

# **ENROLLMENT TRENDS OF STUDENTS IN HEALTH TRAINING INSTITUTIONS IN MAINLAND TANZANIA**

## **Results**

The Results are presented in six sections:

- Achievements Regarding Targets set for 2007/2008 and 2008/2009
- Current enrollment status in relation to plans
- Opportunities for achieving quality increase in enrolment
- Summary of constraints and bottlenecks as seen by heads of training institutions
- Practical scenarios and options to achieve quality increase in students enrolment.
- Outline of requirements considered necessary to achieve quality enrolment.

Target Year 1-2	Achievements Sep 2008
<ul style="list-style-type: none"> <li>38 training institutions constructed, rehabilitated and upgraded.</li> </ul>	34 training Institutions funded 2008/9. <b>These works will lead to increased intake of students in only 3 cases</b>
<ul style="list-style-type: none"> <li>Feasibility study to construct and expand 11 multipurpose training centres</li> </ul>	Studies on Tabora and Mtwara ongoing; Others not funded.
<ul style="list-style-type: none"> <li>Increase pre-service intake to 6,450</li> </ul>	Targets reached in 2007 except for Community Workers
<ul style="list-style-type: none"> <li>Rehabilitate &amp; furnish 4 MCH Institution</li> </ul>	Only Mpanda & Kibondo included in the 2008/9 MTEF

<b>Target Year 1-2</b>	<b>Achievements Sep 2008</b>
<ul style="list-style-type: none"> <li>• Train 100 tutors</li> </ul>	None trained
<ul style="list-style-type: none"> <li>• On site training conducted to districts and regional centres</li> </ul>	None trained
<ul style="list-style-type: none"> <li>• Rehabilitate 5 Institutions</li> </ul>	6 Health facilities funded 2008/9
<ul style="list-style-type: none"> <li>• Discuss increased enrolment with FBOs</li> <li>• Renovate &amp; expand 15 FBO &amp; Private institutions to enroll more students</li> </ul>	Meeting not held
<ul style="list-style-type: none"> <li>• Purchase of teaching equipments.</li> <li>• Orient new teachers in teaching methodology</li> </ul>	Not funded

<b>Target Year 1-2</b>	<b>Achievements Sep 2008</b>
<ul style="list-style-type: none"> <li>Identify needs of training institutions</li> </ul>	Not funded
<ul style="list-style-type: none"> <li>Recruitment of 21,692</li> </ul>	For 2007/8, by June 2008, 4,812 (75%) of granted posts filled. For 2008/9 5,241 posts granted
<ul style="list-style-type: none"> <li>Incentive package established /developed</li> </ul>	Package being developed by Utumishi for all employees
<ul style="list-style-type: none"> <li>Workplace motivational programme developed</li> </ul>	Dissemination of NIMR study results pending
<ul style="list-style-type: none"> <li>Review existing establishment</li> </ul>	A review is still pending.
<ul style="list-style-type: none"> <li>Employ on contract retired skilled health workers</li> </ul>	No blanket approval For 2007/8, 10 doctors and 1 laboratory technician given contracts

<b>Target Year 1-2</b>	<b>Achievements Sep 2008</b>
<ul style="list-style-type: none"> <li>Review of 2-year training curricula</li> </ul>	Not funded
<ul style="list-style-type: none"> <li>Train Laboratory Assistants in 19 regional hospitals</li> </ul>	Not funded
<ul style="list-style-type: none"> <li>Train 3,760 Community Health Workers in 40 districts</li> </ul>	Not funded
<ul style="list-style-type: none"> <li>Recruitment and deployment of: 10,000 Nurse Midwives, 100 AMOs, 2,000 CO, 100 Lab Tech, 100 Anaesthetists, 200 Medical Doctors, into the existing and new health facilities</li> </ul>	Not achieved
<ul style="list-style-type: none"> <li>PIU recruited</li> </ul>	Not done

## Financial Resources Required

Human Resource for Health	24,380,000,000	Tshs 5 billion allocated for rehabilitation of training institutions for 2008/2009
Annual Totals	1,307,786,410,000	
Available	422,300,000,000	
Resources Gap	885,486,410,000	

It is clear that many of the targets will not be realized at the end of this year as they are not funded.

