# Number 66, February 2012

# *Hotline HRH*



Organizational Members
of the
Africa Christian
Health Associations
Platform
DRAFT

### Legend
**CHA Presence by Country**
- CHA Present
- * FBO Present
- Unkown

**List of Christian Health Associations**

| Acronym | Full Name |
|---|---|
| AMCES | Association des Oeuvres Medicales Privees Confessionnelles et Sociales au Benin |
| APSM | Association Protestante de la Sante au Mali |
| APROMESTO | L'Association Protestant des Oeuvres Medico-sociales du Togo |
| ASSOMESCA | Assocaition des Oeuvres Medicales des Eglises pour la Sante |
| CBCA | Communta Baptiste d'centre Afrique |
| CEPCA | Conseil des Eglises Protestantes du Cameroun |
| CHAG | Christian Health Association of Ghana |
| CHAK | Christian Health Association of Kenya |
| CHAL | Christian Health Association of Lesotho |
| CHAL | Christian Health Association of Liberia |
| CHAM | Christian Health Association of Malawi |
| CHAN | Christian Health Association of Nigeria |
| CHAS | Christian Health Association of Sudan |
| CHASL | Christian Health Association of Sierra Leone |
| CHAZ | Churches Health Association of Zambia |
| CSSC | Christian Social Services Commission |
| ECC | Protestant Church of Congo |
| EPSCM | Eglise Protestant du Senegal  Commission Medicale |
| KEC | Kenya Episcopal Conference |
| NCHS | National Health Catholic Secretariat |
| UCMB | Uganda Catholic Medical Bureau |
| UPMB | Uganda Protestant Medical Bureau |
| ZACH | Zimbabwe Association of Church Related Hospitals |

**Notes:**
*No formal network affiliation, although FBO health presence
Mapping technical assistance provided by IMA World Health
Geography from GMMS 2009, Global Mapping International
www.gmi.org/gmms

| Country | Acronym |
|---|---|
| BENIN | AMCES |
| CAMEROON | CEPCA |
| CNTRL AFRICA REP | ASSOMESCA |
| DEM REP of CONGO | ECC |
| DEM REP of CONGO | CBCA |
| GHANA | NCHS |
| GHANA | CHAG |
| KENYA | KEC |
| KENYA | CHAK |
| LESOTHO | CHAL |
| LIBERIA | CHAL |
| MALAWI | CHAM |
| MALI | APSM |
| NIGERIA | CHAN |
| SENEGAL | EPSCM |
| SIERRA LEONE | CHASL |
| SUDAN | CHAS |
| TANZANIA | CSSC |
| TOGO | APROMESTO |
| UGANDA | UPMB |
| UGANDA | UCMB |
| ZAMBIA | CHAZ |
| ZIMBABWE | ZACH |

AFRICA CHA PLATFORM

Kilometers
0   230   460      920         1,380        1,840

January 2011

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

AFRICA CHA PLATFORM

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# RESOURCES

**Step-by-Step Guide for Engaging Stakeholders in a Health Systems Assessment**

Engaging stakeholders throughout the Health System Assessment (HSA) process ensures that the HSA is geared towards the specific use of the findings and recommendations, such as providing input into a health sector strategic plan or for a Global Fund proposal.

Equally important, stakeholder engagement is crucial for targeting the right health system constraints and for developing ownership of the outcomes of the HSA. Stakeholder engagement thus increases the potential for the assessment to lead to real changes in the health system.

Health Systems 20/20 recently released a stakeholder engagement guide for HSA teams.The step-by-step guide discusses how an HSA team can involve a wide range of health system stakeholders – government, development partners, nongovernmental and civil society groups, research and academia, and the private sector – throughout all phases of the HAS.

For full document:  http://www.healthsystems2020.org/content/resource/detail/82437/

**Effective Pharmaceutical Supply Chains**

In this edition of Pharmalink, some of the players in the field of medical supply chain explain problems and challenges to do with forecasting, selection and procurement, inventory management, storage, shelf life and distribution. Some problems are countryspecific, but many cut across almost all low-income countries. The various ways through which these challenges manifest at patient level, range from facilities being understocked or experiencing stock-outs which endanger patient's lives and compromise adherence to treatment; to facilities being overstocked with subsequent expiries.

