THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

HUMAN RESOURCE FOR HEALTH STRATEGIC PLAN 2007 - 2012

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FOREWORD

The Ministry of Health and Social Welfare is committed to the improvement of quality health services. This commitment is translated into action done towards the achievement of the desired quality services. Among the effort done is the development of Human Resource for Health Strategic Plan whose vision is to have in place the right numbers of qualified staff in the right place at the right time, cost and motivation to provide quality and accessible services to meet the health needs of Tanzanians.

The mission of the plan is to create/facilitate an enabling environment to promote participation of key HRH stakeholders in addressing HRH issues systematically in implementing HRH interventions/actions to sustainably address the HRH crises and promote the achievement of the mandate of the MOHSW.

Achievement of the overall objective of the health sector which is the provision of quality health care services to the community depends to a larger extent on the provision of effective, efficient, accessible, viable and high quality care. For this to happen, the skilled personnel present at all levels should be sufficient in numbers and appropriately deployed at all levels of care at appropriate skills mix.

Effective implementation of the HRH Strategic Plan will lead to acquisition of the HRH capacity of health care system necessary to achieve quality of health care at all levels. This is justified by the decision of the Ministry to have the HRH Strategic Plan which intends to improve Human Resource for Health Policy and Planning, development, management, financing, research and stewardship. The Plan intends to implement the HRH Policy statement within the National Health Policy (2006) which advocates having a well planned trained and deployed workforce to comply with the existing and emerging HR issues. To translate the HRH Strategic plan into action on the HR area, this plan focuses on the following key areas:
Implementation of HRH policy guideline and National Health Policy 2006
To address all HRH crises especially in the areas of HRH production, shortage and limited capacity
Implementation of Health Sector reform whose purpose is to improve health sector performance by bringing effectiveness in addressing health problems, efficiency in the use of scarce resources, equity and community ownership through health Boards and Committees.
Address Millennium Development Goals (MDGs) with the following targets:
Reduce child mortality of under 5 by two third by 2015
Improve maternal health by reducing mortality ratio by three quarters by 2015
Combat HIV/AIDs, Malaria and other diseases by halving and reversing the spread of such diseases.

The only route to reaching, the health Millennium Development as well as National Strategy for growth and reduction of poverty (NSGRP) Goals is through the availability of the right number of qualified staff, there are no short-cuts.

The successfully implementation of the HRH Strategic Plan will depend firstly on the HRH stakeholders commitment, secondly the HR mix of skills have to be positioned at the right place with the right retention scheme, thirdly the management of the health system has to be improved and sustained through capacity building, fourthly the problem of under funding of HRH will be addressed. Lastly the HIV/AIDS epidemics which increase the workload and high attrition need to be given attention.

All these demands depend on an effective HR capacity at all levels. Political will and commitment at local level, national level, regional groupings and at global levels is more than ever before required. It has to be in action now or else we will loose all what we have so far achieved.

It is with this understanding that, the effective implementation of the HRH Strategic Plan will contribute to the effective health care system which will support poverty reduction initiatives, of which the Health Sector is a key stakeholder.

The successful implementation of this plan will encounter a number of challenges, but I believe that with the commitment and sustained support from government, unions, professional associations, private sector, development partners, community and health workers the HR needs as identified in the plan will be addressed.

Permanent Secretary
MINISTRY OF HEALTH AND SOCIAL WELFARE

ACKNOWLEDGEMENT

ACRONOYMS

AIDS	Acquired Immuno-Deficiency Syndrome
AMO	Assistant Medical Officer
CHMT	Council Health Management Team
CPD	Continuous Professional Development
DDH	Designated District Hospital
DED	District Executive Director
DMO	District Medical Officer
ECSA	East, Central and South Africa Health Community
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRD	Human Resource Development
HRHSP	Human Resource for Health Strategic Plan
HRHSW	Human Resource for Health and Social Welfare
HSR	Health Sector Reforms
IHRDC	Ifakara Health and Research Development Centre
IMR	Infant Morality rate
IST	In –service Training
JICA	Japan International Cooperation Agency
KRA	Key Results Area
MDG	Millennium Development Goals
MKUKUTA	Mkakati wa Kukuza Uchumi na Kupunguza Umaskini Tanzania
MMR	Maternal Mortality Rate
MOHSW	Ministry of Health and Social Welfare
NACTE	National Accreditation Council for Technical Education
NHP	National Health Policy
NSGRP	National Strategy for Growth and Reduction of Poverty
OPD	Outpatient Department
OPRAS	Open Performance Appraisal System
PER	Public Expenditure Review
PMORALG	Prime Minister's Office Regional Administration and Local Governments
POPSM	Presidents Office Public Service Management
RAS	Regional Administrative Secretary
RHMT	Regional Health Management Team
RMO	Regional Medical Officer
USAID	United States Agency for International Development
VA	Voluntary Agencies
WHO	World Health Organization

