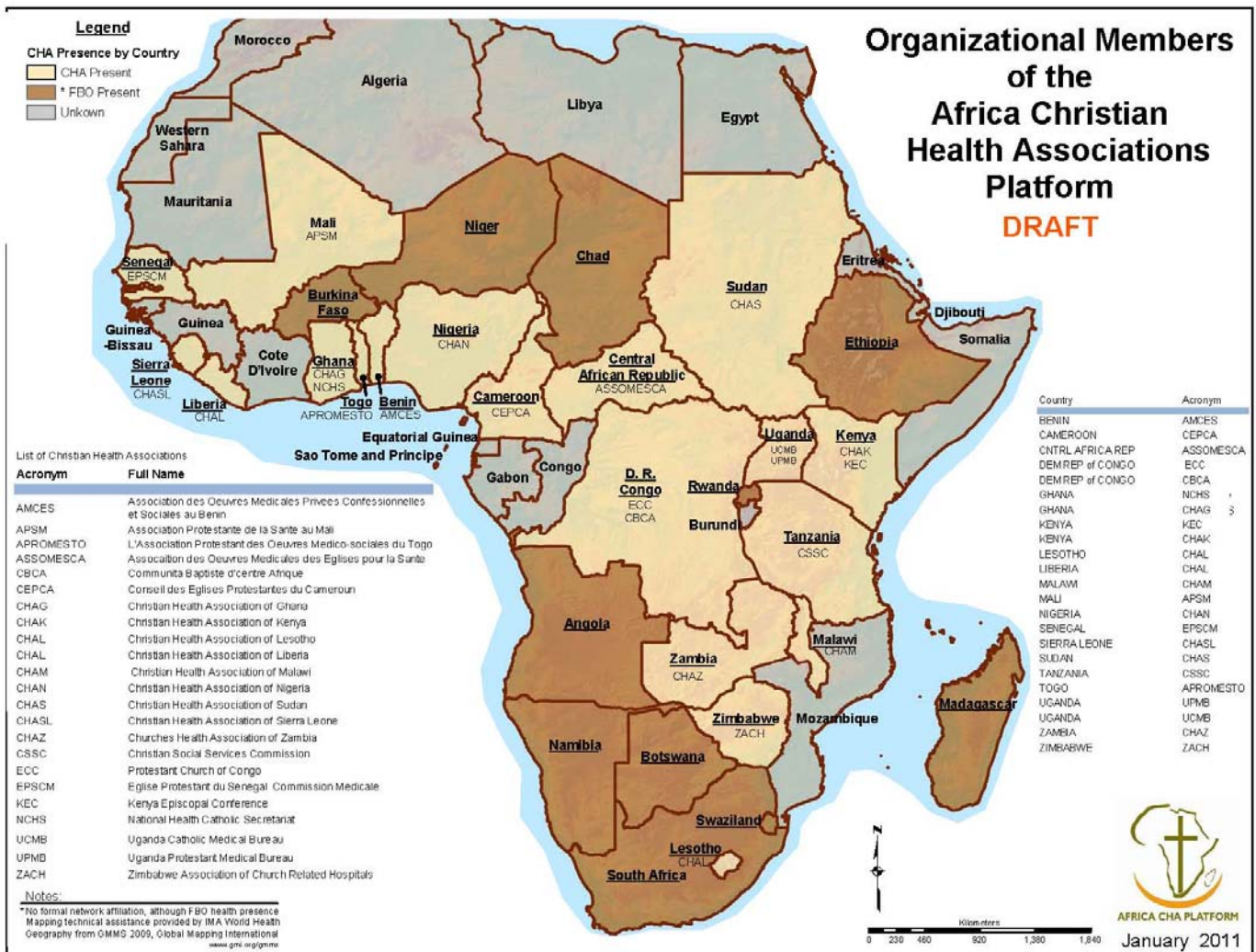


## Hotline HRH



A Human Resources for Health publication of the Africa Christian Health Associations Platform

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## RESOURCES

### **A review of the Work of World Health Organization in the African Region**

A report on the work of the World Health Organization (WHO) in the African Region has been presented by its Regional Director for Africa, Dr Luis Sambo, to the 62nd session of the WHO Regional Committee for Africa taking place in Luanda, Angola.

