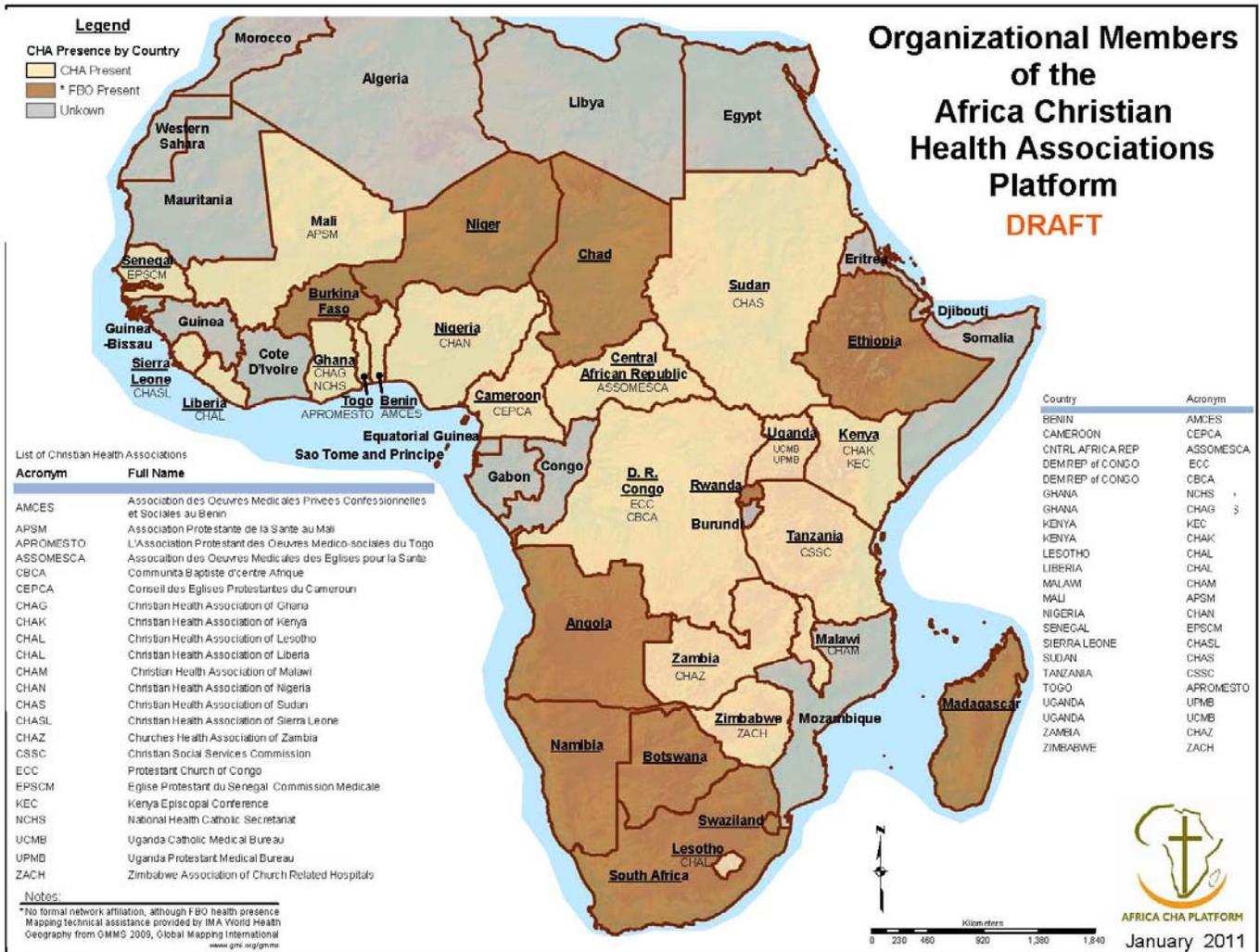


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Hotline HRH



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RESOURCES

Africa Health

For over 30 years Africa Health has been a leading source of clinical and managerial information for health professionals from across Africa. Incorporating the old Medicine Digest title in 2002 for a few years it appeared as a part of Mera (Medical Education Resource Africa) journal which also incorporated the excellent African Health Sciences journal as well as our sister journals, the African Journal of Diabetes Medicine, and the African Journal of Respiratory Medicine.

