

# THE MANAGER

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?**

**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 commu-

nity 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.

## Leadership

**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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