

Improving Human and Institutional Capacity

Sufficient numbers of well trained and motivated staff at different levels of health systems involved in comprehensive TB control, are key elements of the strategy to combat the global TB epidemic. In order to support this goal, TB CAP focuses on: 1. Improving Human Resource Capacity and 2. Improving Institutional Capacity.

The task of planning the human resources required to achieve the international goals and targets which have been set for the global control of TB is both complex and challenging. Managers of health systems are confronted by the challenge of finding the right balance between devoting enough staff time to specific diseases and meeting the general health needs of populations in primary health-care environments.

TB CAP aims to improve human resource and institutional capacity by increasing the pool of competent TB workers at all levels in a sustainable and systematic fashion using a two-pronged strategic approach:

Firstly, by developing HRD tools and guidelines. Secondly, by harmonizing training through decentralization and institutionalizing global training courses to regional training institutes and through integration of the Stop-TB Strategy to all pre- and in-service training programs in countries.

TB CAP's strategic vision and areas of intervention include:

- Developing leadership for HRD for

- comprehensive TB control.
- Developing and updating generic tools and strategies.
- Organizing training courses and other learning opportunities.
- Building Institutional capacity building.
- Developing capacity for Technical assistance.
- Utilizing the IRS working group for strategic guidance and advice.
- Collaborating with partners outside of TBCTA.

The overall expected outputs for Human Resource Development for comprehensive TB Control include:

1. Improved competence of staff at different levels of the health system; i.e. staff having the professional competence and motivation to manage TB control services including new strategies.
2. Improved availability of staff in all categories involved in comprehensive TB control, whereby HRD is an essential component of a country's NTP medium term plan.





HRD Platform Meetings

In order to share and address specific problems related to and deriving from human resources in TB control programs, TB CAP organizes HRD platform meetings.

The platform meetings bring together participants from 20-25 different countries in Asia, Africa, Latin America and Eastern

Europe to discuss HRD issues and joint TB/HIV activities and each meeting builds on the outcomes of the previous one.

The participants of the platform meetings are staff working in National TB Programs as "HRD Focal Persons" involved in training, supervision and broad HR issues, HRD experts from TB CAP, staff working in HIV/AIDS programs and collaborative TB/HIV activities concerned with HRH issues and partners from global, regional and country organizations involved in Human Resources for Health.

The agenda addresses building knowledge, sharing of experiences in HR/TB as well as topics on scaling-up and solutions to the major problems, advocacy and discussing the way forwards in HRH issues in TB control programs and TB/HIV joint activities.

The most recent HRD Platform meeting was the last one which will take place in TB CAP's life span, some functions will be taken over by new structure of the HRD Subgroup and all participants will continue to exchange information, discuss and provide support through the e-Portal of TB CAP and through e-mail communication.

The outcomes of the meetings have been documented in two publications both of which are available here:

<http://www.tbcta.org/Library>

(Hard copies available on request)

Key outcomes of the meetings:

- Update on HR activities at country level for TB and implementation of lessons learned.
- Identification of the major challenges in HRH such as: staff shortages, high staff turn-over, inadequate management skills and lack of planning and information, and how to solve them, such as by improving supportive supervision, using the performance improvement framework and in general by making strategic and annual implementation plans.
- Update on best practices, tools and materials to boost HRH activities in TB/HIV programs at country level.
- Agreement on how we can reach the TB CAP expected outcome for HRH for TB control.
- Commitment to the Global Action Plan for Human Resources for Health, Stop TB Strategy, the Global Plan to Stop TB and TB CAP expected outcomes.
- Commitment for continuous exchange of information & communication throughout the year, out with the HR/TB platform meetings, through the e-portal and via e-mail.

The platform meetings have contributed to keeping HRD high on the agenda of NTP's and the Ministry of Health. Advocacy was also done to appoint TB/HR focal persons with clear job descriptions at the central level of the NTP's. The platform meeting also allows participants to continue to communicate and share knowledge and information throughout the year.

A new Sub-Group of the DOTS Expansion Working Group within the Stop TB Partnership has been established: Human Resource Development for TB prevention, care, and control. The Mission of the HRD-TB Sub-Group is to contribute to the overall global vision and goals for HRD for the implementation of the Stop TB strategy.



HRD Strategic Planning

TB CAP assists in the implementation of comprehensive human resource development plans based on the handbook "Planning the development of human resources for health for implementation of the Stop TB Strategy" developed by the WHO and CDC as a TB CAP tool. The handbook gives step-by-step instructions and provides background information on the current workforce situation in the health sector and summarizes both the issues and the challenges.