EXECUTIVE SUMMARY

The purpose of this Human Resource Strategic Plan (HRHSP) is to guide the health sector in proper planning, development, management and utilization of the important resource of all which is human resource. The Plan focuses on key strategic areas which are: Policy and Planning, Workforce Management and Utilization, Leadership and Stewardship, Research and Development, Education, Training and Development.

The Ministry of Health and Social Welfare is facing a Human Resource crisis. HRHSP sets out strategies and options for a period from 2007 to 2012 to tackle the Human Resource crisis within a framework of National Development Plan and National Health Strategic Plan.

In the process of developing the Strategic Plan, various approaches have been applied including consultations, working sessions, retreats, document review, use of study findings and presentations. The Ministry of Health and Social Welfare has sought views and inputs from various individuals, stakeholders and partners in human resource. The list included Ministries, Development Partners, Major Programs, Governmental and Non – Governmental Institutions, Professional Councils and Associations, private sector, RHMTS/CHMTS and health workers.

The HRHSP is structured into six chapters. The first chapter gives introduction and background information which provide rationale of the Plan based on the current status in Human Resource for Health (HRH). The second chapter presents the situation analysis of the HRH crises. The third chapter states the Vision, Mission, HRH Principles and main strategic issues. While chapter four covers the implementation of the Plan and implementation matrix. Chapter five includes operational/action plan and the targets. It also gives Budget Matrix showing the Financing of the Plan with the estimates of required resources, budget and finance necessary to successfully implement the HRHSP. Chapter six covers the Monitoring and evaluation of the plan, assumptions, risks and lastly conclusion of the Plan followed by references and annexure.

Despite the effort done by the Ministry in staffing the health facilities at all levels, there is still more work to be done. There is a general shortage of qualified health workers at all levels, but the shortage is more evident at the lower level and the rural areas with hardship working environment where majority of the staff are not willing to work. The shortage is mainly caused by poor remuneration, low production of HRH, mal-distribution and lack of retention scheme. The Plan intends to minimize the problem of HRH shortage through Emergency Hiring and advocacy for increase in the personnel emolument budget. In addition the Plan is expected to address HRH shortage through reallocation of staff for optimum utilization of the available health workers.

The Plan addresses the issue of shortage through matching demand and supply by increasing training output through building new training institutions, expansion of students' intake and involvement of the private sector in training health workers. The Ministry will assess the capacity gaps for health workers and facilitate the development of the training plan to build both management and employee capacity at all levels.

The Plan also aim at increasing productivity of health workers at all levels through setting performance standards as well as monitoring and evaluating performance through establishing effective performance management systems such as OPRAS. To enhance the effectiveness of OPRAS incentive mechanisms will be identified and implemented

Furthermore, the Plan intends to strengthen partnership among HRH stakeholders and it has been developed on the best available information on the prevailing staffing situation and the policy context. The information will undoubtedly change with time, and the Plan will need to be revised accordingly. In order to ensure that the Plan remains relevant, it is intended that the periodic revision be carried out on an annual basis.
Currently, there are 5500 health facilities in the country. According to approved-staffing level (1999), these facilities require 53,481 workforces against current staffing level of 21,248 implying deficit of 32,403(61%)

Despite short fall in training output, graduates from training institutions have not been fully absorbed in the health system. For example, last ten years, out of 23,474 graduates produced, the Government hired only 3,883 (16%)[1]

Recent Service Available Mapping Survey 2006 shows that the country has 1339 doctors including 455 in the private sector. This is equivalent to one doctor per 25000 populations. This is far below WHO recommended of requirement (1:10000).
There is perceived need to review and improve current staffing norms to match increase burden of diseases, workload and expanding populations.

