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Hotline HRH

AFRICA CHA PLATFORM

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RESOURCES

The Journal of Infection in Developing Countries

JIDC was launched during the spring of 2007 to help researchers in developing countries overcome some of the documented biases against developing country science [Horton 2003]. The mission of the journal is to provide all infectious disease researchers from developing countries with an international forum for publishing their research findings, and we have already received and processed a huge number of manuscripts toward this goal. The JIDC publishes original research papers, research notes, guidance documents and reviews covering different aspects of human, animal and environmental microbiology and infections in developing countries with particular emphasis on emerging and re-emerging etiological agents, diagnosis, epidemiology and public health. Many of the articles we receive are sent directly for peer review. Others require pre-review mentoring, a unique service that JIDC is committed to provide to help researchers in developing countries produce articles that meet the standards of international journals.

To access the journal: http://www.jidc.org/index.php/journal/index

French iHRIS eLearning Course

The HRH Global Resource Center has launched Administrateur iHRIS, Niveau 1, a French version of the "iHRIS Administrator - Level I" course that has almost 700 registered learners. This course provides instructions on the basic skill set needed to administer and customize CapacityPlus's human resources information system software, iHRIS Manage and iHRIS Qualify.

To access eLearning Course: http://www.hrhresourcecenter.org/french_hris

How to Recruit and Retain Health Workers in Rural and Remote Areas in Developing Countries

There is an emerging consensus that in order for interventions for recruitment and retention in rural and remote areas to be effective, they need to be implemented in bundles, combining different packages of interventions according to the variety of factors influencing the health worker's decision to work in rural or remote areas; and that policy makers need to match the interventions with health worker's preferences and expectations, since the health worker's employment decisions are a function of these preferences.

This paper aims to outline the magnitude of unequal health workforce distribution in the developing countries; provide a summary of the evidence to date on the factors that contribute to these imbalances; present a systematic set of policy interventions that are being implemented around the world to address the problem of recruitment and retention of health workers in rural and remote regions of the developing countries; and to introduce the potential application of the Discrete Choice Experiments (DCEs) to elicit health workers' preferences and determine the factors likely to increase their probability of taking up a rural or remote job.

To access this resource: http://www.hrhresourcecenter.org/recruit_retain_araujo

The Lancet Global Health

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To access: http://www.thelancet.com/journals/langlo/issue/current?elsca1=&elsca2=email&elsca3=G3RO27F

Family Planning Advocacy Toolkit

Advocacy can be defined in many ways. The authors of *Repositioning Family Planning: Guidelines for Advocacy Action* define advocacy as "a set of actions undertaken by a group of committed individuals or organizations to introduce, change or obtain support for specific policies, programs, legislation, issues and causes." Effective advocacy proposes specific, actionable solutions and is strategic, targeted, well designed and firmly supported by reliable, relevant, recent data.

The Family Planning Advocacy Toolkit provides advocates at all levels, including international, national and community leaders, with the information and tools they need to make the case for improved access to voluntary family planning. The Toolkit contains a carefully selected collection of state-of-the-art resources for effective family planning advocacy.

For additional information: http://www.k4health.org/toolkits/family-planning-advocacy

Assessment Guide and Tool for Human Resource Capacity Development in Public Health Supply Chain Management

Effective public health supply chains require motivated and skilled staff with competency in various essential logistics functions. In many countries, a lack of trained staff is a frequent cause of supply chain system breakdown and poor performance. In an effort to help public health supply chain managers in developing countries assess and improve the management of their human resources, the USAID | DELIVER PROJECT and People that Deliver have developed a new toolkit.

Built around the publication *Human Resource Capacity Development in Public Health Supply Chain Management: Assessment Guide and Tool*, the toolkit provides a structured, rating-based methodology designed to collect data needed for a rapid, comprehensive assessment of the capacity of the human resource support system for a country's supply chain. By strengthening the capacity of public health supply chain personnel, both supply chains and, ultimately, health systems will operate more effectively, thus preventing stockouts and ensuring that clients have improved access to lifesaving health supplies.

