Mkapa Foundation

Bringing HOPE to the underserved

UPDATES ON HUMAN RESOURCES FOR HEALTH AND HEALTH ASSISTANTS-COMMUNITY INTERVENTIONS FROM BMF IMPLEMENTED PROJECTS.

BMF-led HRH initiatives

PROJECT(2006-March 2019)	Total Recruited	Total Retained	Total Mainstreamed	%
1.Health System Strengthening funded by Global Fund (GF) period of 5 years 2012 - 2018-(Facility Staff)	466	439	420	96%
2. Health System Strengthening funded by Global Fund (GF) period of 5 years 2012 – 2018-(Tutors)	212	160	137	86%
3. Mkapa Fellows Program Phase I (Norway) & II (Irish Aid) - 2006 to 2017	180	153	106	69%
4. Emergency Hiring Project (EHP) funded by Global Fund- 2007 – 2010	175	145	99	68%
5. ABBOT Fund Hospital Laboratory staff - 2014-2019	78	63	51	81%
6. Abbott Fund Hospital Record Management & ICT Staff	36	27	6	22%
7. RSSH funded by Global Fund- 2018 - 2020	193	NA	NA	NA
8. MFP III funded by Irish Aid - 2018 - 2021	13	NA	NA	NA





NATIONAL HRH STATUS

- **The total number of Healthcare Workers required is 153,639. This comprise requirement from District, Regional Referral, Zonal, specialized Hospitals, National and Training Institutions.**

AVAILABILITY	PRODUCTION	RECRUITMENT
• Healthcare Workers currently available in Health facilities is **75,379 (49%) against the requirement thus shortage is at 51%**	• The production of HRH across training institutions in 2018 **is 10,571 which is estimated to increase at 1% in the 5 projected years.**	• The recruitment permit for the **year 2018 was 7,680, with an estimated 1% increase** in each year.

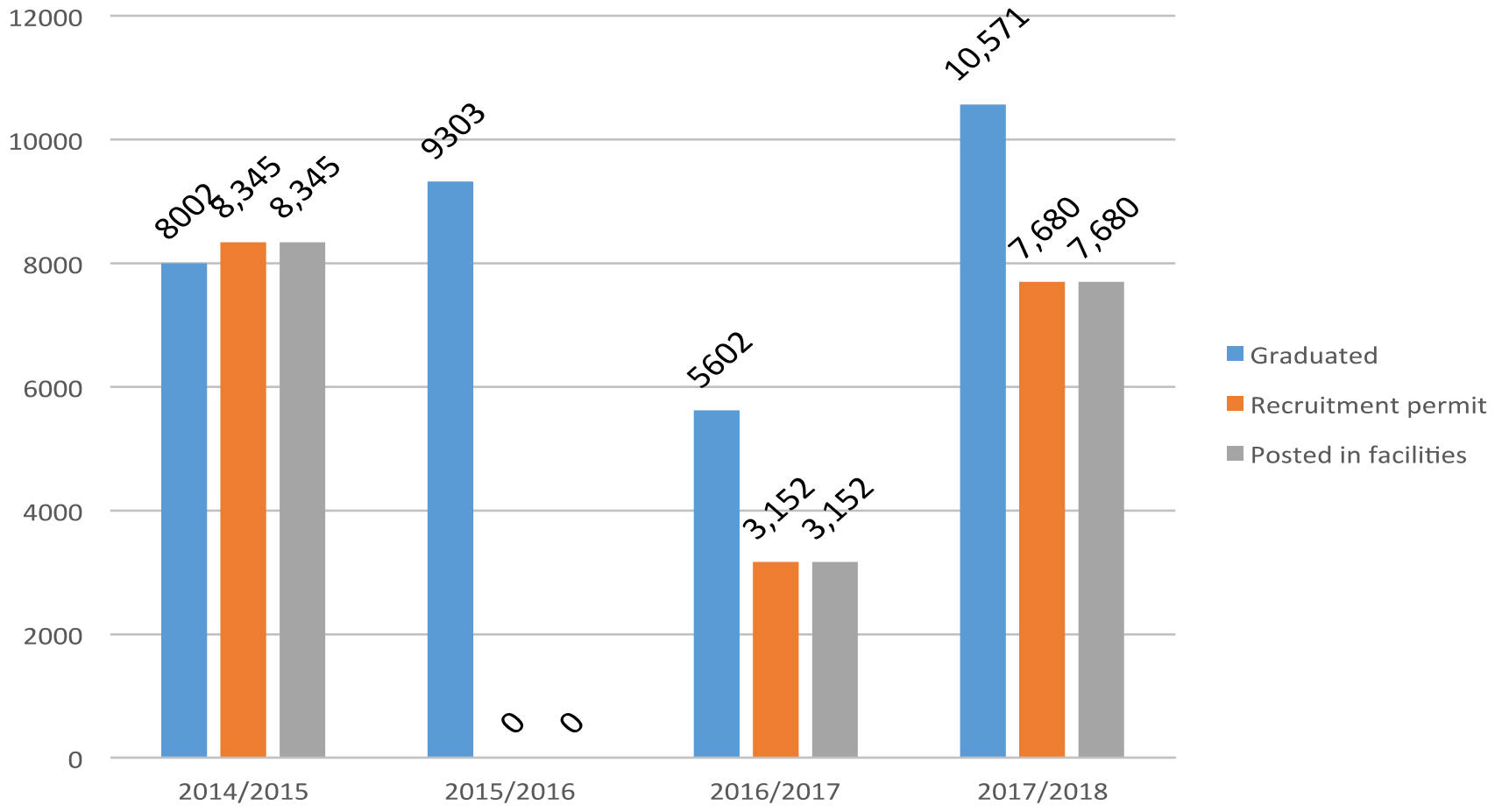
Health workforce status per facility level