[1] see Annex A

CHAPTER ONE

1 Introduction

The purpose of this Human Resource Strategic Plan (HRHSP) is to guide the health sector in proper planning, development, management and utilization of the important resource of all which is human resource. The Plan focuses on key strategic areas which are: Policy and Planning, Workforce Management and Utilization, Leadership and Stewardship, Research and Development, Education, Training and Development

The United Republic of Tanzania is located in East Africa with an estimated population of 34,443,603 (2002 Census) people covering an area of 947,480 sq. km. About 76.9% of the population lives in the rural area. The population growth rate is 2.9%. About 65% of the population is below 25 years. Poverty remains high in Tanzania.

1.1 Disease Burden

High burden of disease remains a major challenge facing the health sector.
The life expectancy has remained below 51 years average. In spite of a decline in infant and under five mortality, overall Maternal Mortality Rate (MMR) and prevalence of other major diseases like HIV/AIDS, Malaria and Tuberculosis remains high. Also the country faces high incidence of non-communicable conditions like cancers, malnutrition, cardio-vascular diseases.

Table 1: Trend of burden of diseases[2]

INDICATOR	1999/2000	2002/03	2004/5
IMR	99/1000 LB		68/1000 LB
U5MR	147/1000 LB		112/1000 LB
MMR		529/100000 LB	578/100000 LB
HIV prevalence	NA	9.7%	8.2%
TB cases (all forms)	54,442	63,048	65,665
Malaria prevalence (OPD)		40.9%	40.1%
Poverty rate - Below National food poverty line - Below National Basic needs poverty line	18.7% 35.7%		
Nutritional status - Stunting - Wasting - Underweight	44% 5% 29%		38% 3% 22%

Source: MOHSW reports

1.2 HRH Crisis

A number of factors have contributed to the poor health situation. A major factor is the HRH crises. The Retrenchment Policy and employment Freeze implemented from 1993 until 1999 and it has contributed to present HRH crises.

During that period approximately 20,000 from 1993 to 1999 graduated but were not employed. For example in the 1990s civil service reform undertaken resulted in position of budget ceiling and downsizing of the workforce. The public health sector also suffered extensively from loss of experienced and skilled health workers. More over, the sector also faced the problem of weak planning and forecast for HRH requirements. There were problems of delayed involvement of the private sector in HRH Planning.

Another major contributor to the crisis is the brain drain within and outside the country however the magnitude of the problem has not been established this calls for the urgent effort to put the mechanism in place to monitor health professionals' movement within and outside the country

Table 2: HRH staffing status by level of care for selected staff

HRH Status	Dispensary	Health Center	Hospitals (Other Hospitals)	Regional Hospitals	Referral and Special Hospitals	Total
Required	23,290	10,698	19,567	2,940	3,735	60,230
Present	8,009	3,034	7,664	2,244	2,133	23,084
Deficit	15,281	7,664	11,903	696	1,602	37,146
Deficit %	65.6	71.6	60.8	23.7	42.9	61.7

Source: MOHSW

Table 2 shown above shows a deficit of 61.7% shortfall in staffing requirement across all health facilities (Public and private). The situation is worse especially for the lower health facilities dispensaries (65.6%) and health centers (71.6%).

1.3 HRH Financing

An important factor that has contributed to the HRH situation is the chronic under funding of the health sector. The Abuja declaration recommends allocation of 15% of national budget to health sector, whereas the health sector has been receiving as follows; in 2001/02 it was 11%, in 2003/04 the share dropped to 9.7% and in 2004/05 there was an increase up to 10.1% while in 2005/06 it was 11.6% of national budget.

1.4 Health services Organization and Institutional Framework

The Government operates decentralized health system which broadly falls in three functional levels: district (Level I), regional (Level II) and referral hospitals (Level III). Under this system the districts have full mandate for planning, implementation,

monitoring and evaluation of health services. The classification of private health facilities based on level of care has not been taken care.

The district level provides primary health care services through dispensaries located at the ward level. Each dispensary provides services for 3 - 5 villages with 10,000 populations on the average. The health centre is the referral level for the dispensary and it provides a slightly broader range of services than dispensaries, including inpatient care and covers an average population of 50,000.

