



**DISCUSSION
BRIEF**

Human Resource Development in Health: System for the Development of Competencies in Peru

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A major challenge for national, regional, and local governments is the implementation of strategies to reduce maternal mortality and chronic child malnutrition so as to create conditions for sustainable development. Achieving these results requires not only adequate implementation of health services but also “placing the right people in the right places, obtaining a fair distribution of health professionals in different regions, according to the different health needs of the population” (Toronto Call to Action Towards a Decade of Human Resources in Health for the Americas, 2006–2015). This means confronting common problems in the management and development of human resources, including the following:

- Limited development of health personnel competencies
- Health personnel in remote areas who lack access to training opportunities
- Poor coordination with training institutions whose training does not meet regional needs
- Training programs carried out in settings different from the actual work context
- No performance evaluation based on competencies
- High turnover rates for trained staff

In this context, the Ministry of Health (MOH) approved the Policy Guidelines on Human Resources in Health (RHUS), which include tailoring training to the needs of the country, building competencies, decentralizing the

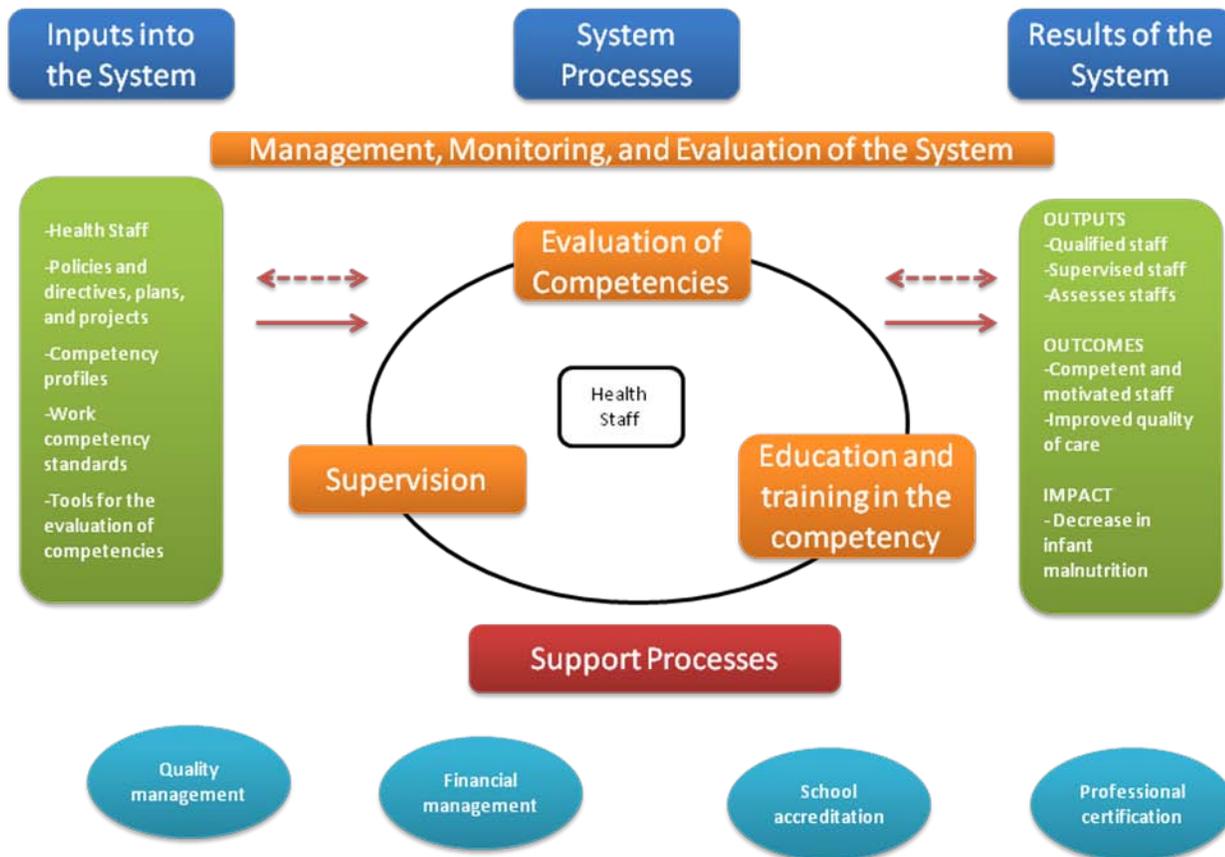
management of human resources, and generating motivation and commitment. The MOH has defined the political and strategic framework for carrying out programs that use a competency-based approach to developing human potential.