Africa Health was relaunched as a stand alone title in September 2009, and this development of a bespoke web site has followed closely behind.

Issues surrounding the continuing professional development needs of Africa's health workforce are central to Africa Health journal. The human resources for health crisis is not going to be resolved until the health workforce is properly trained, remunerated and motivated. Health system strengthening in Africa is not going to be achieved without the right people on the ground to make it happen, be they physicians, nurses, community health workers, para health professionals or managers.

<http://www.africa-health.com/index.html>

Training Resource Package for Family Planning (TRP)

The Training Resource Package for Family Planning (TRP) is a comprehensive set of materials designed to support up-to-date training on family planning and reproductive health. It can be accessed at <http://www.fptraining.org>. The first installment of five modules is available online now and we plan to add more in the future.

The TRP was developed using evidence-based technical information from World Health Organization (WHO) publications: *Family Planning: A Global Handbook for Providers*; the latest *WHO Medical Eligibility Criteria for Contraceptive Use*; and *Selected Practice Recommendations for Contraceptive Use*. The TRP contains curriculum components and tools needed to design, implement, and evaluate training. It will provide organizations with the essential resource for family planning (FP) and reproductive health trainers, supervisors, and program managers. The materials are appropriate for pre-service and in-service training and applicable in both the public and private sectors.

The development of the TRP has been by led by USAID, WHO, and UNFPA, with generous and full participation from technical and training experts representing multiple agencies and organizations including CDC; IPPF; and USAID implementing partners EngenderHealth, FHI360, the Institute for Reproductive Health, IntraHealth, Jhpiego, The Johns Hopkins University, Management Sciences for Health, and Pathfinder International. Pathfinder International serves as the current secretariat.

To access this resource: <http://www.fptraining.org>

New Human Resources for Health Toolkit

The Global Health Workforce Alliance has recently released “*the Human Resources for Health Toolkit*” - a compilation of tools to help countries in developing, implementing, and monitoring evidence-based HRH plans. It is expected to support countries and other stakeholders’ efforts to develop or augment the capacity to effectively lead, plan and manage their health workforce in an integrated way within their overall health system development. It may also be used by those wishing to review or validate their current HRH plans and interventions. The toolkit includes products from other sources including those of the Alliance, presented in a user-friendly format for ease of use at the country level.

Access the toolkit online: <http://www.who.int/workforcealliance/knowledge/toolkit/hrhtoolkitpurposepages/en/index.html> or to get your copy on CDROM write to ghwa@who.int

Health workforce governance and leadership capacity in the African Region Review of human resources for health units in the ministries of health

This report provides an overview of an intercountry review and analysis of the present capacity, current status and functionality of HRH departments or units responsible for HRH actions in the ministries of health at the national level in the African Region of the World Health Organization.

For full report: http://www.who.int/hrh/resources/Observer9_WEB.pdf

TRAINING/WORKSHOP INFORMATION

Certificate Course in International Procurement & Supply Chain Management for Health Commodities

10 to 21 December 2012

Course objective: Better understanding of the fundamentals of health procurement and supply chain activities; gaining hands-on experience in writing & evaluating procurement and supply chain plans; able to assess and address supply chain bottlenecks and to evaluate the effectiveness of supply chain interventions

Target Group: Health professionals in public health programs (government, NGOs, civil society, academia); supply chain / logistics professionals; physicians and healthcare professionals working in HIV, TB, malaria, hepatitis, substitution treatment; community-based organisations and treatment activists at national and local level; civil society representatives in national procurement structures

Cost: Tuition fee: USD 1,000 (1 week) and USD 1,500 (2 weeks)

For more information: http://empower.net.in/webimages/PSCM_Final_Brochure.pdf

HIV Treatment Distance Learning

eSCART is a distance learning course delivered by the Institute of Tropical Medicine in Antwerp, Belgium, on the antiretroviral treatment of HIV patients in low-resource settings, <http://e.itg.be/demo/escart2013eng/itm.html>

eSCART targets health care professionals (physicians and clinical officers) working in low-resource

settings and has been designed to increase accessibility to training from remote areas in the field of HIV/AIDS care.