District hospitals provide services to an average of 250,000 people. Tanzania comprises of 126 districts. All districts have district hospitals, except for the 21 districts where there are no government hospitals. In those districts where are no Public district hospitals, Faith Based Organization (FBO) hospitals are designated as district hospitals (DDHs). However there are 37 private hospitals and 66 Faith Based hospitals providing services in the districts.

The Regional hospitals at Level II serves as a referral point for Level I i.e. District Hospitals with more specialized services and cater for a population of about 1,000,000 people. Level III comprises Referrals and Specialist Hospitals. There are four referral hospitals in the country and four special hospitals providing psychiatry, tuberculosis, orthopedics/trauma and cancer care. Some of the private and FBO hospitals offer specialized services.

The MOHSW is charged with the responsibility of ensuring the provision of quality health services in the country. To accomplish this responsibility, the Ministry's functions are divided into six directorates which include: Hospital Services, Preventive Services, Human Resource Development, Policy and Planning, Social welfare, Administration and Personnel. These departments are further divided into sections for a more effective implementation as reflected in the organogram The Organization and Management of HRH functions is undertaken within the parameters of the MOHSW mandate (Annex B).

The process of organizing and implementing HRH management functions involves multi-institutional arrangements. This requires linkages (internal and external) with other government units and ministries. Internally, the coordination of HRH function is shared between the HRD and Administration and Personnel directorates. Externally, the MOHSW undertakes HRH function in partnership with POPSM, PMORALG, Ministry of Finance and the Local Government Authorities. The responsibilities are as follows: MOHSW is the employer as well as handles health technical issues, POPSM approves manning levels for health facilities, MOF provides finance while PMORALG is the employer.

Under current arrangement the MOHSW has oversight function for the collection and analysis of HRH information including provision of statistical estimates of present and future HRH requirements at all levels of the health system. In addition the Ministry provides technical support to the local authorities and regions to achieve

their human resources requirements. Also the Ministry formulates policies, regulation and standards. Within the framework of the ongoing local government reforms, the district authorities have responsibilities for delivering health services including full responsibility for human resource within their areas of jurisdiction. The HRH management framework involves an extensive process requiring multiple decision making steps which are occasionally time consuming and slow.

Ministry of Health and Social Welfare through its Social welfare department is charged with the responsibility of ensuring the enhancement of the provision of comprehensive, accessible, high quality social welfare services to the people. The department has set some strategic areas for intervention, among them are those that focuses on the community, these are;
Enhancement of quality of life of vulnerable individuals, groups and families.
Early childhood care and development.
Facilitation of the transformation of social welfare services.

The department of Social Welfare has experienced transfer from one Ministry to another, hence lacking permanent home. The fourth phase Government in power has shifted the department to the Ministry of Health, the task ahead is the need to realign and harmonize its direction and intervention to the new ministry. The functional activities are done under the following levels; Headquarters, Regional Secretariats, Districts, and specialized institutions

1.5 The Relationship between the National Health System and the Private Sector

The organization and management relationship between public and private sector is not well developed. Within the context of HRH management, the private and public sectors operates separately. Planning, research, regulation, training, career path and compensation issues are undertaken separately by the public and private sector. The public sector staff has been seconded to support institutions providing voluntary health services. In such instances contracts have been managed within short term parameters with government continuing the payment of salaries. Critical issues such as welfare benefits and related entitlement and tenure are often not clearly defined. However the government provides grant in aid to the Faith- Based organizations (FBO) in contractual bases which supports the running of the health facilities and training institutions depending on the priority needs. In addition, the government provides opportunities for in-service training to both staff in public and private/FBO sector.

The training of health graduates professionals is carried by Institutions of Higher learning under the Ministry of Higher Education Science and Technology. The working relationship need to be strengthened between the institutions, MHEST and the MOHSW. There is need to explore the contribution of each group to development of continuous professional development of health workers in the country as well as internship training.

The following table gives the ownership status of the health facilities in Tanzania Mainland including the private sector and faith based organizations and (Voluntary agencies).