To download document: http://deliver.jsi.com/dhome/newsdetail?p_item_id=27323847&p_token=4D5DE25013BF328696106F5378A6E692&p_item_title=New%20Assessment%20Guide%20and%20Tool%20for%20Human%20Resource%20Capacity%20Development%20in%20Public%20Health%20Supply%20Chain%20Management&utm_source=blog&utm_medium=social&utm_term=HRGUIDE13&utm_content=Jul-18-2013%2B05:53%20PM&utm_campaign=CORE

TRAINING/WORKSHOP INFORMATION

Rational Use of Medicines - A Focus on HIV/AIDS, TB and Malaria
August 19-30, 2013

Under the UN initiative for Universal Healthcare Coverage, a public healthcare system can serve at its best only with access to essential medicines. Having economical measures in place to fight major diseases is not enough to extend basic healthcare services to those who cannot afford it. The whole effort of extending the basic healthcare service to the deprived/ underprivileged can attain highest level of success with appropriate use of resources combined with effective and efficient systems/ orders. Rational use of medicines plays a vital role in healthcare systems. Essential medicines are still inaccessible for population struggling with poverty and are still fatally affected by HIV/AIDS, malaria and tuberculosis. Emergence of antimicrobial resistance continues to pose a global problem in handling the management of these diseases. Access to medicines can be best ensured by proper selection and use of medicines, affordable prices for quality medicine, sustainable financing and reliable heath system. Irrational medicine use is a public health problem worldwide. Counterfeit and substandard medicines also create an impediment in access to quality medicines. Given the number of lives being claimed each year from diseases that can be easily treated and/or prevented, there is an urgent need to put in place advanced and tangible policies that would ensure access to essential medicines.

The specific objectives of the programme are:
- To enable participants understand and comprehend the concepts and principles of access to medicines with tools and intervention to promote rational use of medicines
- To facilitate appreciation of the significance of a national and international ?medicine policy environment and how it affects the course of healthcare system
- To provide key information and expertise towards ensuring better affordable ?access to medicines and healthcare services
- To share strategies and conscious actions to promote rational use of medicine ?with focus on HIV/AIDS, malaria and tuberculosis,
- To expose the participants to practical approaches in developing effective strategies for change.

For additional information: http://www.jaipur.iihmr.org/MDP/Files/MDPBrochures2013_14/Rational%20Use%20of%20Medicines%2019%20to%2030%20Aug.pdf

Achats et Gestion des Approvisionnements des Produits Essentiels de Laboratoire
25 - 30 août 2013

Objectifs de la formation: A la fin de la formation, les participants seront capables de:
- Reconnaître les principaux éléments des systèmes de santé fonctionnels et comment ceux-ci s'appliquent aux besoins en services de laboratoire ;
- Evaluer de façon critique une chaîne d'approvisionnement et suggérer des améliorations logistiques;
- Développer les spécifications détaillées des équipements, consommables, réactifs …
- Etablir un plan de prévisions concernant les équipements et consommables;
- Comprendre les aspects de gestion des stocks liés aux produits de laboratoire;
- Recommander les conditions de stockage spécifiques aux produits de laboratoire;
- Mettre en place des indicateurs de performance afin d'évaluer la qualité et l'efficacité des chaînes d'approvisionnement.

Les principaux sujets sont
La formation est très participative. Les échanges de compétences et d'expériences entre les participants sont essentiels au cours des diverses activités de la formation, laquelle contient des présentations, discussions, exercices ainsi que des études de cas. Les sujets principaux comprennent :

- Les besoins nécessaires en laboratoire;
- Gestion de la chaîne d'approvisionnement ;
- Sélection des produits essentiels de laboratoire;
- Prévisions et Quantification;
- Achat;
- Gestion des stocks;
- Entreposage et Distribution;
- Contrôle/Suivi et Évaluation.

For additional information: http://www.iplussolutions.org/fr/content/achats-et-gestion-des-approvisionnements-des-produits-essentiels-de-laboratoire

Gender, Rights and Health *e-learning course*

Course date: September 2 – November 8, 2013

Health programmes and health policies are often developed without taking into consideration the gender dimensions and rights perspective into consideration. This course equips participants with concepts, tools and analytical frameworks to analyze health programmes, policies and research from a gender and rights perspective. The course will take place in a Virtual Learning Community – a web-based learning arrangement.

For additional information: http://www.kit.nl/kit/Gender,-rights-and-health-(e-learning)

Gender equity in value chain development
Course date: November 4 – November 15, 2013

Drawing from a multitude of practiced based case material, this 10-day course offers strategies and tools to design value chain interventions that have positive impact both on gender equality and business development of the value chain itself. This participatory experience based course offers you a framework to help plan and implement value chain interventions in such a way that women benefit more from value chains, while at the same time increasing business development opportunities within the chain as a whole. For this course and a number of other advanced courses, participants can apply for funding from the Netherlands Fellowship Programme (NFP).