The next eSCART will start on 18th of February 2013 and it is accredited with 3 ECTS by the tropEd network and the MPH-IH course at ITM.

Deadline for application is end of October. Some scholarships will be available and attributed in a competitive manner.

Please find additional information on: <http://www.itg.be/itg/generalsite/Default.aspx?WPID=679&l=e&miid=255>

Adolescent HIV Care and Treatment: A Training Curriculum for Health Worker

The HIV epidemic continues to take a devastating toll on young people. Every day, 2,500 young people are newly infected with HIV and, thanks to the increased availability of antiretroviral treatment and HIV services, increasing numbers of children who acquired HIV perinatally are now reaching adolescence. Whether behaviorally or perinatally infected, adolescents—not children anymore, but also not yet adults—require innovative public health strategies that respond to their unique developmental and health needs, and that successfully engage them in lifelong HIV care and treatment. Health workers are, however, often ill-equipped to deliver clinical and psychosocial services to adolescents living with HIV infection.

In response, ICAP developed the comprehensive *Adolescent HIV Care and Treatment: A Training Curriculum for Health Workers*. This innovative training package aims to empower multidisciplinary health workers to have the confidence and skills to provide comprehensive, youth-friendly HIV services that support adolescents' healthy development, psychosocial wellbeing, retention, adherence, sexual and reproductive health, and eventual transition to adult HIV services.

The training package, available for download below, includes a 16-Module Trainer Manual, Participant Manual, and Presentation Booklet, all of which can be adapted at the country, state/provincial, or program level.

To access the curriculum: <http://www.columbia-icap.org/resources/peresources/hcw.html>

EMPLOYMENT OPPORTUNITY

The Swiss Centre for International Health (SCIH) of the Swiss Tropical and Public Health Institute (Swiss TPH) conducts consultancy, project management, training and applied research work in international health. We are contracted by the Global Fund to provide Local Fund Agent (LFA) services and are seeking applications for the following positions:

Two Senior Pharmacists:

1 position covering African Countries based in Africa

1 position covering Latin America Countries based in Switzerland

For information on either position: <http://www.swisstph.ch/about-us/job-opportunities.html>

ARTICLES OF INTEREST

Increasing Community Health Worker Productivity and Effectiveness: A Review of the Influence of the Work Environment

Community health workers (CHWs) are increasingly recognized as a critical link in improving access to services and achieving the health-related Millennium Development Goals. Given the financial and human resources constraints in developing countries, CHWs are expected to do more without necessarily receiving the needed support to do their jobs well. How much can be expected of CHWs before work overload and reduced organizational support negatively affect their productivity, the quality of services, and in turn the effectiveness of the community-based programmes that rely on them? This article presents policy-makers and programme managers with key considerations for a model to improve the work environment as an important approach to increase CHW productivity and, ultimately, the effectiveness of community-based strategies.

A desk review of selective published and unpublished articles and reports on CHW programs in developing countries was conducted to analyse and organize findings on the elements that influence CHW productivity. The search was not exhaustive but rather was meant to gather information on general themes that run through the various documents to generate perspectives on the issue and provide evidence on which to formulate ideas. After an initial search for key terminology related to CHW productivity, a snowball technique was used where a reference in one article led to the discovery of additional documents and reports.

CHW productivity is determined in large part by the conditions under which they work. Attention to the provision of an enabling work environment for CHWs is essential for achieving high levels of productivity. We present a model in which the work environment encompasses four essential elements--workload, supportive supervision, supplies and equipment, and respect from the community and the health system--that affect the productivity of CHWs. We propose that when CHWs have a manageable workload in terms of a realistic number of tasks and clients, an organized manner of carrying out these tasks, a reasonable geographic distance to cover, the needed supplies and equipment, a supportive supervisor, and respect and acceptance from the community and the health system, they can function more productively and contribute to an effective community-based strategy.

