

**Human Resources  
Development in the Context  
of Health Sector Reforms  
in Tanzania**

**A Guide for Health Workers  
2001**

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## **Acknowledgements**

This guide is an abridged version of the human resources for health development plan (HRHP) 1996-2001 and human resources for health development policy. It has been produced to increase accessibility and usability because it has been simplified and abridged.

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## **Foreword**

This guide on human resource for health development was prepared jointly by CEDHA Arusha, with technical support from MOH and PHCI Iringa. The guide has been developed in accordance with the human resource development policy and the HRH five year plan (1996-2001). The aim is to provide health workers with relevant information on human resources development in line with the ongoing health sector reforms.

The essence of developing this guide emanated from the fact that majority of health workers are not well informed on different changes taking place in the ongoing health sector reforms in particular those pertaining to the human resource development.

The guide will address issues stipulated in the human resources for health and the suggested strategies to implement the reformed health sector. The MOH hope that the information in this guide will be useful and accessible to all health workers, both public and private to be informed on these changes and make them conversant with all issues of human resource in the reformed health sector. This initiative will make health workers take active roles in the implementation of health sector reform activities.

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## **Abbreviations**

CE	-	Continuing Education
CEDHA	-	Centre for Educational Development in Health, Arusha
CHMT	-	Council Health Management Team
DAP	-	Director of Administration and Personnel
DFID	-	Department for International Development
DHMT	-	District Health Management Team
DMO	-	District Medical Officer
HR	-	Human Resources
HRH	-	Human Resources for Health
HSR	-	Health Sector Reforms
MCHA	-	Maternal and Child Health Aid
MOH	-	Ministry of Health
MPH	-	Master of Public Health
MUCHS	-	Muhimbili University College of Health Sciences
NGOs	-	Non-Governmental Organizations
PHCI	-	Primary Health Care Institute
PHNB	-	Public Health Nurse Grade B
RMA	-	Rural Medical Aid
RMO	-	Regional Medical Officer
SASE	-	Selective Accelerated Salary Enhancement

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## **Introduction**

Health sector reform is defined as a sustainable process of fundamental changes in the policy, structure and institutional arrangements designed to improve performance of health workers and ultimately the health status of the population. In essence, health sector reform look into different aspects of health services delivery, to ensure well trained and motivated staff, at all levels of health care delivery.

The first step towards achieving the challenges facing the human resources development, was the development of human resources policy of 1995, emanating from the overall national health policy which advocates self sufficiency in human resources for health. In this policy it is envisaged that well planned, trained, deployed health workers who are adequately remunerated, supported, and well equipped will perform their tasks better.

The second step was the development of the five year human resources plan in 1996. The aim of this plan was “to develop human resources for health to implement the health reforms effectively by improving their skills and building management capacity at all levels of the health system”.

Information on human resources development is important because health workers are not well informed of the changes taking place at the Ministry



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level. This guide is therefore, intended to provide health workers with relevant information on human resources development issues stipulated in the human resources for health plan and the suggested strategies to implement the reforms.

### **Human Resource for Health Development Policy**

The policy for the development of Human Resource for Health (HRH) provides general guidelines to improve the scope and quality of the health services. The policy intends to assist planners, trainers and managers to develop HRH in a manner which guarantees a sustainable health care delivery system. The Policy considers human resources as the most critical element in the health sector.

### **Goals**

The following are the policy goals:

- To focus the priorities of HRH development on the requirements of PHC and the promotion of community involvement.
- To establish active participation of various stakeholders including contribution of resources from the government, NGOs, religious groups, private organizations and individuals in a cooperative and complementary fashion.

