

# CHAPTER 9

## HUMAN RESOURCES

### INTRODUCTION

This chapter discusses key requirements for planning and managing human resources at a primary health centre. Human resources are the essential ingredient for all care delivery. Whether you are delivering basic primary care or HIV prevention, care, and treatment services; your health centre needs an adequate supply of trained and motivated staff to provide quality services.



Managing human resources is a complex task that requires national level policy and planning for long-term sustainable impact. This chapter will outline steps that staff of a primary health centre can take to help:

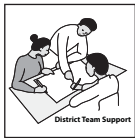
- ensure an adequate number of staff
- make task-shifting effective
- make sure staff have appropriate training
- ensure supportive supervision and mentorship
- improve staff motivation and retention
- establish a safe workplace

The chapter targets the “in-charge” provider. This person can be the head HIV clinical provider, the nurse in-charge, or another person on the health centre team who is responsible for overseeing and managing the centre. This person will be responsible for most of the human resource activities described in this chapter. In most primary health centres, this person is the senior nurse. However, the chapter is designed to be helpful to all levels of staff.

## 9.1. HOW TO HELP ENSURE AN ADEQUATE NUMBER OF STAFF

Generally, recruitment and hiring are carried out by the district health office, not the health centre. However, there are steps you as the in-charge provider can take to improve your chances of receiving the number of staff you need at your health centre. These include:

### 1. Contact your district health office to learn the positions (number and cadre) assigned to your health centre



- How does the number and cadre of positions actually assigned compare with recommended staffing (see next page)?
- Are any assigned positions unfilled at your health centre? If so, how many?
- Which positions are vacant, and for how long have they been vacant?

**The chart below presents the “basic” staffing recommended by your ministry of health.**

“Basic” staffing refers to staff required to provide primary care services not including chronic HIV care for PLHIV, and is based on the population served. Fill any vacant “basic staffing” positions first.

Recommended “basic” staffing for primary health centres (1)		
Small health centre (catchment population of 3,000-7,000 people)	Clinical staff <ul style="list-style-type: none"> <li>• One clinical assistant</li> <li>• Two nurses; one nurse/midwife (N/M) and one emergency nurse</li> <li>• One nurse assistant</li> </ul>	Support staff <ul style="list-style-type: none"> <li>• One cleaner</li> <li>• One watchman</li> </ul>
Large health centre (catchment population of 7,000-20,000)	Clinical staff <ul style="list-style-type: none"> <li>• One clinical officer</li> <li>• One clinical assistant</li> <li>• Five nurses - one registered N/M, two EN/M, two EN</li> <li>• Two nurse assistants</li> <li>• One pharmacy technician/assistant</li> <li>• One laboratory technician/assistant</li> </ul>	Support staff <ul style="list-style-type: none"> <li>• Two cleaners</li> <li>• One watchman</li> </ul>

Adapt these staffing recommendations to your local situation. If you have a larger catchment population, add more staff. If you have an additional number of patients during some periods of the year, such as during malaria or harvest seasons, add more staff during these seasons, or make sure your staff does not take leave during these peak periods.

**The chart below presents the “additional” staffing recommended by your ministry of health to provide HIV prevention, care, and treatment services at your health centre.**

If you provide HIV services, you should add the “additional” staff below to your “basic” staffing above.

Recommended “additional” staff needed for HIV care and treatment (2)			
Small or large health centre	Number of HIV-positive patients per year	Clinical staff to be added	Support staff to be added
	One to 100 patients	• Zero to one	• One to two lay providers
	101-250 patients	• One additional clinical provider	• One clerk/triage officer • Two lay providers
	251-500 patients	• One to two additional clinical providers	• One clerk/triage officer • Three lay providers
	500-750 patients	• Two additional clinical providers	• One clerk/triage officer • Four lay providers

## **2. Locate job descriptions for each position assigned to your health centre**

Job descriptions will help you determine the qualifications and positions for staff you wish to recruit to your health centre. These job descriptions are usually standardized across health facilities, and should be on file at your health centre or at your district health office. Once staff are hired, job descriptions can be used to help assess employee performance.

## **3. Learn how the local hiring process works**

Hiring is usually carried out by the district health office, but you can increase your odds of obtaining the staff you need by: being informed about the hiring procedures that apply to your health centre, advocating for your team, and pursuing alternative hiring procedures when needed. For example, you may need to send an official request to the head of your district health services, who will approach the district personnel office to create a position or fill the vacancy. In some cases, the recruitment has to go via district authorities to the ministry of health and ministry of public service. Once the position and its budget have been approved, the district service commission or an equivalent body can advertise it, form a selection committee, and recruit candidates.

## **4. Try to ensure that you are on the selection committee**

Being on the selection committee gives you a chance to help choose who will be hired at your health centre. Contact your district health office to make this request.

## **5. Communicate regularly with the local recruiting authorities**

Keep in contact with people in the personnel office at your district health office so that you know of upcoming changes that could affect staffing of positions at your health centre. Keep these people informed of your staffing needs, using the information you gathered, and citing the vacancies that exist and the recommended staffing tables above to justify your need for additional staff.

## **6. Be persistent!**

If budget ceilings or other limitations prevent you from hiring staff:

- Ask to hire staff on temporary contracts.
- Try alternative procedures. Contact local NGOs and donors to ask if they can hire and pay the salaries for new staff at your health centre.
- Recruit volunteers. Make sure you develop good relations with local communities and community groups so you can recruit volunteers in times of high workload (see below).

