

**UCMB and HRH Retention
Strategies:
'Task shifting' and 'bonding'**

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Introduction

The Uganda Catholic Medical Bureau (UCMB) represents the health services network of the Ugandan Catholic Church, acts as coordinator and advocate, and provides technical assistant / advice to the members of the network.

HRH in UCMB facilities

- The UCMB health services network incorporates 27 hospitals, 11 health training institutions and 236 basic health facilities.
- Number of staff employed: 7,525 health workers:
 - 4,782 in hospitals
 - 2,743 in basic health facilities
- In the nineties, only three out of 27 hospitals were able to retain services of a qualified dispenser, because of the general shortage of such cadres and limited financial capacity.

'Task shifting' and 'bonding' (1)

- The 1993 World Council of Churches identified critical shortages of qualified pharmacy workers in East Africa and initiated the training of pharmaceutical assistants (PAs).
- Students with adequate secondary schooling were recruited from staff already involved in hospital pharmacies, but without formal pharmaceutical training: many were nurses or secondary school leavers.
- Between 1995 and 2003, 129 pharmacy assistants were trained.

‘Task shifting’ and ‘bonding’ (2)

- The 51 UCMB sponsored graduates returned to the health facilities where they were employed prior to their training.
- As compensation for the scholarships, PAs were required to sign a ‘bonding’ agreement for not less than three years.
- UCMB approached the Ministry of Health, the Ministry of Education and Sports and the National Drug Authority to solicit formal recognition of this newly trained cadre.

Task shifting & bonding – Successes (1)

- The 27 Catholic hospitals have at least one competently trained PA.
- A survey conducted confirmed that the PAs were performing well.
- The training contributed to increased motivation because of improved individual competencies.
- All bonded PAs remained for the contracted period and are, in some cases, still employed by the same facility.

Task shifting & bonding – Successes (2)

- The overall hospital performance and the capacity to manage and deliver quality pharmaceutical services has improved because of the presence of trained PAs.
- The bonding arrangements have enhanced the retention and improved the motivation of pharmaceutical staff.
- The introduced HRH retention strategies alleviate the shortage of qualified pharmaceutical staff, although they do not eliminate attrition completely.

Task shifting & bonding – Challenges

- The Ugandan Professional Regulatory Authorities have yet to recognise PAs as formal allied health professionals, mainly because the academic entry requirements for recognised pharmaceutical professionals were not met.
- The National Drug Authority (NDA) has been equally resistant in accepting PAs, because the NDA *“does not acknowledge the importance of task shifting”*.
- The above has affected career development opportunities of PAs: they have not been accepted into the institute training (formally recognised) dispensers.

Recommendations (1)

Before the start of the training:

- Ensure that the MoH and professional regulatory bodies approve the training of new cadres.
- Ensure that the MoH and professional regulatory bodies are involved in the development of and formally approve the training curriculum.
- Ensure that the MoH and organisations that employ health workers are involved in the development of job descriptions of newly trained cadres.

Recommendations (2)

- Ensure the involvement of professional regulatory bodies in the training and supervision to enhance the acceptability of new cadres.
- Clarify career progression / development issues.
- Seek support of WHO, other relevant UN agencies and development partners to:
 - Advocate and promote effective strategies to address the human resource crisis in both the public and private not-for-profit sector at national policy level.
 - To increase the credibility and acceptance of innovative approaches to HRH retention. For instance, ‘task shifting’ has been accepted because it was embraced by the WHO.

Thank you