Facility level	Available	Required	Shortage	% Shortage
Dispensary	28,352	94,995	66,643	70%
Health Centers	17,052	31,278	14,226	45%
Other facilities*	11,011	26,000	14,989	58%
District Hospitals	14,183	19,400	5,217	27%
Regional Referral Hospt	10,338	11,750	1,412	12%
National Hosp, Zonal Referral Hosp, Specialized Hosp	9,937	14,509	4,572	32%

Health workforce current status by ownership

PUBLIC HEALTH FACILITIES			PRIVATE		
Requirement	Available	Vacancy rate	Requirement	Available	Vacancy rate
153,639	75,379	51%	51,213	15,494	70%

Four years trend (2014/15 – 2017/18) of total production for Health Carders Versus absorption



N.B. ***Report includes mid-level and degree graduates***

***Missing data of** Graduates Diploma nursing and certificate for 2016/17*

Options recruitment of HCWs through other funding mechanisms

OPTION 1

✓Facilitate deployment of unemployed medical professionals, nurses and Allied health practitioners(As Health Professional Fellows/Volunteers) into the existing public health facilities with critical shortage of skilled health professionals

✓The Fellows will be remunerated from alternative financing as an interim measure/kick start financing:

- from the existing financing schemes such as Basket fund, Health Insurance (NHIF, iCHF) and/or others modalities
- Project donor financing
- Private Sector financing

✓Coaching, mentoring and supportive supervision to the beneficiary facilities (quality care, management)

OPTION 2

✓Facilitate Medical Doctors/officers to open and operationalize private clinics

✓Creation of an enabling environment (policies, access to un-utilized infrastructures through special PPP agreement with the government-reduced fee or subsidized arrangements or own private building).

✓The respective health professionals will be availed kick-start financing through microfinances, loans and/or grants facilities by different financing schemes, such as APHFTA.

✓Mobilize health professionals and create awareness through health professional associations

Lesson Learned from other employment options – Current Practice

- 8 out of 17 Regional Referral Hospitals absorbed HCWs through other employment options commonly known as *"Volunteers"*
- Various Carders recruited under this modality are shown in the following table;