## **7. Recruit lay providers for your health centre team, including PLHIV**

Recruiting lay providers can help increase the number of staff at your health centre. Lay providers are non-professional workers who can serve as counsellors, triage officers, data clerks, community health workers, nursing, laboratory and pharmacy assistants, and more. Depending on their training and experience, lay providers can work in non-clinical and clinical roles as paid staff or volunteers. See examples of how to include lay providers in the health centre team at the end of this section.

You should encourage people living with HIV (PLHIV) to apply for lay provider positions because they bring unique skills to your team. PLHIV have personal experience with the disease, and can help other patients to understand and use the health system, address personal and family issues (such as stigma and HIV disclosure), and manage treatment and its side-effects. Indeed, PLHIV are valued members who can occupy all levels in the health centre team, from medical officer to lay provider.

In order to encourage the participation of lay providers, including PLHIV, at health centres you can:

### **Reach out to community groups in your catchment area**

Talk with community leaders and associations – such as PLHIV support groups – to identify the roles and positions at your health centre that could be filled by lay providers, including PLHIV.

## Identify the tasks that could be performed by lay providers



Lay providers can perform a range of tasks including helping with triage, taking patients' vital signs and pulling their charts, data keeping, treatment adherence counselling, treatment literacy and education. They can also do pill counting and stock management, track patients who are lost to follow-up, community outreach, home-based care and follow-up, manage PLHIV support groups, handle counselling (such as for people who are HIV-positive and their partners), basic laboratory testing, and more.

## Decide how you will recruit and retain lay providers

You can recruit lay providers to your health centre team as full- or part-time staff. Whenever possible, they should be paid. If payment is not possible, provide other incentives such as meals, gifts, waived medical fees for them and their children, or invitations to training and events. Paying for costs associated with the lay providers' work is also important. This can include paying their bus fares or buying/lending them a bicycle.

Providing opportunities for promotion can also help retain lay providers. An easy approach is to create "junior" and "senior" positions (such as junior and senior community outreach worker) with some difference in compensation and assigned tasks. If you do not provide incentives to your volunteers, they will likely leave in search of better opportunities. NGOs and FBOs can be approached for help in hiring lay providers.

## Consider the qualifications and/or training needed for lay providers

Once you identify the tasks you wish the lay providers to perform, identify the training or qualifications they need to perform their roles. Contact your district health office or donors in your area to see the training available for lay providers (also see 'recommended training' in this chapter).

## Hiring and orientation

Once you hire the lay provider, introduce him/her to the health centre team and provide an orientation to centre rules, procedures, physical layout and services. If possible, have the lay provider accompany another health worker to learn their tasks by watching first. Particularly in the first few weeks, you

should also follow-up closely with the lay provider to help answer any questions and resolve any problems.

### **Remember to involve lay providers in all activities of your health centre team!**

Lay providers, including PLHIV, should be considered “part of the team”; they should attend the same staff meetings, be invited to staff get-togethers and activities, and have the same medical or other benefits whenever possible. Also, when you are conducting quality management activities, such as evaluations, be sure to include the feedback of lay providers, especially PLHIV. They have a unique and valuable perspective on how to improve the delivery of health services to HIV-positive patients.

#### **Examples of including lay providers in the health centre team**

- In Kenya, PLHIV are asked to visit the clinics and facilities where patients are referred for follow-up care. During these visits, the PLHIV gather information on the services provided (how, by whom and during which hours), in order to assess whether the services at these sites match what is described in the referral. In this way, lay providers help ensure that HIV-positive patients are receiving the quality referral care they need. These visits also allow lay providers to become familiar with the services provided so they are able to better advise HIV-positive patients on what to expect and how to best manage their treatment experience at clinics and other facilities.
- In some parts of South Africa, lay providers are recruited by the district health office to work as data-captors and as lay counsellors at hospitals and health centres providing antiretroviral therapy. These lay providers are paid to work full-time. Data-captors conduct tasks such as pulling charts, entering data into computer records, and producing reports on patient results for the district and provincial health offices. The lay counsellors perform HIV testing and counselling as well as valuable adherence counselling. The lay providers extend the capacity of the clinical team and free up the time of nurses who can then focus on seeing more patients.
- In many countries (including Rwanda and Senegal), “community case managers (CCMs)” travel to remote villages to provide home-based care to respond to early cases of pneumonia malaria, diarrhoea, and malnutrition among children. CCMs are trained and supervised by the health centre team. They provide assessment and classification of the child’s condition, and use of oral rehydration solution, zinc, antibiotics, and antimalarials, as well as providing counselling. CCMs save lives by identifying and addressing potentially fatal conditions early, and by referring complicated cases to the health centre.

## 9.2. HOW TO HELP MAKE TASK SHIFTING EFFECTIVE

“Task shifting” is the reassignment of clinical and non-clinical tasks from one level or type of health worker to another so that health services can be provided more efficiently or effectively. For example, when medical officers are in short supply, many HIV-related services can be effectively shifted to non-physicians such as clinical officers and nurses, while maintaining quality. This increases accessibility of health services to the community. The diagram on pages 242-243 demonstrates the HIV-related clinic-based tasks that can be provided by clinical and non-clinical staff. Task shifting also can apply to laboratory functions, supply management, and pharmacy services.