For additional information: http://www.kit.nl/kit/DEV-Training-Value-chain-development-Gender-in-value-chains

The mHealth Summit 2013
December 8—13, 2013

The 2013 mHealth Summit will feature the second-annual Global Health track, which will showcase applications of mobile technology in a global setting, with a particular emphasis on low- and middle-income countries.

This cross-cutting track will highlight mHealth efforts to improve health outcomes, including proven approaches and lessons learned from the field.

Key regions of interest include: Africa, South-east Asia, Latin America and the Middle-East.

Topics Include:
- Sustainability Models in Low and Middle Income Countries
- Effective Partnerships for Scale
- mHealth for Women's Empowerment
- mHealth for Youth Engagement & Empowerment
- Design and User Feedback/Experience in mHealth
- Aging and/or Managing Chronic Disease

Website: http://www.mhealthsummit.org/program-details/call-presentations

FUNDING OPPORTUNITY

Call for Proposals

Call for program impact evaluation proposals under the Strategic Impact Evaluation Fund (SIEF). This multi-donor trust fund, supported by DFID and administered by the World Bank's Human Development Network, promotes rigorous evidence-based decision making in development policies and programs designed to alleviate poverty.

Similar to the first call for proposals in 2012, this second call focuses on thematic clusters chosen for their strategic policy relevance: (i) early childhood nutrition, health, and development; (ii) water supply, sanitation, and hygiene linked to human development outcomes; (iii) basic education service delivery; and (iv) health systems and service delivery. Within these clusters, impact evaluation teams may consider a range of program types as outlined in the cluster notes available through the SIEF Call for Proposals.

The application process is a two-step process. The first stage requires completing the online SIEF Proposal Form and submitting a completed Budget Proposal Template by email by 5:00 P.M. (EST) November 1, 2013. Following a review of the proposals submitted by the November 1, 2013 deadline, SIEF will make an initial selection of proposals. In the second stage, these selected proposals will receive seed funding up to US$25,000 to develop a full technical proposal with detailed budget for the impact evaluation. Selection in the first stage is not a guarantee of funding beyond the seed funding. Following submission of the full technical proposal and accompanying materials, SIEF will make a final selection of proposals to receive funding. Please see the application form and FAQs for further details on how to apply. Application materials and detailed information are available on our website.

SIEF is focused on generating evidence on innovative policies and programs. These can be designed and managed by development organizations, governments, NGOs, or other groups. Likewise, SIEF welcomes applications from all researchers engaged in impact evaluation: Applications are encouraged from the World Bank, DFID and other international organizations, governments, NGOs, and research institutes, whether alone or in partnership. All proposed evaluations must include a World Bank Task Team Leader (TTL) who will be responsible for the management of the evaluation, ensuring the work informs policy priorities, assuming fiduciary management of the evaluation, and liaising with World Bank regional and sectoral units and SIEF management. We hope that World Bank staff will consider supporting impact evaluations by outside researchers and organizations to help build an important body of evidence for creating more effective programs.

The SIEF program promotes and supports rigorous evidence-based decision making in key thematic areas of global human development. Over the course of the five-year program, we expect to finance more than 50 impact evaluations and allocate nearly $25,000,000. In addition, SIEF organizes training and capacity-building for impact evaluations and supports knowledge sharing and policy engagement around the program findings. The World Bank is a pioneer in the field of impact evaluation and we are very excited about the opportunities afforded by this trust fund.

For additional information: www.worldbank.org/sief

ARTICLES OF INTEREST

Strengthening Community and Health Systems for Quality PMTCT: Applications in Kenya, Nigeria, South Africa, and Ethiopia Pathfinder

A report by Pathfinder discusses experiences as well as recommendations based on programmes for prevention of mother-to-child transmission (PMTCT) of HIV. According to the report, barriers to implementing programmes for PMTCT in resource-limited settings fall into common biomedical, behavioural, and structural categories. In addition to a lack of access to quality PMTCT services at the clinic level, community-level factors such as stigma, adverse gender dynamics, low support for HIV testing, antenatal care (ANC) and skilled birth attendance, and poor linkages between communities and their facilities all pose challenges to improving PMTCT outcomes. Since 2002, Pathfinder has implemented PMTCT programming globally, using lessons learned to inform implementation of their global PMTCT strategy. This technical brief discusses implementation experience in four African countries, providing recommendations for future efforts to more holistically advance improved PMTCT outcomes in resource-limited settings.

