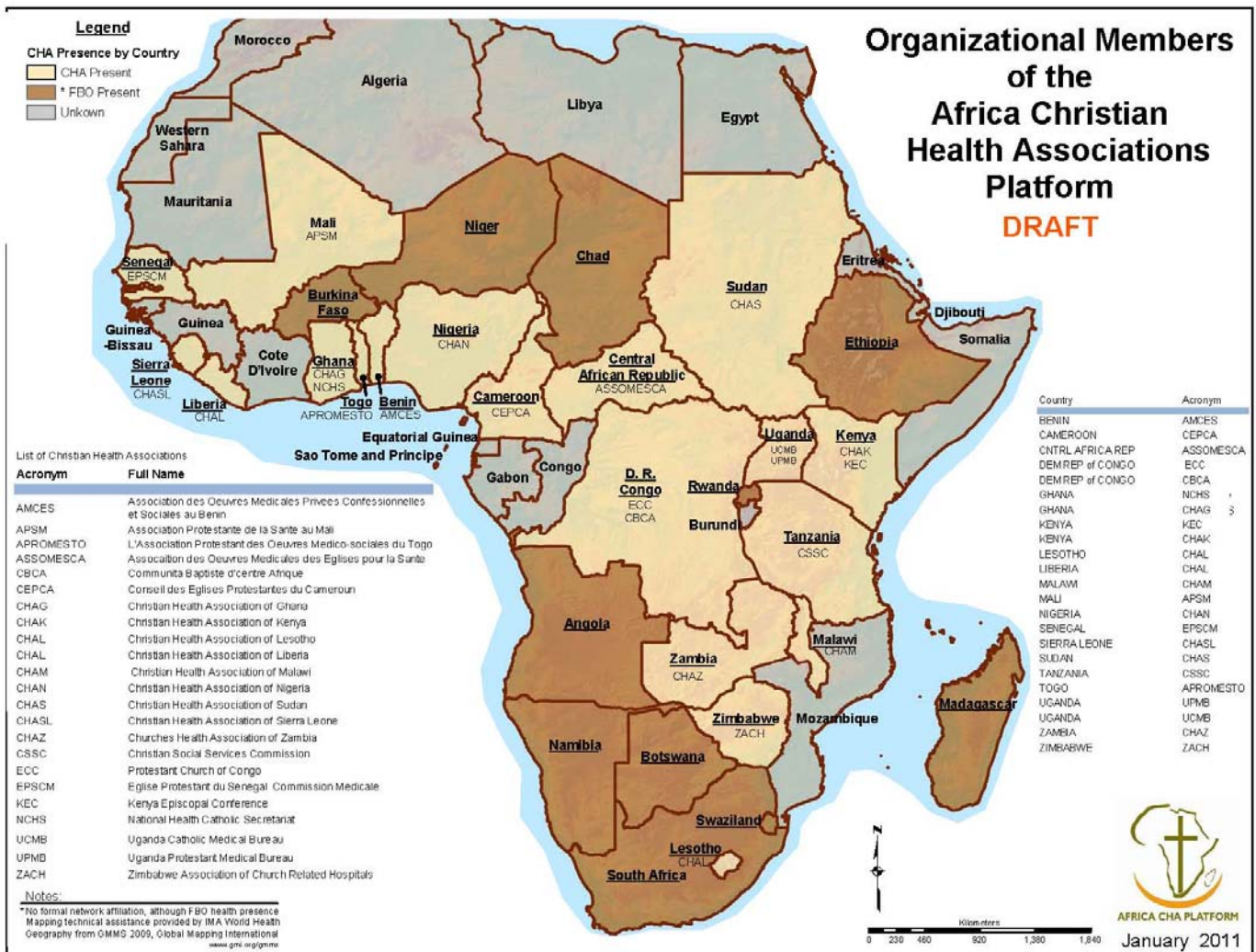


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# Hotline HRH



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

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## RESOURCES

### **World health report 2013: Research for universal health coverage**

Everyone should have access to the health services they need without being forced into poverty when paying for them. The World health report 2013 "Research for universal health coverage" argues that universal health coverage – with full access to high-quality services for prevention, treatment and financial risk protection – cannot be achieved without the evidence provided by scientific research.

For full report: <http://www.who.int/whr/2013/report/en/index.html>

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### **Respectful Maternity Care Toolkit**

This package of materials is designed to provide the tools necessary to begin the implementation of respectful maternity care in your area of work or influence. Using the tools in this toolkit, one can help to change and develop attitudes in oneself and among colleagues and other stakeholders in the care of women and their newborns.

The components of this toolkit can be used by clinicians who are providing maternity care, trainers or educators of clinicians who will be providing maternity care, supervisors of clinicians who provide maternity care, program managers who develop and manage programs with a maternity care component, and by policy makers or other key stakeholders who want to promote RMC in the programs for which they are responsible.

