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MANAGEMENT STRATEGIES FOR IMPROVING HEALTH SERVICES

In This Issue

Case

MSH MANAGEMENT SCIENCES *for* HEALTH

Tackling the Crisis in Human Capacity Development for Health Services

Editors' Note

HUMAN RESOURCES ARE CENTRAL TO PLANNING, managing, and delivering health services. In most countries personnel account for a high proportion of the national budget for the health sector—often 75 percent or more. Despite the critical importance of human resources to the functioning of health systems, there have been few concerted efforts to address the severe staff shortages facing the health sector in many countries. This already serious situation has been intensified by the AIDS pandemic.

While commendable efforts have been made to improve access to prevention, diagnosis, treatment, care, and support for people living with HIV/AIDS in developing countries, efforts to develop the human resources required to deliver and sustain these services have lagged. The AIDS crisis, along with globalization, has worsened imbalances in the distribution of health workers.

THIS ISSUE OF *THE MANAGER* provides a comprehensive framework for addressing human capacity development. It presents steps for developing a strategy that will help managers sustain a supply of adequately trained health staff. It examines four components of planning and managing the workforce: policy and financial requirements, human resource management, partnerships, and leadership. The issue also suggests actions managers and policymakers can take to address issues in these areas so that appropriately trained staff are available in the right places at the right time. ■

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MSH Publications
Management Sciences for Health
165 Allandale Road
Boston, Massachusetts 02130-3400 USA

Phone: 617.524.7799
Fax: 617.524.2825
E-mail: bookstore@msh.org
Web site: www.msh.org

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Recognizing the Crisis in Human Resources for Health

Countries throughout the world have long suffered from a severe lack of skilled health workers and managers. The delivery of health services is labor intensive, and the workforce is the primary determinant of health system effectiveness. Strategies and systems for human capacity development in most ministries of health are inadequate to meet the needs of the population. For instance, the lack of health staff has compromised health care in rural areas in many countries. However, the situation has become a crisis because of HIV/AIDS and accelerated globalization. The demands of new technology and time-consuming care have overburdened already weak systems for human resource development and management, and drained health staff from other health services.

If the acute shortages of trained staff in countries with a high prevalence of HIV/AIDS are not addressed in the short term, these countries will be unable to deliver effective services for other priority health problems. In these countries, staff attrition rates are rising due to HIV infection, illness, and death, as well as migration of staff (see the box on page 3). Vacancy rates in all public-sector organizations are also rising, while the pool of skilled candidates to fill positions is shrinking. Consider that at Lilongwe Central, an 830-bed hospital in Malawi, there are supposed to be 532 nurses. Now there are only 182 (Dugger 2004). Shortages of staff increase the burden on the staff who are on duty.

Absenteeism and low morale are widespread in most health facilities. In Malawi, for instance, illness results in laboratory technicians working on average only 24 hours per week, not the expected 44 hours (Aitken and Kemp 2003). Work-related stress reduces health workers' productivity. Factors that foster burnout among health workers include caring for an overwhelming number of dying patients and lack of skills to assume new responsibilities. For example, in 2003 about 80% of hospital beds in Uganda were occupied by people with HIV/AIDS (Nakaweesi 2003).

Governments and donors recognize this crisis. They understand that health workers are the lifeline connecting resources and medicines to the millions of men, women, and children who need services. They also understand that the AIDS pandemic could destroy the economic viability of their country by decimating an entire generation of professionals. At the same time, they must protect existing health services to provide care for the millions of people who are not infected by HIV but who have other health problems.

Global action is required not only to address high-priority infectious diseases but also to meet the long-term human resource needs of health systems in developing countries. This issue of *The Manager* presents a human capacity development (HCD) framework that offers strategies and approaches to tackle both immediate and longer-term challenges in HCD. The greatest challenge is to begin addressing shortages of health personnel in an integrated and comprehensive fashion. After reading this issue, health managers and donors will be more able to respond to the crisis in human resources. This response must meet both the short-term necessities of pro-

viding primary health care (and life-saving and end-of-life care to people with HIV/AIDS), and the long-term human resource needs of the health sector.

This issue was written by Mary O'Neil and Ummuro Adano. Mary O'Neil, a Principal Program Associate of the Center for Leadership and Management at Management Sciences for Health (MSH), has 20 years of experience in the United States and many other countries in planning and implementing HCD and human resource management systems. She is currently helping donors and health organizations address the impact of HIV/AIDS on human capacity. Ummuro Adano, the Senior Program Officer of MSH's Africa Regional Office in Nairobi, Kenya, has experience in both the health and education sectors in eastern and southern Africa, where he has developed human resource policies and systems to cope with the AIDS pandemic.

In developing this issue of *The Manager,* MSH has drawn on its experience in HCD and human resource management and on its work—with Family Health International, IntraHealth International, JHPIEGO, the SARA Project at the Academy for Educational Development, and the Synergy Project—as a partner in the HCD Technical Group for the Office of HIV/AIDS of the US Agency for International Development. The authors and editors appreciate the contributions to this issue of these groups and of many individual reviewers. Rudi Thetard, of the Malawi Program for Reducing Childhood Morbidity and Strengthening Health Care Systems, also contributed to this issue.

Some Causes of Shortages of Health Workers

MIGRATION OF HEALTH PERSONNEL	Migration contributes significantly to the loss of health workers from many countries. For example, approximately 50% of medical school graduates from Ghana emigrate within 4.5 years, and 75% within 9.5 years (Lehmann and Sanders 2002). Even relatively well-off countries like South Africa are losing trained health professionals to richer Western economies. The number of recruited health personnel entering the UK rose more than fivefold from 1997 to 2001 (from 393 to 2,114) ("Brain Drain Hurts Africa," March 2003).
STAFF LEAVING THE PUBLIC SECTOR	Health staff are leaving the public sector, where a full range of curative medicine is offered, to work for donor-funded projects that are flourishing from the large influx of HIV/AIDS money into Africa. In Kenya only about 600 of 5,000 doctors work in public hospitals (Pang et al. 2002).
MALDISTRIBUTION OF STAFF	The predominance of health workers in urban areas—where they earn more and have access to opportunities such as better schools for their children—means that rural areas often suffer from acute shortages of trained workers. In Afghanistan, an extreme case, there are only 0.3 health workers per 1,000 people, varying from 0.8 in Balkh province to 0.1 in Uruzgan and Paktika (Government of Afghanistan 2002).
LACK OF FINANCIAL RESOURCES	In other countries, there is a shortage of financial resources to employ trained personnel. Even when funding is available, added health staff do not bring about improved productivity unless good management exists to absorb, train, and support them. A health manager in South Africa describes the dual challenge of mobilizing resources and motivating health workers: "Many of the staff are burned out and tired and have left; we have to find ways to motivate people and to attract new doctors and nurses, but there needs to be political will to do this" (UN Office for the Coordination of Humanitarian Affairs 2004).

