



CATHOLIC HEALTH SERVICES

17 Jan Jonker Road, PO Box 11525, Windhoek, Namibia
Tel: (061) 224798 / 225265 / 259554 / 259847. Fax: (061) 248126.
eMail: info@chs-namibia.org , Website: www.chs-namibia.org

Andara, Nyangana, Oshikuku, Rehoboth, Aroab, Bunya, Okatana, Sambyu, Tondoro, Anamulenge, Ilyateko, Mayara, Mbambi, Old Bagani, Oshitutuma, Shinungwe

ASSOCIATION INCORPORATED UNDER SECTION 21

Office of the Director of Health

Enquiry: Sr. Otilie Kutenda

28 July 2008

TO THE EDITOR OF THE NAMIBIAN NEWSPAPER

Dear Editor

Please be so kind and publish this letter. This is my response to the person who wrote an SMS asking the person in charge of Andara hospital to recruit more doctors. I am afraid what I have to write might be too much for SMS.

This serves as a response to the writer of an SMS asking the person in charge of Andara hospital to recruit more doctors (The Namibian (SMS 25 July 2008)). I want to thank the writer for bringing this issue to light and apologise that he and many other patients/clients had and everyday have to wait for a long time for medical services in that hospital. I wish to confirm his/her concern as a reality and a concern to all of us. It is good when the community brings up such issues. It might assist policy makers to review some of the maybe necessary, but cumbersome bureaucratic processes in recruitment.

There are many issues involved than the recruitment itself. The following are some of the administrative and environmental challenges we experience in Catholic Health Services (CHS). Others may also have these challenges but I am talking from our experiences.

Administrative

1. We can only recruit when there is a vacancy available. When a certain employee informs us that he or she is leaving it is only then that we can start the process. Unfortunately by policy employees are only obliged to give notice 30 days before leaving. It is obvious that we will never get a replacement for anybody within 30 days. We recruit Doctors and Nurses from other countries who also need to give notice to their employers before joining us. If we get an application we first have to make sure that the doctor is registered with the Namibian Medical and Dental Council. Proof of Registration and the advertisement of the position are then, together with the application, qualification documents and other required documentations processed to the Ministry of Home Affairs to request for a work permit and visa. Home Affairs will not issue a work permit or visa without these documents. A successful recruitment process takes about three to four months and this is usually when the applicant is already registered with the Medical and Dental Council or if a nurse or Pharmacist with their respective Professional Councils. There are those applications, which take up to one year before we get response from Home Affairs.
2. If the doctor is not yet registered with the Medical and Dental Council we ask them to apply for registration. This process has been a big problem as the Council was busy with restructuring for quite some time. I know that Nurses have only two times a year to write examination for registration with the Nursing Council of Namibia. This happens in January and September only. Imagine when nurses resign from the end of January until August they cannot be replaced unless a local nurse or a registered nurse applies.

3. The process of obtaining work permit is a long one. We all know the delays in Home Affairs that I believe are sometimes legitimate and sometimes not. Applicants apply to many facilities/organisations/countries. It happens many times that while we are waiting for the work permit/visa the person informs us that he or she has been offered a job somewhere else. Then we have to restart the whole process all over again. You can imagine the frustration! Advertisement costs a lot of money too.

Environmental

In CHS we have two facilities which suffer heavy staff turnover. It is Andara district hospital in Kavango region and Aroab Health Centre in Karas region.

1. Andara is 200km from the nearest town Rundu. There is no bank, no post office, no shops accept for the two mini-markets in Divundu with unbelievable high prices indeed. These shops cater only for the basics (food, drinks, household). Rundu is the nearest town to do the necessary shopping. Imagine pay day when employees receive their checks which can be cashed only in Rundu!!
2. Accommodation for staff in general is a problem. We make provisions for doctors of course, but other staff categories do not have the possibility to bring their families with. Some do bring their children and endure the situation of overcrowding. While enduring the situation they start to look for greener pastures in other districts, regions or even other countries where they can work and accommodate their families better.
3. Transport from Andara to Rundu is a problem. Even if you get a minibus six o'clock in the morning you can only return late in the evening. There is no other opportunity to come earlier unless you have your own car.
4. The primary schools in Andara district are indeed a challenge. To put a child coming from Zambia, Zimbabwe or DRC in these schools in itself is a challenge. The medium of instruction is Thimbukushu, maybe very little English. The quality of teaching in relation to school in towns, and not to mention the countries from where the kids come from is just not comparable. Employees including doctors therefore move to other towns when their children reach school-going age so that their children have access to better schools. Some will send their children to stay with friends in Grootfontein or Windhoek and go to school until they find a job opportunity and then move to join their children.
5. Medicine and nursing are dynamic professions. One needs updating and upgrading of knowledge, skills and attitudes all the time otherwise you become a danger to the community. Health are changing everyday and one needs to read to be able to keep up with new developments and information on health issues. In some of our facilities and especially Andara it is even a big challenge when staff members working want to study while working. There is no library for reference books. Rundu does not even have one. The only way would be the internet. People who need and want to advance will not stay longer in a place like Andara. Andara becomes than a stepping stone. Some of the applicants are aware of the situation but take the job just to come into the country, and leave after a year or two.
6. There are times that we cannot communicate with Andara for a week or two. Sometimes the phone is down, the fax is down and even the e-mail is down. The poor communication in this area also causes frustration because people cannot communicate to their loved ones back home for a week or two. The break downs happen quite regularly.

Aroab is 172km from the nearest town Keetmanshoop and has similar problems with nursing staff.

In conclusion I want to thank those committed colleagues in CHS, both Namibians and Non-Namibians who endure these circumstances. I also want to assure the people that despite all these difficulties we are really doing our best to recruit doctors and other health workers. The issue of retention remains a challenge. It needs combined efforts - from us, the community, traditional and political leaders. Proclaiming Divundu a town and bringing development and services to Divundu will help a lot although not all problems will be solved.

IN GOD WE TRUST

Ottilie M. Kutenda
Director, CHS