### **HIV counselling and testing**

In many countries, only nurses are permitted to carry out HIV counselling and testing. However, health centre nurses are generally very busy with clinical duties, and this limits the number of patients offered counselling and testing. This is very serious in high sero-prevalence settings when all patients should be offered HIV counselling and testing. If lay counsellors work under the supervision of a health centre nurse and with periodic mentoring from an experienced HIV district level counsellor, they can provide an inexpensive and effective solution to this human resource problem.

“Task shifting” is not new; historically many countries have created substitute cadres to take up the tasks of existing professionals when they have been in short supply. Task-shifting initiatives have increased in recent years, particularly in countries with high HIV prevalence rates. It is likely you will experience it at your health centre with expansion of the clinical team. Decisions on task-shifting policy are usually made nationally, but there are steps you can take to help ensure successful implementation at your health centre.

**Make sure that lay providers taking on new tasks are closely supervised, mentored and supported by experienced health centre staff**

For example, if lay providers are performing HIV counselling and testing, the health centre nurse needs to establish regular meeting times with them so she/he can observe, supervise, and act as a mentor to that person.

**Identify the health centre provider's 'clinical back-up' at district level and make sure they have regular communications with this back-up staff**

Health centre providers need district counterparts who will supervise and act as their mentors, and who will ensure that patients are being adequately referred to the district and are returning to the health centre for services. For example, nurses handling ART and follow-up need to have regular communications with the district medical officer or head clinician. This will ensure that referrals are made correctly for patients with complications and that consultations take place on challenging cases. "Back-up" at district level is also needed for laboratory, pharmacy, and supply management staff.

**Establish a clinical "team-based approach" through regular clinical team meetings and good communications between staff**

Conduct a weekly meeting of all staff at which you can openly discuss patient cases and issues that arise, and work together to solve problems. Encourage regular dialogue between staff about how to improve tasks to increase service efficiency and quality.

**Establish regular performance measurements to assure adherence to clinical and other standards (see Quality Improvement chapter)**

**Implement strategies to motivate your staff and to prevent 'burnout'**

When staff are required to take on new tasks in an already heavy workload, they can suffer increased anxiety, stress and burnout. Work together as a team to determine how you can keep each other motivated. Section 9.6 on 'employee motivation' provides some tips.

Task shifting can be a real asset to your health centre, but it takes teamwork, supervision and constant communication!

# Sequence of care after positive HIV test



## 2 Education and support

- Give post-test, ongoing support.
- Discuss disclosure and partner testing.
- Explain treatment, follow-up care.
- Support chronic HIV care.
- Assess and support adherence to care, prophylaxis, ARV therapy

**Education & Support Guidelines**  
(See Annex A)

## 1 Triage



- Patient returns for follow-up.
- Register.
- Interval history.

Patient continues with home-based care and treatment support.

Family and friends, peer support, community health workers, other community-based caregivers, traditional practitioners, CBOs/NGOs/FBOs, OVC projects.



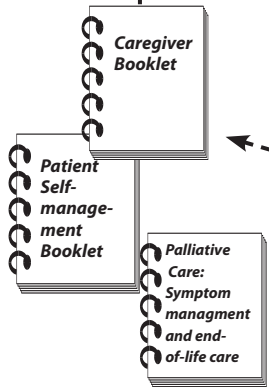
## 11 Prevention for PLHIV's

- Prevention of HIV transmission:
  - Safer sex, condoms
  - Disclosure support
  - Partner testing
  - Risk reduction plan
  - Counsel discordant couples
  - Household and caregiver precautions
  - Reproductive choice, PMTCT, family planning
- Positive living.
- For IDU, harm reduction interventions.



## 10 Arrange

- Dispense and record medications.
- Schedule follow-up.
- Link with community services.
- Record data on card.



From IMAI Chronic Care

### 3 Assess

- Do clinical review of symptoms and signs, medication use, side effects.
- Determine HIV clinical stage and functional status.
- Assess adherence to medications. (Use counsellor's assessment and your own.)

If health worker visit needed:

### 4 Assess family status including pregnancy, family planning, and HIV status of children

If pregnant →  
← post partum

Antenatal, postpartum and newborn care with integrated PMTCT interventions

### 5 Review TB Status in all patients on each visit

TB Care with TB-HIV Co-management

### 6 Provide acute care using:

- IMAI *Acute Care* guideline module.
- IMCI Chart *Booklet for High HIV Settings* if age below 5 years.

For all, manage symptoms

### 7 Give prophylaxis if indicated

### 8 ARV therapy:

- Decide if eligible and where to initiate.
- Consult/refer to district clinician per guidelines.
- Do clinical monitoring of ARV therapy.
- Support adherence.

### 9 Manage chronic problems

Acute Care

If severe illness

Consult or send to District Clinician if indicated

### 9.3. HOW TO HELP MAKE SURE STAFF HAVE APPROPRIATE TRAINING

As the in-charge at a health facility, you play an important role in planning and tracking the training your staff receive. You should ensure that health centre staff have the right training at the right time to provide the quality basic services outlined in this manual. You also should ensure that training opportunities are provided fairly and do not interfere with service delivery. By helping your staff gain access to training opportunities in an equitable way, you also help promote their career development and improve motivation and morale.

#### **Keep a training log**

The in-charge should make sure a training log is created and updated for every training session that an employee receives. A log can take any form, but should include the **name and position of the staff** who received the training (e.g. nurse, pharmacist, etc.), name of the training course, the **provider of the training** (organization or government office) and the **date the course occurred**. A data clerk can be responsible for filling out the log, but a supervisor will need to make sure this is done on a regular basis and that the log is up to date. Annex 9.2 of this manual includes training log samples you can use.