To download the full report: http://www.pathfinder.org/publications-tools/pdfs/Strengthening-Systems-for-Quality-PMTCT_May172013_FINAL.pdf?x=162&y=18

The role of Clinical Officers in the Kenyan health system: a question of perspective

Despite the increasing interest in using non-physician clinicians in many low-income countries, little is known about the roles they play in typical health system settings. Prior research has concentrated on evaluating their technical competencies compared to those of doctors. This work explored perceptions of the roles of Kenyan non-physician clinicians (Clinical Officers (COs).

Qualitative methods including in-depth interviews (with COs, nurses, doctors, hospital management, and policymakers, among others), participant observation and document analysis were used. A nomothetic-idiographic framework was used to examine tensions between institutions and individuals within them. A comparative approach was used to examine institutional versus individual notions of CO roles, how these roles play out in government and faith-based hospital (FBH) settings as well as differences arising from three specific work settings for COs within hospitals.

The main finding was the discrepancy between policy documents that outline a broad role for COs that covers both technical and managerial roles, while respondents articulated a narrow technical role that focused on patient care and management. Respondents described a variety of images of COs, ranging from 'filter' to 'primary healthcare physician', when asked about CO roles. COs argued for a defined role associated with primary healthcare, feeling constrained by their technical role. FBH settings were found to additionally clarify CO roles when compared with public hospitals. Tensions between formal prescriptions of CO roles and actual practice were reported and coalesced around lack of recognition over COs work, role conflict among specialist COs, and role ambiguity.

Even though COs are important service providers their role is not clearly understood, which has resulted in role conflict. It is suggested that their role be redefined, moving from that of 'substitute clinician' to professional 'primary care clinician', with this being supported by the health system.

For full article: http://www.human-resources-health.com/content/11/1/32/abstract

Challenges for nursing education in Angola: the perception of nurse leaders affiliated with professional education institutions

Angola is one of the African countries with the highest morbidity and mortality rates and a devastating lack of human resources for health, including nursing. The World Health Organization stimulates and takes technical cooperation initiatives for human resource education and training in health and education, with a view to the development of countries in the region. The aim in this study was to identify how nurses affiliated with nursing education institutions perceive the challenges nursing education is facing in Angola.

After consulting the National Directory of Human Resources in Angola, the nurse leaders affiliated with professional nursing education institutions in Angola were invited to participate in the study by email. Data were collected in February 2009 through the focus group technique. The group of participants was focused on the central question: what are the challenges faced for nursing education in your country? To register and understand the information, besides the use of a recorder, the reporters elaborated an interpretative report. Data were coded using content analysis.

Fourteen nurses participated in the meeting, most of whom were affiliated with technical nursing education institutions. It was verified that the nurse leaders at technical and higher nursing education institutions in Angola face many challenges, mainly related to the lack of infrastructure, absence of trained human resources, bureaucratic problems to regularize the schools and lack of material resources. On the opposite, the solutions they present are predominantly centered on the valuation of nursing professionals, which implies cultural and attitude changes.

Public health education policies need to be established in Angola, including action guidelines that permit effective nursing activities. Professional education institutions need further regularizations and nurses need to be acknowledged as key elements for the qualitative enhancement of health services in the country.

For full article: http://www.human-resources-health.com/content/11/1/33/abstract

Anglicans publish new studies on faith based health initiatives

Faith-based organisations (FBOs) are potentially an important role-player in HIV prevention, but there has been little systematic study of their potential strengths and weaknesses in this area.

The potential for Faith-based organisations to be important role-players in HIV prevention is undermined by the church's difficulties with discussing sexuality, avoiding stigma, gender issues and acceptance of condoms. It appears that, in contrast with high-income countries, religiosity does not have an overall positive impact on risky sexual behaviour in Africa. Churches may, however, have a positive impact on alcohol use and its associated risky behaviour, as well as self-efficacy. The influence of the church on sexual behaviour may also be associated with the degree of social engagement and control within the church culture.

Faith-based organisations have the potential to be an important role player in terms of HIV preven-

tion. However, in order to be more effective, the church needs to take up the challenge of empowering young women, recognising the need for their sexually-active youth to use protection, reducing judgemental attitudes and changing the didactical methods used.