Table 3: Public and Private Health Sectors Facilities and Institutions[3]

Areas of Involvement	Facility	Public Sector	Private Sector	
			Private for Profit	FBOs
Service Delivery	Hospitals	96	37	87
	Health Centers	341	439	101
	Dispensaries	3183	733	763
Training	Universities	2	3	3
	Allied Health Colleges	45	7	7
	Nursing Colleges	27	2	28
Research	Institutions	1	1	1

Source: MOHSW

Table 3 shows the comparison of health facilities coverage between the public and private sectors. However still there is a significant number of health staff involved in other medical support services in the private sector not shown in the table. These include pharmaceutical shops, laboratories, radiological centers, physiotherapy, Dental services, Waste management, ambulance and logistics, laundry and catering services.

1.6 Alternative medicine, Community Owned Resource Person, Traditional healers

The government of Tanzania supports the development of alternative medicine including traditional medicine practice. The government enacted an act about two years ago to regulate the practice of traditional medicine. The MOHSW has established a unit within the ministry to oversee the practice of traditional medicine in the country.

1.7 Rationale of the plan

The MOHSW in Tanzania is dedicated to ensure good governance and equitable distribution of human resources in the country under ongoing decentralization. This is expected to be achieved through a collaborative response with multi-sectoral stakeholders. The regions, districts, communities and the private sector are expected to undertake implementation of the identified actions.

The new HRHSP (2007-2012) has captured the experience and lessons from the implementation of the previous plan including the various ongoing reforms in the country National Health Policy (NHP), MKUKUTA, Vision 2025 and the MDGS. The

[3] See MOHSW School database and statistical abstract 2006

objectives of the HRHSP are aligned with broad strategic objectives and goals of the mentioned reforms.

Recent political, social and technological changes have exerted the need to formulate new health policies and subsequent strategic plans to address existing gaps in the current health system to ensure effective response and sustainability of the health system response. For example, the New Primary Health Services Development Program (PHSDP) focusing on catalyzing improvements in access to quality health services at the district level. Under this program, emphasis is given on development of adequate and equitable distribution of functional health infrastructures especially for rural areas and provision of sustainable supply of adequate skill mix due to recent developments which has contributed to increased demand for health services.

2 CHAPTER TWO

Current HRH Status and Management Environment

This section describes briefly the pertinent management issues in the health sector which affects the current HRH situation.

2.1 Workforce Profile and distribution

The health sector in Tanzania is facing a serious Human Resource for Health crisis that is negatively affecting the ability to deliver quality health services. There is a severe shortage of human resource for health at all levels[4]. The shortage is more severe in rural districts. Disparities in the distribution of human resource exist at different levels including urban – urban, rural – rural and facilities level. Shortage exacerbated by the expanded population, HIV/AIDS pandemic, malaria, Tuberculosis and others.

Table 4: Summary of Selected Health Workforce Status[5]

