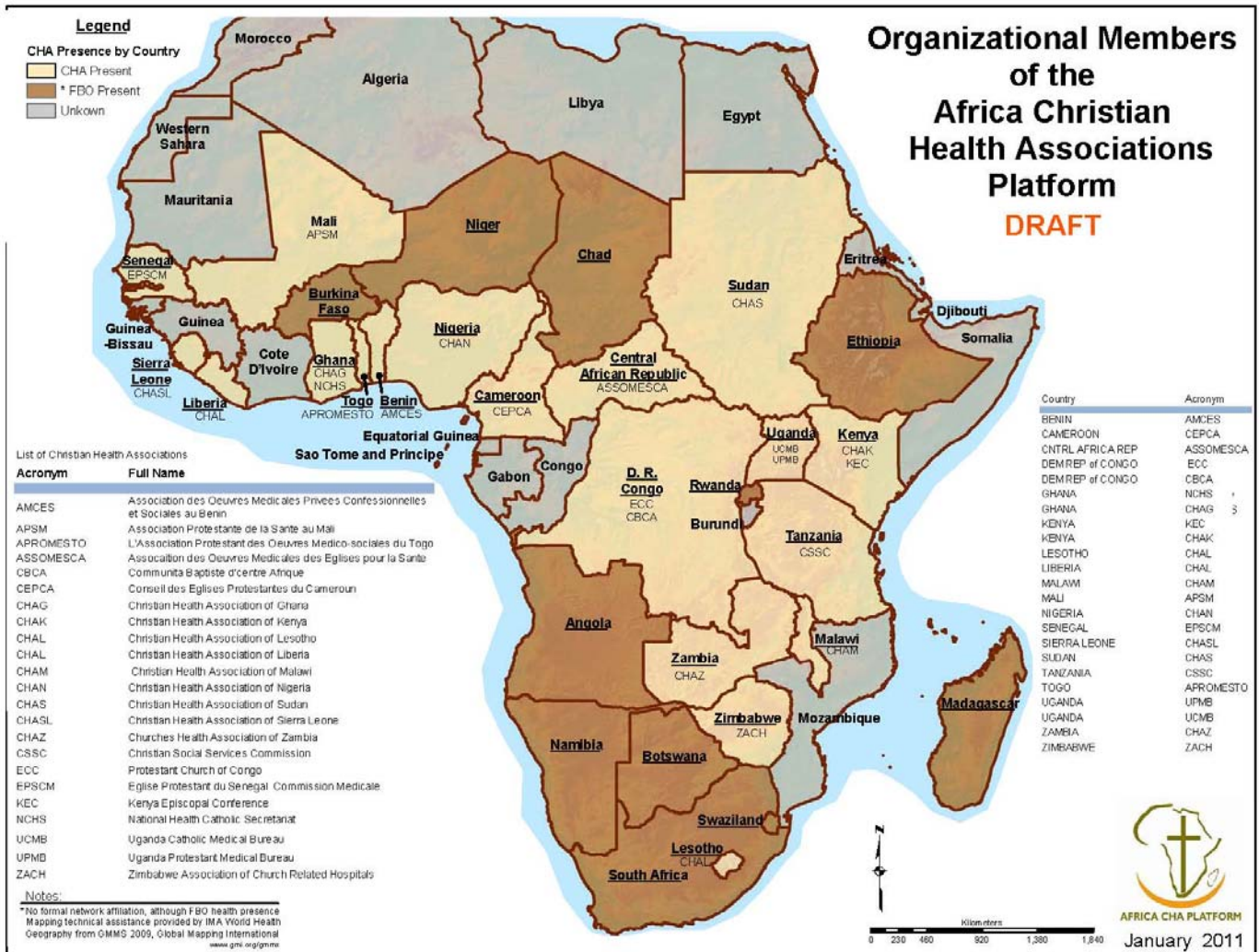# Number 69, May 2012

Hotline HRH

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

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RESOURCES

West Africa's Regional Approach to Strengthening Health Workforce Information

CapacityPlus Technical Brief #2. The West African Health Organization is implementing a regional approach to strengthening health workforce information systems, leveraging resources from Capacity*Plus*, other USAID-funded projects, donors, and global organizations. This technical brief provides an overview of this approach, highlights lessons learned, and provides recommendations for other regions and countries to adopt the approach.