For full article: http://faithinhealth.files.wordpress.com/2013/07/fbos.pdf

Saving newborn lives in India: A look at govt initiatives

India today accounts for nearly one third of all newborn deaths worldwide but fortunately the Indian govt agrees that saving newborn lives should be a national priority, writes Dr Rajiv Tandon.

Before you finish reading this, another baby in India will be born who does not live to see tomorrow. Every day, on average, more than 800 babies die on the day they are born in India. The toll of first-day deaths in India exceeds 300,000 each year. The numbers are truly staggering, even considering that India has the highest number of births worldwide.

In fact, India today accounts for nearly one third of all newborn deaths worldwide. And, of all the children under 5 who die each year in India, more than half are babies less than a month old.

Clearly, saving newborn lives should be a national priority, and fortunately the national government of India agrees. In recent months, the government has made key policy decisions that focus on several major causes of newborn death including babies with severe infections, babies born too soon (premature) and babies born at full term but at very low birth weight.

Consider the treatment of infections, which alone account for more than a third of deaths in the first month of life. While effective, low-cost injectable antibiotics have been available for decades to treat t infections among newborns and their mothers, only physicians have been allowed to use them. That has caused many babies to die without treatment. The reason: their families could not get access to timely and adequate care from a doctor.

In April, the government reversed this long-standing policy and authorized Auxiliary Nurse Midwives (ANMs) to administer the first pre-referral dose of medicines. Doctors will still play an important role, but ANMs, who are at the frontlines of India's child survival battle, can now continue to administer these injectable antibiotics for a full course treatment in specific situations when referrals are not possible.

For full article: http://southasia.oneworld.net/peoplespeak/saving-newborn-lives-in-india-a-look-at-govt-initiatives#.UfN7RtJOPy3

Establishing a health information workforce: innovation for low- and middle-income countries

To address the shortage of health information personnel within Botswana, an innovative human resources approach was taken. University graduates without training or experience in health information or health sciences were hired and provided with on-the-job training and mentoring to create a new cadre of health worker: the district Monitoring and Evaluation (M&E) Officer. This article describes the early outcomes, achievements, and challenges from this initiative.

Data were collected from the district M&E Officers over a 2-year period and included a skills assessment at baseline and 12 months, pre- and post-training tests, interviews during stakeholder site visits, a survey of achievements, focus group discussions, and an attrition assessment.

An average of 2.7 mentoring visits were conducted for M&E Officers in each district. There were five

training sessions over 18 months. Knowledge scores significantly increased ($p < 0.05$) during the three trainings in which pre/post tests were administered. Over 1 year, there were significant improvements ($p < 0.05$) in self-rated skills related to computer literacy, checking data validity, implementing data quality procedures, using data to support program planning, proposing indicators, and writing M&E reports. Out of the 34 district M&E Officers interviewed during site visits, most were conducting facility visits to review data (27/34; 79%), comparing data sets over time (31/34; 91%), backing up data (32/34; 94%), and analyzing data (32/34; 94%). Common challenges included late facility reports (28/34; 82%), lack of transportation (22/34; 65%), inaccurate facility reports (10/34; 29%), and colleagues' misunderstanding of M&E (10/34; 29%). Six posts were vacated in the first year (6/51; 12%). A total of 49 Officers completed the achievements survey; of these, common accomplishments related to improvements in data management (35/49; 71%), data quality (31/49; 63%), data use (29/49; 59%), and capacity development (26/49; 53%).

The development of a cadre of district M&E Officers has contributed positively to the health information system in Botswana. In the absence of tertiary training related to health information, on-the-job training and mentoring of university graduates can be an effective approach for developing a new professional cadre of M&E expertise and for strengthening capacity within a national health system.

For full article: http://www.human-resources-health.com/content/11/1/35

Govt to help private hospitals (Uganda)

THE Government is committed to funding and supporting private hospitals because of the vital role they play.

This was contained in President Yoweri Museveni's message read for him by agriculture minister Tress Bucyanayandi during celebrations to mark the golden jubilee of Karoli Lwanga Hospital, Nyakibale in Rukungiri municipality recently.

The hospital was established in 1963 by the Franciscan Sisters of Bred from Netherlands through Kabale Catholic Diocese.

For full article: http://www.newvision.co.ug/news/644791-govt-to-help-private-hospitals.html

Hotline HRH 2013 Monthly Schedule

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