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## **Objectives**

The policy objectives are to:

- Motivate all planners, trainers, learners, and health workers by providing them with clear and common sense of direction.
- Orient HRH planning, training and deployment to the changing epidemiological patterns and distribution of health problems in the country.
- Ensure proper performance of health workers at all levels and in all types of Institutions, that is adequate in relation to the health needs of the community and sustainable making use of available resources.
- Guarantee that community health needs management requirements and appropriate technology developments determine the content and methodology in training programmes.
- Ensure flexibility and responsiveness of the training system to changing needs.
- Foster among health workers a culture of innovation and continuing self improvement.
- Build technical and managerial capability for strengthening district health systems.
- Promote gender balance in training and job opportunities.
- Have the necessary financial and material resources available for the planning, training and maintenance of human resource for health.

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- Promote integration in training and continuing education as appropriate.

## **Human Resources for Health Plan**

### **Aim**

The aim of human resource plan for a reformed health sector is quoted from the joint mission statement of the health sector reform appraisal, April 9 – 13, 1996 ie. *“To develop human resources for health to implement the reforms effectively by improving their skills and building management capacity at all levels of the health system”*.

### **Objectives**

The major HRH Plan objectives in line with HSR requirements:

- Allocate adequate budget to cater for supplies, maintenance operations of health services and sufficient remuneration of health workers.
- Build and strengthen the human resource capacity to manage and organize the health sector reforms at district and higher support levels.
- Build and strengthen the human resource capacity to deliver a minimum essential package of quality health care equitably.
- Ensure that the human resources in service and in training are equipped with adequate knowledge, skills and attitudes required for the implementation of the health sector reforms.

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- Have the right people in the right place at the right time with the right qualifications and the right motivation.

### **Strategies**

The HRH plan strategies include;

- Monitoring the application of staffing standards and staff mix.
- Reduction of human resource cost as a percentage of the total health budget.
- Increase in the salaries of health services staff as a consequence of a reduced but more efficient, better qualified and more productive workforce.
- Training requirements that comply with the human resource for health planning.

### **Action proposed**

The following actions have been proposed to achieve HRH plan:

### **Funds**

Funding is one of the resources necessary to implement the plan. This is important because all actions in the plan require well motivated and remunerated individuals.

The government through Civil Service reforms has established a system in which employees will be paid adequately according to their performance.

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## **Application of staffing standards**

The achievement of HRH plan depends to a greater extent on human resource, which is well placed. In other words proper staffing guideline is essential. The plan has shown the discrepancies that were obvious in the staffing guideline of 1987. The suggestion given in the plan was that new staffing guideline were to be developed, which will represent 12% reduction in total numbers in comparison with the existing guide, based on acceptable criteria.

As an implementation of the HRH plan, the MOH developed new staffing guideline in April 1999, in collaboration with Civil Service Department. The main thrust being to have the right kind of human resources placed at the disposal of the health system in the right numbers at the right time and in the right place and at the right costs.

The development of the staffing standards hinges on the actual employment levels of the health service, views and experiences of senior staff in the field and the contribution of each health professional and support staff in the provision of health care.

These staffing levels are minimal to deliver acceptable standard health care services and are subject to change depending on the workload with the consent of the Civil Service department.

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Heads of health facilities and training institutions should ensure that their facilities are staffed according to the standards. The Ministry of Health, President's office (Regional Administration) and Local Government and District Councils should all ensure that these positions are budgetted for every year and funds are made available to fill all the vacant posts.

## **Capacity building**

In line with the HSR requirements the action for creating management and organization capacity were included in the HRH plan. Capacity building include the following strategies.

### **Strengthening management capacity**

The action intends to build management capacity at district and higher support level by vigorous management training of District/Regional health management teams, which are guided by training modules. The plan also recommended that there should be up-grading and career development of the present health secretaries or other suitable cadre to qualify for being health managers.

Furthermore, to build capacity within the district health management teams, the former diploma course in public health at Muhimbili Medical Centre has been upgraded into an intensive one-year postgraduate programme with a revised curriculum and strong emphasis on management and organization aspects.

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### **Quality care**

To ensure competency in the delivery of quality health care, the plan calls for in-service training. This will ensure that the minimum essential quality health care packages can be provided by up-dating and maintaining the technical quality of the primary and first referral level health workers.