You will also discover how specific technologies can help overcome some of the problems in the pharmaceutical supply chain. Several ICT initiatives and innovations are helping stakeholders ensure a more adequate supply of health commodities. Mobile phones for data transfer and even mobile money services, electronic tools, specialized software and databases can help, provided that the underlying problems in the supply chain have been clearly identified.

http://www.epnetwork.org/pharmalink-newsletter

**Outbreak surveillance and response in humanitarian emergencies: WHO guidelines for EWARN implementation**

The purpose of this document is to provide a standard framework and best current practice for implementation of an Early Warning and Response Network (EWARN) and its operation in the field, following humanitarian emergencies. These guidelines are intended for all individuals responsible for disease surveillance activities at all levels. These individuals include health facility staff, surveillance

officers, epidemiologists, data analysts and statisticians, government health officials, sanitarians, managers of the Expanded Programme on Immunization (EPI), public health officers, laboratory personnel and community health workers.

http://www.who.int/diseasecontrol_emergencies/publications/who_hse_epr_dce_2012.1/en/index.html

# TRAINING/WORKSHOP INFORMATION

**Global Health Forum**

The 4th edition Geneva Health Forum will take place in Geneva from 18-20 April 2012  -  the theme of which is chronic conditions. The organizers are now inviting frontliners and health workers around the world to submit  proposals -whether research abstracts or project experiences. Submissions along the entire health continuum- from upstream multi-sectoral policies for prevention of chronic conditions- both communicable and non communicable and related risk factors to downstream actions in the health sector for detection and treatment.

For further information: http://www.ghf12.org/?page_id=425

**EPN Forum 2012 registration**

The next EPN Forum will take place from 21st to 23rd March 2012, in Addis Ababa, Ethiopia. The theme of discussions will be „Access to quality medicines: priority needs, priority actions for today and tomorrow". The biennial EPN Forum and General meeting is an opportunity for EPN members to meet physically to discuss and make critical decisions in relation to the activities of the Network. Go to the EPN website to download the registration form for your participation.

http://www.epnetwork.org/forum-2012

**MONITORING AND EVALUATION OF MALARIA PROGRAMS WORKSHOP (ENGLISH)**
University of Ghana and MEASURE Evaluation
Legon, Ghana
25 June – 6 July, 2012

USAID's MEASURE Evaluation Project in partnership with the School of Public Health, University of Ghana, is pleased to announce a Monitoring and Evaluation of Malaria Workshop **25 June- 6 July, 2012** for  health professionals in Africa. In recent years, funding has greatly increased for malaria control creating tremendous need for monitoring and evaluation of programs, yet national programs remain understaffed and undertrained in the area of M&E. This workshop aims to increase regional capacity for M&E of malaria. Participants will acquire knowledge M&E fundamentals as they specifically relate to malaria programs and gain hands on experience in designing M&E plans.

This workshop is targeted at national and sub-national level malaria personnel, especially those responsible for gathering, analyzing, and using program-related data and NGO and USAID Mission personnel responsible for oversight of malaria programs, especially in the areas of reporting, monitoring and evaluation.

This announcement is not only intended to serve as a means of informing you of the availability of the program, but also to ask for referrals of applicants. We would appreciate your forwarding this an-

nouncement to potential applicants. Country teams are encouraged to apply. Application materials are available online at: www.cpc.unc.edu/measure/training.

Application deadline **March 15, 2012**

For more information, please contact M.E.Malaria@gmail.com.

## ATELIER DE FORMATION EN SUIVI ET EVALUATION DES PROGRAMMES DE LUTTE CONTRE LE PALUDISME (FRANCAIS)
11 au 22 Juin 2012
Ouagadougou, Burkina Faso

Le projet MEASURE Evaluation financé par l'USAID, en partenariat avec Le Centre de Recherche en Santé de Nouna (CRSN) et l'unité de formation et de recherche en Science de la Sante de l'université de Ouagadougou (UFR/SDS) a le plaisir d'annoncer l'organisation d'un atelier de formation en suive et évaluation des programmes de lutte contre le paludisme. L'atelier se tiendra à Ouagadougou- Burkina Faso 11 au 22 Juin 2012.

Ces dernières années, nous assistons à une augmentation des financements pour la lutte contre le paludisme créant ainsi un besoin énorme pour le suivi et l'évaluation (S&E) des programmes. Cependant, malheureusement les programmes nationaux de lutte contre le paludisme des pays endémiques (surtout Afrique sub-saharienne) souffrent constamment de manque du personnel adéquatement formé en suivi et évaluation. Cet atelier de formation non-diplômant vise alors à renforcer les capacités régionales en suivi et évaluation des programmes paludismes. L'atelier s'adresse principalement aux catégories suivantes:
- Les personnels des programmes nationaux de lutte contre le paludisme des niveaux central et district, en particulier ceux chargés des opérations de collecte, d'analyse et d'utilisation des données;
- Les personnels des Organisations Non Gouvernementales, de la Mission USAID et d'autres partenaires du développement chargé d'appuyer le programme, en particulier dans le domaine de suivi et évaluation.

