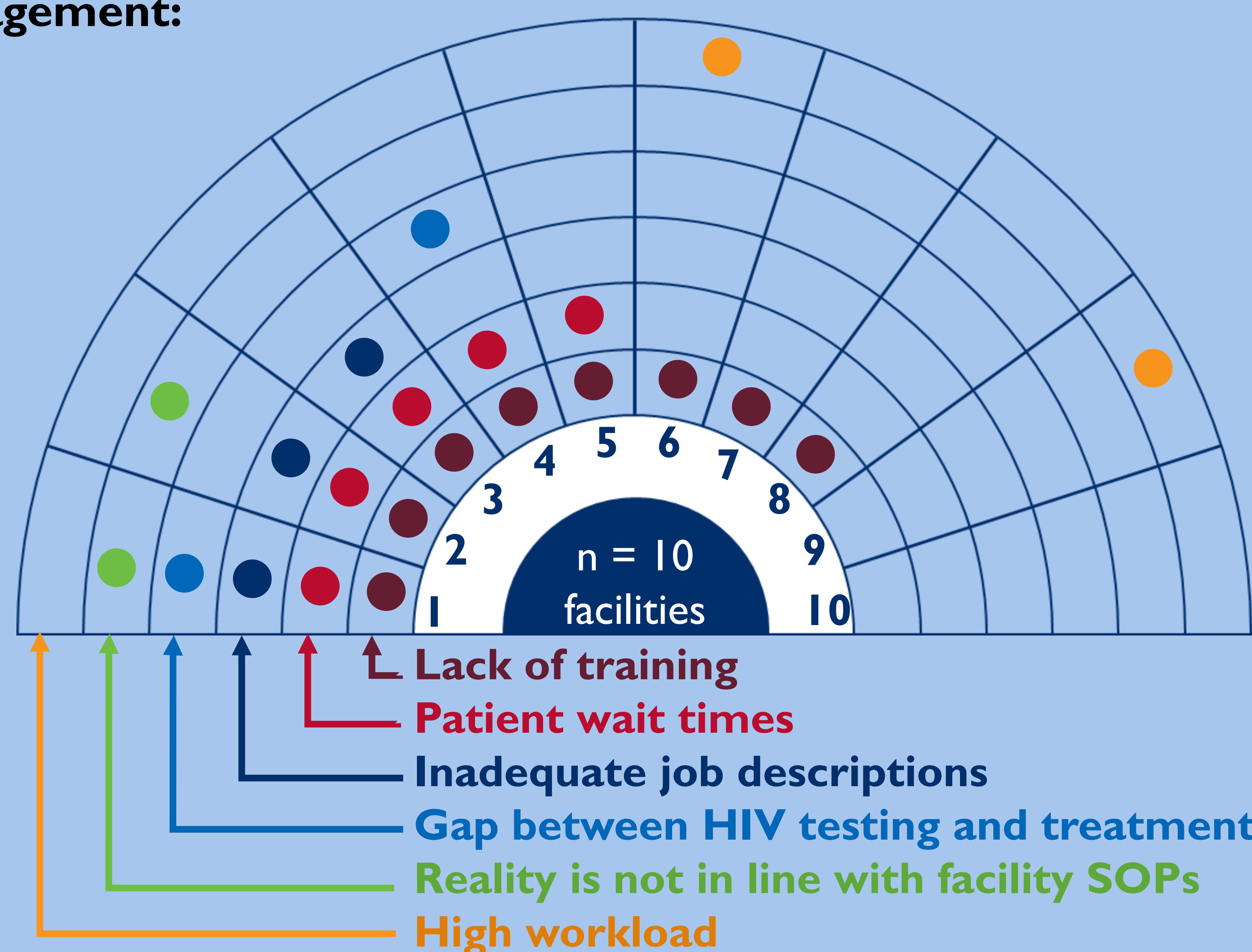


Supporting frontline health workers, health facility managers, and district and province health officers to use data for decision making shines light on new perspectives and reveals innovative ideas to provide high-quality, client-centered HIV care.