As more countries look to scale up CHW programmes or shift additional tasks to CHWs, it is critical to pay attention to the elements that affect CHW productivity during programme design as well as implementation. An enabling work environment is crucial to maximize CHW productivity. Policy-makers, programme managers, and other stakeholders need to carefully consider how the productivity elements related to the work environment are defined and incorporated in the overall CHW strategy. Establishing a balance among the four elements that constitute a CHW's work environment will help make great strides in improving the effectiveness and quality of the services provided by CHWs.

For full article: <http://www.human-resources-health.com/content/10/1/38/abstract>

Can we achieve health information for all by 2015?

Universal access to information for health professionals is a prerequisite for meeting the Millennium Development Goals and achieving Health for All. However, despite the promises of the information revolution, and some successful initiatives, there is little if any evidence that the majority of health professionals in the developing world are any better informed than they were 10 years ago. Lack of access to information remains a major barrier to knowledge-based health care in developing countries. The development of reliable, relevant, usable information can be represented as a system that requires cooperation among a wide range of professionals including health-care providers, policy makers, researchers, publishers, information professionals, indexers, and systematic reviewers. The system is not working because it is poorly understood, unmanaged, and under-resourced. This Public Health article proposes that WHO takes the lead in championing the goal of “Universal access to essential health-care information by 2015” or “Health Information for All”. Strategies for achieving universal access include funding for research into barriers to use of information, evaluation and replication of successful initiatives, support for interdisciplinary networks, information cycles, and communities of practice, and the formation of national policies on health information.

Published online July 9, 2004. <http://image.thelancet.com/extras/04art6112web.pdf>

10 years ago, a meeting to review global access to health information concluded that most health professionals in developing countries had inadequate access to information and that the information available to them was often unreliable or irrelevant.¹ At that time, there was optimism that, by 2004, all—or nearly all—health professionals in developing countries would have access to the information they needed to provide the most effective health care possible with the resources available. The world was at the cusp of the information age: information and communication technologies would mean that lack of access to reliable relevant information would no longer be a barrier to effective health care. Although other factors such as lack of drugs and infrastructure might hinder provision of health care, this would not be the case with information.

For full article: [http://www.lancet.com/journals/lancet/article/PIIS0140-6736\(04\)16681-6/fulltext](http://www.lancet.com/journals/lancet/article/PIIS0140-6736(04)16681-6/fulltext)

Patients suffer as EC hospital workers' strike (South Africa)

A wildcat strike has left patients at the Nelson Mandela Academic Hospital and surrounding clinics and hospitals without life-saving medicines and treatment for the last two weeks. Reports indicate that the administrative staff went on strike because they are unhappy about their exclusion from a performance bonus.

The Eastern Cape Department of Health (ECDOH) confirmed yesterday that staff from the administration departments and Mthatha medical depot were participating in the wildcat strike, which is not authorised by any of the labour unions. “And it is being treated as such,” said Sizwe Kupelo, spokesperson for the ECDOH. “The department has taken legal action against the strikers and four people have been suspended,” he added.

A number staff have not reported for work for the last two-and-a-half weeks because they were overlooked for a Performance Management and Development Systems (PMDS) bonus, a performance-based promotion accompanied by a salary increase.

For full article: <http://www.health-e.org.za/news/article.php?uid=20033819>

The challenges of developing an instrument to assess health provider motivation at primary care level in rural Burkina Faso, Ghana and Tanzania

Background: The quality of health care depends on the competence and motivation of the health workers that provide it. In the West, several tools exist to measure worker motivation, and some have been applied to the health sector. However, none have been validated for use in sub-Saharan Africa. The complexity of such tools has also led to concerns about their application at primary care level.

Objective: To develop a common instrument to monitor any changes in maternal and neonatal health (MNH) care provider motivation resulting from the introduction of pilot interventions in rural, primary level facilities in Ghana, Burkina Faso, and Tanzania.