For full resource: http://www.capacityplus.org/technical-brief-2/

Alliance collaborates with Africa Public health to develop African health workforce scorecards

The Alliance has supported and collaborated with the Africa Public Health /15 +% Campaign to develop evidence based Africa Health Workforce scorecards and factsheets which provide a comparative analysis of human resources for health in twenty countries in the region with high burdens of maternal and child mortality and morbidity.

These materials incorporate a broad spectrum of HRH indicators - number of health workers, hospital beds, training schools, investment gap, as well, health outcomes on MDGs such as maternal mortality and infectious diseases.

Building on this work, the 15+% Campaign has called on African Education Ministers to prioritize the development of a Multisectoral African Human Resources Development Plan as a pre requisite to meeting Africa's development goals. In a statement to the Ministers of Education the Africa Public Health Alliance notes poor human resources in health and other sectors is a cause of current poor performance and a determinant of future performance, since for instance if funding for health is increased without the adequate human resources being in place, countries will not be able to absorb the funds.

To access the scorecard: http://www.who.int/workforcealliance/media/news/2012/2012AfricaHRHScorecard.pdf

How Can Countries More Rapidly Increase Their Health Workforce?

Millions of people are exposed to grave risks each year because insufficient numbers of skilled health workers are available to provide access to essential health services. With critical shortages across all cadres of health workers, donors and countries can make an impact by investing in community health workers (CHWs). CHWs can have a defined role and act as a point of referral in support of both the community and the formal health system. They typically provide services such as educating communities on family planning and HIV prevention; counseling pregnant women; managing uncomplicated childhood illnesses; and supporting HIV/AIDS, malaria, and tuberculosis treat-

ment programs.

What does this mean?
- CHWs are often capable of addressing the most common causes of death and morbidity in developing countries and can play a vital role in a country's attainment of its health-related Millennium Development Goals.
- CHW basic training is relatively short, which means they can be produced and rapidly deployed to areas most in need for less money than higher-level health workers.
- Recruitment of CHWs is generally done locally, which leads to higher retention of these health workers in underserved rural areas.

For full brief: http://www.capacityplus.org/files/resources/Issue-Brief-5-CHWs.pdf

TRAINING/WORKSHOP INFORMATION

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.

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.

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

Patient safety research: introductory course (on-line)

How familiar are you with the concept of patient safety? Hundreds of thousands of patients are harmed or die each year due to unsafe care, or get injured inadvertently when seeking health care. Understanding the magnitude of the problem in hospitals and primary care facilities is the first step towards improving patient safety. A series of free on-line courses were broadcast (in April and May 2010) to introduce the basic elements of patient safety research.

There were eight sessions for health-care professionals and researchers interested in learning how to identify patient safety problems. Through these sessions, participants were informed of the core principles of patient safety research.

The sessions were provided by internationally renowned specialists in patient safety, namely Dr David Bates, External Programme Lead for Research, WHO Patient Safety, and the Director of the Center of Excellence in Patient Safety and Research, USA, and Dr Albert Wu, a professor in the Department of Health Policy and Management at Johns Hopkins University, USA.

For further information: http://www.who.int/patientsafety/research/online_course/en/index.html

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Foundations of Gender Equality in the Health Workforce **e-learning course available**

The HRH Global Resource Center (GRC) has published a new eLearning course on gender, a topic critical to all working in the human resources for health and global health fields. *"Foundations of Gender Equality in the Health Workforce"* is intended to expose participants to basic concepts, issues, and standards related to gender equality in the health workforce, including legal and policy protections. The course was written by Constance Newman, IntraHealth International's Senior Technical Advisor for Gender Equality and Women's Rights, and Catherine Murphy, IntraHealth International's Training and Learning Advisor, and developed in collaboration with the GRC team.

As with all courses on the GRC eLearning Platform, *"Foundations of Gender Equality in the Health Workforce" is* a low-bandwidth friendly, free, open course available to anyone who wishes to learn about the topic.

