Because Health Workers Matter:

They Need Our Support

December 2012

Africa Christian Health Associations (ACHA) Platform
Human Resources for Health Technical Working Group

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Acronyms

ACHAP	Africa Christian Health Associations Platform
CHA	Christian/Church Health Association
CHAG	Christian Health Association of Ghana
CHAK	Christian Health Association of Kenya
CHAM	Christian Health Association of Malawi
CHAZ	Churches Health Association of Zambia
CHI	Church Health Institution
CSSC	Christian Social Services Commission
FBO	Faith Based Organization
HR	Human Resources
HRH	Human Resources for Health
KEC	Kenya Episcopal Conference
TWG	Technical Working Group
UPMB	Uganda Protestant Medical Bureau
WHO	World Health Organization

Acknowledgements

Introduction

The Africa Christian Health Associations (ACHA) Platform is a networking forum for Christian Health Associations and networks. Established in January 2007 at the 3rd Biennial Christian Health Associations Conference in Bagamoyo, Tanzania by the *Bagamoyo Declaration*, the Platform was registered in May 2012 in Kenya as an international NGO hosted by the Christian Health Association of Kenya (CHAK). As of December 2012 there were 26 member organizations representing 21 countries that have Christian

Contribution of Christian Health Networks in Select African Countries

■ Christian Health Association
■ Government
■ Other

Information collected by F. Dimmock (unpublished) February 2011.

Health Institutions (CHI). A Christian Health Association may be defined as a network of Christian hospitals, health centers, clinics and/or training institutions providing health care and related services. An example is the Christian Health Association of Ghana (CHAG) which is a CHA whose membership is comprised of health facilities and health training institutes affiliated with various churches.
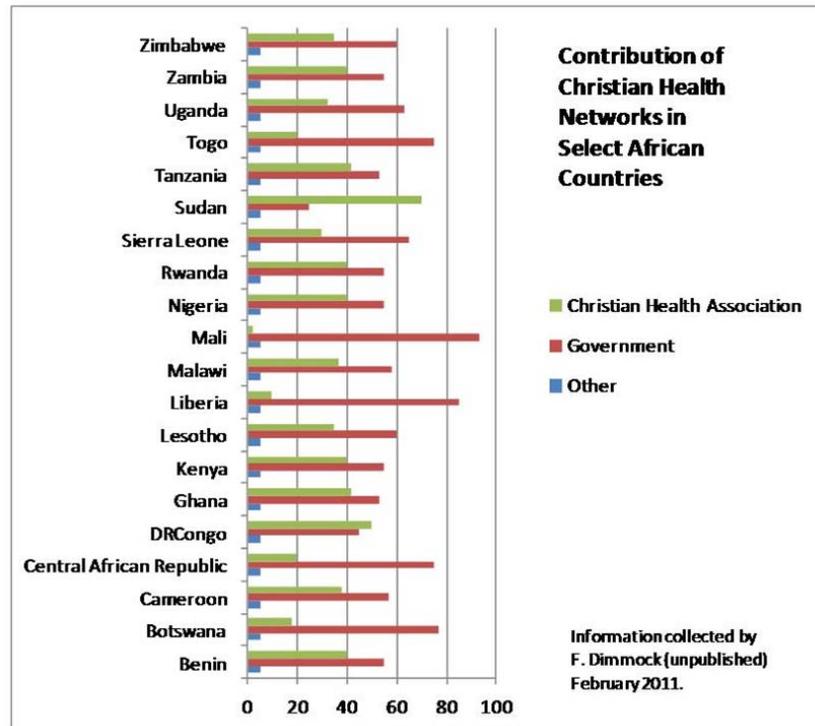
Why Advocate for Health Workers?

In *The World Health Report 2006 - Working Together for Health,* the WHO determined that 2.3 doctors, nurses, and midwives per 1,000 people is the minimum threshold needed to adequately cover the population with essential health services if the Millennium Development Goals were to be achieved. Using this standard and the total population estimates for each country, the WHO found that 57 countries had a critical health worker shortage, 36 of these being in sub-Saharan Africa where the WHO estimates that the FBO community provides 30% to 70% of health care services. The situation is even more complicated given that this region is only served by 3% of the world's health workforce yet faces the largest global disease burden – 24%. Going beyond the numbers, the health workforce crisis is also caused by other obstacles to the delivery of quality health services. The Health Workforce Advocacy Initiative (HWAI) summarizes these to include:

- Severe internal inequities in health workforce distribution, with rural areas being particularly underserved

- Failure to update health workers' skills and knowledge

- Poor management and lack of regular, supportive supervision

- Lack of essential medicines and supplies required to provide health services

- Lack of key skills such as human resources management, financial management, and program management.