For their part, regional governments have initiated the approval process for their own human resources regional policies within the framework of those new functions and powers transferred during the decentralization process. To execute these functions appropriately, they need to strengthen the skills of their human resources at all levels. To this end, by Executive Order, the 2009 Annual Plan for the Transfer of Sectoral Competencies to Regional and Local Governments was approved; according to Article 8,

“These plans include capacity-building programs for the implementation of the competencies and functions being transferred, which will be designed in concert with regional and local governments and contain their competency profiles and accomplishment indicators, so that each function transferred or in the process of being transferred corresponds to specific competency profiles to develop through training activities and technical assistance under the respective programs.”

The MOH is now defining the competency profiles of health personnel at different levels, which is a necessary step for implementing training programs that meet the country’s needs.

Figure 1. System for the Development of Competencies



Intervention

To support the regional governments in implementing the human resources regional policies and especially to accomplish these new functions properly, the USAID | Health Policy Initiative worked with Huánuco, Junín, and Pasco to design the conceptual, methodological, and instrumental framework for the System for the Development of Competencies. Within the design, system processes and expected outcomes were defined in terms of outputs, outcomes, and impacts.

This framework enabled efforts to develop human resources in regions with a defined leadership and clarified the interrelationship of different processes. In this way, the Health Policy Initiative helped to create activities for training, assessment, and monitoring that focused on health outcomes and included the participation of various stakeholders.

The system (see Figure 1) seeks to articulate the processes and resources needed to develop and

strengthen labor skills for the health workers of the regional health authorities (DIRESA) and primary and secondary healthcare networks with the participation of local government, training institutions, and professional associations. All have a single goal of helping to achieve the health objectives of human development.

The characteristics of the system are such that it

- Specifies the different development processes of RHUS and the actors involved;
- Defines the competency profiles necessary for the proper performance of the regional health system;
- Establishes training mechanisms based on defined competencies;
- Promotes the assessment of competencies for the purpose of performance recognition;

- Establishes mechanisms for supervision of the trained staff;
- Favors coordination with training institutions to train tutors and incorporate the competencies into academic curricula;
- Promotes the processes of continuous quality improvement;
- Promotes coordination with professional associations so as to incorporate the competencies into their continuing education programs for professional practice; and
- Defines roles and functions for each level of management for the regional health system.

The system includes four processes:

1. Management, monitoring, and evaluation of the system

The system includes an entity responsible for management to ensure its proper functioning. The decisions made at this level influence and motivate health workers. If the managing body plans, organizes, integrates, and controls the system, it will achieve its objectives. Those involved in this process include the Social Development Office of the Regional Government, the Regional Health Authority, primary and secondary healthcare managers, and the mayors.

In this process, the work competencies, employment profiles, work competency standards, assessment instruments, and mechanisms for staff motivation and incentives are defined and approved. All of these tools are important inputs of the system and must be approved by the health authority for their application to human resource development activities.

Monitoring allows for the evaluation of the system implementation’s quality and performance. This is important because it provides necessary information to stakeholders so they can make timely decisions. This also allows for the strengthening and institutionalization of the system by documenting the achievement of system objectives.

2. Assessment of competencies

In this process, the system collects evidence on the worker's job performance, with the purpose of forming an opinion as to his or her competency based on the work competency standard. This helps to identify performance gaps, which then can be filled through training activities.

3. Education and training in competency

This process begins with the design of the competency-based training plan, which includes defining the contents and educational methodologies by level and type of training.

As part of this process, the Health Policy Initiative has promoted the installation of Centers for the Development of Competencies (CDCs), which are venues for internships where specific competencies are taught at the appropriate levels. Figure 2 shows the necessary steps for the implementation of the CDCs.