In June 2019, the Government of Indonesia estimated that only 54% of people living with HIV knew their status, and 18% were receiving antiretrovirals (ARV). To connect and sustain more people on treatment, the country must strengthen its human resources for health (HRH). But HIV and HRH challenges differ across the 17,000-island archipelago.

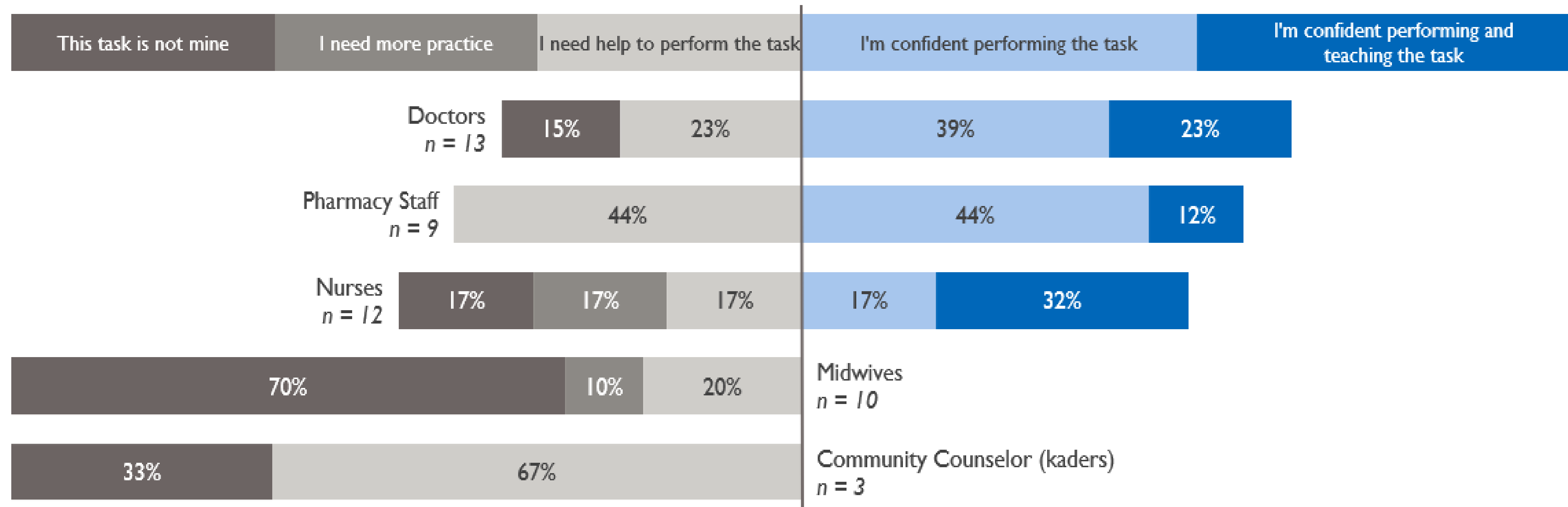
For example, 10 facilities in Jakarta identified a range of different barriers to efficient HIV service delivery, indicating a need for decentralized stakeholders to have skills to use data for HIV-HRH management:



For our HIV work in Indonesia, the USAID Human Resources for Health in 2030 Program (HRH2030) took a participatory approach to data collection and analysis and built the capacity of local health stakeholders to gather and use their own HRH data to improve HIV services. As a result, we were able to gain a more holistic understanding of the HIV service delivery contexts and help facilities find new ideas to provide high-quality, client-centered HIV care.