Design: Initially, a conceptual framework was developed. Based upon this, a literature review and preliminary qualitative research, an English-language instrument was developed and validated in an iterative process with experts from the three countries involved. The instrument was then piloted in Ghana. Reliability testing and exploratory factor analysis were used to produce a final, parsimonious version.

Results and discussion: This paper describes the actual process of developing the instrument. Consequently, the concepts and items that did not perform well psychometrically at pre-test are first presented and discussed. The final version of the instrument, which comprises 42 items for self-assessment and eight for peer-assessment, is then shown. This is followed by a presentation and discussion of the findings from first use of the instrument with MNH providers from 12 rural, primary level facilities in each of the three countries.

Conclusions: It is possible to undertake work of this nature at primary health care level, particularly if the instruments are kept as straightforward as possible and well introduced. However, their development requires very lengthy preparatory periods. The effort needed to adapt such instruments for use in different countries within the region of sub-Saharan Africa should not be underestimated.

For full article: <http://www.globalhealthaction.net/index.php/gha/article/view/19120/html#AF0001>

HEALTH EXTENSION WORKERS IN ETHIOPIA: IMPROVED ACCESS AND COVERAGE FOR THE RURAL POOR

Health systems in Sub-Saharan African countries often suffer from weak infrastructure, lack of human resources, and poor supply chain management systems. Access to health services is particularly low in rural areas, where the majority of the population still lives. The few private outlets that are available usually favor urban or wealthy areas. Together with an uneven distribution of health workers, this pattern often results in little availability and poor quality of health services in rural areas.

Ethiopians' access to services was particularly low before the government came up with innovative ways of scaling up the delivery of essential health interventions, in particular through its Health Extension Program (HEP). The HEP was designed and implemented in recognition of the fact that the major factor underlying poor health services in Ethiopia is the lack of empowerment of households and communities to promote health and prevent disease. This chapter reviews Ethiopia's experience in producing and deploying health extension workers and summarizes some of the key factors that made the program a success.

For full article: http://siteresources.worldbank.org/AFRICAEXT/Resources/258643-1271798012256/YAC_chpt_24.pdf

NEPAL: Key role for female health volunteers

Women working as female healthcare volunteers often provide a vital service for the poorest in mountainous Nepal, and have contributed to a steady improvement in maternal and neonatal survival rates.

“Without their volunteer spirit, the country’s poorest would probably face an even worse health situation,” community health activist Deepa Bohara told IRIN in Rakam Karnali village, Dailekh District, 600km northwest of Kathmandu.

Female community health volunteers (FCHVs) operate in remote areas where there are no doctors or medical workers; there are 810 of them in Dailekh District, and 52,000 nationwide.

Dailekh Hospital, the mid-western region’s main government health centre, often relies on information provided by FCHVs who help record and collect data on women’s and children’s health.

“They are often seen as doctors in the remote villages... They are... constantly in touch with the poorest women who often have difficulty making long journeys to the hospitals,” hospital director Jung Shah told IRIN.

For full article: <http://www.irinnews.org/Report/96462/NEPAL-Key-role-for-female-health-volunteers>

Govt to recruit 6,172 health workers - Mbabazi (Uganda)

Twenty three ministries and government bodies are to undergo budget cuts as the MPs and the Executive agreed to give the health ministry additional sh49.54b.

The agreement brought to an end a week-long protracted debate on the issue.

Of this, sh6.5b will cater for recruitment of 6,172 health centre personnel, Prime Minister Amama Mbabazi said on Tuesday.

He told MPs that on instructions of Speaker, Rebecca Kadaga on Thursday, the Executive and the budget committee met and agreed on the additional financing for the health sector. They, he added, had since held several consultations before harmonising their positions.

There was heated exchange between the MPs and the Government as they tried to reach a mutually agreeable position.