FEAR OF INFECTION

The number of new health workers is decreasing, partly because young people fear the occupational risks associated with HIV/AIDS. In most cases, the risk of infection from unsafe medical practices is minimal. The risk increases, however, when facilities are overcrowded and lack supplies to prevent infection, such as rubber gloves, soap, and autoclaves or other sterilizing mechanisms. Fear of infection also contributes to people leaving patient care jobs. In Kenya postgraduate midwifery courses are no longer popular with nurses, largely because nurses fear exposure to HIV in maternity wards.

Understanding Human Capacity Development

Human capacity development is a comprehensive process of creating the will, capabilities, and human resource management systems to enable governments and organizations to respond effectively to the human resource crisis. In the health sector, the goal of HCD is to develop and sustain an adequate supply of skilled health workers who are motivated to perform at a high level.

Distinguishing Human Capacity Development from Human Resource Management

Human capacity development relies on a comprehensive, multisectoral strategy to increase human capacity to manage and deliver health services. This strategy focuses on identifying and finding solutions to personnel barriers in policy, human resource management, partnerships, and leadership. Sustainable human capacity for health services depends on several ministries, agencies, and sectors, not just the Ministry of Health (MOH), working together.

In contrast, human resource management (HRM) concerns *internal* organizational management systems and is one of the key building blocks of a comprehensive HCD strategy. HRM provides the means by which institutions can translate an HCD strategy into effective human resource practice. Both HCD and HRM are concerned with human resources for health, but human capacity is "the cumulative stock of all individuals engaged in promoting, protecting or improving the health of populations" (WHO 2003). These people serve both the formal and informal health care sectors, and they include traditional healers, volunteers, and community caregivers. All are vital to the functioning and quality of health services.

HCD Challenges

While there is growing recognition of the human resource crisis, knowledge about how to tackle it is limited. Funding for HCD and leadership to advocate for a comprehensive, long-term approach are lacking. Donor support tends to focus on HIV/AIDS without taking into account health services as a whole. Problems in HCD are viewed as MOH problems, but solutions require a multisectoral approach. Human resource planners need to fully consider the capacity of communities.

Health managers and donors, who sometimes equate HCD with training, may propose incomplete solutions, such as ad hoc hiring and training. Although training, both pre-service and in-service, is an essential component of HCD, as a service manager you should plan it in the context of improved personnel policy and management. *In Nigeria, for instance, trained staff are often transferred before they have a chance to apply their new skills. Training plans, therefore, should include ways to retain trained staff, such as an agreement with the responsible agency not to transfer newly trained staff for at least two years.* An approach that integrates training into a comprehensive HCD strategy will allow you to achieve more sustainable improvements in HCD.

Developing an HCD Strategy and Plan

Sustainable human capacity is based on a comprehensive HCD strategy. You need leadership, multisectoral collaboration, and a long-term commitment to create such a strategy, but the results are worthwhile. The benefits of implementing an HCD plan include:

- an adequate supply of well-trained health staff;
- high levels of teamwork and staff performance;
- cost savings because of reduced absenteeism and staff turnover;
- a more motivated workforce;
- a healthier population.

Begin by establishing an HCD strategy team, which will be responsible for taking the steps in the next section. Then you and the strategy team can decide on actions to overcome the problems in delivering health services that concern your program the most.

Putting Together an HCD Strategy Team

A coordinated effort is essential to address human capacity. This effort involves ministries of health (including the office in charge of health sector reform), education, and finance, the Public Service Commission, representatives of provincial and local health commissions, and representatives of professional associations, labor unions, health training institutions, and the private sector.

If you are working at the national level, your HCD strategy team should include leaders from these agencies and institutions who are knowledgeable about human resource issues. They will need to support the implementation of the HCD strategy with sound policies and innovations that foster efficiency and effectiveness in institutional arrangements. You will need their support to develop and implement an HCD strategy that will produce streamlined HRM systems and strengthen links among stakeholders at all levels of the health system.

The team should be small enough to allow for rapid decision-making and have the authority to pull together larger groups as needed to provide information on specific HCD issues. The team should ideally have a budget to hire consultants to gather data (on current levels of health staff, attrition rates, and numbers of students in pre-service health programs), make projections of the human resource supply, and coordinate and record the activities of the team.

If you are working at the district level, the team should include representatives from district health facilities, the District Health Office, nongovernmental and community organizations, and the local hiring authority (for example, the District Service Commission in Uganda).

Criteria for Choosing Members of an HCD Strategy Team

Seek team members who:

- represent various sectors and institutions;
- have high-level authority and have demonstrated leadership;
- have a history of successful collaboration;
- are knowledgeable about human resource policy and issues;
- understand the staffing requirements for delivering health services;
- can think creatively and comprehensively.

How to . . .

DEVELOP AN HCD STRATEGY

There are six steps you can follow to develop an HCD strategy.

Step 1: Gather data. Gather data about the current human resource gaps in health services, and try to project future needs. You will need to document the numbers and types of health workers currently providing services, as well as loss rates. Consider your assumptions about the future before projecting human resource requirements. For example, what do you expect the effects of job redesign and changes in curricula to be?

Step 2: Compare the data to the requirements of your services. Compare the data to the current requirements of health services at your level, and try to project the impact of changes on those requirements.

Step 3: Identify constraints. Identify constraints to addressing the human resource gaps in step 1. Examining these constraints and their causes will help you identify actions you can take.

Step 4: Develop a plan to deal with high-priority issues. Prioritize the HCD issues that need to be addressed and that can be addressed at your level. Then develop an action plan with timelines and recommendations that deals with the most pressing issues first but does not neglect entrenched HCD problems.

Step 5: Develop an advocacy strategy. Develop a strategy to advocate for change on HCD issues outside your authority. You can prepare a proposal to present to a ministry, donor, or other stakeholder.