Carder	Number of RRH practiced	Average Allowance Paid per month	Source of Fund
Medical Officers	4	1,175,000/=	Own Source
Nurse II	2	150,000/=	Own Source
Assistant Nurse II	2	125,000/=	Own Source
Health Laboratory Scientist	2	175,000/=	Own Source
Medical Laboratory	2	640,000/=	Own Source
Assistant Health Laboratory Technologist	3	170,000/=	Own Source
Health Secretary	1	200,000/=	Own Source
Radiographer	1	300,000/=	Own Source
Pharmaceutical Technologists	1	680,000/=	Own Source
Environmental Health Officer	1	600,000/=	Own Source
HIMS Officer (ICT)	2	550,000/=	Own Source
Mortuary Attendants	5	240,000/=	Own Source
Medical Recorders	1	300,000/=	Own Source
Data Clerk	2	300,000/=	Own Source

Implementation status

- Through a formulated task force:

  ✓*To assess the practise of volunteerism (fellowship) and policies/guideline that favour or hinder –* ***ONGOING***

  ✓*Rapid survey from doctors and nurse on willingness to fellowship (cum volunteerism) –* ***ONGOING***

  ✓*To review guidelines and/or policies requirements & its implications from the respective schemes and other funding sources within the system to support these innovative approaches*

  ✓*Findings consolidation and present to the key technical officials and decision from the respective ministries*

  ✓*Development of the national program, mobilise resources- pilot and scale up*

BMF EXPERIENCE ON CHW RECRUITMENT

Current Status of recruited CHAs/CHWs

From 2018 BMF has been managing two CBHP health workers projects supported by Irish Aid, whereby a total of 151 has been recruited as per below distribution;

1. Misungwi – 54 CHWs recruited and placed in 54 villages
2. Itilima – 62 CHWs recruited and placed in 62 villages
3. Chemba – 35 CHWs recruited and placed in 35 Villages

Step by Step - CHAs recruitment

- Analysis of CHW produced by Region/ LGA
- Service Delivery Baseline assessment
- Districts and Villages selection based on service delivery indicators
- Partners and CHVs Mapping

MoH, HPU, PORALG, CBHP-RCo, CBHP-DCo

- Adverts through local Structures

CBHP-RCo, CBHP-Dco, WEO, VEO

- Local panel established through respective local community structures for selection & verification as guided by CBHP Guideline
- All selected candidates notified through local notification structure plus Mob. Phones where necessary.

MoH, HPU, PORALG, CBHP-RCo, CBHP-DCo

- Package all supervisory tools plus references.
- Orient Regional/Council Health Management Teams (R/CHMTs) from beneficiaries Regions. Orientation included village Executive officers and Facility in-charges.

MoH, HPU, PORALG, CBHP-RCo, CBHP-DCo

- Orient as per bridging gap developed by MoHCDGEC
- Accomplish recruitment process including job aids, staff IDs, working tools
- Joint orientation btn CHAs and supervisors

MoH, HPU, PORALG, CBHP-RCo, CBHP-DCo

- Using existing national drafts tools plus program specific tools

MoH, HPU, PORALG, CBHP-RCo, CBHP-DCo

CBHP-RCo, CBHP-Dco DED, Councillors

KEY LESSONS

- ✓ For total continuum of care – its critical for dual investment – both facility and community
- ✓ Co-existence of formal trained CHWs and volunteers CHVs is key for maximum coverage.
- ✓ Effective engagement of the community is key for sustained community interventions and community health providers e.g. CHVs paid 1000 per visit.

Key Lessons…(2)

- Performance/Target Based Payment is an effective payment modalities for CHVs-which should be coupled with duty facilitative aids.

- Structured Partnership is key in comprehensive community based intervention.

PRELIMINARY SERVICE ACHIEVEMENTS
Chemba District Site

- ✓ Increased community-facility referrals from an average of 56 in Nov 2018 to 139 in Feb 2019(almost 2.5 times increase in 4 months) – as recorded in 18 H/facility within the 35 deployed CHW service area.

- ✓ Two fold increase of ANC attendances in 5 months period

- ✓ Increase of facility deliveries by 17% in 5 months

Key References:

1. MoHCDGEC Human Resource for Health Information system (HRHIS) – Web based with Log in privileges.
2. MoHCDGEC Training Institutions Information System (TIIS) – Web based with Log in privileges
3. MoHCDGEC National Health Sector Requirement and Recruitment plan, 2018
4. MoHCDGEC HRH Production plan
5. MoH National HRH Staffing level/Norm, 2014

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