For full article: <http://www.newvision.co.ug/news/635635-govt-to-recruit-6-172-health-workers-mbabazi.html>

Health Workers threaten NMA with legal action (Nigeria)

Health workers, under the aegis of the Nigerian Union of Pharmacists/ Physiotherapists, Medical Scientists and other Allied Health Professionals (NUAHP) have warned the Nigerian Medical Association (NMA) to stop operating as a registered trade union or risk legal action.

NUAHP, which said it was peeved by the NMA description of its (NUAHP) parent body, Joint Health Sector Unions (JOHESU), as an amorphous body and its demands as illegitimate, said the warning was necessitated by the realisation that NMA was never registered as a trade union.

The body also demanded apology from the NMA for alleging in the media recently that allied health professionals were “stealing from government purse for insisting on the legal rights of her members to continue to skip Consolidated Health Salary Scale (CONHESS) 10”.

The health professionals added that refusal to offer such public apology within the next 15 days would see NUAHP going to court to seek legal redress.

For full article: http://www.ngrguardiannews.com/index.php?option=com_content&view=article&id=102666:health-workers-threaten-nma-with-legal-action-&catid=93:science&Itemid=608

Our Side of the Story: Ugandan health workers speak up

What is life like working in healthcare in a low-income country? What prompts nurses, midwives and doctors to take up their professions and what are the rewards? What do health workers say about the barriers they face in providing access to healthcare? What in their view needs to change? And how can their voices be heard? VSO's Valuing Health Workers initiative is listening to the experiences of health workers and gathering evidence to advocate for change.

VSO recognises that health workers' voices must be heard and acted on to improve access to healthcare and to help achieve the Millennium Development Goals. It therefore started participatory research in four countries in Africa and Asia, in partnership with in-country non-governmental organisations (NGOs). In Uganda, research was carried out in partnership with HEPS-Uganda, the Coalition for Health Promotion and Social Development, from February 2010 to February 2011. VSO will support local partners to use the research findings to advocate for health workers, and will gather the research evidence to advocate on a global level.

In Uganda, negative images of health workers are projected in the media, political speeches, policy documents, healthcare user research and health consumer advocacy projects. The overriding message is that health workers' attitudes, behaviour and practices present barriers to accessing healthcare. The Valuing Health Workers research in Uganda set out to explore with frontline health workers and their managers the conditions underlying accusations of unethical behaviour and service inadequacies. The overall objective was to give opinion-formers and healthcare service users a realistic picture of what life is like as a health worker in Uganda, to increase understanding and modify expectations. Ugandan civil society organisations will use the findings to help build mutual understanding and promote harmonious relationships between healthcare users and workers, as well as to advocate for improved conditions for health workers in Uganda.

This short report documents the experiences and views of 122 health workers – medical doctors, clinical officers, nurses, midwives and nursing assistants. They include frontline workers, facility managers and local government district health officers. Through small group discussions and individual interviews in the workplace, the researchers encouraged health workers to speak freely in response to open questions, having been promised that identities would not be revealed. The facility-based participants worked at 18 hospitals and health centres across seven local government districts in all regions of Uganda and in the capital city, Kampala.

The selection of facilities took account of region, the extent to which the district was easy or hard to serve, the level of hospital and health centre, location (urban or rural) and ownership (government, not-for-profit or private sector). Many participants drew on their prior experiences from training or working in different sectors and levels of healthcare facility.

In addition, 24 stakeholders from civil society organisations, trade unions, professional associations and regulatory councils contributed their perspectives through workshops and individual interviews.

For full report: http://www.vsointernational.org/Images/our-side-of-the-story-2_tcm76-35533.pdf

2013 ACHA BIENNIAL CONFERENCE

The Africa Christian Health Association's Platform (ACHAP) will hold the 6th 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

Hotline HRH 2012 Monthly Schedule

January 25	July 25
February 22	August 29
March 28	September 26
April 25	October 31
May 30	November 28
June 27	December 26

For questions regarding the *Hotline HRH* please contact:

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HRH Document Portal Access Information

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

USER NAME: guest

PASSWORD: twghrh

Documents

<http://africachap.org>

Document Section