## Selections for 2008/2009 for Non Degree Courses

	<b>Service</b>			<b>Total</b>	<b>% Total</b>
<b>Course</b>	<b>In</b>	<b>Pre</b>	<b>Both</b>		
FBO	165	445	0	610	20.1
Government	125	1769	0	1894	62.3
Private	231	231	74	536	17.6
<b>Total</b>	<b>521</b>	<b>2445</b>	<b>74</b>	<b>3040</b>	<b>100.0</b>



<b>Course</b>	<b>Selections 2008/9</b>		<b>Intake 2007</b>	<b>Graduated</b>	
	<b>In</b>	<b>Pre</b>		<b>2008</b>	<b>2007</b>
Dental Therapy		31	49	40	
Environ. Health Officers		170	179	141	39
Pharm Tech		62	50	18	
Lab Techn		168	105	40	102
Lab Ass		130	80	126	
Radiographer		48	35	13	
Medical Records		20	17	17	13
Clinical Assistants		315	310		
Clinical Officers In-Serv	45			27	216
Clinical Officers Pre-Serv		405	371	338	277
Diploma Nursing In-Serv					283
Diploma Nursing Pre-Serv		864	818	383	320
Certificate Nursing	741	466	973	767	571
<b>Total</b>	<b>1,630</b>	<b>3,501</b>	<b>3,027</b>	<b>1945</b>	<b>1,849</b>

## Pre-Service Enrolment 2007 Versus 2008

Course	Enrolment		Increase
	2008	2007	
Dental Therapy	48	49	-1
Pharmaceutical Technician	67	56	11
Physiotherapy	15	17	-2
Optometry	15	13	2
Health Records	20	17	3
Clinical Officers	720	681	-11
Laboratory Assistant	130	80	-5
Diploma in Nursing	1238	1047	-15
Laboratory Technician	168	105	19
Certificate Nursing	1167	973	-106
<b>Total</b>	<b>3588</b>	<b>3038</b>	<b>-105</b>

## Staffing for 58 Training Institutions

Course	Institutions	Staff status		
		Present	Gap	Received last 2 yrs
Clinical Officer	11	47	43	14
Dental Therapist	3	13	5	7
Enrolled Nurse	10	14	7	0
Health Officer	5	24	27	1
Laboratory Ass	4	17	11	2
Lab Techn	2	10	24	1
Medical Recorder	1	2	6	0
Nursing Officer	11	69	41	2
Pharm Techn	3	11	11	2
Physiotherapist	1	5	5	1
Radiographer	2	9	7	0
<b>Total</b>	<b>56</b>	<b>235</b>	<b>190</b>	<b>32</b>

## **Opportunities for increasing student enrollment**

- Training Institutions supportive of increased enrollment
- Partners and other stakeholders ready to assist
- Possibility of off campus accommodation
- Training institutions supportive of off campus accommodation
- Use of double deckers to increase accommodated students
- Possibility to run shift classes
- Some government buildings may be rehabilitated for use as dormitories
- Building space available
- Nearby hospitals available for clinical training
- Strategic plans with tendency for increasing student intake
- Possibility of recruiting students locally
- Availability of private and FBO schools with possibility for increased student intake
- Availability of part time teachers
- Possibility of short courses in teaching methodology.

## **Constraints and bottlenecks as seen by heads institutions**

- Off campus option is not feasible in some remote areas
- Limited publicity of the application modality
- Institutions may seek applicants from nearby schools or receive applications from local community but must communicate with MOHSW to enroll
- Only an average of 50% of posted students report initially although for 2008 most institutions had enough candidates. Second selections were unavoidable.
- Late publication of results of selections results in loss of potential students into other courses
- High admission criteria (credits in science subjects) limits the number of applicants
- High fees for private and FBO students
- Limited grants to FBO training institutions
- No government scholarships for private and FBO students
- Shortage of teaching staff

## **Constraints and bottlenecks cont. ..**

- Ordinary hospital staff who could be used as part time teachers lack exposure to teaching methodology
- Poor infrastructure including insufficient staff houses and dormitories
- Few teaching aids and administrative support utilities (e.g. computers, photocopy, projectors, e-mail, and modern teaching aids)
- Lack of transport
- Inadequate or no library
- Low staff morale partly due to lack of scheme of service for teachers in health training institutions
- Inadequate government support to private and FBO schools
- Limited schools for nurse trainers
- NACTE requirements may hinder implementation of some of the new programmes, e.g. training of laboratory assistants in the regional hospitals
- Inadequate prioritization of activities in line with the limited available funds.

