead of each one working at the same time in his or her own room. They don't have a special room for ART, but they use ANC room for the service. They use HTC room for VL and EID testing; therefore, it is a bit congested
100500=Domasi Rural Hospital	
Q2a	Changes exist in which extra hours we work to meet demand/working beyond working hours
Q3a	Other HCWs also involved with HIV services include patient attendants and ward attendants
Q5	Apart from what was ticked, HCWs quit jobs due to poor management
Q8a	Priority for training at this facility includes: training HTC, VL, DBS
Q8b	Selection for training is based on commitment
Q11	There are inadequate rooms, ART/HTC room used as laboratory as well. No waiting room for ART/HTC
100502=Lambulira Health Centre	
Q2a.1	There are changes in the facility to accommodate most HIV patients: they open at 6:00 a.m. to accommodate a large number and they ask staff who are off duty to come and work to serve the patients since they are very few and serving a large cohort
Q8a	Training in initial ART training for nurses and medical assistants and training in VL interpretation for everyone involved in ART services
Q8b	Selection for training is targeted at the type of work which one is doing; according to rotation and defaulter training for HSAs
Q12	Note: Observed that this facility has no pharmacy, instead they store drugs on the corridor of the dispensary
Q14b	Note: They were using a submerged pump that was broken down and now they rely on patient guardians to fetch water for hospital usage
100503=Likangala Health Centre	
Q4	Note: Mothers2mothesr volunteers focus on PMTCT; expert clients focus on general HIV/ART
Q6a	Note: Expert clients do group counseling, also HSAs and lay cadres; individual counseling done by nurses and medical assistants; EID and VL blood samples are taken and sent to Zomba Central Hospital; CD4 count done at facility
Q8a	Priority training at this facility includes: training in nutrition case support treatment training for adolescents and adults living with HIV/AIDS to home craft workers; train additional HSAs on HTC; HSAs training on community-based maternal and newborn health
Q8b	Selection for training is based on personal qualifications against type of training; training based on individual performance, preoccupation, and projected length of stay; train patient attendants on ART counseling and recordkeeping; train community midwives on STI management (syndromic approaches to STIs)
Q8c	Apart from those ticked, training is also needed for patient attendants and home craft workers
Q9	Note: In addition to low staff motivation, noted that for mothers2mothers, and expert clients need incentives to motivate them for the work they are doing
Q13b	Note: Inadequate infrastructure – no infrastructure meant for ART; HTC room used for group counseling, individual counseling, EID testing, blood sample collection for CD4, VL, etc.; ART room is the holding room for patients who are referred to other facilities. Laboratory room is used for TB, CD4, and malaria tests. Lab used for storing ARVs

Question #	Qualitative Response
100504=Machinjiri Health Centre	
Q2a	Yes, Mondays have more patients than other days
Q8a	Priority training for this facility includes: training in STIs, TB, initial ART
Q8b	Selection for training is based on commitment of the staff and capability of the staff
Q8c	Apart from those ticked, HCWs that most need training include: midwife technicians for initial ART training
Q11	The facility also uses HTC room to collect blood samples
100506=Magomero Health Centre	
Q1c	Note: Apart from those ticked, the facility has barriers to increasing clinic days due to too many clients – use antenatal room for ART clinic
Q2a.1	In addition to those ticked, changes include: HCWs skip lunch to assist ART clients
Q8a	Priority training for this facility includes: initial assessment for ART training for nurses, train lay counselors and HSAs in EID, viral load, and CD4 count
Q8b	Selection for training depends on the area of specialization/department and individual performance and activeness in the field
Q8c	Apart from those ticked, training is needed for lay cadres (e.g., patient attendants).
Q9	Apart from those ticked, additional HRH challenges for HIV service delivery include lack of transport for transporting to referral patients
Q14a	Apart from national power grid, facility uses candles during blackouts
Q14b	Facility also uses a motorized pump
100507=Makwapala Health Centre	
Q2a.1	There have been changes to accommodate most HIV patients by having ART health work providers skipping lunch to assist ART clients
Q5	In addition to those ticked, the reasons HCWs quit their job include: conflict among health workers
Q6a	Note: EID and CD4 analyzed at Zomba Central Hospital as there is no equipment at facility. Viral load is done at facility
Q8a	Priority training for this facility includes: initial ART providers' training for nurses, community midwives; training additional ART counselors and ART clerks for patient attendants; training additional expert clients on counseling and adherence; train nurses and clinicians on nutritional assessments and management of malnourished ART clients
Q8c	In addition to those ticked, more HCWs who need training include: community midwife technicians and hospital attendants
Q9	On infrastructure, the facility has inadequate infrastructure (i.e., offices and staff houses).
Q12	Note: The facility in-charge went for village outreach clinic and took the keys, so we could not enter the pharmacy and measure
100509=Matawale Health Centre	
Q1c	Note: Saturday and Sunday are considered off-duty days although Baylor requested that HTC be done up to Saturday and they give an incentive for that
Q2a. 1	Yes, they forgo lunch to accommodate all ART patients until they are finished
Q2b	Apart from what was ticked, staff are scheduled based on the training an individual has undergone