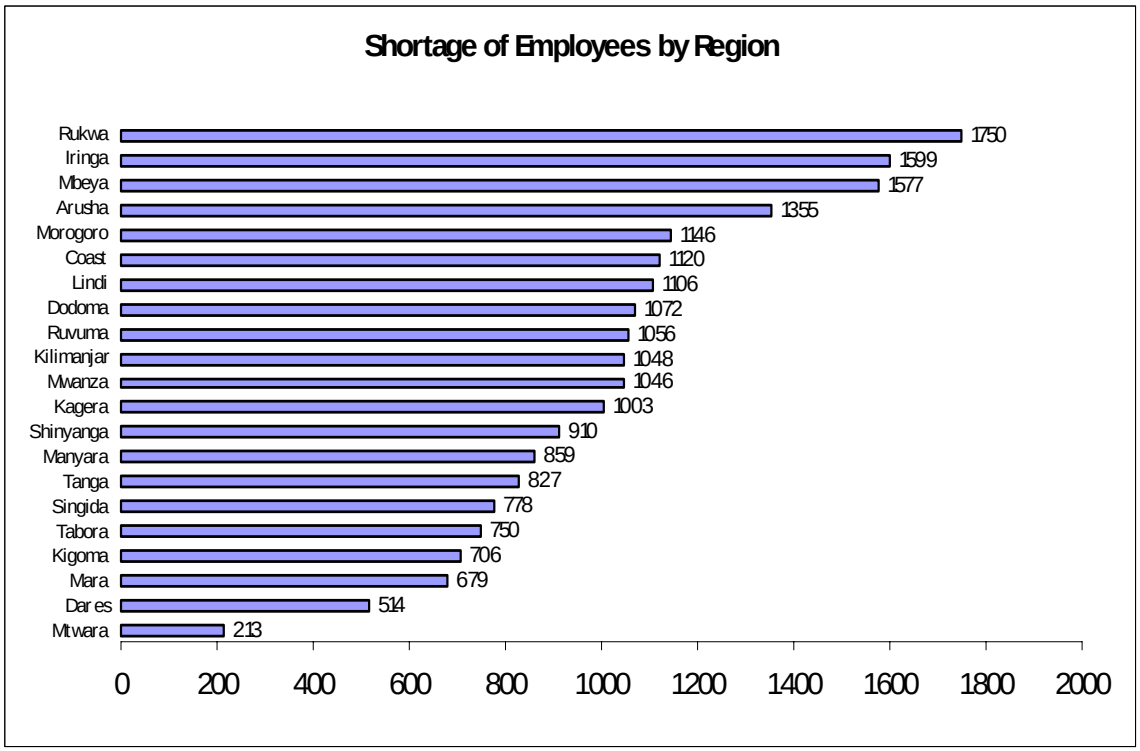
	Requirement	Present 2001/2002 Survey			Workforce Deficit
Professional Health cadres	Total	Government	Private	Total	
Enrolled/Registered Nurses	29,548	7,359	3,310	10,669	18,879
Clinical Officer	13,595	4,502	1,146	5,648	7,947
Assistant Medical Officer	3,101	565	183	748	2,353
Medical Officer	1,004	347	157	504	500
Medical Specialist	507	209	101	310	197
Laboratory Assistant	500	404	461	865	-365
Laboratory Technician/Technologist	1,053	299	159	458	595
Pharmaceutical Assistant/Technician	997	183	70	253	744
Pharmacist	274	87	23	110	164
Medical Recorder/Records Technician	1,013	257	71	328	685
Assistant Dental Officer	229	66	13	79	150
Dental Therapist	746	73	26	99	647
Dental Officer/Specialist	264	55	12	67	197
Dental Technician	237	18	3	21	216
Health Officer	1,274	771	6	777	497
Radiographer	273	68	35	103	170
Radiographic Assistant	248	61	29	90	158
Occupational Therapist	245	1	2	3	242
Optician/Optometrist	31	44	11	55	-24
Physiotherapist	265	34	27	61	204
Total	55,404	15,403	5,845	21,248	34,156

Source: MOHSW HRH Status Survey 2001/02

[4] MOHSW Human Resource census 2001/2

[5] Ministry of Health and Social Welfare HRH Status Survey 2001/02

Figure 1: Workforce Shortage by Region[6].



Currently, there are estimated 5,500 health facilities operational in the country. According to approved-staffing level (1999), these facilities require 53,481 workforces against current staffing level of 21,248 implying deficit of 32,403(61%).

Despite short fall in training output, graduates from training institutions have not been fully absorbed in the health system. For example, in the last ten years, out of 23,474 graduates produced, the Government hired only 3,836 (16%)[7]