## **Steps needed to manage training at your health centre**

### **Identify training needs**

Review your training logs (provided in Annex 9.2) to identify the required and optional training courses that each staff member currently needs. See charts below for recommended training for your clinical and non-clinical staff.

### **Identify available training:**

Contact the district health office, regional hospitals and donors in your area to identify available training that matches your needs. Does the training take place on-the-job or off-site? Is any follow-up support provided? Is training accredited? Determine how training will be paid for, including fees, travel and meals.

### **Determine how you will maintain service delivery while your staff is away at training**

Ask the following questions:

- Will fewer patients be served?
- Do remaining staff have the skills and training to cover for the staff away at training?
- Will the remaining staff work longer hours?
- Is this training essential to providing quality services at the health centre? The in-charge needs to help balance a staff person's need for training with the workload of remaining staff.
- Will the district health office provide staff who can fill in at your health centre while your employees are at training?

### **When training is completed, keep a record of it in a training log**

This log can be completed by a clerk, but as supervisor you should ensure that this record-keeping happens on a regular basis. See the annex for a training log you can use.

### **Training debriefing**

Ask staff who received the training to share key lessons learned and training 'likes and dislikes' with other health centre team members. This can take place during a team lunch or meeting.

### **Do not be afraid to ask**

If the district health office or area donors do not provide the training your staff needs, tell them what you need. They may be able to help. They may be able to lend you staff from the district level to fill in for your staff while they are on training.

## RECOMMENDED TRAINING

To provide basic primary care services, the following training is recommended:

Recommended training for staff to provide basic primary care services – SMALL health centre (catchment population of 3000-7000)	
This staff....	Should be trained in.....
<ul style="list-style-type: none"> <li>• One clinical assistant</li> <li>• Two nurses</li> </ul>	<ul style="list-style-type: none"> <li>• IMCI, IMAI Acute Care, and IMPAC or equivalent</li> <li>• Laboratory</li> <li>• Supply management</li> <li>• Leadership and management</li> <li>• Quality management</li> <li>• Patient monitoring</li> </ul>
<ul style="list-style-type: none"> <li>• One nurse assistant</li> </ul>	<ul style="list-style-type: none"> <li>• Patient monitoring</li> <li>• Laboratory functions</li> <li>• Supply management</li> <li>• Quality management</li> </ul>

Recommended training for staff to provide basic primary care services – SMALL health centre (catchment population of 3000-7000)	
This staff....	Should be trained in.....
<ul style="list-style-type: none"> <li>• One clinical officer</li> <li>• One clinical assistant</li> </ul>	<ul style="list-style-type: none"> <li>• IMCI, IMAI Acute Care, and IMPAC or equivalent</li> <li>• Good management</li> <li>• Leadership and management</li> </ul>
<ul style="list-style-type: none"> <li>• Five nurses</li> </ul>	<ul style="list-style-type: none"> <li>• Two trained in IMCI</li> <li>• Two trained in IMAI Acute Care</li> <li>• One trained in IMPAC</li> <li>• Good management</li> </ul>
<ul style="list-style-type: none"> <li>• One pharmacy technician/assistant</li> </ul>	<ul style="list-style-type: none"> <li>• Supply management</li> <li>• Good management</li> <li>• Toxicity management and adherence counselling</li> </ul>
<ul style="list-style-type: none"> <li>• One laboratory technician/assistant</li> </ul>	<ul style="list-style-type: none"> <li>• Laboratory</li> <li>• Lab quality management</li> <li>• Quality Laboratory Practise</li> </ul>
<ul style="list-style-type: none"> <li>• Two nurse assistants</li> </ul>	<ul style="list-style-type: none"> <li>• Patient monitoring</li> <li>• Laboratory functions</li> <li>• Supply management</li> <li>• Good management</li> </ul>

To provide **HIV prevention, care, and treatment**, the following *additional* training is recommended

<b>Recommended training for staff to provide HIV prevention, care, and treatment services</b>		
Estimated number of HIV-positive patients at your facility	This staff...	Should be trained in . . . .
• One to 100 patients	• At least two clinical providers, both in the outpatient clinic and ANC/PMTCT	• Clinical HIV • Good management
	• At least one lay provider (PLHIV)	• Counselling • Patient monitoring
	• Lab technician/assistant	• HIV-related laboratory services
• 101-250 patients	• At least three clinical providers; two in the outpatient clinic, and one in the ANC/PMTCT	• Clinical HIV • Good management
	• At least two lay providers	• Counselling • Patient monitoring
	• Lab technician/assistant	• HIV-related laboratory services
• 250-500 patients	• At least three to four clinical providers; two in the HIV clinic and one to two in the ANC/PMTCT	• Clinical HIV • Good management
	• At least three lay providers	• Counselling • Patient monitoring
	• Lab technician/assistant	• HIV-related laboratory services
• 500-750 patients	• At least four clinical providers; two in the HIV clinic and two in the ANC/PMTCT	• Clinical HIV • Good management
	• At least four lay providers	• Counselling training • Patient monitoring
	• Lab technician/assistant	• HIV-related laboratory services

### **Data clerk training**

In addition to clinical and counselling staff, community members employed as “clerks” or data keepers in the health centre should also receive training. This is typically carried out “on-the-job”, but there are training courses for many of the following skills:

- triage
- HIV patient monitoring (cards, registers, reports)
- data recording

### **Components of HIV-related training:**

The charts on the next page describe the components of the recommended HIV-related training listed above. “Basic” training lists the essential and required training components that your staff should receive to provide HIV services (based on the recommendations above) “Follow-on” training is more advanced and lists the specialized courses that should be added based on your staff’s current duties and interests within the health center. Considering your staff’s interests when selecting training improves morale and helps retain employees. Keep in mind whether the clinical team as a whole has the ability to provide the HIV services you have planned!