### **Hospital and health facility based continuing education**

Ideally, every hospital and health facility should bear the main responsibility for the continuing education of their own health workers. This can be in a form of clinical meetings, morning reports, ward rounds, professional meetings, intercollegial consultations, information exchange around referred patients, provision of a reading room resource centre or a notice board. Hospital reports should contain few paragraphs indicating continuing education activities carried out for its own staff.

The district continuing education coordinator will liaise with nearby training institutions and other members of DHMT regarding preparation of district training plans. However, the district C coordinators will require briefing and continuous support in the task. To guide the districts to implement continuing education programmes a set of continuing education guidelines will be developed.

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to ensure that:

- In-service training matches technological development.
- Continuing education becomes part of re-registration conditions.
- New employees are subjected to induction instead of entering the field unaided.
- DHMT's incorporate training in their health plans.
- Zonal Training Centres are optimally utilized for district support.

#### **In-service Training (Upgrading)**

In line with HSR, health workers are strongly advised to upgrade themselves through training. This is because some of the lower level cadres; eg. RMA's, MCHA's, Nurse Assistants and Medical Attendants are being phased out.

To assist these cadres, the MOH has already upgraded some of these training institutions to provide enough opportunity for upgrading. Middle level officers are also encouraged to update their competencies for better performance.

#### **Post-graduate training/short courses**

Post graduate training programmes have already been revisited and supported to ensure that specialised services in support of HSR are available at district, regional and central level. Sponsorship for these



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specific type of training will be borne by the Government and donors. The MOH is also encouraging the RMO's and DMO's to organize or send their staff to attend short courses through government budget or solicit funds from donors through proposal write-up or special requests.

**Redesignation of health training institutions**

Existing medical schools and other degree course programmes are advised to increase intake of students to reduce shortage of higher level human resources.

Institutions under the MOH; training cadres which are no longer a priority should be closed down or re-assigned new functions according to the national priority eg. MCHA's school converted to PHNB; RMA's school converted to Clinical officer etc.

Closing of these schools will be done gradually by stopping new intake and the staff may be transferred, or be required to fulfill continuing education function in support of the health sector reforms. Closed schools will be involved in capacity building for the district through distance education or satellites for PHC/CE activities.

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### **Changes in institutional set-up of training**

- MOH – training department has already developed standard guidelines for selection procedures which guarantee fairness to all applicants to avoid complaints from the community.
- The government is still sensitizing private organizations and individuals who are capable of taking over training activities. However, most of the organizations and individuals who have shown interest have failed to meet the conditions.
- The Government through MOH will remain with health training institutions which are of great priority.
  - With introduction of the cost-sharing policy, the Government will reduce subsidies to voluntary agency training institutions.
  - MOH will have a system of monitoring and reviewing the cost-sharing process in the training institutions.
  - MOH has already developed standard guidelines for training, accreditation and school supervision.
  - Physical suitability of training infrastructure with relation to HSR requirements will be given priorities.
  - Assessment of the location, facilities, transport, equipment, and the situation of the schools for their suitability to HSR strategies.
  - HRH plan requires the districts, zones, and MOH to prepare action plans for the implementation of HSRs.

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### **Enabling conditions for HRH to cope with HSR**

The requirements necessary for HRH to be reformed are those issues which affect human resources directly such as:

- i) A better pay package which has been advocated in the pay reform, will have a direct impact to individuals and automatically influence their performance.
- ii) Civil service reforms aim at a trimmed, efficient, task oriented and accountable civil servants.
- iii) Efficiency reforms - which aim at streamlining function oriented ministries and departments.
- iv) Local Government reforms - which aims at devolution of power and authority to the districts.
- v) Establishment of monitoring exercise - whereby human resource activities at MOH, Regional and District level will be monitored using performance indicators as a means of verification.
- vi) Evaluation - with the intention of counterchecking whether human resource activities are in conformity with HSR requirement.
- vii) Support - provision of input to those handling human resource issues in terms of further training in computer skills for handling data and provision of computers.