The report, entitled “The Work of WHO in the African Region” highlights the significant achievements made by the Organization during the biennium 2010-2011, describes the challenges faced as it works with countries to improve the health of Africans.

The Regional Director noted that the work of the Organization was carried out at a time when many African countries face a heavy burden of both communicable (infectious) and noncommunicable diseases, with attendant high numbers of maternal and infant deaths.

In addition, the current financial crisis resulted in a significant reduction of funding to WHO and made it challenging to respond to the needs of countries. Despite these constraints, significant progress was made in the implementation of the WHO Programme Budget – the Organization’s Plan to support countries to improve health.

He reported that an important achievement during the biennium included strengthening the alliance between the health and finance ministries to ensure that adequate resources are allocated to improve people’s health.

For full report: <http://www.afro.who.int/en/media-centre/pressreleases/item/5162-a-review-of-the-work-of-world-health-organization-in-the-african-region.html>

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### **LMG Web Portal**

The LMG project web portal is a free global resource for health leaders, managers, and policymakers around the world: [www.lmgforhealth.org](http://www.lmgforhealth.org).

As the awareness of the importance of ensuring effective leadership, management, and governance to strengthen health systems grows, and as the LMG project expands into new countries worldwide, we will be looking to partner with entities to create health management talent that will be able to improve people's health worldwide.

## TRAINING/WORKSHOP INFORMATION

### Case Studies in Primary Health Care

This course introduces students to the origins, concepts, and development of community-based primary health care through case studies from both developing and developed countries. As in clinical bedside teaching, we use real cases to help students develop problem-solving skills in practical situations. We also discuss participatory approaches in the organization and management of health services and other factors such as equity, socio-cultural change, environmental protection, and the process of community empowerment.

Included among this course's lecture materials are several recorded presentations by Carl Taylor, a giant in the field of international health. Dr. Taylor recorded the presentations for this course in January of 2008, just 2 years before he passed away in February of 2010.

For additional information: <http://ocw.jhsph.edu/index.cfm/go/viewCourse/course/casestudiesinphc/coursePage/index/>

### **“Overcoming the challenges of building and leading effective M&E teams for public sector, NGO and civil society organizations”**

February 4-8, 2013

In this seminar, we will explore the characteristics of effective teams and teamwork to create an enabling environment for strengthening M&E systems. We will also review and discuss the phases of team development and conduct a self-assessment that will help participants identify their individual and team's strengths and areas that require improvements to achieve effective teamwork. Participants will also learn about a simple coaching technique called OALFA and apply this systematic approach through a case study.

Given that teamwork can be a very rewarding and fulfilling experience, we encourage you to invite others within your team join and be part of this seminar. This will allow deepened joint analysis, group dialog and an opportunity to practice within your own team some of the seminar exercises and case study.

Please note that this is a free seminar intended for everyone that works in the field of M&E, who are members or would like to become part of Measure Evaluation's Creating Enabling Environments for M&E (CEEME) Community of Practice. The CEEME Community of Practice was launched in January 2012, with the objective of providing an interactive platform for M&E partners and collaborating individuals, groups and organizations to share, review and disseminate existing organization development thinking, materials, approaches, and experiences to strengthen M&E performance. For more information about CEEME, please visit: <http://www.cpc.unc.edu/measure/networks/creating-enabling-environments-for-m-e>.

If you are already a LeaderNet member, you are automatically registered for this seminar and will be able to participate. If you are not already a member, you will need to join LeaderNet. Becoming a member of LeaderNet is FREE and simple. Here are the steps:

1. Go to the LeaderNet website at <http://leadernet.msh.org>.
2. Select your language (the seminar will be available in English only).
3. Click on the New User? Register here and provide the information requested.
4. To access the seminar, please go to <http://leadernet.msh.org> and click on "Seminar" in the left hand column.

The agenda and resources for the seminar will be posted the week before the seminar begins, and the discussion page will open on Monday, February 4. Please make every effort to join us at the start of the seminar and feel free to invite others within your team. All participants who post in the discussion and complete an evaluation form will be awarded a certificate at the end of the seminar.

For any questions on the seminar, please contact us at [leadernet@msh.org](mailto:leadernet@msh.org).