### **Clinical training for integrated HIV prevention, care and treatment:**

Each clinical staff person on the team should receive all of the basic clinical training courses. Follow-on training can be combined with basic training in the second week, or taken later as a separate course. In all clinical training, at least one of the clinical providers trained should be the head HIV clinical provider. In addition, all staff of the health centre including this head HIV clinical provider should be trained in universal precautions and workplace safety issues see section - 9.5. of this chapter.

Basic clinical training	Follow-on clinical training
Chronic HIV care, ART, prevention with PLHIV (includes clinical staging, cotrimoxazole and INH prophylaxis, how to fill out the patient HIV care/ART card, intensified TB case finding <sup>1</sup> )	IMCI-HIV complementary course (HIV testing, diagnosis and management of OI in children, follow-up) <sup>2</sup>
	Adolescents in HIV care
Acute care (when to suspect HIV and TB, OI diagnosis and management) <sup>3</sup>	PMTCT integrated with improved antenatal and postpartum care <sup>4</sup>
Provider-initiated testing and counselling for clinicians - basic course	PMTCT integrated with improved labour and delivery care <sup>4</sup>
TB infection control <sup>5</sup>	Reproductive choice and family planning for PLHIV <sup>6</sup>
Universal precautions, PEP and other workplace safety issues	TB-HIV co-management <sup>7</sup>
	Syndromic STI management
	Palliative care: symptom management and end-of-life care
	Mental health/neurology
	Brief interventions for hazardous and harmful alcohol use

### **Counselling training for integrated HIV prevention, care and treatment:**

All staff who provide counselling services – including clinical providers, counsellors, lay counsellors or community health workers – should receive at least basic counselling training. Further follow-on courses prepare the counsellor to manage other content areas building on the basic training course.

<sup>1</sup> Based on IMAI-IMCI basic Chronic HIV Care with ART and Prevention Course or its equivalent

<sup>2</sup> In some regions, HIV training is integrated into the regular IMCI course on case management of common illnesses of children. Patients who have taken this training course would not need to take the IMCI-HIV complementary course.

<sup>3</sup> IMAI Acute Care/OI Training Course or equivalent.

<sup>4</sup> Based on IMAI/IMPAC Clinical Course for integrated PMTCT Services

<sup>5</sup> Based on IMAI-STB TB Infection Control Training for Health Care Settings or its equivalent

<sup>6</sup> Based on Reproductive Choice and Family Planning for PLHIV training course or its equivalent

<sup>7</sup> Based on IMAI-STB TB-HIV Co-management Training Course or its equivalent

Basic clinical training	Follow-on clinical training
Lay counsellor training course (PITC, prevention with PLHIV, post-test support, patient education, adherence counselling, psychosocial support) <sup>8</sup>	Advanced post-test counselling
	Infant feeding counselling and support
	Psychosocial support for children
	Post-rape care
	Working with vulnerable groups (e.g. orphans)
	Brief alcohol interventions

### **Patient monitoring training for integrated HIV prevention, care and treatment:**

Clinical providers normally receive training on how to fill out the patient card during their basic IMAI chronic HIV care training. If they did not receive it they will need it. In addition, a data clerk needs to be trained to manage the records and registers (see chapter 6 Monitoring). The in-charge or another staff with interest or skills in analysis should receive further training so they can play a lead role in using the data.

Basic patient monitoring training includes the following skills:

How to fill out the patient card

Transferring data to registers and completing quarterly report and cohort analysis forms (can be done by data clerk)

Advanced patient monitoring (how to oversee registers and reports, calculate indicators, and use data for clinical decision-making)

### **Supply management training for integrated HIV prevention, care, and treatment:**

Someone needs to manage the store. If there is no pharmacy assistant, a nurse

<sup>8</sup>Based on IMAI Lay Counsellor Training Course or its equivalent.

or another staff member needs to be trained in managing the drug supply at the health center. A WHO in training course “drug supply management at the first-level facility” that covers the necessary components as described below. Also see chapter 7 Supply Management, in this manual as a resource.

Basic supply management training includes the following skills	
How the drug store is prepared	How supplies are ordered
How supplies are organized	How supplies are received
How records are kept	

### **Laboratory training for integrated HIV prevention, care, and treatment:**

All staff performing laboratory services– including, lab technicians, lab assistants, and clinical providers– should receive training in each essential lab service which they will provide.

Basic HIV-related laboratory services training to be performed and quality assurance tests	
Malaria smear	Haemoglobin estimate using WHO Colour Scale
Rapid Malaria test	Haemoglobin using haemoglobinometer (if used)
Sending TB sputums	Haematocrit
Prepare and read TB sputums	Urine dipstick for protein and glucose
Rapid HIV test	CD4: collect blood, hold, and prepare for transport
Rapid syphilis test	DBS: collect blood, hold, and prepare for transport
Rapid pregnancy test	

### **Leadership and management training:**

In most resource-constrained health centres, a clinical provider is also responsible for overseeing the daily operations. So in addition to clinical training, the staff in charge of the health centre (large or small) should receive training in leadership and management skills.