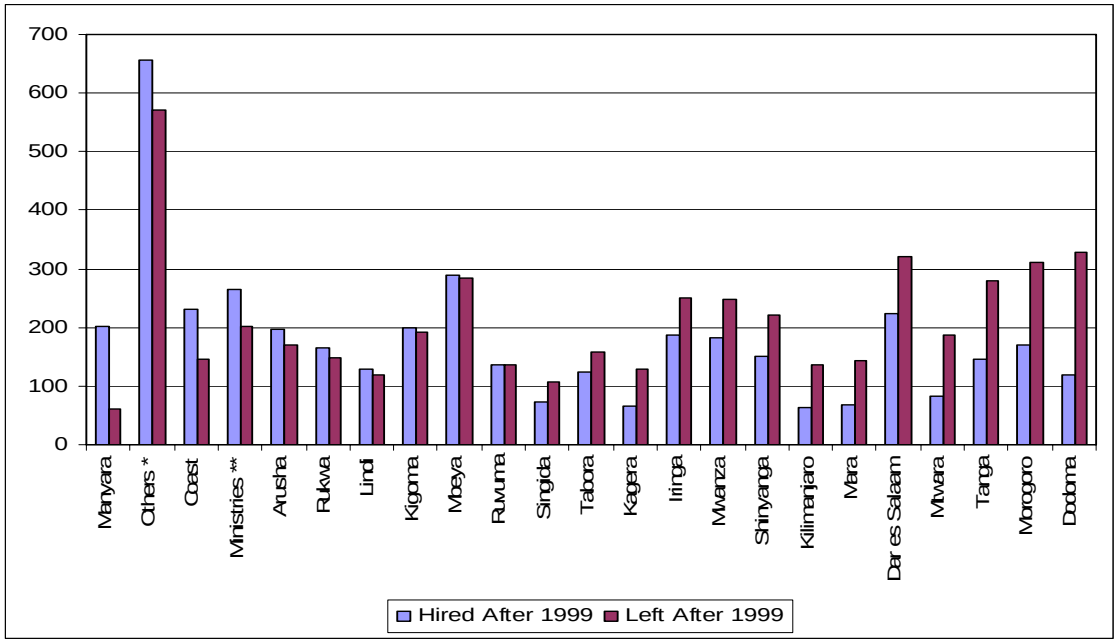
Recent Service Available Mapping Survey 2006 shows that the country has 1,339 doctors including 455 in the private sector. This is equivalent to one doctor per 25,000 populations. This is far below WHO recommended of requirement (1:10,000).

There is perceived need to review and improve current staffing norms to match increase burden of diseases, workload and expanding populations. In addition, the workforce continued to experience the loss of skilled health workers coupled with freezing of employment. While the government undertook hiring of staff to replace the lost workforce, the net effect of this move was not uniform across the regions in the country (See figure 2 below).

[6] MOHSW Human Resource census 2001/2 Ministry of Health and Social Welfare HRH Status Survey 2001/02

[7] see Annex Table A

Figure 2: Public Sector Workforce Hire and Loss Status by Region[8]



Source: HRH survey 2001/2 MOHSW

2.2 HRH Coordination

The MOHSW has mandate for coordinating the identification of priorities, policy formulation and standards in the health sector. Coordination of HRH in the public is undertaken by the MOHSW in collaboration with other Ministries including PMORALG, POPSM and MOF.

The MOHSW regulates the activities of private health sector through setting and monitoring standards for quality of care and training. While a committee exists to coordinate the public and private sector, there is a need to strengthen its effectiveness in information sharing, service delivery and resource sharing.

Within the MOHSW, HRH coordination is still faced with a number of important challenges emerging from the ongoing decentralization and privatization. These challenges range from training, recruitment, deployment and human resource management. Therefore there is importance of strengthening coordination in order to address these challenges.

2.3 Recruitment and Retention

Under the current decentralized system, regions and districts have the mandate to identify and fill existing staff vacancies. However, low HRH management capacity has contributed to slow recruitment process, delay in staff placement and slow

[8] Government Payroll 2006

promotion process. In addition, HRH planning, forecasting, career development and succession planning capacity are still poorly developed. Another major challenge is the imposed budget ceiling on personnel emoluments which limit recruitment of required staff and the replacement of existing vacant posts. Also in the private sector under current arrangement there is no clear mechanism to put issues in operation of staff recruitment, staff secondment, retention and pension arrangements.

Health service delivery in most districts in Tanzania are operating under hardship conditions lacking basic requirement such as roads, communication network, electricity, recreation, water, and schools for children. There is also limited ability of the health sector to meet the basic personal needs including extra paid leave, extra work pay, health insurance, workplace hazard allowance and opportunities for self development.

The situation leaves HRH significantly under-motivated to function effectively. There is need therefore to explore available opportunities and partnerships to improve HRH situation. Among the possible financing options to facilitate retention of health workers include Community Health Fund (CHF), User Charges, and the National Health Insurance Scheme (NHIS). To enable these financing option contribute to the human resource development, the current policy restrictions on the use of these funds for HRH retention requires review.

2.4 Performance Management and Reward System

Open Performance Review and Appraisal System (OPRAS) for the public service were introduced in 2004; with plans for roll out to cover all health workers. Hence, for those not yet covered, there is no objective basis for assessment. Meanwhile promotion and career advancement is awarded without regard to actual performance. This situation does not provide incentives for performance as staff obtain promotion arbitrarily.