- Visit the GRC eLearning Platform: http://www.hrhresourcecenter.org/elearning/
- Access "Foundations of Gender Equality in the Health Workforce": http://www.hrhresourcecenter.org/elearning/course/view.php?id=10

ARTICLES OF INTEREST

The difficult relationship between faith-based health care organisations and the public sector in sub-Saharan Africa

"We are happy to present the final revised version of the original MMI study report on contracting between public health authorities and faith-based health organisations in four sub-Saharan African countries (Cameroun, Chad, Tanzania and Uganda). This version has been thoroughly reviewed so as to better fit academic standards and is currently in press in the ITM Series 'Studies in Health Services Organisation & Policy'." Delphine Boulenger and Bart Criel, April 2012.

For article: http://www.medicusmundi.org/en/contributions/reports/2012/the-difficult-relationship-between-faith-based-health-care-organisations-and-the-public-sector-in-sub-saharan-africa/2012-itm-mmi-boek-final.pdf

Information systems on human resources for health: a global review

Although attainment of the health-related Millennium Development Goals relies on countries having adequate numbers of human resources for health (HRH) and their appropriate distribution, global understanding of the systems used to generate information for monitoring HRH stock and flows,

known as human resources information systems (HRIS), is minimal. While HRIS are increasingly recognized as integral to health system performance assessment, baseline information regarding their scope and capability around the world has been limited. We conducted a review of the available literature on HRIS implementation processes in order to draw this baseline.

Our systemic search initially retrieved 11 923 articles in four languages published in peerreviewed and grey literature. Following the selection of those articles which detailed HRIS implementation processes, reviews of their contents were conducted using two-person teams, each assigned to a national system. A data abstraction tool was developed and used to facilitate objective assessment.

Ninety-five articles with relevant HRIS information were reviewed, mostly from the grey literature, which comprised 84 % of all documents. The articles represented 63 national HRIS and two regionally integrated systems. Whereas a high percentage of countries reported the capability to generate workforce supply and deployment data, few systems were documented as being used for HRH planning and decision-making. Of the systems examined, only 23 % explicitly stated they collect data on workforce attrition. The majority of countries experiencing crisis levels of HRH shortages (56 %) did not report data on health worker qualifications or professional credentialing as part of their HRIS.

Although HRIS are critical for evidence-based human resource policy and practice, there is a dearth of information about these systems, including their current capabilities. The absence of standardized HRIS profiles (including documented processes for data collection, management, and use) limits understanding of the availability and quality of information that can be used to support effective and efficient HRH strategies and investments at the national, regional, and global levels.

For full article: http://www.human-resources-health.com/content/pdf/1478-4491-10-7.pdf

Somalian delegation takes home the 'best lesson'

Pakistan has one of the world's best Lady Health Worker's Programme and Pakistani assistance to Somalia for building a same successful system means a lot to us, International Consultant on Health System Dr Khalif Bile Mohamud said in a meeting with Punjab Health Secretary Captain (r) Arif Nadeem.

"We do not have a system like Pakistan's National Programme for Family Planning in Somalia. Our traditions, moral values and behaviour towards family planning is almost same and that is why we are here to observe National Programme of family planning of Pakistan in detail to apply it in Somalia after understand its strengths, weakness and challenges in depth," Dr Bile said.

For full article: http://www.pakistantoday.com.pk/2012/04/18/city/lahore/somalian-delegation-takes-home-the-%E2%80%98best-lesson%E2%80%99/

Holding Health Workers Accountable: Governance Approaches to Reducing Absenteeism

Capacity*Plus* Technical Brief #3. Available as an interactive version and a PDF. Health workforce absenteeism is a serious problem and can greatly diminish the effectiveness of health service delivery. Reducing absenteeism requires a decentralized approach involving broad stakeholder groups to address underlying governance issues and reinforce complementary accountability mechanisms. This technical brief looks at the cost of absenteeism, examines governance issues, describes the various stakeholders, and offers a number of recommendations for strengthening governance to reduce absenteeism.