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## **Managing Inventory in Supply Chain (MI)**

### Course Objectives

Inventory Management is more than just making sure the stock of all of the company's products is readily available. It is about ensuring that there is sufficient stock in place to meet demands until the organization can renew its stock.

The concept of inventory management is simple: "Don't have too much stock and don't have too little". But the process of getting the right balance can be quite complex. In order to manage the inventory of any physical item, there are two fundamental questions that must be answered:

- When to order?
- How much to order?

### Who Should Attend

The course is particularly designed for Inventory managers, Inventory controllers, Logistics manager, Supply Chain managers, Warehouse managers, Purchasing/Procurement managers.

### Requirements

- At least 2 year work experiences in Central and Regional level of PSM;
- At least 3 year direct work experience in Inventory Management area;
- Strong English language skill is necessary.

### Contact

To request for the application form and/or more information on the course, please contact:

Training & Consultancy Department

Email: [training@iplussolutions.org](mailto:training@iplussolutions.org)

Phone: +31 348 489 630

<http://www.iplussolutions.org/index.php?id=48&language=EN>

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## **Virtual Leadership Development Program (VLDP)**

USAID's MEASURE Evaluation project is pleased to announce that it is accepting applications for the Virtual Leadership Development Program (VLDP) focused on sustainability of improved Monitoring and Evaluation (M&E) performance. This VLDP is for English-speaking HIV/AIDS health teams working in M&E.

Funded by USAID, the main objective of this sustainability focused VLDP is to strengthen individual and team leadership and management practices so that participants can anticipate and respond to challenges in maintaining and extending gains made in M&E. In order to sustain and continue to improve M&E capabilities, it is necessary to plan for decreasing donor support. To do so, M&E teams need to enhance skills in governance, build strong management systems, and own these processes, procedures, and systems. Without strong leadership capabilities, the ability to anticipate and respond to the changes will be limited and will reduce the chance for success.

Please note that this is not an M&E technical skills program. The VLDP will introduce leadership practices and skills (including communications, critical thinking, and problem solving). The VLDP will give teams the opportunity to use these skills in successfully addressing specific challenges identified by the teams themselves at the beginning of the program.

#### OUTLINE OF THE PROGRAM

The VLDP is a 12-week Internet-based program hosted on the VLDP website of the MEASURE Evaluation project's partner Management Sciences for Health (MSH). A highly interactive learning program, the VLDP consists of six learning modules, a supplementary participant workbook, and expert virtual facilitation from experienced leadership, M&E, and organizational development specialists. This VLDP M&E will launch on March 25, 2013 and conclude on June 14, 2013. The deadline for applications is February 11, 2013.

Our VLDP experiences in a range of regions show that participation in this program strengthens individual leadership skills, improves team integration and performance, and improves team work climate and the achievement of results.

#### ELIGIBILITY

The VLDP is for M&E working groups/teams in both public and private sector organizations. The VLDP enrolls teams, not individuals. Teams should be working to address a health-related M&E goal. Team size may vary between 4 and 10 people, all of whom should be located in the same place, preferably in the same building. Teams must be able to meet face-to-face for several hours at least once during each of the seven modules. The program is designed for teams that consistently work together on a routine basis on a common objective or goal and that can commit fully to the program requirements listed above and in the application.

This VLDP is being offered free of charge to qualified teams. The cost of this program is being supported by USAID. All qualified applications will be considered, with applications from public sector health agencies and local NGOs especially encouraged.

#### APPLICATION PROCESS

Prior to submitting the application:

Please click the following link to access the application:

[http://programs.msh.org/clm/applications/Application\\_VLDPMandE13.doc](http://programs.msh.org/clm/applications/Application_VLDPMandE13.doc)

and e-mail or fax the completed application to Management Sciences for Health (MSH) at [VLDPMandE13@msh.org](mailto:VLDPMandE13@msh.org) or fax number +1.617.250.9090 on or before February 11, 2013. We cannot guarantee acceptance in the program after this date. Applications will be reviewed and selected participants notified in late February or early March 2013.

This announcement is not only intended to inform you of the program, but also to ask for referrals of candidates. We would appreciate it if you would forward this application to other potential applicants.