TB CAP provides technical assistance in the development of 5-10 year HRD strategic plans which focus on the long-term direction of HRD in TB control and provide a basis for more detailed annual planning. Plans are based on an analysis of the current situation combined with specific objectives, key activities, budget and monitoring & evaluation following the step-by-step approach of the handbook.

HRD working groups

An HRD working group needs to be formed at country level and include those who are knowledgeable about sector-wide HRD. Members are people who represent other priority programs, partner organizations and key institutions, have authority to commit resources and understand the staffing requirements for delivering TB control services. The group must be small enough to facilitate consensus-building, allow for rapid decision-making and have the authority to pull together a larger group as needed, to provide information on specific issues. The NTP should take the lead for the process of establishing the working group and developing the terms of reference.

Involving all stakeholders

The process of developing a plan is as important as the plan itself. All relevant and key stakeholders need to have a sense of

ownership and the necessary levels of commitment to the plan. Once the plan has been approved for implementation, all those involved in HRD for TB control will be required to use it as reference point.

During the stakeholders workshop the vision, mission and long term goal of HRD in TB control are defined. A Strengths/Weaknesses/Opportunities/Threats (SWOT) analysis made by the stakeholders can give input to help formulate the strategies.

Examples of strategic objectives are:

- Contribute to overall workforce planning and policy development.
- Organize on-going in-service training (TB control from PHC perspective, clinical aspects, laboratory and managerial) for all health workers involved in the implementation of the Stop TB Strategy; that is, promote and sustain lifelong learning.
- Strengthen pre-service training (basic training) for physicians, nurses, laboratory technicians and other health workers involved in the implementation of the Stop TB Strategy.
- Monitor and supervise health worker performance.

The actual plan is developed by the working group with input from the stakeholder workshop. The draft strategic plan needs to be presented to all relevant stakeholders. Their feedback and contribution to the implementation of the plan needs to be incorporated in the final version. The final step is the development of an annual plan based upon the new strategic plan.

TB CAP supports the facilitation of the workshops and the activities involved in developing and finalizing the document. It also provides technical assistance by facilitating the stakeholders workshops and by supporting the working group in making the final document.

Example from the field: Developing an HRD Strategic Plan in Southern Sudan

Southern Sudan is a good example where a team of consultants supported the national team in developing an HRD strategic plan, whilst also developing an annual implementation plan. Linking the two activities was done for practical reasons. This worked out very well in practice as the same stakeholders attended the meeting on the development of the HRD strategic plan for TB control as did the annual implementation plan for TB control.

Stakeholder's workshops were conducted over two consecutive days, followed by a three day 'writeshop' in parallel sessions for both groups. The product was a draft version of the HRD strategic plan for TB control and annual implementation plan. A task force was installed to finalize the documents and the deadline for dissemination and implementation of the plan was set.

Main objectives of the workshop:

- Familiarization with the National Human Resource Plan for Health and the Tuberculosis Strategic Plan for Southern Sudan, 2011-2015) on which the HRD plan will be based.
- Define the vision/long term goals for HR in the TB Control Program in Southern Sudan.
- Analyze the current situation in the health sector and the TB Control Program in Southern Sudan (from National level up to facility level).

- Provide input on the specific objectives based on the goal and situation analysis.
- Provide input on the strategies needed to reach the goals.
- Provide input on the major activities to achieve the specific objectives.

Main objectives of the writing group:

- Discuss the content of the zero draft and how it is related to discussions during the stakeholders' workshop.
- Provide input for the development of the draft HRD plan for TB control.
- Identify gaps in information in the development of the HRD strategic plan.
- Agree on the planning process to develop and finalize the HRD strategic plan for TB control.

The methodology chosen was interactive, which allowed for maximum input from all stakeholders and ownership of the plan.

The end result was a draft HR strategic plan and a task force willing to support the finalization of the plan and implementation at all levels.

Building Institutional Capacity

In Africa and Asia, one of the problems noted was the lack of training institutions providing internationally recognized training for mid- and high-level managers and technical staff in TB control. Therefore, in 2007 TB CAP decided to support two institutions (one in Africa and one in Asia) with the financial and technical assistance required to strengthen their capacity to competently train managers and technical staff on leadership, management and other training needs. Institutions were selected which already had considerable expertise and experience in TB control in the region.



Leadership and Management course at the National TB and Leprosy Training Center in Zaria, Nigeria. September 2009.

National TB and Leprosy Training Center, Zaria, Nigeria

The training needs assessment revealed that most program managers are trained on technical issues but with minimum emphasis on leading and management functions. A course on Leadership and Management including Data Management and Supervision was conducted and attended by 23 participants. The emphasis was on skills acquisition and application of various management tools in TB/HIV African setting.