For full brief: http://www.capacityplus.org/files/resources/holding-health-workers-accountable-governance-approaches-reducing-absenteeism.pdf

ACHAP HRH TWG REFLECTIONS

Reflections from the ACHAP face-to-face Meeting Nairobi Kenya, 15th- 19th April 2012
By Collins Mayeso Jambo, Head of Human Resources, CHAM

Background
The Africa Christian Health Associations Platform (ACHAP) Human Resources for Health (HRH) Technical Working Group convened in Nairobi from 15th to 19th April 2012. It was indeed an auspicious moment that I attended the meeting on behalf of Christian Health Association of Malawi (CHAM); which is currently chairing the platform. The meeting was funded by IMA World Health through USAID-funded Capacity*Plus.*

Representatives from ACHAP member countries discussed and shared best practices that are rampant across the network. The main purpose was to ensure that human resources for health issues affecting ACHAP member institutions were tackled. Within the context of CHAM chairing the platform, I personally felt greatly honoured to chair the proceedings.

Scope of Participation
It was vivid that proactive participation approach was followed whereby open and group discussions were thoroughly done. With a view of ensuring that human resource for health issues continue to be of priority in all the ACHAP members, discussions dwelt on strategies to provide opportunities for inter-CHA interactions on HRH contemporary issues and experiences; identify key HRH messages for ACHAP and exchange of ideas for the coordination of the technical working group and to evaluate the progress made so far in the implementation of the previous HRH plan of action.

The forum also dwelled on country presentations and brainstormed strategically on ACHAP HRH critical issues and most importantly drafted key ACHAP HRH messages; which originated from the Problem Tree Analyses (PTA). Finally, time was spared to the review the HRH-TWG progress with reference to the scope of work designed in March 2010.

Deliverables:
The most prominent deliverables which I personally observed include; identification of strengths, weaknesses, opportunities and threats being faced by ACHAP HRH TWG; drafting of HRH TWG messages ready to be distributed for comments before they are ratified and reviewing of progress of the TWG activities and recommendations made for the way forward.

To crown it all, a field visit to Aga Khan University Hospital made the whole Kenya trip fantastic. The following were some of the HRH lessons learnt during the visit:
- Creation of a winning culture at the work place provides health workers with ample room for ownership; hence they are motivated.
- Fostering networking among health workers necessitate good team work.
- Provision of training opportunities for personal development at all levels brings about solidarity amongst health workers.
- Implementation of HRH activities should always meet expectations of health workers if quality

retention is to be attained.
- Linking human resources for health to quality regulatory bodies plays a role in quality service delivery.
- Synchronizing HRH operations with technology brings about outstanding performance.
- Recruiting of health workers' specialists based on international standards brings professionalism and productivity at the door step for the benefit of patients.
- Engaging health workers proactively in the operations of a hospital yields effectiveness and efficiency. Examples of proactive engagement may include (a) the chief executive officer initiating forums where health workers are allowed to make contributions and take constructive risks; (b) annual retreats where employees exchange core values and ideas and professional and personal experiences (c) Wellness team work where employees from all levels are represented and (d) Staff programs which deal with corporate social responsibility and health workers in all cadres are involved.

Conclusion

The ACHAP face to face meeting was indeed an eye opener for me. The meeting enhanced knowledge sharing and advocated for HRH policies and strategies that would support best practices in the delivery of health services in the member countries "vis-à-vis" the Millennium Development Goals. It is my sincere hope that if such meetings, were regularly convened, HRH management systems of CHA Secretariats and their respective institutions would quickly be advanced. In his regard, IMA World Health through the support from the USAID-funded Capacity and Capacity *Plus* should be acknowledged for their continuous sponsorship rendered for the operationalization of ACHAP since 2006. It is an intervention which requires to be fully recognized because without such a sponsorship the advancement of the healing ministry of Christ would be equivocal.

MISCELLANEOUS INFORMATION

After five years in existence the Global Health Workforce Alliance (GHWA) recently underwent an external evaluation. Information on evaluation may be found here: http://www.who.int/workforcealliance/media/news/2012/eeBoardChairLetter/en/index.html

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

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