Step 6: Seek leadership for implementation. Assemble a multisectoral team of decision-makers to help implement and monitor the results of the action plan.

Using the HCD Framework

As part of developing an HCD strategy, you can use the HCD Framework on page 7 to identify and address constraints in the four following components:

- policy and financial requirements
- human resource management
- partnerships
- leadership

You can apply the HCD Framework at any level to develop human capacity to manage and deliver health services. The framework provides a comprehensive way for ministries of health, finance, public service, and education as well as civil society to tackle HCD issues.

The following table shows ways to address all these components in developing a strategic approach to HCD.

The HCD Framework

Component	Goal	Factors in achieving the goal
Policy and financial requirements	Multisectoral collaboration streamlines the employment process in government, and appropriate human resource policies and plans support HCD	■ health expenditures ■ salary structures ■ national civil service rules ■ government policies and structure for HRM (such as centralized hiring and firing) ■ incentives to prevent migration of health staff ■ authorized scopes of practice for health cadres (categories of health workers, such as laboratory technicians)
Human resource management	HRM systems are in place that result in adequate and timely staffing, staff retention, teamwork, and good performance	■ HRM capacity in health facilities, local governments, and local health offices ■ personnel systems: planning, recruitment, hiring, transfer, promotion, firing ■ staff retention strategies ■ training ■ human resource information systems ■ workplace programs for HIV prevention
Partnerships	Planned linkages among sectors, districts, and nongovernmental, community, and religious organizations increase human capacity	■ number and types of linkages among the public sector, private sector, and community networks ■ collaboration between the MOH and ministries of finance and education
Leadership	Managers at all levels demonstrate that they value health workers and provide staff with leadership to face challenges and achieve results	■ visionary leadership ■ advocacy for reform of human resource policies ■ leadership development for managers at all levels

You can do many things to address each of the four components of the HCD Framework. But a fragmented approach to HCD will not result in sustainable change, although it can provide short-term relief in one area. As you develop an HCD strategy, you will need to deal with all four components at the same time. For example, it is critical to address the policy and financial implications of health sector reform. But success in this component will not improve health services if the human resource managers in your facility cannot turn these policy changes into practices that create positive workplace conditions. Likewise, even a well-

managed health facility will not be able to cope with the overwhelming demands related to HIV/AIDS if you do not form partnerships with the community. Finally, leadership at all levels is critical for each component, to develop human capacity that can be sustained.

The following sections focus on the four components of the HCD Framework and how you can use them to gather and analyze data (steps 1–3 in developing your strategy) and plan and advocate HCD interventions (steps 4–5). The first component on policy and financial requirements is more relevant for the national level, but regardless of the level of your HCD strategy team, there are actions you can take.

Component 1: Address Policy and Financial Requirements

Your objective in addressing policy and financial requirements is to help streamline the employment process in government and develop policies and budgets that support HCD in both the public and private sectors. You will need to consider how to deal with detrimental personnel policies, low salaries, and barriers posed by national civil service rules.

Unfavorable personnel policies result in shortages. Many countries have unknowingly made staff attrition worse by ignoring detrimental personnel policies, such as mandatory retirement ages, and by not providing opportunities for promotion. Such policies result in experienced staff leaving their jobs at a time when they are still needed. In some cases, national medical boards do not authorize health staff to perform services they could easily provide. In other cases, national governments have adopted policies that have resulted in production of an inadequate number of health workers. *For example, in the early 1990s, many programs for community health nurses were abandoned in favor of programs for professional nurses, who are now being lured to other countries, adding to the human resource shortage in the country that trained them.*

You can advocate for changes in policies that fall outside your authority. *In Mombasa, Kenya, for example, Coast Provincial General Hospital gathered data on workload figures and staffing levels, which were used to substantiate the need for five new laboratory technologists.*

Low salaries lead to migration. Low salaries are one of the major causes of staff migration: *For example, the World Health Organization reports that nurses in Australia receive 25 times the wages of nurses in Zambia, 14 times the wages of nurses in Ghana, and about twice the wages of nurses in South Africa*. Differences are similar for physicians (WHO, Oct. 2003). Most managers cannot address this issue, however, since low salaries are tied to poor economic conditions and inappropriate priorities for public expenditure. But good leadership and policy reform can result in more equitable distribution of salaries and allowances. Improving management can allow you to increase health expenditures and wages.

National civil service rules and decentralization contribute to inadequate human capacity. Government policies often do not fully provide managers with the authority to carry out important human resource functions or budget funds to carry out those functions. For example, in many countries, the central level must approve all promotion and hiring decisions, causing long delays in promotions for health workers. In most countries, the health facility must request positions and wait for them to be established and funded by the Ministry of Finance. Then the health facility may have no influence over who is hired. *For example, in Uganda, the Ministries of Public Service and Finance establish and fund positions. But since the District Service Commission is responsible for filling positions at the district level, staffing is delayed because the District Service Commission has no funds to carry out recruitment and hiring.*

Actions to Address Policy and Financial Requirements

Begin by gathering data (step 1) about policy and financial requirements you need to address. You can use that information as a basis for making or advocating for changes, as the following list of actions illustrates.

- Conduct a survey of the health workforce to identify gaps in staffing to use as a baseline for your HCD strategy. (See the box on page 16 for resources to help you conduct a survey.)
- Collect data on numbers of staff who leave the health sector, and develop policies and incentives to minimize staff migration.
- Gather data on the numbers of staff leaving due to illness or death from AIDS, and develop an HIV workplace prevention program.
- Address constraints in national civil services rules and decentralization to managing human resources more effectively throughout the health system.
- Analyze barriers in personnel policy that contribute to staffing shortages, and make or recommend policy changes.
- Realign activities that health cadres are authorized to perform to allow more flexibility and efficiency in providing services.
- Improve salaries and allowance structures.

Component 2: Improve Human Resource Management

Your objective is to make sure that human resource managers have the systems, capacity, and authority to foster adequate staffing, retention, teamwork, and performance. Fragmented, politicized HRM systems and lack of human resource managers are two barriers to achieving this objective.

HRM systems are fragmented. Weak personnel systems (for example, lack of job descriptions) contribute to poor staff morale. In many countries, HRM systems in the public sector are fragmented. Politicization and fragmentation of the recruitment, deployment, and promotion processes often prevent the health workforce from achieving its potential. For example, the people responsible for human resource planning in health are often in the Ministry of Health, while the authority for recruitment and hiring rests with the Public or Civil Service Commission. Most countries and organizations also lack a long-term training plan for health workers, which results in ineffective training.