- Unfavorable policies that restrict nurses and midlevel workers from assuming greater responsibility

- Inadequate support for community-level health workers and caregivers.

- Inadequate participation by stakeholders on policy issues that impact health.

Addressing Health Worker Shortages: Contributions of African Christian Health Associations

In most sub-Saharan African countries, faith-based organizations and Christian health networks provide a large proportion of the national health services accounting for 30%-70% of the national health service delivery; this increases even further in the remote hard-to-reach areas. The Christian Health Associations in Africa also play a critical role in increasing the production of health workers. For instance, the following CHAs provide the following training coverage in their countries:

- Malawi: 40% overall health workers and 70% nurse/midwives

- Kenya: 10% of overall health workers (Protestant only)

- Uganda: 42% training output (Catholic only) and 70% overall health workers trained (Protestant and Catholic)

- Tanzania: 55% nurse/midwives trained

- Zambia: 30% training institutions

Due to their significant contribution to health care provision, the faith-based community, through representation of the Christian Health Associations, may be included in national human resources for health (HRH) plans and programs. In addition, many have signed memoranda of understanding (MOUs) with their respective governments to clarify the roles and responsibilities of either party to harness resource-sharing across the public, private, and FBO sectors. In Ghana, Malawi, Zambia, and Kenya, these MOUs include health worker issues such as the seconding of Ministry of Health health workers to FBO facilities; salary support; facility support including the provision of essential medicine; and payroll management. Highlighting these issues in national MOU agreements ensures that key HRH issues are adequately addressed and reviewed dependent on the operating context.

Through the support of development partners and the ACHA Platform, some of the CHAs have strengthened their HR policies, practices, and guidelines. These documents align with national labor laws and are inclusive of national HRH strategic plans. The hope is that by strengthening

these internal policies, practices, and guidelines there will be reduced migration from one FBO facility to another due to improved HR management and leadership at the facility level. There has also been strong collaboration among FBOs with the private/public sector for implementation of human resources information systems (HRIS) in countries such as Tanzania, Uganda, and Lesotho. Through these various interventions, FBOs have been included in key national stakeholder groups such as national observatories and technical working groups (TWGs). These collaborations have increased support for FBO facilities, improved health sector HRH planning, and improved collaboration with the public sector and harmonization of key reporting tools.

ACHA Platform Human Resources for Health Technical Working Group

In 2006 with USAID-funding through the Capacity Project, the Christian Health Association community rallied around the development of a framework, terms of reference, objectives, and means of collaboration for the development of a Human Resources for Health Technical Working Group (HRH TWG) known as the *Nairobi Declaration.* The HRH TWG was formally established in Bagamoyo, Tanzania in 2007 at the 3rd Biennial CHA Meeting, simultaneously as the Platform. At the 2009 Biennial CHA Conference; the biennial body affirmed the HRH TWG mandates as part of the work of the ACHA Platform. The goal of the ACHA Platform HRH TWG is to ensure that FBOs in Africa are playing an active role in local, regional, and global HRH initiatives, and has a mandate to:

- Act as an HRH technical reference group for the ACHA Platform
- Facilitate sharing of HRH information within the ACHA Platform network
- Strengthen ACHA Platform's participation in key regional and global HRH forums and initiatives.

The HRH TWG is currently made up of nine representatives from the member CHAs and is coordinated by the HR technical advisor for the ACHA Platform whose position is supported by IMA World Health through the USAID-funded Capacity*Plus.*

Key Message 1: Develop and Implement Sound Human Resources Management Policies

The Church leadership, health facility proprietors and leaders (including HR managers), Christian Health Associations, and local government officials need to work together to ensure that their constituent member health facilities and workers are effectively led, managed, and supervised. The development and implementation of sound facility-focused HR policies that are current and aligned to national HRH plans and strategies are vital for improved health worker supervision and productivity.

From experiences shared by CHA representatives, support for HR management requires significant involvement of stakeholders that are external to the health facility institution such as

the Church leadership, proprietors, government, and the Ministry of Health especially where staff are seconded from government to FBO health facilities. With this scenario in mind, it is critical that organizational leadership place high importance on the development and implementation of sound HR management policies.

A sound HR management policy will enable health facility managers to better supervise and ensure quality care to the clients.

Key Message 2: Invest in Human Resources Information Systems (HRIS)

To improve the client's access to quality health care, the FBO health institutions and leadership need to know how many health workers they have, what their qualifications are, where they are posted, and how many health workers the facility needs to run. The absence of accurate, readily available health workforce information is a major impediment to effective planning and decision-making for health worker deployment and management, as well as education and training.