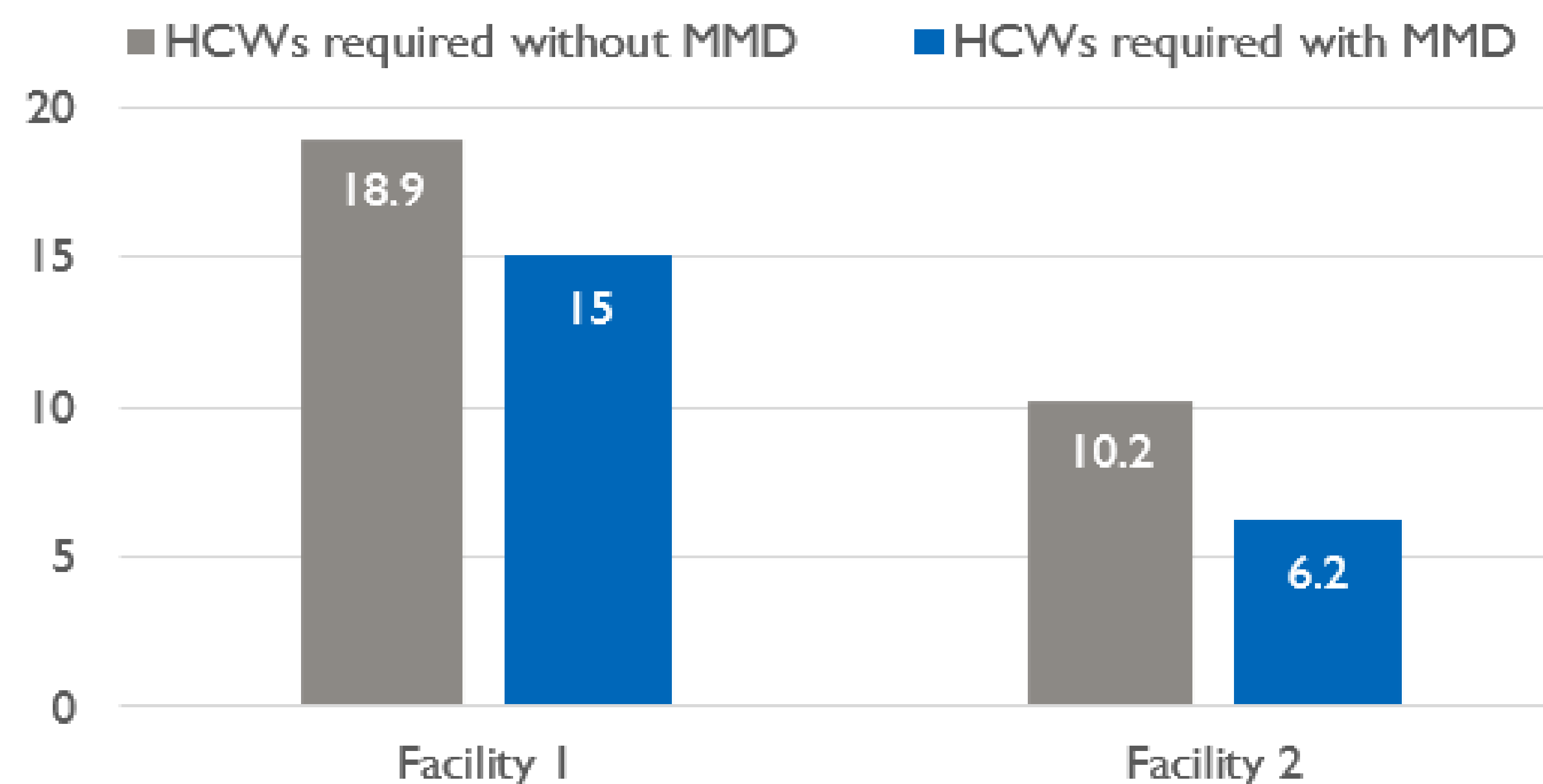
Here are some examples of what we learned with data collected, reviewed, and analyzed in partnership with facility staff:

Several health worker types report limited or no confidence to provide adherence counseling. Improving this confidence could support treatment retention; it could also alleviate the workload burden on highly skilled health workers like doctors and nurses if other cadres could take on more of that task.