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### **Strengthening HRH planning process**

Human resources planning process is a flexible activity which depend much on the flow of information from one phase to another. It is through this information that the manager may develop awareness of human resources problems and opportunities in the organization.

Through this awareness the manager is better placed to develop with his colleagues, co-ordinated HR policies for the organization which enable it to meet its economic objectives while fulfilling its social responsibilities.

The process of human resource planning comprise of the following basic concepts:

- i) *Investigation* - current situation is assessed for the purpose of identifying existing opportunities, problems, productivity, working practices, financial status, counting and classifying the employees.
- ii) *Forecast* - a deliberate practice that helps the organization establish the demand for human resource as well as supply.
- iii) *Planning* - all policies related to human resources are made operational in order to achieve organizational objectives or goals. These objectives are achieved through a number of aspects eg. recruitment, training, development, pay and condition, human resource cost etc.
- iv) *Utilization* - better utilization of human resource in the effort to achieve the organizational objectives.

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- v) *Tools and techniques* - means in which human resources problems are solved using new analytical power computer models which can simplify complicated human resource systems for better decision-making.
- vi) *Career development* - conscious attention is given to the career development whereby advancement path is provided for each professional for better performance and individual satisfaction.

It is recommended that:

- Human resource planning should be reflected in the management training programmes.
- Staff in the human resource department with technical support will strengthen and institutionalize a quality assurance/supervision system for the training institutions by setting standards.
- Production of simplified learning materials on human resource issues should be made available in health institutions.

To strengthen the HRH planning process the need to have comprehensive data base for informed decision making is necessary. The objectives of having comprehensive data base are to:

- Identify, collect, analyse and interpret HRH data from various health institutions and establish data base for management decision making in line with HSR programme.

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- Ensure availability of HRH data for proper utilization by management during planning, monitoring, evaluation and feedback process.
  - Evaluate the performance (contribution) of HRH in the provision of quality health care based on the data available from different health facilities.
  - Strengthen HRH unit on the issues related to HRH planning and training in line with HSR programme.

## **Summary**

The guide on human resource development in the context of HSR has been developed to familiarize health workers with the human resource for health issues on the reformed health sector.

The information basis of this guide consists of the role of the government in developing health workers, the position of the health workers in providing quality health care in line with HSR and the changes taking place in the health training institutions.

The following are the key issues for all health workers at all levels to be aware of.

HRH development policy aim at having a well planned, trained deployed and motivated workforce for quality health care provision.

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- HRH plan of 1996 intends to develop health workers to be able to implement the reforms effectively by improving skills and building managerial capacity at all levels of health system.
  - Training requirement at all levels should comply with HRH planning.
  - The MOH will monitor the applicability of the staffing standards and staff mix at all levels.
  - The government through civil service reforms has established a *SASE* system in which employees will be paid adequately according to their performance. The aim of this reform is to have few people, with right qualifications and well remunerated to provide health services efficiently and effectively.

In achieving strengthened capacity building objective MOH is conducting DHMT training and postgraduate degree in public health (MPH) at MUCHS.

- To achieve quality of care in essential health care package there will be updating and upgrading and maintaining the technical quality of primary and first referral level health workers.
- Ordinary employees will be developed through hospital facility based continuing education, in-service training (upgrading), postgraduate training and short courses.

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Health training Institutions under MOH, training cadres which are no longer of priority should be closed down or re-assigned for new courses according to national priority.

- MOH has already developed standard guidelines for selection procedures to guarantee fairness to all applicants to avoid complaints
- MOH has already developed the criteria for privatization of some training institution to minimize government burden.
- MOH is in the process of establishing HRH Data base system at all levels strengthening HR planning process.
- MOH has already developed the training standard guideline for purpose of accreditation and school supervision.
- Physical suitability of training infrastructure in relation to HSR requirements will be given priority.

The proper implementation of all earmarked issues on human resource will lead into a reformed human resource development.



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