For more information, please contact the VLDP M&E team at [VLDPMandE13@msh.org](mailto:VLDPMandE13@msh.org). You may also access this informational flyer: <http://programs.msh.org/clm/fliers/VLDP.pdf>.



## **Procurement and Supply Management (PSM) for Global Fund PRs and Related Consultants** 22 –2 27 July 2013

Pharmasystafrica and the Churches Health Association of Zambia (CHAZ) are offering a one-week course on responding to PSM bottle necks and challenges. The course will be tailored to address actual in-country PSM challenges based on a collection of case studies. Training of programs staff to address their own challenges based on country needs and priorities is essential for building sustainable capacity.

For additional information: [http://www.pharmasystafrica.com/index.php?option=com\\_content&view=article&id=67:procurement-and-supply-management-psm-for-global-fund-prs-and-related-consultants&catid=3:events&Itemid=58](http://www.pharmasystafrica.com/index.php?option=com_content&view=article&id=67:procurement-and-supply-management-psm-for-global-fund-prs-and-related-consultants&catid=3:events&Itemid=58)

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## **International Health Consultancy**

7 - 24 May 2013

The Liverpool School of Tropical Medicine is delighted to announce that recruitment is now open for its highly acclaimed Short Course in International Health Consultancy from 7th – 24th May 2013. The course is an executive/senior level professional development programme, and is of value to health, management and social development specialists working in government, non government and academic settings worldwide who want to work in a technical assistance role in middle and low-income countries.

This highly intensive 3-week post-graduate course provides emerging national, regional and international consultants with an opportunity to enhance and improve their professional knowledge and skills in the provision and management of consultancy services within the context of international health and deliver technical assistance that is robust, evidence-based and grounded in the reality of resource-poor settings.

For further information and to register please visit:

<http://www.lstmliverpool.ac.uk/learning--teaching/lstm-courses/short-courses/mg01---international-health-consultancy>

## **ARTICLES OF INTEREST**

### **Restructuring brain drain: strengthening governance and financing for health worker migration**

**Background:** Health worker migration from resource-poor countries to developed countries, also known as “brain drain”, represents a serious global health crisis and a significant barrier to achieving global health equity. Resource-poor countries are unable to recruit and retain health workers for domestic health systems, resulting in inadequate health infrastructure and millions of dollars in healthcare investment losses.

**Methods:** Using acceptable methods of policy analysis, we first assess current strategies aimed at alleviating brain drain and then propose our own global health policy based solution to address current policy limitations.

**Results:** Although governments and private organizations have tried to address this policy challenge, brain drain continues to destabilise public health systems and their populations globally. Most impor-

tantly, lack of adequate financing and binding governance solutions continue to fail to prevent health worker brain drain.

Conclusions: In response to these challenges, the establishment of a Global Health Resource Fund in conjunction with an international framework for health worker migration could create global governance for stable funding mechanisms encourage equitable migration pathways, and provide data collection that is desperately needed.

For full article: [http://www.globalhealthaction.net/index.php/gha/article/view/19923/pdf\\_1](http://www.globalhealthaction.net/index.php/gha/article/view/19923/pdf_1)

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### **Tanzania's health system and workforce crisis**

This introduction to Tanzania's health system and acute workforce shortage familiarizes readers with the context in which health professions education takes place. The paper touches on poverty rates, population growth, and characteristics of the health system. The critical shortage of trained health staff is a major challenge facing the health sector, aggravated by low motivation of the few available staff. Other challenges facing the health sector include lack of effective staff supervision, poor transport and communication infrastructure and shortage of drugs and medical equipment.

For full article: <http://www.palgrave-journals.com/jphp/journal/v33/n1s/full/jphp201255a.html>

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### **Managing health worker migration: a qualitative study of the Philippine response to nurse brain drain**

The emigration of skilled nurses from the Philippines is an ongoing phenomenon that has impacted the quality and quantity of the nursing workforce, while strengthening the domestic economy through remittances. This study examines how the development of brain drain-responsive policies is driven by the effects of nurse migration and how such efforts aim to achieve mind-shifts among nurses, governing and regulatory bodies, and public and private institutions in the Philippines and worldwide.