To download: <http://www.k4health.org/toolkits/rmc>

## TRAINING/WORKSHOP INFORMATION

### **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-\(e-learning\)](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>

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## **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>

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## **Human Resources for Health**

March 3-14, 2014

How do policy makers and planners strategically plan for human resources? How can health care managers improve the performance of health care providers? How can organizational development contribute to the performance of health care providers?

The quality of health service delivery depends to a large extent on the availability and performance of qualified personnel, aided by sufficient equipment, facilities and drugs. Health care managers can influence the performance of personnel in various ways using carefully formulated and implemented human resources for health policies, developed in consultation with stakeholders. In order to enhance workforce performance, managers also need to be able to analyse their own organizational culture and behaviour and to identify appropriate leadership skills.

This course

- highlights the knowledge and skills that health care managers, policy makers and planners need for human resource management
- provides an overview of the situation of Human Resources for Health from a global perspective
- subsequently discusses strategies at country level to address health workforce issues.

Topics include

- identification of various functions and stakeholders of human resources management in the health sector
- strategic planning of human resources
- the influence of governance on health workforce planning and management
- the relation between training and performance
- motivation and retention of personnel
- performance management issues
- organizational development and leadership

For additional information: <http://www.kit.nl/kit/Health-systems-Human-resources-for-Health?tab=1>

## ARTICLES OF INTEREST

### **Free maternity services in Kenya see increase in attended births**

A hospital in Nyamira County, Kenya, has disclosed that the number of births it attended increased by 12.5 per cent between May and June 2013 - evidence that the country's free maternal health services, which were introduced on June 1st, have encouraged more mothers to seek professional care.

Jack Magara, director of health for Nyamira County, told the Standard that current estimates put the proportion of deliveries attended by skilled personnel at 76 per cent.

For full article: <http://www.figo.org/news/free-maternity-services-kenya-see-increase-attended-births-0011445>

### **THE ROLE OF FAITH-INSPIRED HEALTH CARE PROVIDERS IN SUB-SAHARAN AFRICA AND PUBLIC-PRIVATE PARTNERSHIPS**

As African governments, donors, and a wide range of organizations increase their efforts to reach the Millennium Development Goals (MDGs) and set the agenda for the post-MDGs era, the role of non-state providers of health care is gaining new attention.

In Africa, the largest non-state networks of providers are often faith-inspired. But how important is the role of faith-inspired institutions (FIIs) in health care provision in Africa? How substantial are their market share and reach to the poor? How affordable are the services provided by FIIs to households? How satisfied are households with these services? What are some of the interesting and innovative experiences that have been documented in terms of FIIs providing quality services to underserved populations?

Beyond facilities-based care, which types of non-institutionalized initiatives emerge out of communities of faith that are generative of health? How can these initiatives be mapped, understood and leveraged for better health and development? The objective of this edited series of three World Bank

HNP Discussion Papers is to gather tentative answers to such questions. This first volume in the series focuses on assessing the role and market share of faith-inspired providers and on assessing the extent to which they are involved in and benefit from public-private partnerships.

To access: [http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2013/03/25/000445729\\_20130325145815/Rendered/PDF/762230v10WP0Fa0Box374365B000PUBLIC0.pdf](http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2013/03/25/000445729_20130325145815/Rendered/PDF/762230v10WP0Fa0Box374365B000PUBLIC0.pdf)

### **QUESTIONS AND ANSWERS ON UNIVERSAL HEALTH COVERAGE ...AND SOME MORE COMMENTS AND OPEN QUESTIONS. MMI DISCUSSION PAPER**

Like many other actors in global health, the Medicus Mundi International Network (MMI) is overwhelmed by the attention given to the concept of Universal Health Coverage (UHC) in the last two years, mainly by the World Health Organization and related to the debate on health in the post-2015 development agenda. We have followed this debate with great interest (see: MMI thematic guide), as the “UHC hype” brought health systems strengthening, a core concern of MMI, back to the top of the global health agenda.

The current discussion paper presents key elements of the concept of UHC as promoted by the World Health Organization and reflects them based on our own ambition of Health for All such as stated in the MMI Network Policy.

To download paper: <http://www.medicusmundi.org/en/contributions/news/2013/mmi-uhc-discussion-paper/uhc-mmi-discussion-paper-august-2013.pdf>

### **Factors affecting job satisfaction and retention of medical laboratory professionals in seven countries of Sub-Saharan Africa**

Effective implementation and sustainability of quality laboratory programmes in Sub-Saharan Africa relies on the development of appropriate staff retention strategies. Assessing the factors responsible for job satisfaction and retention is key for tailoring specific interventions aiming at improving the overall impact of health programmes. A survey was developed to assess these factors among 224 laboratorians working in the laboratory programme the University of Maryland implemented in seven Sub-Saharan African countries. Lack of professional development was the major reason for leaving the previous job for 28% of interviewees who changed jobs in the past five years. Professional development/training opportunities was indicated by almost 90% (195/224) of total interviewees as the most important or a very important factor for satisfaction at their current job. Similarly, regular professional development/opportunities for training was the highest rated incentive to remain at their current job by 80% (179/224). Laboratory professionals employed in the private sector were more likely to change jobs than those working in the public sector ( $P = 0.002$ ). The findings were used for developing specific strategies for human resources management, in particular targeting professional development, aiming at improving laboratory professionals within the University of Maryland laboratory programme and hence its long-term sustainability.