There are few human resource managers. Further, most health facilities do not have a human resource manager with decision-making authority. The current system of personnel administrators who keep track of administrative decisions is inadequate because they have limited authority to address problems. Trained and experienced human resource managers can play a vital role in developing strong HRM systems that integrate the planning, hiring, deployment, training, and development of health staff. With proper authority, human resource managers can also lead an organizational response to problems such as staff attrition, low morale, and inequities in salaries, promotions, and allowances.

Actions to Improve Human Resource Management

You can assess the strengths and weaknesses of your HRM system using a tool such as MSH's Human Resource Development Instrument (MSH 1998). Use the results of your assessment to develop an action plan to address the most pressing issues. Actions could include the following.

- Designate a senior manager to be in charge of HRM (and provide training for her or him if needed).
- Streamline the planning, recruitment, and hiring process.
- Strengthen supervision, performance management, supply management, and information systems.
- Work with service providers to plan and develop on-the-job, skill-based training.
- Improve staff retention and morale. (See the issue of *The Manager* entitled "Creating a Work Climate That Motivates Staff and Improves Performance.")
- Track employee data such as attrition, absenteeism, and staff turnover, and use these data to plan to cover needed services.
- Introduce workplace HIV prevention strategies to minimize staff infection.
- Address inequities in staff workload, salaries, and allowances.
- Advocate for policy changes for actions outside your authority.

After developing your action plan, you can improve HRM by addressing priority issues such as staff retention, lack of financial resources, training, and supply management. Good HRM (for example, salaries paid on time and rapid response to complaints) can prevent staff from becoming frustrated.

Work to retain staff. The most important goal of a human resource manager is to retain qualified staff. While most local facilities cannot increase salaries, there are things you can do to foster retention. Consider equalizing salaries and benefits, providing supportive supervision and opportunities for staff development, and cultivating a workplace climate that respects and values the work of staff. Participatory decision-making and reasonable workloads contribute to workers' satisfaction.

Make the most of limited resources. You can improve the capacity and performance of health staff—and sometimes their numbers—even if you have limited resources. For example, even district health management teams with few resources can conduct on-site training to motivate staff. (Off-site training is impractical when there are staff shortages.)

Plan training as part of HCD. Your HRM system should include a training plan, with criteria for selecting participants and means of tracking who has been trained and of monitoring the impact of training. Training alone, however, will not solve HCD problems. In the area of maternal/child health, for instance, many countries have tried to address the lack of midwives by training traditional birth attendants. Substantial resources have been invested in this approach, but maternal mortality has not been significantly reduced, partly because the major causes and timing of maternal deaths were poorly understood. This problem is now being recognized, and many countries are investing more in training and supporting midwives rather than traditional birth attendants.

Manage supplies. Good supply management is also critical to prevent common problems such as drug stock-outs and equipment shortages. Using human resources well depends on the timely provision of these components of care, which affect service quality, staff morale and attitudes, patient satisfaction, and ultimately health.

Working Solutions—South Africa

IMPROVING HUMAN CAPACITY WITH LIMITED RESOURCES

In South Africa, district-level authorities collaborated to train staff and improve service delivery without external support. This effort not only improved services but also laid the foundation for collaborative activities over the next several years, which improved services throughout the region.

The problem. In the Eastern Cape—one of the poorest provinces in South Africa—during the early nineties, clinic nurses needed the capacity to provide a wider spectrum of primary health care (PHC) services. Challenges included the need to train a large number of nurses, the time-consuming nature of the training (six weeks' classroom training, three weeks' practical training), and a shortage of accessible training courses and facilities, funding, and local trainers.

An innovative solution. A regional management team (with representation from provincial and local government authorities) agreed on the need for large-scale upgrading of nurses' skills. This team decided to develop and implement a regional PHC course. This course was successful because:

- the curriculum was tailored to reflect local needs and conditions;
- off-site training was limited to theoretical work, with practical work done on site so that service providers would not be absent from their duty stations;
- local doctors, nurses, and health managers served as trainers and facilitators, providing both the practical and theoretical components of the course while continuing to perform their regular daily work;
- inexpensive accommodations and training facilities were found;
- external examiners participated in final exams to ensure the quality of training.

Outcomes. Over eight years, the skills of almost all clinic nurses in one region of the province (approximately 500) were upgraded through the training program. This program led to a marked improvement in the range of services delivered through PHC clinics in the region. Some of the approaches developed in the PHC course were incorporated into a larger training program in the Eastern Cape by an agency implementing a large donor-funded PHC program.

Lessons. Through a belief in their own abilities and with the will to implement the training, district-level managers set up the PHC training program without external support. This approach allowed authorities to maximize limited human and financial resources to strengthen and extend PHC service delivery. Nurses were eager to take the PHC course because they saw its value for their careers, so the courses were booked far in advance. Finally, the collaborative approach allowed the different authorities to develop trusting relationships through a team approach—an unintended benefit of the collaboration and a platform on which to develop many other initiatives.

Component 3: Establish Partnerships

Your objective in establishing partnerships is to expand the capacity to deliver health services through planned linkages among sectors, districts, and nongovernmental, community-based, and religious organizations.

Use the potential of community health workers. Statistics cannot convey the magnitude of the human resource crisis in health care and the burden of infectious and chronic diseases. Nurses are especially overloaded with duties that could be done by community caregivers. *For example, where nurses are burdened with trying to respond to the needs of people living with HIV/AIDS, community partners can provide home and hospice care, nutritional and psychosocial support, and assistance in fostering adherence to ART. Community health workers can also provide support for tuberculosis services and integrated nutrition programs.*

Seek partnerships with the private sector to expand services. Partnerships with the private sector are critical, for example, to expand the capacity to provide laboratory services for HIV testing and diagnosis. In most rural areas where health services are provided by nurses, laboratory and pharmacy services are lacking except where there are private providers and people have the ability to pay. Formal agreements between the health sector and these private providers can expand services for all.

Actions to Establish Partnerships

Actions such as the following can help you expand the reach of services while relieving overburdened staff.