Examples of topics on the timetable are: role of the manager, motivation & delegation, communication, program planning, developing & monitoring program budgets, staff supervision, performance appraisal and feedback, and quality assurance.

The participants were enthusiastic about the whole training course. They liked the practical experience in the field and the use of African facilitators in combination with international resource persons. All participants developed a six-month action plan for their programs based on lessons learned during the course and with an emphasis on aspects where they can make a change. Most of them were able to implement over 50% of their plans.

The challenges reported by the participants in the follow-up after the training at 3 and 6 months were the ability to influence and manage change within the programs.

The NTLTC has a website at: <http://ntbltc.org/>

Regional Training Centre Asia (ReTrac), Yogyakarta, Indonesia

The aim of ReTrac is to deliver high-quality training programs in support of the national, regional and global plan to stop TB 2006-2015. Thus, in the long term the populations in Asia should benefit from reduction of TB prevalence and deaths through better managed TB control programs.

Based on the training needs assessment ReTrac delivers training on the following topics on a regular basis:

- TB program planning, budgeting and management
- Human Resource Management for TB control
- Public Private Mix for TB Control
- TB Operational Research
- Courses on technical areas such as TB-IC, TB-HIV and MDR-TB

Also, the participants at ReTrac appreciate the interactive teaching methodology that addresses both their needs and expectations. The hospital and clinics near the university are very supportive and provide an excellent basis for field visits and discussions.

Participants do stay in contact with each other after the course, as they become part of a new network.

ReTrac has a website at: <http://tbcta.med-gmu.org/>

TB CAP E-Portal for HRD

The aim of the e-portal for HRD is to build a community for HR focal persons and to create peer networks for sharing guidelines, articles, tools, best practices and practical experiences from the field. The information is shared during e-tutorials and facilitated discussion sessions which take 2-3 weeks and are facilitated by TB CAP HRD experts. The e-portal is also used for ongoing support to individuals and groups of professionals. It serves as a link between people in the programs at country level and resource persons/experts in the HR field.

The members of the e-portal for HRD are HR focal points at national TB program levels in Africa, Asia, Latin America and Europe, HR consultants providing consultancy work at country level as well as HR experts from all TB CAP partner organizations. Members have a wide variety of backgrounds and field experience. More than 60 members from 25 different countries are currently registered.



The TB CAP HRD E-Portal

The e-portal is organized as a “one-stop shop” for professionals, it allows members to access documents on HR related meetings/workshops, as well as the latest guidelines articles and tools, links to websites of organizations and e-tutorial/discussion sessions.

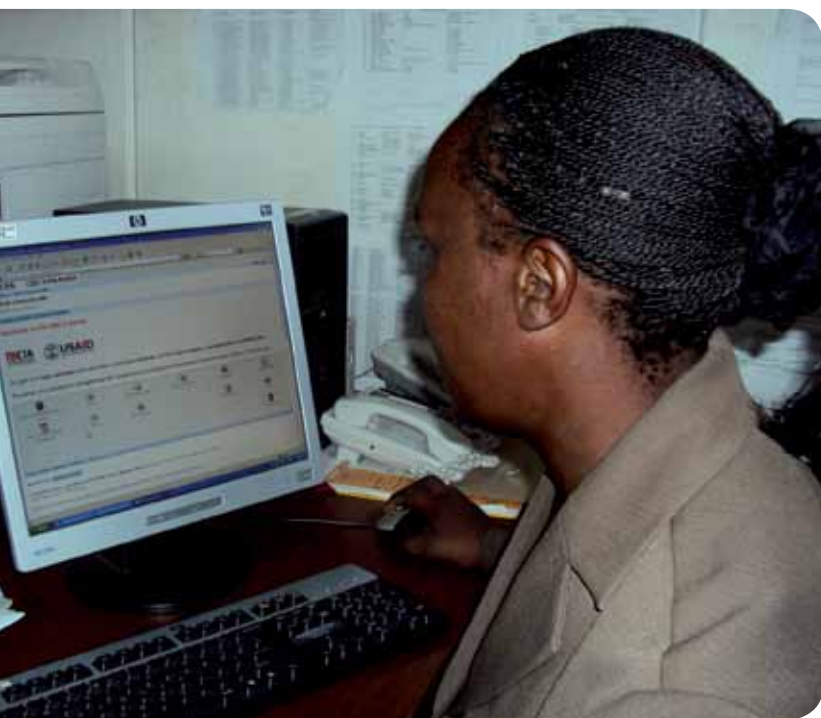
The Topics Covered are:

- HRH/HRM/HRD basic concepts.
- Management competency.
- Motivation of staff and satisfaction level.
- Why and how to develop job descriptions.
- Task shifting; Supervision and its importance .
- Training planning and curriculum development and others.