Question #	Qualitative Response
Q5	Apart from what was ticked, HCWs quit their jobs due to imbalance between male and female workers because they are uncomfortable working with women
Q8a	Priority training for this facility includes: training on counseling; there should be special counselors trained to do that only, unlike making nurses, HSAs, clinicians who do counseling on top of their jobs
Q8b	Selection for training is based on those who have not yet received that special training are prioritized over others
Q11	Note: There are two HTC rooms to collect viral load and BDS samples. The facility is considered as a health center, yet it is overwhelmed by large numbers of clients, which overstretches human resources. Government should balance the deployment of health workers who are following husbands/wives; as a result, if they want to move to another facility, it creates vacant positions, which is contributing to staff shortages.
100510=Matiya Health Centre	
Q2a. 1	Yes, changes included: increase working hours and knocking off late
Q5	In addition to hose ticked, HCW quit their jobs due to: lack of incentives
Q8a	Priority for training at this facility includes: training in Initial ART, HTC and PMTCT
Q8b	Selection for training is based on commitment and interest of staff
100511=Mayaka Health Centre	
Q1b	Note: HIV/ART clinic days Monday to Friday because Mayaka is more highly populated than other trading centers in Zomba
Q4g	Note: All HSAs trace defaulters
Q8a	Priority for training at this facility includes: training in initiation ART training for nurses, VL training for nurses, EID training for nurses, training on STI management for nurses, TB training for nurses, training for nurses on male circumcision and cervical cancer
Q8b	Selection for training is based on department where one is working, priority goes to those who have not yet attended training, individual capacity to deliver after being trained
Q8c	Apart from those ticked, additional training needed for patient attendants
Q11	Note: The ART room is shared with OPD (there are no ART facilities/rooms — the health center has only one room for dispensing ARVs)
Q12	No waiting area, especially for HIV patients - clients wait in the corridor. No ART waiting room - facility uses same room as OPD
Q13b	Note: Facility has a big pharmacy meant for storing ARVs only, so no need for constructing pharmacy, rather needs minor renovation
100512=Mmambo Health Centre	
Q2	Yes, the facility adjusts time of opening to 4:00 a.m. to accommodate more clients
Q5	In addition to those ticked, more reasons HCWs quit their job include: workload, no reliable transport to access needs; also remoteness of area is leading to lack of proper transport to town
Q8a	Priority for training at this facility includes: training medical assistant and nurse in ART initiation, adherence training for cadres involved in ART, refresher training for all staff dedicated to providing ART
Q8c	Apart from those ticked, HCWs most needing training include: community midwives, HTC counselors, ground labors
Q11	There is a room near NRU, and clients complain about privacy