- Create structures, such as hospital boards and community health committees for clinics, to allow community representation in health services.
- Facilitate joint planning between viable local nongovernmental, community-based, and religious organizations, and district health offices.
- Train staff of these organizations in fundraising, governance, and financial and project management.
- Build the capacity and advocacy role of traditional leaders and healers.
- Train district health management teams in developing service-level agreements with civil society groups.
- Increase the participation of groups and departments concerned with education, social development, agriculture, finance, youth, and women's issues to expand resources for and the reach of activities related to health.

Component 4: Build Leadership

Your objective is to develop the ability of managers at all levels to handle challenges in HCD and achieve results in complex conditions. While leaders who set an example by ethical behavior are needed at the highest level, you can start to address HCD problems at any level by modeling the behavior you want to see in your staff.

Committed, visionary leadership is needed. It is crucial to have visionary leaders at the highest level in all sectors to advocate for HCD and human resource reform and to coordinate a national response to high-priority health problems. Decentralization and new initiatives to improve health sector performance require that senior managers exhibit competencies and attitudes that may not have been rewarded in the past. As the system changes, the people who lead have to change the way they relate to key stakeholders and where they focus their attention. Because people at the top set the tone and are being watched by others, they have tremendous influence on the rest of the system and the work climate in which health care providers operate.

At the same time, managers and staff at all levels must guide and support others to face challenges and make progress in improving health outcomes. The human resource crisis is most keenly felt at the service delivery level: staff may face long lines of clients, lack of equipment, shortages of pharmaceuticals, and delays in getting laboratory results. If you are a facility manager, you can lead staff in finding creative ways to solve these problems with the resources they have.

Actions to Develop Managers Who Lead

You can take the following kinds of actions to develop your own leadership capacity and that of your staff and to improve working conditions.

- Conduct an assessment of your work group's climate as a basis for discussing with staff actions you can take to improve work climate. Work with teams to carry out those actions.
- Clarify the job duties of staff, giving supportive feedback, and show appreciation for the work they do.
- Involve employees in setting and monitoring progress toward goals.
- Develop a leadership development program at your level that focuses on teamwork to identify and solve problems, and train local facilitators to carry out this program widely.
- Create a positive work climate by treating people fairly with respect to salaries and benefits.
- Develop mentoring programs for new managers.
- Align key leaders around planning and implementing a coordinated national (or regional, provincial, local, or community) HCD strategy.

You can also inspire staff by working with them to generate a vision of a positive future. This shared vision will build their confidence that, as a team, they can take positive action to realize their goals. See the issue of *The Manager* entitled "Developing Managers Who Lead."

Working Solutions—Kenya

STRENGTHENING LEADERSHIP AT THE DISTRICT LEVEL

The Health Sector Reform Secretariat in the Ministry of Health of Kenya recognized that leadership was a crucial part of its efforts to strengthen HCD. In 2003, the Secretariat decided to launch a program to strengthen the leadership skills of district health management teams (DHMTs). Teams of three to six people from 15 districts participated in two-day workshops. The workshops were organized around the leadership functions and practices of MSH's Leading and Managing Framework.

Using the Leading and Managing Framework. The first workshop focused on *scanning:* gaining an overview of the districts' internal and external environment and trends. During this phase, the 15 district teams created a shared vision and explored the gap between what existed and what they wanted to see. A shift of focus from problems to possibilities helped create energy and enthusiasm. The second workshop used the concepts of *focusing* on results, *aligning* work groups to achieve the desired results, and *mobilizing* teams to support the changes needed to achieve those results. The third workshop explored ways of *inspiring* others.

Follow-up. Participants shared what they had learned with teams at their District Health Management Offices. These teams helped the participants transfer their learning to real problems on the job. For example, all the DHMTs participated in creating a vision for their district offices and in identifying the problem they wanted to focus on. These teams continued to work out solutions to problems and implemented and tracked their implementation. The districts assessed the health service results and recognized the teams for their achievements.

Impact to date. The district teams have changed the way they manage and lead. Back on the job, they applied the concepts taught in the workshops with their colleagues and staff. For example, participants reported that people had begun to analyze gaps between actual and desired performance and had become aware of the importance of aligning and mobilizing stakeholders in their districts.

Participants described how their perspectives changed: from despair to hope; from blaming others for problems to seeing how to contribute to solutions; from waiting for orders from above to taking initiative; and from just showing up for work to achieving results. The teams have become support networks for bringing about difficult changes.

Many district teams solved long-standing problems and improved services, for example, by mobilizing resources to buy refrigerators for vaccines, opening more vaccination sites, buying mobile phones to arrange transport for clients, advocating for more space to offer voluntary counseling and testing, and involving stakeholders to renovate existing structures and increase the utilization of maternity services. One participant said, "We are not complaining anymore—we are working together."

Good Practices in Human Capacity Development

As part of your HCD strategy, you can use assessments at the organizational level or higher levels to plan and carry out improvements in HCD.

Conduct an HRM Assessment at the Organizational Level

Human resource management, component 2 of the HCD Framework, must be a comprehensive management system that integrates personnel policy and practice, performance management, training, and HRM data. Your organization needs staff with training and experience in HRM to assess, strengthen, and manage this system.

The *Human Resource Development Assessment Instrument* (Management Sciences for Health 1998) and the *HRM Rapid Assessment Tool for HIV/AIDS Environments* (Management Sciences for Health 2003) offer a participatory process you can use to identify the strengths and weaknesses of your HRM system and plan improvements.

To strengthen the HRM system in your organization, you can conduct an assessment, develop and implement an action plan, and monitor and evaluate your organization's progress.

HRM Assessment and Improvement Bolster Services in an NGO

ASSESSMENT — The Family Life Education Program operated 49 clinics that provided community-based health services in rural eastern Uganda. In 2001, there were serious problems with services and staff turnover was high. The managers decided to focus on HRM and, using the HRM Rapid Assessment Tool, developed an action plan that had the support of key stakeholders from the central office as well as the community. They reviewed staff performance, dismissed poor performers, and rewarded good performers with an employee contract until the end of the project. They also equalized salaries, improved supervision, and strengthened communication among facilities. The employee manual was updated and distributed to all staff.

RESULTS — The resulting structure was more equitable, supportive, and transparent. There were significant increases in employee satisfaction, reduced staff turnover (from 14 to 2 per year), and decreased absenteeism. As HRM improved, health services improved: there was a 64% increase in family planning visits, a 55% increase in well-child health visits, and a 41% increase in prenatal and postnatal visits.