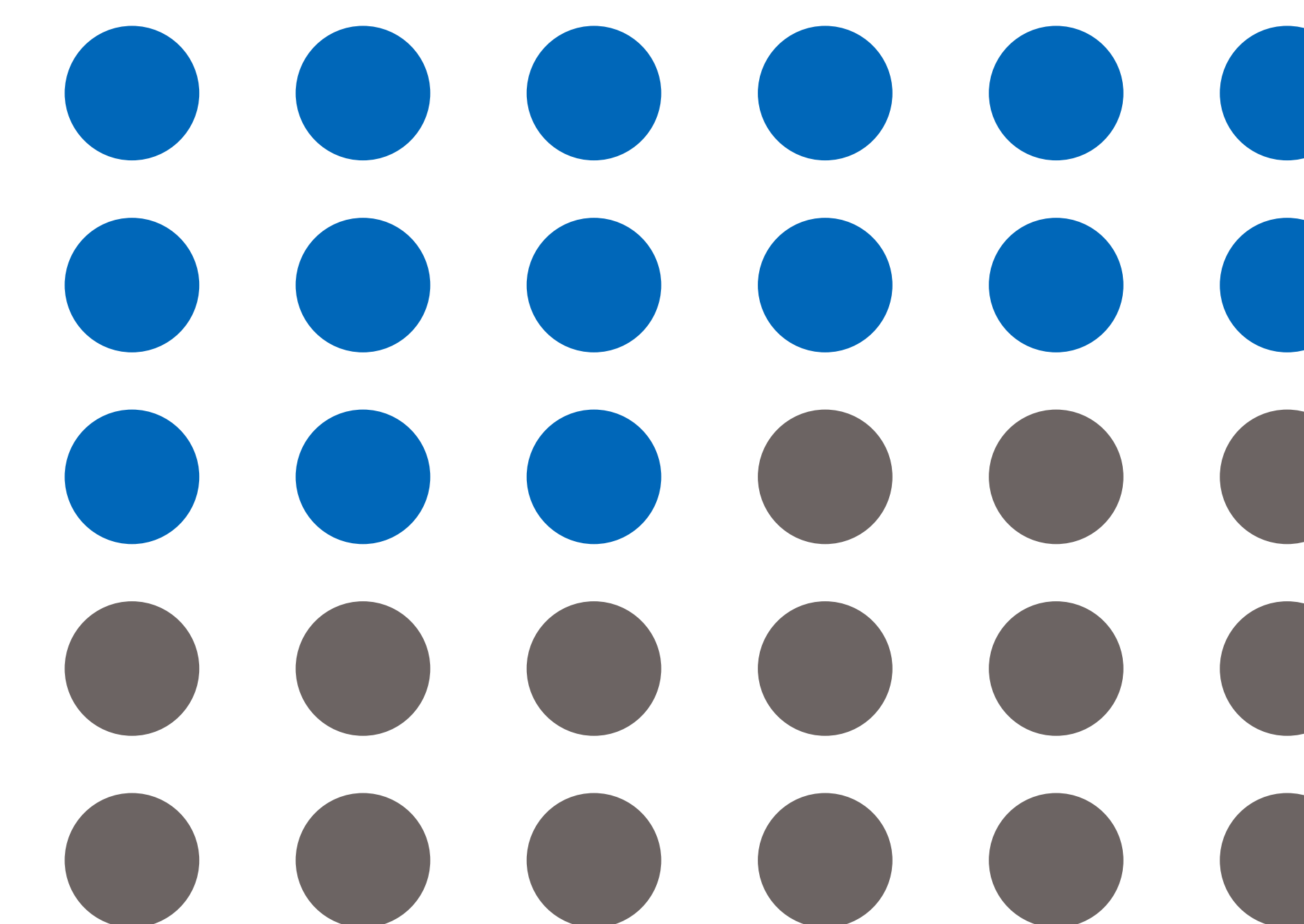
Methodology: Rapid Task Analysis to analyze health worker confidence and knowledge to perform tasks

3 month multi-month dispensing (MMD) would reduce client time and opportunity costs and require fewer health care workers (HCWs) to provide services for the same number of HIV clients. This could be especially important for facilities in remote areas with limited health workers or that are facing other human resource constraints.



Methodology: HRH Optimization Tool for ART Service Delivery (HOT4ART) to address staffing gaps and inefficiencies

The average client spends just 30 minutes at the facility for an ART refill visit, though half of that time is spent in waiting rooms. While further optimization could reduce waiting time, this was a positive finding that can be used as a promotional message for clients: for example, "Only 30 minutes, Live a Healthy Life with ARV".



Methodology: Client Flow Observations to analyze efficiency of care from the client's perspective