Question #	Qualitative Response
100513=Mwandama Health Centre	
Q2a. 1	There have been changes in facility hours to accommodate most HIV patients: Yes, facility opens early morning (7:00 a.m. – 5:00 p.m.); HCWs skip lunch to assist patients
Q2b	Schedules include use of duty roster
Q5	Note: all HCWs were trained and recruited by Millennium Villages Project for and bonded for four to five years (2011-2016), so HCWs could not leave the health facility that was opened in 2011
Q8a	Training in HTC for HSAs, nurses, medical assistants; additional training for expert clients on counseling and adherence
Q8b	Selection for training depends on hard-working character of a person, ability to transfer the knowledge learned during training to other workers, depending on field of expertise of a health worker, based on performance and hardworking spirit
Q9	Apart from those ticked, the three HRH challenges related to HIV service delivery include inadequate compensation (in particular "locum")
100514=Naisi Health Centre	
Q2b	Schedules are determined on the basis of competence
Q5	Apart from those ticked, HCWS quit their jobs due to (lack of) promotion
Q8a	Priority training at this facility includes: ART training for clerks and initial training for nurses and medical assistants
Q8b	Selection for training is based on commitment and qualifications.
Q8c	Apart from those ticked, HCWs who also need training include patient attendants
Q11	There is no adequate room, and the available room is also used as a laboratory
100515=Namasalima Health Centre Zomba	
Q1c	Barriers exist. It is a maternity clinic and therefore does not allow anybody apart from PMTCT mothers and husbands to collect ARVs at facility. Only those due are eligible to collect ARVs at facility
Q2a	Changes were made where HCWs forgo their lunch to clear all clients/attend to all patients
Q2b	Schedules are determined based on rosters
Q3a	Apart from those ticked, others involved in HIV services include patient attendants and guards
Q8a	Priority for training at this facility include: ART initiation, VL testing, interpretation for nurses
Q8b	Selection for training considers those who have not attended training, staff dedication to work after training
Q11	ART room is used to provide a number of other services, such as ANC and family planning and therefore compromises privacy; room also used as HTC room
100516=Namikango Health Centre	
Q1c	Note: It is a maternity clinic and does not allow anybody but PMTCT mothers and their husbands to collect ARVs at the facility. Only those who were initiated on due pregnancy are eligible to collect their ARV at the facility even after delivery
Q2a. 1	Note: They forgo lunch to attend to all patients/clients.
Q8a	Priority for training at this facility includes: training in HIV/AIDS for all cadres, initial ART training, VL interpretation for nurses

Question #	Qualitative Response
Q8b	Selection for training is accordance with roster and those who are dedicated.
Q11	For ART, the room is a hall and is used to provide a number of other services, e.g., ANC and family planning, therefore privacy is compromised
100517=Nasawa Health Centre	
Q4	Note: At least one nurse/nurse midwife technician/community midwife technician – all three cadres are not present at the same time; nurse and medical assistant refer patients from facility to home-based care center. Expert clients refer clients from community to hospital
Q8a	Priority for training at this facility includes: refresher training in ART, for clerks or ART providers; training of hospital attendants on HTC counseling
Q8b	Selection for training depends on names attached from DHO – based on choosing HCWs who haven't attended training (training needs of an individual)
Q8c	Apart from those ticked, training is needed for hospital attendants
Q4a	Note: Patient attendants are trained on the job on dispensing ARVs; CD4 count not done; samples sent to Thondwe Health Center
100518=Ngwelero Health Centre	
Q2a	To accommodate changes, the facility opens early and closes late to see more patients
Q2b	Apart from those ticked, staff schedules are determined from other reasons: commitment and field experience
Q5	Apart from those ticked, HCWs quit their jobs due to lack of motivation
Q8a	Priority for training for this facility includes: initial data training in ART for HSAs involved in HIV services; EID training for medical assistants
Q8b	Selection for training depends on qualifications, according to cadres, and hardworking staff
Q10	The facility requires an additional medical assistant
Q11	The room (laboratory services/blood sample collection room) is also used for antenatal services
100519=Nkasala Health Centre	
Q1c	Apart from what is ticked, barriers to increasing clinic days includes increased workload
Q2a	Yes, Wednesday 7:30 a.m. health workers scheduled changes according to number of people who are at the facility to receive services
Q2b	Apart from what was ticked, schedules are determined by availability of medication
Q5	In addition to what was ticked, HCWs quit their job due to increased workload
Q8a	Priority for training for this facility includes: refresher training in ART
Q8b	Selection for training is based on knowledge and educational background and capability of the person
100520=Pirimiti Health Centre	
Q2a	Yes, there are more HCWs needed on Mondays due to high patient volumes
Q8a	Priority for training for this facility includes: refresher ART courses, provider-initiated testing and counseling training, initial ART training
Q8b	Selection for training depends on area of expertise (department) and cadres as directed by DHO or partners
Q14b	The facility uses boreholes and submerged water pumps