Leadership and management training can include the following skills:	
Programme planning	Monitoring and evaluation
Financial management	Supply management
Mentoring, supervision, staff appraisal	Facility management, including workplace safety

### Quality management training:

Quality management training is ideal for all staff of the health centre, so that your whole team can work together to improve day-to-day operations. This training is best performed as part of employees' orientation to assure quality management from the start. The head HIV clinical provider or in-charge of the health centre could also benefit from more comprehensive follow-on quality management training that is provided by your district health office, regional hospital, or area donors.

Basic quality management training	Follow-on quality management training
Performance measurement	Comprehensive quality management training
Quality improvement	Facilitating quality improvement at your health centre
5 Ss at the health centre	Leading 5 Ss activities

### Cross training of staff

Cross training means you train staff to develop overlapping skills, so that if one staff member is unable to perform a task, another staff member can perform it in his/her place. This limits any interruptions in service delivery and expands the skill set of the health centre team. An example of cross training is to train your ANC nurse to provide laboratory services. The ANC nurse is then available to fill in for the laboratory technician if s/he is not available due to staff turnover, illness or move to another position elsewhere.

Cross training can happen 'on-the-job' by having the staff to be trained 'shadow' or observe experienced staff, or through formal training. As in-charge of the health facility, you should be responsible for arranging cross-training.

#### Best practises in training

Experience has shown that the best forms of training integrate on-the-job training and ongoing training and/or provide support to trainees over time. "Once-off" training sessions that are only classroom-based do not provide the same lasting improvement in skills and expertise, and require health workers to spend time away from delivering services at the health centre.

## Refresher training and continuing education

In many countries, health and education ministries are collaborating to integrate many of the above areas of study into pre-service education. Staff who have already received the above training during medical, nursing, pharmacy, or other degree programmes can focus on taking **refresher courses or more advanced training in the form of continuing education** after joining the workforce.

Refresher training and continuing education helps keep staff aware of new developments and policies, helps promote career development, and improves motivation and morale. You should monitor training logs to determine when a staff member could benefit from refresher training and continuing education. However, make sure you balance this need for training with the need for the staff member to provide services.

## Other learning opportunities

Your staff can also learn through many opportunities that occur outside of formal training. These ‘ongoing learning opportunities’ can take place in or out of the health centre, and can be managed by you or other members of the centre team, and by non-governmental organizations, district or national health offices or other external groups.

Example of ongoing learning opportunities provided at the health centre	Example of ongoing learning opportunities provided away from the health centre
Review of patient cases	Educational presentations
Staff/local experience-sharing	Conferences
Review of latest information, and journal ‘clubs’	Regional experience-sharing
Clinical mentoring	Cross-site visits

## 9.4 HOW TO SUPPORT CLINICAL MENTORING AND SUPPORTIVE SUPERVISION

### Clinical mentoring

A clinical mentor is a clinician with experience and expertise who provides ongoing training and advice to clinical providers with less experience or expertise. The goal is to help the less experienced provider develop skills and experience, grow professionally, and provide higher quality care. Mentors meet regularly with the providers they are helping to review clinical cases, answer questions, problem-solve, and provide feedback and assist with case management. Mentors can be formally assigned to a staff member or they can volunteer based on their personal interest.

A clinical mentor is different from a supervisor, who has formal authority over a staff member and is responsible for evaluating performance. Mentors are instead more like a 'coach', who focuses on improving staff expertise, motivation and confidence. Clinical mentors should be supportive of the staff person and their growth as a person and a professional.

In a network model of care, clinical mentoring at the health centre will be conducted through visits by clinical providers from the district hospital, and through ongoing phone and e-mail correspondence where available.

#### Clinical mentor job description: a clinical mentor helps a provider with<sup>1</sup>:

1. building relationships;
2. identifying areas for improvement;
3. responsive coaching and modelling of best practises;
4. advocating for work environments that improve patient care and provider development;  
and
5. data collection and reporting.

<sup>1</sup> University of Washington - ITECH.

### What you should know about clinical mentoring visits

When a primary health centre begins providing chronic HIV care and treatment, it will require one mentoring visit from a district hospital clinical provider every month for the first six months. After six months, the health centre will require only one visit every two to three months. If you are not receiving this level of mentoring, contact your district health office.

Each mentoring visit takes at least one day, but frequently may take three to four days.

Clinical mentoring visits usually include:

- observation of case management and reinforcement of a staff member's skills;
- review of patient monitoring cards and Pre-ART and ART registers;
- clinical case review;
- clinical team meeting;
- documentation of each visit (including recommendations).
- your health centre clinical team should prepare for these visits by reserving the dates and selecting patient cases for review (such as cases of people recently initiated into antiretroviral therapy, as well as routine, challenging or difficult cases, or deaths). In some instances, inviting the patient back to the clinic when the clinical mentor is scheduled to be there can facilitate consultation and avoid referral.
- integrate the recommendations of your mentor into quality management/ improvement activities at your health centre.