All background information and relevant references are available on the e-portal.

The e-portal is open to registered members only however, it is possible to get individual access sponsored by TB CAP or to share access through members already registered from a specific country. More detailed information and access requests can be obtained through the e-portal contact person:

Ieva Leimane (HRD consultant KNCV) leimanei@kncvtbc.nl



Using the TB CAP HRD E-Portal in Nairobi, Kenya

Mentored Field Visits

One of TB CAP’s goals is to expand the pool of international TB consultants. To do this, TB CAP has conducted various training courses for consultants. However, TB CAP found that some of the consultants still lacked the necessary practical consultancy experience. Therefore, about two years ago TB CAP started facilitating “Mentored Field Visits” in Lab, HRD and TB-Infection Control.

During a “Mentored Field Visit” an experienced consultant is accompanied by one or two trainees, which allows the trainees to strengthen their field experience. To make the most of this

experience, the senior consultant and trainee are expected to set clear learning objectives and tasks with one another before the visit.

Following the Mentored Field Visit both consultant and trainee fill out an evaluation form, at which time there is an opportunity to reflect on whether there are other areas the trainee should focus on before going on independent consultancies. In total TB CAP has supported a total of 25 Mentored Field Visits in the past 2 years and will continue to support this initiative in the future.

Tools, Training Materials and Links:

During TB CAP the following tools/training materials have been developed:

- **Updated Facility Level Training Modules** - These modules are updated standardized, generic competency based training material for the training of health facility staff on the management of TB at health facility level.
- **TB CAP Laboratory Toolbox** – This Toolbox contains six products recently developed to support countries in strengthening their laboratory services. Two products in particular are important to HRD:
 - **EQA training materials:** This package provides standard materials for External Quality Assurance (EQA) training which allows countries to implement the guidelines correctly and efficiently.
 - **Culture & DST Training Package:** This package provides countries with standardized training material to support the expansion of Culture & DST (C/DST) techniques.
- **International Standards of Tuberculosis Care (ISTC) Training Modules** - The ISTC Training Modules are educational resource tools, developed to assist in the incorporation of the ISTC into training courses and curricula on tuberculosis.
- **“Planning the development of human resources for health for implementation of the Stop TB Strategy - A Handbook”** - This handbook provides background information on the current workforce situation in the health sector and summarizes the issues and challenges.
- **“Proceedings of the HRD-TB platform meetings”** - This publication captures the experiences, initiatives and innovative solutions of countries attending the platform meeting.

More information on HRD issues can be found on the following websites:

http://www.cdc.gov/tb/education/TB_Edu_Train_Resources.htm

<http://www.findtbresources.org/> TB Education and Training Network

<http://www.cdc.gov/tb/education/Tbetn/default.htm>

http://www.who.int/tb/health_systems/human_resources/en/

PMU Focal Point

The HRD coordinator within the TB CAP's Program Management Unit (PMU) Ineke Huitema, supports countries through TB CAP implementing partners to scale-up HRD. How to contact the PMU or Ineke?

E-mail: pmu@kncvtbc.nl or huitemai@kncvtbc.nl

Phone: +31-70-7508447

Website: www.tbcta.org



colophon

| | |
|-----------------|---|
| Text | Ineke Huitema/Tristan Bayly/Andrée Willemse |
| Layout | Tristan Bayly |
| Printing | Drukwerk & Meer, Waddinxveen |

What are TBCTA and TB CAP?

The Tuberculosis Control Assistance Program (TB CAP) is a USAID five year cooperative agreement (2005-2010) that has been awarded to TBCTA with KNCV Tuberculosis Foundation as the lead partner. The Tuberculosis Coalition for Technical Assistance (TBCTA) is a unique coalition of the major international organizations in TB control:

American Thoracic Society (ATS), Centers for Disease Control and Prevention (CDC), Family Health International (FHI), International Union Against Tuberculosis and Lung Disease (The Union), Japan Anti-Tuberculosis Association (JATA), KNCV Tuberculosis Foundation, Management Sciences for Health (MSH), World Health Organization (WHO).

The aim of TB CAP is to reach the following specific goals in the TB CAP countries with significant investment:

- 90% of public clinics implementing DOTS;
- At least 70% case detection rate;
- At least 85% treatment success rate and/or cure rate;
- 75% of countries meeting MDR-TB quality standards defined by TB CAP;
- 100% of countries where nationwide TB and HIV programs are effectively coordinated.

TB CAP focuses on five priority areas:

- Increasing political commitment for DOTS;
- Strengthening and expanding DOTS Programs;
- Increasing public and private sector partnerships;
- Strengthening TB and HIV/AIDS collaboration;
- Improving human and institutional capacity.