Nous vous saurions gré de transmettre cette annonce a toute personne qui pourrait être intéressée à participer à cet atelier de formation. Nous apprécierions recevoir vos transmettre cette annonce aux candidats potentiels. Équipes de pays sont encouragées à postuler. Les documents de demande sont disponibles en ligne à l'adresse: www.cpc.unc.edu/measure/training.

Les dossiers de candidature devraient être soumis avant le **02 avril 2012**.

Pour plus d'information, prière de prendre contacter atelier.palu@gmail.com.

## Procurement and Supply Management (PSM) for Global Fund PRs and Related Consultants
Date: 8-14 July, 2012
Location: James Cairns Training Centre, Lusaka, Zambia

Pharmasystafrica and the Churches 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.

Scope and intent:
Procurement and supply management (PSM) challenges present a key bottleneck to accessing effective treatments in resource-limited settings. Key to strengthening PSM systems is the orientation and training of technical assistance providers based on global vision and priorities and in-country needs. Although there are a number of agencies and consultants who provide capacity building support in the PSM area, most of these are not located in the immediate vicinity of the need and constantly, demand outstrips supply. The limited numbers of experts becomes a bottleneck to PSM systems strengthening and implementation. There is thus need to develop more experts with appropriate skills to assist partners in low-income countries of the South to address program, national and regional challenges.

Target Audience
The training will target professionals with key roles in PSM systems including those supported by national governments and international organizations. Participants will also include professionals with an interest in building their skills as independent PSM consultants.
For logistical purposes, the training will be restricted to 30 participants. These will be selected based on stringent criteria. The fee for this course is $1600.00. Meals, accommodation, airport transfers and transport to and from the training venue are included in the fee. Full or partial scholarships will be available to a limited number of participants. The fee for non-resident participants is $800.00 even though we encourage participants to stay at the training site due to the intensity of the course. The language of instruction is English.

Course Content
The course content includes key aspects of the PSM systems, based on in-country case studies. By the end of the course, participants will
be:
1. Able to critically appraise PSM plans, in the context of organisational structures and health systems in which they are placed
2. Conversant with the different approaches and methodologies to assess PSM systems
3. Able to identify factors contributing to a well-performing PSM system in developing countries
4. Measure the performance of a PSM system using appropriate indicators
5. Introduced to problem solving oriented approaches to capacity building for pharmaceutical systems in low resource settings
6. Equipped with skills to evaluate a PSM system from a local funding agent perspective
7. Equipped with the necessary skills to prepare various reports required in consultancies for PSM capacity building Course Faculty

The principal facilitators for this course will come from the CHAZ, PharmaSystAfrica, Empower School of Public Health, and the Ministry of Health in Zambia.

Please apply online at www.pharmasystafrica.com or by e-mail to info@pharmasystafrica.com .The deadline for applications is Friday, June 15, 2012. Requests for additional information and support for participation should be sent to info@pharmasystafrica.com or telephone number +1 502 298 5515

**Advanced course on monitoring and evaluation: innovations in a dynamic health systems environment**
August 2012 OR October 2012

What models, frameworks and tools are suitable for a specific evaluation? How to balance the perspectives of different stakeholders? This course aims to equip you with up-to-date knowledge and

state-of-the-art M&E tools.

Monitoring and evaluation skills are essential tools for working in a dynamic development environment. Sectoral plans at national, regional or local levels require a strategic investment in management tools that facilitate informed decision making, planning and implementation. Contextual changes such as the new aid architecture and multi-stakeholder environments will be examined. Participants will become familiar with new M&E frameworks, techniques and the changing role of information technology. Developing appropriate monitoring and evaluation and management information systems will receive particular emphasis. Rational data collection for optimal usefulness while imposing minimal burden on staff is highlighted. Special attention will, be given to making monitoring and evaluation systems equity aware and to balancing the ethical aspects of an evaluation.