A strong HRIS helps health-sector leaders quickly answer the key policy questions affecting health service delivery. When quality data and effective reporting systems are in place, leaders can better understand the current workforce and plan for recruitment, training, and retention, ensuring that the distribution of health workers is appropriate for the needs of the facility and its surrounding community.

Key Message 3: Address Health Worker Attraction and Retention

The two key indicators of retention are turnover and vacancy rates. Turnover rates record job moves, including transfers, while vacancy rate is the extent to which an organization has unfilled positions. For health managers and organizations to feel empowered to reduce uncontrolled turnover, it is important for them to understand the characteristics of workers who are at risk of moving, the patterns of movement (in-country versus out-migration), and the reasons why workers make a decision to leave. According to retention studies and intention-to-stay studies that have been carried out by the Capacity Project, most causes of low retention are linked to poor financial compensation and unsatisfactory conditions, such as:

- Living and working conditions
- Weak performance management, leadership, and supervision structures
- Inadequate equipment and supplies
- Lack of recognition for good work
- Stress due to heavy workload
- Gender-related issues, including sexual harassment and gender-based discrimination
- Limited opportunities for career development and advancement
- Safety and security concerns, including those related to HIV/AIDS protection, care, and risk.

Health facility management and leadership can work with personnel to identify the facility at-risk factors and with that input be empowered to mitigate migration.

Key Message 4: Monitor, Evaluate, and Document Progress and Results on FBO HRH Initiatives

Monitoring and evaluating FBO HRH investments and documenting best practices, governance issues, and initiatives among FBOs is a pivotal step in ensuring that health outcomes and indicators are attained and well communicated to donors and stakeholders. In order to achieve this, there is greater need to strengthen monitoring and evaluation (M&E) systems, encourage timely reporting, and document and share best practices for prudent management of resources and improved service delivery. Building the capacity for the FBO to provide accurate and timely reporting not only enhances and promotes sustainability of the services, but also makes it easier for the Church and health facility leadership to conduct appropriate follow-up and make necessary recommendations for improvement. Reporting and sharing information among CHAs will also promote implementation of evidence-based intervention and best practices.

Resources

The declaration resolved that the Africa Christian Health Associations Platform (ACHAP) and its Secretariat be established to improve networking and communication between CHAs and associated partner organizations in Africa and beyond.
http://ww.africachap.org/x5/index.php?option=com_content&task=view&id=14&Itemid=36

The World Health Report 2006 - Working Together for Health. http://www.who.int/whr/2006/en/. Page 5.

World Health Organization. Faith-based organizations play a major role in HIV/AIDS care and treatment in sub-Saharan Africa. 8 February 2007. http://www.who.int/mediacentre/news/notes/2007/np05/en/

Health Workforce Advocacy Initiative. Addressing the Health Workforce Crisis: A Toolkit for Health Professional Advocates. http://www.healthworkforce.info/advocacy/HWAI_advocacy_toolkit.pdf. Page 4.

Pearl, E., S. Chand and C. Hafner. Training Health Workers in Africa: Documenting Faith-Based Organizations' Contribution. November 2009. Capacity Project.
http://www.capacityplus.org/files/resources/projectTechBrief_17.pdf

For information on how to develop HR policies and procedures please contact:
health@imaworldhealth.org

The Capacity*Plus* iHRIS team can be contacted for support with setting up an HRIS: hris@capacityplus.org

Resource materials exist for identifying and costing suitable retention packages and may be found in the HRH Global Resource Center: http://www.hrhresourcecenter.org/

Buchan J. and L. Calman. The Global Shortage of Registered Nurses: An Overview of Issues and Actions. Geneva, Switzerland. International Council of Nurses. 2004.
http://www.icn.ch/images/stories/documents/publications/GNRI/Global_Shortage_of_Registered_Nurses_Executive_summary.pdf

Yumkella, Fatu. Worker Retention in Human Resources for Health: Catalyzing and Tracking Change. March 2009. Technical Brief 15. Capacity Project.
http://www.capacityplus.org/files/resources/projectTechBrief_15.pdf

Yumkella, Fatu. Retention of Health Care Workers in Low-Resource Settings: Challenges and Responses. February 2006. Technical Brief 1. Capacity Project.
http://www.capacityplus.org/files/resources/projectTechBrief_1.pdf

An online course, An Introduction to Monitoring and Evaluation of Human Resources for Health, introduces key monitoring and evaluation (M&E) concepts and how they apply to the field of HRH. The course also provides an overview of resources and tools to inform evidence-based planning and decision-making for HRH programs. It is aimed at HRH practitioners, M&E practitioners, global health students and professionals, program planners, and policy-makers and does not require any prior experience or knowledge of M&E. www.hrhresourcecenter.org/elearning/