For full article: <http://www.human-resources-health.com/content/11/1/38>

### **Association between health worker motivation and healthcare quality efforts in Ghana**

Ghana is one of the sub-Saharan African countries making significant progress towards universal access to quality healthcare. However, it remains a challenge to attain the 2015 targets for the health related Millennium Development Goals (MDGs) partly due to health sector human resource challenges including low staff motivation.



This paper addresses indicators of health worker motivation and assesses associations with quality care and patient safety in Ghana. The aim is to identify interventions at the health worker level that contribute to quality improvement in healthcare facilities.

The study is a baseline survey of health workers ( $n = 324$ ) in 64 primary healthcare facilities in two regions in Ghana. Data collection involved quality care assessment using the SafeCare Essentials tool, the National Health Insurance Authority (NHIA) accreditation data and structured staff interviews on workplace motivating factors. The Spearman correlation test was conducted to test the hypothesis that the level of health worker motivation is associated with level of effort by primary healthcare facilities to improve quality care and patient safety.

The quality care situation in health facilities was generally low, as determined by the SafeCare Essentials tool and NHIA data. The majority of facilities assessed did not have documented evidence of processes for continuous quality improvement and patient safety. Overall, staff motivation appeared low although workers in private facilities perceived better working conditions than workers in public facilities ( $P < 0.05$ ). Significant positive associations were found between staff satisfaction levels with working conditions and the clinic's effort towards quality improvement and patient safety ( $P < 0.05$ ).

As part of efforts towards attainment of the health related MDGs in Ghana, more comprehensive staff motivation interventions should be integrated into quality improvement strategies especially in government-owned healthcare facilities where working conditions are perceived to be the worst.

For full article: <http://www.human-resources-health.com/content/11/1/37/abstract>

### **Influence of the US President's Emergency Plan for AIDS Relief (PEPFAR) on career choices and emigration of health-profession graduates from a Ugandan medical school: a cross-sectional study**

The purpose of this study was to determine the current work distribution of health professionals from a public Ugandan medical school in a period of major donor funding for HIV programmes. We explore the hypothesis that programmes initiated under unprecedented health investments from the US President's Emergency Plan for AIDS Relief have possibly facilitated the drain of healthcare workers from the public-health system of countries like Uganda.

Cross-sectional study conducted between January and December 2010 to survey graduates, using in-person, phone or online surveys using email and social networks. Logistic regression analysis was applied to determine ORs for association between predictors and outcomes.

We interviewed 85.4% ( $n=796$ ) of all MUST alumni since the university opened in 1989. 78% ( $n=618$ ) were physicians and 12% ( $n=94$ ) of graduates worked outside Uganda. Over 50% ( $n=383$ ) of graduates worked for an HIV-related NGO whether in Uganda or abroad. Graduates receiving their degree after 2005, when large HIV programmes started, were less likely to leave the country,  $OR=0.24$  (95% CI 0.1 to 0.59) but were more likely to work for an HIV-related NGO,  $OR=1.53$  (95% CI 1.06 to 2.23).

A majority of health professionals surveyed work for an HIV-related NGO. The increase in resources and investment in HIV-treatment capacity is temporally associated with retention of medical providers in Uganda. Donor funds should be channeled to develop and retain healthcare workers in disciplines other than HIV and broaden the healthcare workforce to other areas.

For full article: <http://bmjopen.bmj.com/content/3/5/e002875.full.pdf>

# ACHAP IN THE NEWS

## KENYA: Catholic Bishops Conference Rebrands

The Catholic Bishops of Kenya have changed their name from Kenya Episcopal Conference (KEC) to the Kenya Conference of Catholic Bishops (KCCB) in a colorful event at the Consolata School grounds in Westlands. The event was presided over by His Eminence John Cardinal Njue, Chairman, KCCB assisted by over a dozen bishops and over 50 priests.

During the launch, a 10 year strategic plan was revealed that will guide the implementation of the conference's vision and mission.

For full article: <http://cisanewsafrika.com/kenya-catholic-bishops-conference-rebrands/>

## Maua Methodist Hospital

Dr. Inoti Muriithi is now part of the "I'm a Health Worker" series:

<http://www.capacityplus.org/imahealthworker/content/dr-inoti-muriithi-medical-officer-charge-kenya>

### **Hotline HRH 2013 Monthly Schedule**

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

For questions regarding the *Hotline HRH* please contact:

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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