

# Assessing human resources development

## Human resources development

*Objectives:* at the end of the assessment, reviewers should comment on –

- gaps in human resources in terms of the number of staff and their skills;
- the distribution of staff, and policies for staff development;
- actions that need to be taken to improve human resources for TB prevention, care and control.

*Background:*

For TB prevention, care and control activities human resources for health includes all staff who make each individual intervention and public-health intervention happen. Without sufficient, adequately trained, motivated, skilled, readily available (that is, well distributed) and supported human resources, it will not be possible to achieve global TB-control targets. In addition, a lack of human resources often limits the capacity of countries to absorb resources from donor agencies. Human resources development is synonymous with training. Donors, technical partners and other partners have often emphasized the need for training courses and the number of trained staff to the detriment of the quality of training and the formulation of coherent and comprehensive development strategies for staff that addressing the issues of retaining staff for example.

*Assessment*

- a) What are the human resources requirements for different tasks associated with the national TB programme? (Conduct a task analysis.) What are the implications for the workforce?
- b) What is the current human resources situation at the national TB programme? Are there enough staff? Are staff well trained?
- c) Are there any human resources gaps in terms of the number of staff required – that is, will more staff be needed as the programme expands and staff take on additional roles and responsibilities? Or is a PAL coordinator needed or a human resources focal point? Are there any gaps in the quality of staff that is, do the knowledge and skills of staff need to be improved? Are there enough appropriately skilled staff to implement the proposed work-plan?
- d) What types of solutions and activities would be sustainable in terms of addressing any gaps? What is the budget for these activities?

### 1. Target population and activities

- a. Staff: basic DOTS, MDR-TB, TB and HIV, laboratory Infection control, public-private mix, community engagement, PAL, management of human resources

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development, monitoring and evaluation –

- i. staff at the national level;
- ii. staff at the state, regional and provincial levels;
- iii. staff at the district level;
- iv. staff at the health-facility level;
- v. staff and partners at the community level, and treatment supporters;
- vi. other staff (please specify).

b. Technical assistance for the development of human resources –

- i. international missions including those providing long-term and short-term technical assistance;
- ii. country-based staff, including long-term and short-term national technical assistance.

c. In-service training (by level, by technical area and by staff category, according to job descriptions), initial training and continuing education –

- i. training in basic DOTS;
- ii. training in the management of laboratories and diagnoses;
- iii. training in organizing TB/HIV collaborative activities;
- iv. training in case-management for patients with MDR-TB;
- v. training in implementing PAL;
- vi. training in the public–private mix and international standards for TB care;
- vii. training in engaging community-based and civil society-based organizations;
- viii. training in programme management and supervision;
- ix. training in monitoring and evaluating programmes;
- x. training in the development of human resources;
- xi. training in infection-control;
- xii. training in the ethics of TB prevention, care and control activities;
- xiii. training in pharmacovigilance;
- xiv. training in delivering health information and education.

d. Basic training in curriculum development –

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- i. medical doctors;
  - ii. physicians' assistants or medical assistants;
  - iii. registered nurses and enrolled nurses;
  - iv. laboratory technicians;
  - v. community-based health workers and volunteers;
  - vi. others (please specify).
- e. Training facilitators and training trainers in basics DOTS, the case-management of patients with MDR-TB, how to engage in collaborations among TB services and HIV services, laboratory management, infection control, public-private mix, community engagement, PAL, programme management including supervision, management of the development of human resources, and monitoring and evaluation.
- f. Development or revision of training material on basic DOTS, the case-management of patients with MDR-TB, collaborations among TB services and HIV services, laboratory management, infection control, public-private mix, community engagement, PAL, programme management including supervision, management of the development of human resources, and monitoring and evaluation.
- g. Developing systems for managing human resources –
- i. contribution of financial resources to strategies for retaining staff and to incentives for rural postings;
  - ii. assessment of staffing needs for scaling up TB activities;
  - iii. updates and listings of functions and tasks by staffing level and by professional category, covering all components of the national strategy to prevent and control TB;
  - iv. coordination of capacity development (for competence and staffing) for supportive supervision to ensure implementation of the national strategy to prevent and control TB and other high priority programmes;
  - v. development or revision of job descriptions for staff involved in TB activities to ensure they correspond with current policies and recommendations;
- h. Participation in international conferences, workshops and training.
- i. Coordination with other programmes and departments.

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Indicators for: <b>Assessing human resources development</b>		
<i>Indicator</i>	<i>Calculation</i>	<i>Source of information</i>
Proportion of health facilities with at least one health worker trained in the national strategy for TB prevention, care and control strategy	<p>Numerator: number of health facilities with at least one health worker trained in the national TB prevention, care and control strategy in a specified geographical area</p> <p>Denominator: total number of health facilities in the same area</p>	Periodic surveys
Proportion of posts filled according to the development plan for human resources	<p>Numerator: number of posts filled according to the development plan for human resources</p> <p>Denominator: total number of posts that should be filled according to the development plan for human resources</p>	Periodic surveys