Question #	Qualitative Response
100521=Police College Hospital Zomba	
Q1c	They have inadequate staff, but it is convenient for them because they depend on nurses and clinicians roster
Q2a	Note: They use lunch hour if there are more patients to serve first before closing the clinic
Q8a	Priority for training for this facility includes: ART training for new guidelines, training for VL interpretation for nurses and clinicians
Q8b	Selection for training is according to the needs of the facility, for example, if one already attended an ART training, they choose another one
Q11	Note: For HTC. The room is very small
100522=Sadzi Health Centre	
Q1c	Since the health center has just been established, patients are not yet used to it
Q2a.1	To accommodate changes, HCWs provide services until all patients have been served
Q2b	Schedules are based on the roster
Q5	Apart from what was ticked, HCWs quit their jobs due to other reasons: increased workload and lack of motivation
Q8a	Priority for training for this facility includes: refresher training courses mainly on 90-90-90 strategy for all cadres who provide HIV/AIDS services; counseling training for nurses and medical assistants; VL interpretation
Q8b	Selection for training is according to those who are involved in that type of personal dedication; also use rotation
Q8c	Apart from those ticked, training is for other cadres: hospital attendants
Q9	Note: Follow-up on defaulters is a challenge because since the clinic is in town where migration happens frequently, it is hard to trace. Compromise privacy, which leads to more client defaults
Q11	Note: The ART room is adequate, but it is adjacent to antenatal room, so privacy is compromised; The facility does not have a special waiting area for ART, which leads to compromising privacy. HTC room is used for viral load sample collection and DBS collection
100523=St Luke's Mission Hospital	
Q2b	Staff schedules are based on experience and qualification
Q8a	Priority training for this facility includes: VL training and refresher training for ART
Q8b	Selection for training is based on qualifications, commitment, and as directed by DHO
Q10	Anything else not touched in the questionnaire: poor allocation of shifts compromise privacy of clients
100524=Thondwe Health Centre	
Q2a.1	There have been changes to accommodate most HIV patients because HCWs skip lunch and work beyond 3:00 p.m. due to increase in number of clients; and depending on number of clients, at ART clinic, extra staff deployed to ART clinic especially on Mondays, Wednesdays, and Fridays
Q8a	Priority for training in this facility includes: training for lay cadres for HIV/ART counseling; training for EID for HSAs (refresher training)
Q8b	Selection for training depends on willingness to work in HIV/ART division of labor to ensure distribution of labor
Q8c	Apart from those ticked, HCWs needing training include HIV testing assistants and ground labor