IMPROVING HUMAN RESOURCE MANAGEMENT AT THE EVANGELICAL CHURCH OF TANZANIA

The Evangelical Church of Tanzania (ELCT) operates 19 hospitals throughout Tanzania, which provide 40% of health services in both remote and urban areas. MSH and the central ELCT office in Arusha offered a one-day workshop to help the management teams at these hospitals improve their HRM systems and practices.

Rapid assessment of HRM challenges. Before undertaking an HRM assessment, the participants identified human resource challenges in their facilities. They cited lack of money to hire staff or cover for sick leave, lack of skilled workers, staff turnover, and low morale. In addition, HIV/AIDS had produced illness and attrition: 10% of health staff at one facility had died from HIV/AIDS. The fear of infection, combined with higher demand for services, had created a poor work climate.

Priorities and action planning. Four priorities emerged from the assessment:

- conduct a review of HRM policies (including developing a central human resource plan);
- create a personnel policy manual, and establish a workplace HIV prevention program at each hospital;
- focus on staff training and development;
- establish a leadership and management development program for all levels.

The groups proposed strategies to address each issue and developed preliminary action plans. This exercise gave the participants ideas about what they could do at their own facilities while seeking support from the central ELCT office. After the workshop, a small group of decision-makers met with the Director of ELCT and the HIV/AIDS Coordinator to discuss follow-up planning.

Decisions. The central ELCT office in Arusha agreed to hire a human resource officer to provide support in human resources to all ELCT health facilities in Tanzania. ELCT also decided to organize a taskforce to review personnel policies, recommend changes, and oversee the production of a personnel manual to be distributed to all facilities. The taskforce was also charged with directing the development of a staffing plan and retention strategy for ELCT. They were to work closely with the director, the human resource officer, and other stakeholders in addressing these issues.

Progress. Six months later, this team had made considerable progress. The Director reported that the taskforce was finalizing the personnel policy manual and working on a human resource development proposal for donor funding to address the problem of unskilled workers. The group was also collecting information on staffing levels from all ELCT health units based on capacity and workload. This information would be used to improve human resource planning, which, in turn, could address problems of turnover, morale, and work climate.

Conduct an HCD Assessment at the National Level

If you work at the national or regional level, conducting an overall HCD assessment is an essential first step in developing an HCD strategy. The assessment will provide you with information and data on which you can base sustainable solutions to critical problems.

An HCD assessment is not just a "head count," although it is important to know the total numbers of staff employed in each cadre. But overall numbers of staff do not automatically translate into health system performance. In a human resource assessment, you also need to determine the capacity of HRM systems to absorb, train, supervise, and retain staff, and the national (or regional) capacity to provide both in-service and pre-service training.

Resources for Assessing and Planning Human Capacity

WHO HRH TOOLKIT	Human Resources for Health: A Toolkit for Planning, Training and Management (World Health Organization 2001) can help with HCD research and planning. The toolkit currently includes sections on performance indicators, workload indicators of staffing needs, and methods of data collection; planning, training, and managing nursing personnel; workforce policy, legislation, and regulation; and strategies for improving health workers' performance. The toolkit also contains an international review of methods for determining skill mix, tools for workforce development, and a workbook for workforce planning. Visit http://hrhtoolkit.forumone.com/ to find the latest materials and methods.
JOINT LEARNING INITIATIVE	The Joint Learning Initiative on human resources for health and development and involves partners from many agencies and organizations. They participate in seven working groups and share information. The Web site: http://www.globalhealthtrust.org/ includes a glossary and bibliography.

Once the assessment is complete, analyze the data using the HCD strategy process and HCD Framework. Then you can create a comprehensive set of recommendations for policymakers, donors, and other stakeholders to consider. Include both short-term options to address the immediate crisis and long-term options to build human resource sustainability. The following table illustrates how you could present options for strengthening human capacity to carry out HIV/AIDS services.

Sample Recommendations for HCD for HIV/AIDS Services

Component	Short-term activities	Long-term activities
Policy and financial requirements	■ Advocate lifting hiring freezes for all health cadres ■ Build basic housing for health workers in rural communities	■ Lobby relevant policy bodies for competitive salaries and benefits for health workers ■ Review incentives, such as funding education for the children of health professionals in rural areas ■ Revise (or advocate revision of) scopes of practice of health workers
Human resource management	■ Appoint human resource managers at the facility level ■ Institute workplace HIV prevention programs (including postexposure prophylaxis) and psychosocial support groups for staff working in HIV/AIDS services ■ Review staff allowances and incentives to remove inequities	■ Use a multisectoral team to streamline human resource planning, recruitment, hiring, and promotion ■ Implement a performance management system to reward good performance and address poor performance

Component	Short-term activities	Long-term activities
Partnerships	■ Partner with community care groups and develop performance contracts with them	■ Develop a process for joint planning at the district level for the public and private nonprofit sectors
Leadership	■ Conduct a work climate assessment to determine which leadership practices need to be strengthened ■ Implement a leadership development program at all levels	■ Strengthen nongovernmental, community-based, and religious organizations (including organizations of people living with HIV/AIDS) to work at the national level to influence HCD policies

Taking Action to Address HCD Challenges

Whether you are a health policymaker at the national level or the manager of a health service organization, you need to advocate for changes in HCD issues outside of your authority. Steps 5 and 6 in the process for developing an HCD strategy (see page 6) are designed to gain the support of key stakeholders to implement the actions you planned in step 4. For instance, an HCD strategy is critical to coordinate all those involved in managing the new global resources for HIV/AIDS. (See the issue of *The Manager* entitled "Coordinating Complex Health Programs.")

A good starting point for this coordination is to gather and analyze data to demonstrate the potential impact of human resources on health (steps 1–3 of the HCD strategy process). Then you can generate discussion of the links between human resources and broader health policies, including describing how human resources contribute to the achievement of health system goals.