# ***Scenarios and options to achieve quality increase in student enrolment***

- Increasing the capacity of the current schools will not suffice to solve the HRH crisis: it will require more than 30 years to train as many people as the current deficits. Many new schools are therefore needed for some of the key cadres.

## Projections of Selected Key Health Workers for regional hospitals and lower facilities

Designation	Deficit	Institution s	Capacity	Produced by 2018	Additional Institutio ns
Clinical Officer	<b>33,120</b>	16	455	<b>5,495</b>	<b>51.5</b>
Dental Therapist	<b>3,369</b>	2	32	<b>420</b>	<b>9.2</b>
Enrolled Nurse	<b>17,033</b>	12	530	<b>4,480</b>	<b>24.5</b>
Health Officer	<b>3,292</b>	5	90	<b>1,750</b>	<b>1.6</b>
Lab Ass	<b>14,932</b>	4	275	<b>2,960</b>	<b>12.1</b>
Lab Tech	<b>93</b>	3	35	<b>840</b>	<b>-2.8</b>
Medical Record	<b>4,663</b>	1	15	<b>240</b>	<b>14.5</b>
Nursing Officer	<b>21,263</b>	3	165	<b>2,170</b>	<b>17.6</b>
Optometrist	<b>232</b>	1	15	<b>210</b>	<b>-0.2</b>
Pharm Techn	<b>853</b>	2	30	<b>630</b>	<b>-0.1</b>
Physiotherapist	<b>922</b>	1	15	<b>210</b>	<b>2.1</b>
<b>Total</b>	<b>100,009</b>		1,677	<b>26,900</b>	<b>141.3</b>



All the MMAM activities need to be implemented in following priority:

## **PRIORITY ONE**

**Tutor training for both the current schools and new ones.**

- Re-introduce short courses in teaching methodology.
- Full tutor training course – more schools, increased intake

## **PRIORITY TWO**

**Address issues identified as opportunities and constraints that do not require substantial funds but may allow increased enrollment**

- Allow and support off campus accommodation where possible
- Use of double deckers to increase number of accommodated students
- Possibility to run shift classes
- Rehabilitate available buildings for use as dormitories
- Allow schools to recruit students locally for second selections but while ensuring quality intakes.
- Increased use of part time teachers
- Enhance publicity of the courses and application modality
- Early publication of results of selections results to avoid loss of potential students into other courses
- Review admission criteria (credits in science subjects)

## **PRIORITY THREE**

**Improvement in teaching facilities and equipment for the current schools**

## **PRIORITY FOUR**

**Address longer term issues**

- Review fees for private and FBO students
- Review grants to FBO training institutions
- Consider government scholarships for private and FBO students
- Consider loans for non degree courses in Health
- Improve infrastructure including staff houses and dormitories
- Review schemes of service and remuneration for tutors

## **PRIORITY FIVE**

- Building of new schools: public and private/FBO.

## ***Requirements necessary to achieve quality enrolment***

### **Sustained political will**

- This needs to be maintained through continued elaboration of the huge deficits and the need for political mobilization of moral, financial and material support from all stakeholders, including multinational companies.

### **Continued acceptance and support of the efforts to increase HRH production from all key stakeholders**

- Deliberate effort to set aside sufficient funds for implementing agreed activities.
- Communities to support construction of buildings in the training institutions for both students and tutors, especially in areas where accommodation is not available even for hire.
- Private and multinational companies be approached to invest in health training at non degree level, just as they are doing for universities.

## **Use of private sector investor in HRH training**

- Provide enabling environment for those wishing to invest in training institutions, e.g.
  - tax relieve
  - training grants to institutions
- Government scholarships for students

## **Day students**

The problem of accommodation may be lessened through

- Posting students to schools close to their homes
- Allowing day students and even providing them with financial support for accommodation.
- Dormitories to be a priority for remote areas.
- Rehabilitate unused government buildings for accommodation.

## **Availability of suitable candidates to join the programmes**

- Advertise the courses
- Early selection of students to reduce the problem of applicants opting for other courses where selections precede those by the MOHSW.
- Accept second local selections to fill spaces left by none response in the first selection.
- Organising remedial courses to increase the pool of suitable candidates.
- Continued review of remunerations for health workers to encourage people into the sector.
- Ready markets to employ graduates. One is not encourage to enter a course where they are not sure of employment on graduation.