For further information: http://www.kit.nl/-/INS/49464/Royal-Tropical-Institute/KIT-Development-Policy-and-Practice--/DEV-Training--/Health-systems/Advanced-course-on-monitoring-and-evaluation

**The 7th International Conference on Appropriate Healthcare Technologies for Developing Countries (AHT2012): World Health and Wellbeing**
18 - 19 September 2012, London

Research carried out by the World Health Organization (WHO) reveals that almost 95 percent of medics practicing in less developed countries are reliant on medical technology that has been imported.

More than half of this technology, however, is not utilised as staff have insufficient means to maintain the equipment or insufficient knowledge to operate it. Subsequently, there is inadequate provision for administering healthcare in the developing world. Other problems include unreliable power and water supplies, inappropriate donations of equipment, consumables and pharmaceuticals, unsafe disposal of medical equipment and waste, political instability and war. The need is for appropriate, affordable, sustainable and quality equipment, supplies and support in both development and emergency situations.

The 7th IET International Conference provides delegates with a great opportunity to learn about the key issues surrounding healthcare provision in the developing world and to network with fellow workers.

For more information: http://conferences.theiet.org/aht/index.cfm

**POLICY IMPLEMENTATION ASSESSMENT TOOL**

A supportive policy environment is the foundation on which to scale up effective, sustainable health programs. Good policies are important, but they are not sufficient. They must be put into practice. Yet, even the best policies can encounter implementation challenges. Thus, the life of the policy does not end with its creation, which is in fact only the first step in the policy-to-action continuum. Policies are "living documents." They require various inputs to help them thrive and fulfill their goals. These inputs include clear guidelines and implementation plans, strong leadership, multisectoral stakeholder involvement, adequate and accessible resources, and effective feedback and monitoring systems, among others.

The Policy Implementation Assessment Tool is designed to assist government and civil society advocates to "take the pulse" of policies in their countries. With this information, stakeholders can bet-

ter understand policy implementation dynamics and identify recommendations for translating health policies into action. Through regular check-ups and renewed commitment, policies can keep on track toward achieving policy goals.

For more information: http://www.healthpolicyinitiative.com/policyimplementation/files/15_piat.html

# ARTICLES OF INTEREST

**Nurses Needed: Partnering to Scale Up Health Worker Education in Malawi**

Verah Nkosi, a nursing-midwifery student at the Kamuzu College of Nursing in Malawi, shares her perspective and illustrates some common challenges for increasing the quantity and quality of graduates from health professional schools.

For full article: http://www.capacityplus.org/files/resources/Voices-10.pdf

**Uganda Launches National Health Workforce Information System Built on iHRIS**

On February 7, the Uganda Ministry of Health (MOH) and USAID/Uganda jointly launched the country's Human Resources for Health Information System (HRHIS), which provides up-to-date information on the country's health workforce for evidence-based decision-making. Vice President Edward Kiwanuka Ssekandi presided over a launch ceremony at the Hotel Africana; Minister of Health Honorable Richard Nduhura delivered a speech and held a press conference.

**Building on Capacity*Plus*'s iHRIS software**
Uganda's HRHIS is built on the iHRIS software, a suite of open source tools for managing and planning the health workforce developed and supported by Capacity*Plus*, as well as other USAID-funded projects led by IntraHealth International. Because the software is open source, the IntraHealth-led Uganda Capacity Program tailored it to meet Uganda's specific needs.

A customized version of iHRIS Qualify, a registration and licensure tracking database, is used by the country's four professional health councils. A customized version of iHRIS Manage, a human resources management system, is installed at the central MOH, 69 district health offices, 15 hospitals, the Uganda Virus Research Institute, and Nakasero Blood Bank.

For full article: http://www.capacityplus.org/Uganda-Launches-National-Health-Workforce-Information-System

**Human resources for health care delivery in Tanzania: a multifaceted problem**

Recent years have seen an unprecedented increase in funds for procurement of health commodities in developing countries. A major challenge now is the efficient delivery of commodities and services to improve population health. With this in mind, we documented staffing levels and productivity in peripheral health facilities in southern Tanzania.

**Method**
A health facility survey was conducted to collect data on staff employed, their main tasks, availability on the day of the survey, reasons for absenteeism, and experience of supervisory visits from district health teams. In-depth interviews with health workers were done to explore their perception of work load. A time and motion study of nurses in the reproductive and child health (RCH) clinics documented their time use by task.

## Results

We found that only 14% (122/854) of the recommended number of nurses and 20% (90/441) of the clinical staff had been employed at the facilities. Furthermore, 44% of clinical staff was not available on the day of the survey. Various reasons were given for this. Amongst the clinical staff, 38% were absent because of attendance of seminar sessions, 8% because of long-training, 25% were on official travel and 20% were on leave. RCH clinic nurses were present for 7 hours a day, but only worked productively for 57% of time present at a facility. Almost two-thirds of facilities had received less than three visits from district health teams during the 6 months preceding the survey.