Longstanding human resource issues, especially in the public sector, will take time to resolve. While you are establishing a long-term HCD strategy, immediate human resource gaps need to be filled to implement critically needed health services. For example, where there is an inadequate supply of trained health workers, you need to identify and coordinate stop-gap measures and seek funding for them. These measures could include:

- providing funding for recruitment to groups that are responsible for filling approved positions so they can carry out hiring in a more timely manner;
- directly employing staff at government salaries to fill critical positions, such as laboratory technicians, until the national government can absorb them;
- changing scopes of practice to enable cadres to carry out work normally done by other cadres if needed;
- exploring other temporary staffing arrangements, such as contracts with skilled foreign nationals;
- providing training in HRM skills to selected staff so they can become human resource managers;
- deploying human resource managers to health facilities;
- providing technical assistance to in-service training institutions to standardize curricula and develop new systems to scale up training rapidly;
- developing formal partnerships with community service groups to relieve nurses of some of the social-work aspects of care that nurses currently handle.

Applying a Comprehensive Approach to HCD

Tackling the human resource crisis requires a comprehensive, multidimensional approach and working at different levels with a wide range of stakeholders. Strategies should include assembling compelling evidence to use to sensitize political and social leaders to the importance of workforce issues. Although small interventions will bring temporary relief, a major, long-term, and carefully targeted package of complementary interventions developed with stakeholders will be needed, along with sustained leadership to oversee it.

Reviewers' Corner

A forum for discussing concepts and techniques presented in this issue

On HCD for decentralized health services…

*A manager reflects on his experience in working at the local government level in South Africa to help manage approximately 90 health staff in 32 clinics: "*We had a clear idea of what the service requirements were and had created a vision for our services. We had done a very simple training needs assessment, and we found ways to implement the training through collaboration with other groups. The biggest gap is that we focused a lot of our training on a limited number of cadres and did not exploit the potential of some of the other cadres.

"We were also supported by a fairly effective staff administrative system. This element is critical. And we placed a lot of emphasis on our supervisory system. We had a clear policy spelling out how often facilities had to be visited by the various levels of supervisors. We made sure that supervisors were equipped to do their work, with readily available transport and appropriate training. We ensured that there was a regular mechanism of communication between service delivery staff and management—regular facility visits and meetings with staff.

"This was a period of change for South Africa. One of the major issues was to ensure that previously disadvantaged persons were employed in more senior positions. Therefore, HCD meant not only ensuring that people were able to provide adequate services but also involving a strong element of affirmative action—even before there were formal labor mechanisms to ensure this.

"We did not stick to the old ways. One of the first things I did was to widen the participation of key people in management-related activities. I encouraged participation of people in managing and moving the service forward."

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Checklist for Tackling the Crisis in HCD for Health Services

- ☐ Identify the stakeholders you will need to involve to help you achieve your goals in HCD.
- ☐ Obtain support from key stakeholders and donors to assess the human resource gaps that hinder scaling up services and to maintain the ongoing delivery of basic health services.
- ☐ Identify a team of people who understand the HCD crisis and are committed to addressing HCD issues in a systematic way.
- ☐ Gather and analyze data that identify the critical human resource gaps in your health care institution.
- ☐ Use the HCD Framework to identify the barriers or bottlenecks in the system that prevent you from addressing the identified gaps. Talk to service providers as well as administrators.
- ☐ Draft recommendations for all four components of the HCD Framework: policy, management, partnerships, and leadership.
- ☐ Present your draft recommendations to key stakeholders, and get their input about which recommendations can be supported by donors and which need to be supported by reforms in internal policies and systems.
- ☐ Advocate for support and leadership to implement recommendations.
- ☐ Identify groups that can help with particular recommendations, and develop a mechanism to coordinate their individual efforts.
- ☐ Track and monitor progress, and report results to stakeholders.

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MSH Publications
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165 Allandale Road
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Phone: 617.524.7799
Fax: 617.524.2825
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CASE STUDY FOR TRAINING AND GROUP DISCUSSION

Tikumbo District Plans Human Capacity for Scaling Up Antiretroviral Therapy

Scenario TIKUMBO DISTRICT RECENTLY began to establish and scale up an antiretroviral therapy (ART) program through government health facilities. Its accomplishments to date include improving lab capacity, making more money available to buy antiretrovirals, and developing treatment guidelines. Human resources, however, has emerged as a critical issue. This is not surprising, since even before HIV/AIDS became a crisis Tikumbo was unable to produce, employ, and retain enough health workers. The shortage of nurses is particularly severe, but there are also not enough physicians, pharmacists, and lab assistants, despite the introduction of training, mentoring, and referral systems. High workload, stress, burnout, and low morale are chronic problems.

As a first step in addressing human resource issues, representatives from the Tikumbo Health Department assessed staffing needs, the human resource management (HRM) system, and training capacity. Today the team is discussing its findings, identifying challenges, and pondering solutions to include in a report for stakeholders and donors.

"Most health facilities have far fewer staff than they need, and they are losing staff every day," said Dr. Bilayi, Director of Medical Services of Tikumbo Health Department. "The director of Sanoundou Hospital told us that 5 to 10 nurses become ill or die from HIV/AIDS every year, and they are also losing staff to migration. Yet they can't hire new staff because of the government's hiring freeze and no-replacement policy, although there are plenty of unemployed graduates who need jobs."

"The data we have gathered will help the government advocate with its financial partners to lift the hiring freeze for health workers, but that is a long-term solution," said Mrs. Atouba, Chief Administrator of the district hospital. "Even if the hiring freeze ended tomorrow, it would still take 6 to 12 months to hire each new person. We need to identify some short-term solutions." Some team members looked discouraged.

Mr. Makoun, Training Coordinator, spoke. "Our assessment of human resources identified gaps in knowledge about ART, infection prevention, even HIV/AIDS. Training should be our first recommendation."

"Training is needed in many areas, as you have pointed out," said Dr. Bilayi, "and we should recommend that the training colleges play a major role in providing training, both off-site and in the clinical setting. But training alone can't solve our problems." She turned back to the group. "Even if we could hire people tomorrow, we would need better human resource management to reallocate workers and to supervise, train, and support them. We should focus first on keeping and supporting the staff we have."

Mrs. Gwater, Chief of Nursing of Tikumbo Health Department, spoke. "Morale is a problem, too—having a human resource person to help plan ART scale-up and training could improve morale. Simple things like a room where staff can relax during breaks or

lunch time, and in-house social support groups could be helpful, too."

"Many health workers said they are discouraged because of low salaries, which we can't do much about," commented Mrs. Atouba. "But it seems to me that there are other issues we can address, including the one of morale."

Mrs. Gwater spoke again. "Another factor in low morale is fear of HIV infection. Our assessment found that many facilities lacked gloves, soap, and other infection prevention supplies. Nurses said they had to spend a lot of time outside the wards on tasks such as looking for these supplies."

