THE DEVELOPMENT OF A TRAINING NEEDS ANALYSIS (TNA) IN LEPROSY CONTROL FOR NATIONAL PROGRAMMES

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Result of successful leprosy control activities:

Reduction of new leprosy patients

Expected, inevitable drawback:

Decreased leprosy expertise at country level

Needed:

Capacity development strategy for leprosy
WHO stated in its recent policy paper “Enhanced Global Strategy for Further Reducing the Disease Burden due to Leprosy (2012-2015)”: "There is an urgent need to build and sustain leprosy expertise at country level. A strategy needs to be developed in collaboration with partners that will cover training programs at global and national levels.”

The authors developed a possible strategy in collaboration with WHO Global Leprosy Program and NLR
The first step of a Capacity Development Strategy is to perform a Training Needs Analysis (TNA)
TNA’s objectives:

Formulate existence, size, content and solution of staff performance gaps

“What’s done?”

“What should be done?”

“How to decrease/eliminate the gaps?”
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Who to train?
What to train?
When to train?
Where to train?
How to train?
How much does that cost?
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Phases in the TNA process:

A. Context analysis
B. Capacity needs inventory
C. Performance analysis
D. Training solutions
E. Training program
F. Managements arrangements
Phase A. Context analysis
Result: Assessment of leprosy control capacity and main concerns

Phase B. Capacity Needs
Result: Inventory of technical and other requirements for effective service delivery

Phase C. Performance Analysis
Result: An analysis of good/poor performance and possible solutions
Phase D. Training/Learning solutions
Result Phase D: A description of the required leprosy training packages

Phase E. Training Program
Result Phase E: A comprehensive and budgeted multi-annual training program

Phase F. Management arrangements
Result Phase F: The new training programs integrated in MoH overall management
The National Leprosy Control Manager and staff perform a TNA and afterwards make a systematic result-based multi-annual training program that deals with identified staff performance gaps.
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Expected result:

Improved and sustained service delivery
The authors presented a draft proposal for this Capacity Development Strategy in three WHO regional meetings for national leprosy control managers:

**AFRO** Brazzaville Republic of the Congo (May 2010)

**SEARO** Colombo Sri Lanka (July 2010)

**EMRO** Beirut Lebanon (December 2010)

General approval was met and suggested improvements were included.
The applicability of a draft TNA was tested by the authors in a 3-4 day workshop with national and/or regional core leprosy staff in:

- Mozambique (April 2011)
- Indonesia (June 2011)
- Nepal (August 2011)
In these countries the TNA resulted within a reasonable time-span only partially in a systematic, result-based, multi-annual and realistically budgeted training program.
Conclusion:

The TNA developed by the authors as first part of a comprehensive Capacity Development Strategy for leprosy control is considered a useful tool by the developers and supported by NLR and WHO Global Leprosy Program.

However, after testing the tool in three different international settings it appears that the implementation in it’s current form remains a challenge.

Further analysis is needed to enhance this tool for national leprosy control programs.
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THANK YOU

VERY MUCH