Question #	Qualitative Response
Q9	Apart from those ticked, additional HRH challenges include no rewards/incentives for best-performing health workers
Q10	HTC room is used for viral load and HTC and EID
Q11	Note: Buildings need renovation and/or rehabilitation for HTC room, laboratory, and consultation room
Q4	Note: ART clerks are hospital servants; HIV testing assistants draw blood samples that are sent to Central Hospital due to lack of equipment at this facility. Palliative care nurse is community nurse/palliative care nurse.
100526=Zomba Central Hospital - Tisungane Clinic	
Q1c	They cannot extend because Saturdays and Sundays are their off-duty days
Q2a.1	Barriers to increasing clinic days include that they only extend up to lunch hour until all patients are assisted
Q8a	Priority for training for this facility includes: HTC training for nurses and clinicians, infection prevention for all cadres involved, ART training for outpatient attendants
Q8b	Selection for training depends on rotation and they take together a group for training
Q8c	In addition to those ticked, HCWs needing training include patient attendants
Q11	Note: They have molecular laboratory viral load and EID testing. The room is adequate on measurements, but five health workers use the room at the same time for ART services; as a result, the room is congested and privacy is compromised
100527=Zomba Central Prison Clinic	
Q1c	Barriers exist to increase clinic days or hours as regulations stipulate that by 3:00 p.m. all cells should be closed; therefore, it is hard to extend hours of service for ART patients
Q2b	Schedules are determined by roster
Q5	Apart from those ticked, health workers work in an environment where they do not receive safety service
Q8a	Priority for training at this facility includes: training in triage for patient attendants, training in master cards, and training in ART adherence for patient attendants
Q8b	Selection for training is in accordance with type of training targeted and gender (consideration)
Q11	Note: There are two very small rooms, and there is no privacy between the rooms because one is able to hear whatever is discussed in the other room. The facility has a plot beyond its existing foundation but they are unable to take picture for security reasons.

An Example of the Staff Complement by Sex at a Large Facility – Queen Elizabeth Central Hospital

	Men	Women	Total
Medical Officers	73	34	107
Clinical Officers	52	6	58
Registered Nurses	6	52	58
Nurse Midwife Technicians	40	172	212
Pharmacy Technicians	5	0	5
Laboratory Technicians	12	12	24
Clerks	12	8	20

	Men	Women	Total
Pharmacist	6	2	8
Laboratory Officer	4	5	9
Nursing Officer	11	48	59
Principal Human Resource Officers	0	2	2
Human Resource Officers	1	0	1
Assistant Human Resource Officers	0	1	1
Assistant Human Resource Management Officer	0	1	1
Chief Accountant	1	0	1
Assistant Accountants	2	1	3
Senior Assistant Accountant	1	5	6
Accounts Assistants	4	4	8
Hospital Director	1	0	1
Chief Hospital Administrator	1	0	1
Personal Secretary	0	1	1
Stenographers	0	4	4
Copy Typists	0	3	3
Senior Laundry Attendants	2	2	4
Laundry Attendants	9	6	15
Chief Medical Engineers	1	0	1
Electrical Mechanical Engineer	1	0	1
Assistant Electrical Medical Engineer	1	0	1
Drivers	12	0	12
Plumbers	2	0	2
Electricians	1	0	1
Principal Procurement Officer	0	1	1
Senior Assistant Procurement & Supplies Officer	0	1	1
Stores Clerks	0	2	2
Stores Attendants	2	0	2
PBX Operators	1	4	5
Security Guards	11	6	17
Messengers	2	7	9
Programmers	0	1	1
Assistant Statisticians	1	0	1
Statistical Clerk	2	2	4
Nutrition Officer	0	1	1
Catering Assistant	0	3	3
Kitchen Attendants	3	7	10
Senior Mortuary Attendants	2	0	2
Mortuary Attendants	2	0	2
Hospital Attendants	33	89	122

	Men	Women	Total
Head Hospital Attendants:	71	97	168
Senior Head Hospital Attendants	12	19	31
Nurse Auxiliaries	0	23	23
Ground Laborers	6	4	10
Tailors	1	1	2
Clinical Technicians	7	33	40
Intern Pharmacists	7	4	11
Radiographer Technicians	12	0	12
Physiotherapists	7	2	9
Intern Physiotherapists	9	7	16

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