### **Supervision**

Supervision is a formal relationship of authority between a more senior ranking health worker and his or her subordinates. Supervisors can be located at the primary health centre or at a higher level facility such as the district hospital. A health centre supervisor is responsible for helping ensure that each staff member is providing adequate service delivery and is following health centre rules and policies. The following chart outlines recommended supervision at your primary health centre:

Recommended supervision at large and small primary health centres	
Level	Supervisor
Lay counsellors	Nurse/ midwife/clinical officer/clinical assistant
Laboratory personnel/laboratory assistants	In-charge; district or sub-district laboratory personnel
Pharmacy assistants	In-charge; district or sub-district pharmacy personnel
Nurse/midwife	In-charge; district or sub-district nursing officer or clinical officer
Clinical officer	In-charge; district or sub-district medical officer

Effective supervision is especially important to provide quality HIV services. Chronic HIV care and treatment requires health workers to undertake continuous learning and to be able to solve problems. Those demand regular consultations with an engaged and supportive supervisor.

### Supportive Supervision

Supervision does not mean finding ‘fault’ with your staff’s work. Instead, supportive supervisors focus on making sure their staff has the training, mentoring, guidelines and tools, equipment and supplies and working conditions they need to perform the job effectively. It means assisting your junior staff to achieve goals, identify problems and challenges and together find solutions to problems. The supervisory relationship should be compassionate, supportive and helpful. Good supervisors learn from their subordinates, adapt to their needs and should be open to suggestions.

**A supervisory checklist** – is an easy way to prepare for your supervisory meeting with staff, because it identifies the issues you need to address during the session, and reminds supervisors during the session of issues that might be overlooked.

## 9.5 HOW TO ENSURE A SAFE WORK ENVIRONMENT

You have a critical responsibility to ensure a safe working environment for your staff. The following section provides important guidelines to prevent the spread of tuberculosis and HIV in the health centre.

The small, but real risk of contracting a disease or illness in the workplace – particularly HIV and TB – can cause anxiety, fear, and low morale among your staff. By following standard workplace safety precautions, you can improve the health and well-being of your staff and patients.

### Prevent and manage workplace exposure to HIV

During employee training, workplace procedures that deal with exposure to HIV should be included with other workplace safety guidelines, and be monitored regularly to assure they are implemented. Even after you take measures to prevent workplace exposure to HIV, you should be prepared for it to occur. Below are some steps you should take to minimize HIV exposure in the workplace:

1. Identify a contact person to deal with workplace HIV exposure.

Choose someone who is:	Responsibilities:
<ul style="list-style-type: none"><li>• responsible</li><li>• trained</li><li>• trusted and agreed on by health centre staff</li><li>• available during all working hours (or assign more than one contact person).</li></ul>	<ul style="list-style-type: none"><li>• explaining procedures and PEP</li><li>• coordinating blood results</li><li>• arranging confidential HIV testing and post-test counselling for the health worker</li><li>• remind the health worker when follow-up blood tests are due</li><li>• completing the necessary forms and reports</li><li>• ensuring confidential storage of all documentation</li><li>• completing the incident report (for occupational health and safety review and for possible compensation) and include in health centre log book</li></ul>

2. Set up a system to urgently respond to workplace HIV exposure and make HIV-PEP available 24 hours a day/seven days a week.

3. On the wall of your clinic, post the PEP procedures – available as a wall poster in Annex 9.3 of this manual – and make PEP clinical guidelines easy to obtain at all times.
4. Keep starter packs – or initial doses of PEP – in the health centre emergency cupboard and ensure that they are accessible 24 hours a day, including during holidays and weekends. Workers should have the option to obtain services away from the worksite in order to increase privacy and confidentiality.
5. Encourage staff to report incidents of exposure to HIV in the workplace. Use the HIV-PEP procedures for ALL staff exposed to HIV in the workplace (this means all categories of health personnel, including public and private employees).
6. Routinely inform health personnel about HIV-PEP. This includes how and where to obtain advice, and reporting procedures during working hours.
7. Support health worker access to confidential HIV counselling and testing services.

**Facilitate health worker HIV testing, counselling, HIV care and ART:**

- Encourage every member of your staff – including auxiliary staff and volunteers – to be tested.
- Place information in staff rooms about local locations of confidential HIV counselling and testing and care and treatment services.
- Make sure health workers understand that unprotected sex remains the most common route of HIV transmission; emphasize that safer sex practises are very important.
- Health workers should understand the importance of starting ART early.
- Support the formation of HIV-positive health-worker support groups.
- Ensure health workers have access to confidential and low-or no-cost HIV care and treatment.

## **Combat workplace stigma about HIV and TB**

- Staff are often afraid to be tested or receive treatment for fear of being rejected by others at work.
- Develop an HIV and TB workplace policy/plan (your district health office can help you).
- Hang posters with messages that combat stigma.
- Communicate with your staff regularly about having positive attitudes towards people living with HIV.
- Invite a PLHIV community group to visit your health centre during a regular staff meeting to discuss their experiences with HIV-related stigma and how being HIV-positive affects a person's life.

## **Protect health workers from TB**

- Ensure TB infection control throughout the health centre. This protects both health workers and patients. See chapter 5, infection control guidelines in Infrastructure.

## **In addition, all health workers should**

- know the signs and symptoms of TB disease;
- be supported to know their HIV status. Those with HIV infection should be given the opportunity to minimize their exposure to people who have TB disease;
- be offered INH prophylaxis if they have a positive tuberculin test or are HIV-infected after excluding TB disease (see clinical guidelines).

## **Protecting health workers against stress and burnout**

- Recognize burnout! Symptoms include irritability, anger, poor sleep patterns, inadequate concentration, avoidance of patients and problems, withdrawal

from others, fatigue, emotional numbing including lack of pleasure; resorting to alcohol or drugs; and (in survivors of multiple loss) fear of grieving.