Interviews and focus group discussions were conducted to elicit exploratory perspectives on the policy response to nurse brain drain. Interviews with key informants from the nursing, labour and immigration sectors explored key themes behind the development of policies and programmes that respond to nurse migration. Focus group discussions were held with practising nurses to understand policy recipients' perspectives on nurse migration and policy.

Using the qualitative data, a thematic framework was created to conceptualize participants' perceptions of how nurse migration has driven the policy development process. The framework demonstrates that policymakers have recognised the complexity of the brain drain phenomenon and are crafting dynamic policies and programmes that work to shift domestic and global mindsets on nurse training, employment and recruitment.

Development of responsive policy to Filipino nurse brain drain offers a glimpse into a domestic response to an increasingly prominent global issue. As a major source of professionals migrating abroad for employment, the Philippines has formalised efforts to manage nurse migration. Accordingly, the Philippine paradigm, summarised by the thematic framework presented in this paper, may act as an example for other countries that are experiencing similar shifts in healthcare worker employment due to migration.

For full article: <http://www.human-resources-health.com/content/10/1/47/abstract>

## **Job satisfaction among public health professionals working in public sector: a cross sectional study from Pakistan**

### **Background**

Job satisfaction largely determines the productivity and efficiency of human resource for health. It literally depicts the extent to which professionals like or dislike their jobs. Job satisfaction is said to be linked with the employee's work environment, job responsibilities and powers and time pressure; the determinants which affect employee's organizational commitment and consequently the quality of services. The objective of the study was to determine the level of and factors influencing job satisfaction among public health professionals in the public sector.

### **Methods**

This was a cross sectional study conducted in Islamabad, Pakistan. Sample size was universal including 73 public health professionals, with postgraduate qualifications and working in government departments of Islamabad. A validated structured questionnaire was used to collect data from April to October 2011.

### **Results**

Overall satisfaction rate was 41% only, while 45% were somewhat satisfied and 14% of professionals highly dissatisfied with their jobs. For those who were not satisfied, working environment, job description and time pressure were the major causes. Other factors influencing the level of satisfaction were low salaries, lack of training opportunities, improper supervision and inadequate financial rewards.

### **Conclusion**

Our study documented a relatively low level of overall satisfaction among workers in public sector health care organizations. Considering the factors responsible for this state of affairs, urgent and concrete strategies must be developed to address the concerns of public health professionals as they represent a highly sensitive domain of health system of Pakistan. Improving the overall work environment, review of job descriptions and better remuneration might bring about a positive change.

For full article: <http://www.human-resources-health.com/content/11/1/2/abstract>

### **How long do we have to wait (Lesotho)**

At around 2pm at the Motebang Hospital in Hlotse, Leribe, about 120 kilometres north of Maseru, two female health workers are running around to attend to over 60 people who have come for their Antiretroviral Therapy (ART).

The patients, some of whom say have been waiting in the queue since 5am, are increasingly becoming impatient.

But nothing much in terms of getting routine services has happened since they arrived. They have been sitting on the benches in the corridor at the outpatient department.

Those who spoke to this paper said they have only been weighed to determine their body mass. What normally follows, they say, is a string of other services like general health assessment, TB screening (usually verbal), pill count to establish adherence to medication and other services.

All these and other services, under normal circumstances, would take about three hours.



But patients say services have been slow ever since the Tšepong HIV/Aids clinic was shut down a few weeks ago.

Patients who used to get services at the clinic have now been asked to get treatment at the outpatient department of the Motebang Hospital, where there is just one doctor.

The Tsepong Aids Clinic, the first Aids clinic in Lesotho, was run and supported by Dr Anne-Marie Zajdlik, a physician specialising in HIV/Aids in Ontario, Canada.

Clearly something is not right, says one of the waiting patients, Tefelo Motsamai. Motsamai says this is the first time they have had to wait the whole day to get ART services.

For full article: <http://www.lestimes.com/?p=9759>

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### **Mobile technology supporting trainee doctors' workplace learning and patient care: an Evaluation**

**Background:** The amount of information needed by doctors has exploded. The nature of knowledge (explicit and tacit) and processes of knowledge acquisition and participation are complex. Aiming to assist workplace learning, Wales Deanery funded "iDoc", a project offering trainee doctors a Smartphone library of medical textbooks.