4. Supervision

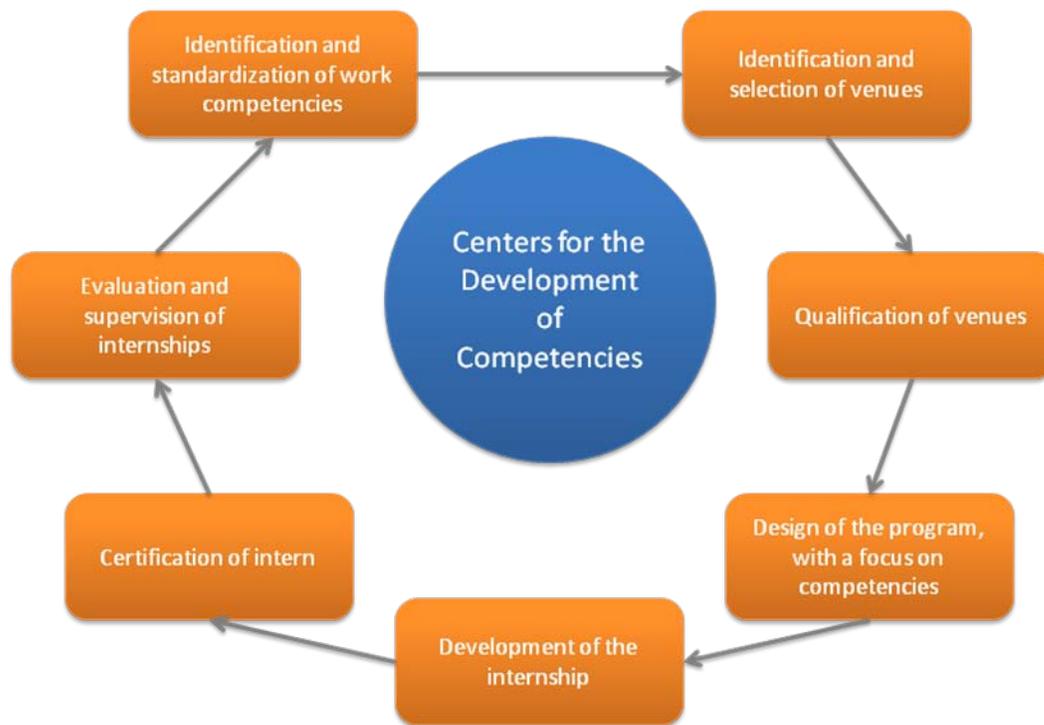
This process should be understood as the development of mechanisms to support and advise health personnel so they can apply what they have learned and maintain their skill level effectively. Supervision does not focus on detecting performance failures to penalize staff; rather, supervision should build confidence in the worker so that weaknesses in performance can be identified and, with the help of the supervisor, corrected.

System Support Processes for the Development of Competencies

The system allows for the creation of work competencies—managerial, caregiving, and administrative—for health workers. These competencies, as defined in the workforce, should be taken into account by the academic programs of the institutions that are developing human resources in the field of health. The system thus links to the process of School Accreditation by incorporating the competencies required by the health establishments into academic curricula.

Under the Professional Certification process, however, professional associations will have to implement continuing education programs in those professional competencies needing certification.

Figure 2. Implementation Steps of the Centers for the Development of Competencies (CDC)



The CDCs provide an excellent venue for competency trainings—for both school accreditations and professional certifications.

One aspect of quality is the technical dimension, especially the technical competency of staff. Quality cannot be guaranteed unless these human resources perform adequately. Hence, the continuous improvement process should focus on improving the competencies of health personnel.

Achievements

In the management process

- System institutionalization in Huánuco, Junín, and Pasco under the leadership of the Social Development Offices, the DIRESA, and the local governments.
- Competencies identified, prioritized, and standardized for application in RHUS management processes, including the following: prenatal care, childhood growth and development (CRED), nutritional demonstration sessions, childbirth and immediate postpartum care, vertical childbirth care, and vaccination administration.

- Institutionalization of nonmonetary incentives in the primary care health networks in San Luis de Shuaro and Pichanaki of Junín—through management and leadership of the local government and participation from civil society.
- Equipping the San Luis de Shuaro CDC to develop the competency in nutritional demonstration sessions.
- Establishment of competency assessment committees in Huánuco, Cusco, Junín, and Ucayali.
- Establishment of the qualifications committees of the competencies development venues in Huánuco, Cusco, Junín, and Ucayali.
- Certification of tutors at the CDCs.

In the evaluation process

- Assessment of CRED competencies in Huánuco, Junín, and Pasco.
- Assessment of competencies for local food preparation demonstration sessions in Junín.

- Assessment of antenatal care competencies in Pasco and Junín.

In the education and training process

- Establishment of the CDCs for CRED training in Huánuco, Junín, Ayacucho, and Pasco.
- CDC for prenatal care training in Ayacucho, Junín, Pasco, and Ucayali.
- Establishment of a CDC for vertical child birthing training in Cusco.
- Establishment of a CDC for demonstration sessions training in Junín.
- 92 primary care health workers trained through internships at approved CDCs.

In the supervision process

- 6 Huánuco CDC interns received supervisory visits.

In the process of support of professional certification

- Participation of the Nurses Association of Huánuco as an outside observer during the CRED competency assessment in preparation for the professional certification process.

LESSONS LEARNED

System implementation is possible when the processes are led by the regional and local government authorities and the DIRESA, with the broad participation of workers from health facilities, teaching universities, civil society, and representatives of professional associations. This implementation requires an awareness of the importance of the system, which can in turn generate a change in the perception of managing human resources development in health.

The participation and leadership of local government accelerates the installation and development processes and promotes their sustainability.

The implementation of motivation mechanisms and nonmonetary incentives should occur as part of the system, based on an assessment of the organizational climate.

It is extremely important to have national labor competency standards so as to prevent conflicting standards in two or more regions, professional associations, or universities.

The system of human resource development can be applied to other sectors.

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