"We could reduce nurses' workload by hiring temporary workers," suggested Mrs. Atouba. "They could feed and clean patients, mop floors, and take specimens to the labs. And the hiring freeze would not apply to them."

"We could also lessen workloads by building better links with community groups that provide care for HIV/AIDS patients at home," suggested Mr. Mosima from the AIDS Program. "For many patients living at home, poverty is a major issue and, among other things, they are not getting enough food."

"Good point," noted Dr. Bilayi. "Malnourished patients will not benefit as much as they should from ART. They will suffer more side effects, and adherence to therapy could become a problem. If we could link with food programs, including vitamin supplementation, then treatment outcomes will improve. This will also help to improve morale and reduce workloads."

"We could also lighten the workloads of health workers if people living with HIV/AIDS who are on ART can become part of the care team to help with tasks like counseling and home visits," Mrs. Gwater suggested.

"Another promising idea," commented Dr. Bilayi, looking around the group. "We have many excellent ideas to incorporate in our report. To carry out many of them, we will need the support and leadership of other ministries. I suggest that we draft our report and use it to enlist the support of a multisectoral taskforce. It would be good to involve the Public Service Commission, the National Health Service Commission, and the ministries of education, finance, and agriculture. We should probably include our donor friends as well. Who will have time to review the report draft and provide comments?"

Discussion Questions

1. **What are some of the human capacity development (HCD) challenges that Tikumbo District faces in scaling up its ART program? What solutions are suggested? Group these challenges and solutions under policy, human resource management, partnerships, and leadership.**
2. **What steps has Tikumbo District taken so far to develop a broad HCD strategy for ART scale-up?**
3. **What stakeholders need to be involved in developing Tikumbo District's HCD strategy?**

Case Analysis

QUESTION 1 **What are some of the human capacity development (HCD) challenges that Tikumbo District faces in scaling up its ART program? What solutions are suggested? Group these challenges and solutions under policy, human resource management, partnerships, and leadership.**

Tikumbo District faces numerous challenges as it plans for scaling up its ART program, and the assessment task force offered many possible solutions.

Policy

Challenges. Government policies prevent health facilities from hiring new staff or replacing those that leave. At some facilities, as many as 5 to 10 staff per year leave due to illness or death from HIV/AIDS, yet they cannot be replaced. The staffing levels at many facilities are much lower than their staffing requirements. The hiring freeze can be changed only at the national level, with the agreement of the government's financial partners. In addition, it takes 6 to 12 months to hire each new person.

Possible solutions. Provide data to the national government so it can advocate with its financial partners to lift the freeze on hiring and replacing health workers. Seek funding to hire human resource professionals to guide the implementation of an HCD strategy. Advocate for policy changes to reduce the time it takes to hire each new person.

Human Resource Management

Challenges. Understandably, staff at district health facilities are suffering from low morale and burnout, which contribute to staff attrition and an unproductive work climate. Furthermore, nursing staff have to take on additional "social-work" duties, such as counseling, adherence to treatment, nutrition, and community support. In addition, the workplace prevention program needs to be strengthened, both to allay fears and to help reduce staff attrition due to illness and death from HIV/AIDS. Job descriptions may need to be rewritten to reflect current responsibilities. Finally, training in ART, infection prevention, and HIV/AIDS is needed, both off-site and in clinical settings.

Possible solutions. Appoint a human resource professional at each facility to manage HRM functions (or train a senior manager to handle these functions). This person could also review job descriptions and rework them to reflect current responsibilities, which will help improve supervisors' ability to assess staff performance and apply existing review and promotion practices more consistently. In addition, morale could be improved by establishing in-house social support groups and a room where staff can relax during work breaks, improving the availability of infection prevention supplies (as part of a comprehensive workplace prevention program), and hiring temporary workers to perform tasks such as the cleaning and feeding of patients. Finally, a training plan will need to be developed and implemented at each health facility, and training curricula in ART, infection prevention, and HIV/AIDS will be needed.

Partnerships

Challenge. The group did not mention any existing partnerships between facilities and community groups or nutritional support groups.

Possible solutions. Create links with community groups that provide care for HIV/AIDS patients at home. Build partnerships with food programs that can provide nutritional support for people receiving ART. Better nutrition, including vitamin supplementation, is likely to improve treatment outcomes. Improved treatment outcomes, in turn, should improve morale and lessen workloads, since there will be fewer visits for severe side effects and opportunistic infections.

Challenges. Coordinating the involvement of different sectors, such as education, agriculture, and finance, will require leadership at the district level as well as the national level. Leadership is also required at individual facilities, where staff will need to better manage and support staff to scale up ART.

Possible solutions. The Tikumbo District Health Department is taking on an HCD leadership role by forming the assessment team, carrying out the assessment, and developing ideas for solutions. The next steps will be preparing a report and using it to help enlist the support of other stakeholders. The team's leadership may produce needed changes in policies. The Health Department may also need to coordinate district-level efforts to create the human capacity needed for ART scale-up.

At the facility level, managers can be effective leaders in this complex situation by:

- carrying out their human resource functions, such as performance appraisals, regularly and consistently;
- identifying critical challenges and developing solutions;
- facilitating better teamwork;
- linking goals to rewards and recognition;
- strengthening work processes;
- coordinating activities with other programs and sectors;
- providing constructive feedback.

QUESTION 2 What steps has Tikumbo District taken so far to develop a broad HCD strategy for ART scale-up?

The first step the district has taken in developing a broad HCD strategy for ART scale-up is to recognize the complexity of its human resource challenges and form an assessment team that includes individuals from a range of departments within the Department of Health. The team has conducted an assessment of current and future staffing needs, and the district's HRM system and training capacity. The data and recommendations in the team's report will help policymakers and stakeholders better plan for developing the human capacity needed for ART scale-up, make decisions, and advocate for needed changes in policy.

QUESTION 3 What stakeholders need to be involved in developing Tikumbo District's HCD strategy?

The team discussed involving the National Health Service Commission, the National AIDS Program, the Public Service Commission, the Ministry of Finance, and the training colleges.

Other possible stakeholders might include the departments or ministries of education, agriculture, and sports; civil society organizations such as nongovernmental, community-based, and religious organizations; international food programs such as CARE and the World Food Programme; and donor agencies.

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