**Methods:** Data on trainee doctors' (Foundation Year 2) workplace information seeking practice was collected by questionnaire in 2011 (n = 260). iDoc baseline questionnaires (n = 193) collected data on Smartphone usage alongside other workplace information sources. Case reports (n = 117) detail specific instances of Smartphone use.

**Results:** Most frequently (daily) used information sources in the workplace: senior medical staff (80% F2 survey; 79% iDoc baseline); peers (70%; 58%); and other medical/nursing team staff (53% both datasets). Smartphones were used more frequently by males (p < 0.01). Foundation Year 1 (newly qualified) was judged the most useful time to have a Smartphone library because of increased responsibility and lack of knowledge/experience.

**Preferred information source varied by question type:** hard copy texts for information-based questions; varied resources for skills queries; and seniors for more complex problems. Case reports showed mobile technology used for simple (information-based), complex (problem-based) clinical questions and clinical procedures (skills-based scenarios). From thematic analysis, the Smartphone library assisted: teaching and learning from observation; transition from medical student to new doctor; trainee doctors' discussions with seniors; independent practice; patient care; and this 'just-in-time' access to reliable information supported confident and efficient decision-making.

**Conclusion:** A variety of information sources are used regularly in the workplace. Colleagues are used daily but seniors are not always available. During transitions, constant access to the electronic library was valued. It helped prepare trainee doctors for discussions with their seniors, assisting the interchange between explicit and tacit knowledge.

By supporting accurate prescribing and treatment planning, the electronic library contributed to enhanced patient care. Trainees were more rapidly able to medicate patients to reduce pain and more quickly call for specific assessments. However, clinical decision-making often requires dialogue: what Smartphone technology can do is augment, not replace, discussion with their colleagues in the community of practice.

For full article: <http://www.biomedcentral.com/content/pdf/1472-6920-13-6.pdf>

## GOOD LUCK & WELCOME

ACHAP would like to welcome Rev. Baraka Kabudi as the new Executive Director of EPN. He comes to EPN with a wealth of pharmaceutical experience within the faith, private and public sectors. Rev. Kabudi may be reached [bkabudi@epnetwork.org](mailto:bkabudi@epnetwork.org)

We wish to say a fond farewell and good luck to Ms. Donna Kusumwera who has led EPN since 2008. It has been a pleasure to collaborate with her throughout her tenure. We wish her well in her future endeavors.

## 2013 ACHA BIENNIAL CONFERENCE

The Africa Christian Health Association's Platform (ACHAP) will hold the 6<sup>th</sup> Biennial Christian Health Associations Conference on February 25-28, 2013 in Lusaka, Zambia. The conference will be hosted by the Churches Health Association of Zambia (CHAZ) in collaboration with ACHAP Secretariat and the program focus will be on the increasing burden of non-communicable diseases (NCDs) in Africa.

The theme of the conference is ***“Increasing burden of non-communicable diseases (NCDs) in Africa; health systems strengthening towards scaling up FBOs response”***.

The conference will create an opportunity for CHAs to take stock of their contribution to the non-communicable diseases prevention and control in various countries and discuss opportunities for strengthening capacity, partnerships and health systems for quality, accessible, integrated and sustainable services for non-communicable diseases prevention and control through the faith based health networks in Africa.

For more details refer to the **Conference Concept Paper**, draft **Conference Program** and **Registration form** which are available on ACHAP website: [www.africachap.org](http://www.africachap.org)

### **Hotline HRH 2012 Monthly Schedule**

January 30, 2013	July 31, 2013
February 27, 2013	August 28, 2013
March 27, 2013	September 25, 2013
April 24, 2013	October 30, 2013
May 29, 2013	November 27, 2013
June 26, 2013	December 25, 2013

For questions regarding the *Hotline HRH* please contact:

Erika Pearl  
IMA World Health  
[erikapearl@imaworldhealth.org](mailto:erikapearl@imaworldhealth.org)  
Skype: erikapearl

### **HRH Document Portal Access Information**

<http://www.imaworldhealth.org/InsideIMA/Resources.aspx>

USER NAME: guest

PASSWORD: twghrh

#### **Documents**

<http://africachap.org>

Document Section