## Conclusion

This study documented inadequate staffing of health facilities, a high degree of absenteeism, low productivity of the staff who were present and inadequate supervision in peripheral Tanzanian health facilities. The implications of these findings are discussed in the context of decentralized health care in Tanzania.

For full article: http://www.human-resources-health.com/content/10/1/3/abstract

## Implementing a Routine Health Management Information System in South Sudan

South Sudan has recently acquired statehood. Planning and management of the health care system, based on evidence, requires a constant flow of information from health services. The Division of Monitoring and Evaluation (M&E) of the Ministry of Health developed the framework for the health sector of the country in 2008. At that time data were collected through surveys and assessments.

Two health system assessments conducted in 2007 (1) and 2009 (2) highlighted the absence of a working routine Health Management Information System (HMIS). An M&E Scoping Mission conducted in March 2010 (3) noted the lack of tools and procedures for data collection, the inconsistent data flow and the limited capacity for analysis and use of data for action at all levels of the system. A plan to develop the system based on the '3-ones' strategy (one database, one monitoring system, one leadership) was put in place under the leadership of the Ministry of Health (MOH). The MOH has since developed, tested and refined the tools and procedures for the routine HMIS, produced a comprehensive roll out plan and started the integration of health programmes into the system.

The design of the routine HMIS tools was followed by their pre-test in Jonglei and Upper Nile States. In these two states, the combination of appropriate tools, training and support resulted in health facilities, counties and states officers able to provide consistent and quality routine reports. While this happened in the two states, at central level tools were refined and explained to MOH programmes staff and partners staff; consensus was built on the need for collecting only the relevant data for action and the database for the South Sudan information system was developed in the District Health Information Software (DHIS). This joint approach provided the needed impulse for the health agencies to adhere to the MOH system. From February 2011, a flurry of activities happened to support M&E in states and counties including provision of equipment, printing and distribution of registers and manuals and training in HMIS and DHIS of MOH officers, partners and programmes staff.

This approach has started to pay off and the routine information system is progressing. This paper presents the path followed, challenges met, advances made, and the way forward in establishing an integrated routine HMIS in South Sudan.

For full article: http://www.southsudanmedicaljournal.com/archive/february-2012/implementing-a-routine-health-management-information-system-in-south-sudan.html

Health workers at the core of the health system: Framework and research issues

This paper presents a framework for the health system with health workers at the core. We review existing health-system frameworks and the role they assign to health workers. Earlier frameworks either do not include health workers as a central feature of system functioning or treat them as one among several components of equal importance. As every function of the health system is either undertaken by or mediated through the health worker, we place the health worker at the center of the health system.

Our framework is useful for structuring research on the health workforce and for identify-ing health-worker research issues. We describe six research issues on the health workforce: metrics to measure the capacity of a health system to deliver healthcare; the contribution of public- vs. private-sector health workers in meeting healthcare needs and demands; the appropriate size, composition and distribution of the health workforce; approaches to achieving health-worker requirements; the adoption and adaption of treatments by health workers; and the training of health workers for horizontally vs. vertically structured health systems.

For full article: http://www.who.int/workforcealliance/knowledge/resources/frameworkandresearch_dec2011.pdf

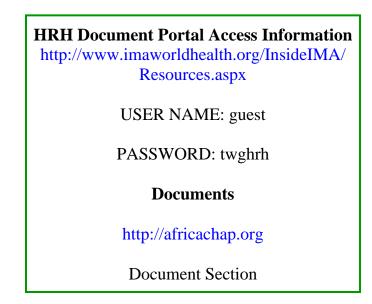## MISCELLANEOUS INFORMATION

**CSSC Leadership Change**

The Christian Social Services Commission (CSSC) in Tanzania is pleased to announce the appointment of Mr. Peter Maduki as the new Executive Director. Mr. Maduki comes to CSSC with a long history of working in the faith community and looks forward to continuing CSSC's participation with the Africa Christian Health Associations Platform. If you would like to contact Mr. Maduki, he may be reached via email: pmaduki@cssc.or.tz.

ACHAP would like to extend its appreciation to Dr. Adeline Kimambo on her commitment to the Platform throughout her tenure at CSSC and good-luck with this new phase of her life.

### *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:

Erika Pearl
IMA World Health
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