- Be confident that you have the skills and resources to care for the patient and their family.
- Define for yourself what is meaningful and valued in caregiving.
- Encourage staff to discuss problems with someone. Share problems with your colleagues; consider forming a staff support group.
- Include in your week a time to discuss patients with other staff (at staff meetings, case reviews).
- Be aware of what causes stress and avoid it.
- Use strategies that focus on problems rather than emotions.
- Change your approach to caregiving: divide tasks into manageable parts (small acts of care); learn how to adjust the pace of caregiving; ask others to help; encourage self-care by the patient.
- Use relaxation techniques.
- Take care of your life outside of your caregiving (ensure you have other interests, family, friends).
- Develop your own psychosocial support network (such as care-giver support groups).
- Take care of your own health.
- Take time off on a regular basis.
- Be aware that you cannot do everything and that you need assistance.
- Organize or participate in social events (staff birthdays, marriages or graduations, etc.).

### **Promote safe injections (protect against HIV and hepatitis transmission):**

- Do not give injections unless they are necessary. Use oral medications in cases where they are recommended.
- Give injections with single-use or adequately sterilized equipment.
- Do not recap needles.
- Discard used needles and syringes immediately in sharps container.
- Close, seal and send sharps containers for incineration before they are completely full (follow your facility protocol carefully) – see chapter 5, Infrastructure.

### **Supplies and procedures to support other standard precautions<sup>1</sup>**

Summary of standard precautions	Required available supplies to support standard precautions
Use for all patients	Gloves
When drawing blood: <ul style="list-style-type: none"><li>• Use gloves</li><li>• No recapping of needles</li><li>• Dispose in sharps container (puncture resistant)</li></ul>	Personal protective equipment (such as safety syringes and needles)  Sharps container
Safe disposal of waste contaminated with blood or body fluids	Procedures to support standard precautions: <ul style="list-style-type: none"><li>• Waste management system (see chapter 5, Infrastructure)</li></ul>
Proper handling of soiled linen	
Proper disinfection of instruments and other contaminated equipment	
Use protective barriers (gloves, aprons, masks, plastic bags) to avoid direct contact with blood or body fluids	

<sup>1</sup> IMAI Chronic HIV Care with ART and Prevention, p.118

## 9.6 HOW TO IMPROVE EMPLOYEE MOTIVATION AND RETENTION<sup>1</sup>

Employee satisfaction is directly linked to employee motivation, performance and quality of care. If you do not pay attention to employee satisfaction, your staff will be disgruntled and perform poorly. Unhappy employees can lead to unhappy and dissatisfied patients. The following aspects need to be considered.

### **How can I grow while on my job?**

Each staff member needs opportunities to grow and develop, such as participating in training, mentorship, new tasks, and chances to be promoted to a more senior level.

- Achievement is important. Help your staff achieve success in their position through giving them positive feedback, ideas, and advice on how to improve their performance.
- Do not micro-manage! Your staff is more motivated to work when they are involved in decision-making and have responsibility. Allow your staff to make more decisions and handle additional responsibilities over time. If they make a mistake, help them learn from it and improve.
- Advancement is a form of recognition. Encourage people to learn and increase their knowledge and skills for self-advancement and promotion. Ensure that your staff knows about and pursues existing continuing education, on-the-job training and in-service education opportunities.
- Support new ideas and creative initiatives in the workplace. These opportunities help your staff to develop personally and professionally.

### **Am I being treated fairly?**

Every employee needs to feel a sense of fairness in how praise or criticism is delivered, and how training, salaries, promotions, and other opportunities are provided.

- Make sure the policies for providing training, promotions, salaries and other rewards are fair and are clear to all staff.
- Avoid rewards that make some staff ‘winners’ and others ‘losers’– look for ways to reward and appreciate all of your staff.

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<sup>1</sup> Selection drawn from MSH Human Resource Management Seminar

### **What am I supposed to be doing in my job?**

Each staff member needs a clear description of tasks and responsibilities, and appropriate tools to complete the tasks.

- Make sure each of your staff has access to their job description.
- Make sure you spend time explaining what you want your staff to do. Identify their high- and low-priority tasks. Before ending the conversation, ask “Is that clear?” “Do you have any questions?” Make yourself available if your staff have questions or concerns.
- Help your staff think through what tools, equipment or guidance s/he will need to accomplish the task. Do your best to meet these needs.

### **How well am I doing?**

Every employee needs regular feedback on his/her performance, including both praise and constructive recommendations on how to improve.

- Give praise when it is due! Praise your staff often and sincerely. Positive reinforcement is a far more effective motivation than fear or criticism.
- Recognize staff efforts and show gratitude. Lack of recognition for hard work or a job well done can be discouraging and cause resentment among staff.
- Do not give criticism; give advice. When you need to give negative feedback, be respectful and do not dwell on the past. Remember that staff may take criticism personally and become upset or confused. Discuss with the staff member why what s/he did was not the best method, and explain clearly what you want them to do differently in the future.

### **Who cares?**

Each staff member needs to know that his/her work is appreciated and why it matters. Share with your staff at all levels (including auxiliary staff) how their work contributes to the team and to the health of patients. One example is to inform staff of how many patients their work helps the health centre to serve, or how many children are enrolled in treatment. Remind your staff of how their work helps reach these individuals when workloads and stress are high.