For the private sector there is currently no concise mechanism for appraisal and promotion for its workforce. There is perceived need therefore to use mechanisms such as OPRAS to promote workforce performance. To enhance the effectiveness of OPRAS incentive mechanisms should be identified and implemented.

2.5 Training and development

2.5.1 Pre-service Training

Tanzania has a total of 116 health training institutions[9]. Majority of these training courses are managed under 21 approved institutions. Overall the scope of the existing training institutions is aligned to meet the needs of the health sector. However, there exist concerns about the quality of the training provided in relation to NACTE and Tanzania Commission for Universities (TCU) standards.

[9] See list of Training Institutions offering health related courses in Tanzania attached in the appendix

Between 1995 to 2005, the health training institutions were able to produce 23,474 out of which only 16% were employed in the public sector. The sector has been losing an average of 300 per year in addition to the existing workforce shortage of 32,403 without aggressive effort for replacement plan. There is therefore need for concerted effort to address the problem of poor absorption of trained workforce to meet the outstanding gaps and attrition losses.

Considering the government plan to establish a health facility in each village in the country there will be a need to further increase the production of human resources to meet the needs. However to achieve these objectives there is need to review the duration of the training as well as levels of various cadres. It is therefore important to increase investment to facilitate increased production.

2.5.2 In-service Training and Continuous Professional Development (CPD)

In-service training as currently designed is to achieve upgrading of HRH skills and knowledge to improve performance. Through the acquisition of new skills and knowledge staffs are expected to undertake greater job responsibilities and achieve high productivity. On the other hand, staff expects better recognition, remunerations and working conditions. However these expectations are not met leading to loss of morale.

The existence of different health carders with multiple qualifications which are not recognized into traditional health workers classification as they are recognized by their basic entry qualifications impose challenges on upgrading endeavors.

Continuing professional development (CPD) is designed to update and improve health worker skills and knowledge to ensure quality service provision. However, CPD is facing major challenges including absence of individual efforts and an enforcing mechanism to encourage workers to undertake training based on self identified needs.

Another challenge is the lack of a national training plan that focuses on structured post graduate training to meet emerging needs for specialists. Within this context efforts should be taken to ensure complementary improvement in the continuous development of other health cadres.

As most of these training are held outside the health facilities it creates a serious problem of absenteeism at work places. The MOHSW has established eight Zonal Training Centers (ZTCs) to facilitate the updating of health workforce skills and structured monitoring of the various training institutions under their respective catchments' areas. Currently, under the national expansion of TEHIP tools (NETTS project), strengthening of the capacity of ZTCs is being pursued by the MOHSW. However, ZTCs face a serious problem of limited capacity in terms of skilled staff, organizational structure, financing, mandate and institutional linkages, plus development of the infrastructure.

2.6 HRH Planning and Policy Development capacity

2.6.1 HRH Information System

Existing HRH information system is not strong enough. There is lack of comprehensive and reliable system of tracking information in the country. Available information on HRH from the HMIS, registrars of doctors, nurses, pharmacists and laboratory staff is very limited for the purposes of proper planning and decision making. Also staff information from the Government payroll is not easily available. Currently information is collected from multiple sources which are associated with difficulties in coordination and reliability of HRH data. Another challenge is the limited collection and sharing of HRH information from the private sector. Furthermore, there is limited technical capacity for analyzing HRH demands and supply projections and forecast.

2.6.2 Decentralization policy and HRH management

Under the local government reform process, the government has devolved responsibilities for delivery of health services to local authorities. In addition, the recruitment and placement for HRH is now the responsibility of local authorities. However, the capacity to implement and coordinate this crucial responsibility is limited as most council lack required professionals required to effectively undertake this function.

Another important challenge emerging is the multiple institutional responsibilities for management of HRH function. The current arrangement imposes constraints in the effective coordination of important HRH functions including recruitment, placement and retention.

2.6.3 HIV/AIDS Workplace policy

The health workforce operates in unsafe environment with occupational hazards, accidents and other diseases posing a constant threat on a workforce with the HIV/AIDS pandemic causing the most danger[10]. The health sector continues to suffer through workforce attrition and low productivity

The government has initiated various activities to develop HIV/AIDS workplace programs in various sectors to support workers affected or infected by HIV/AIDS. There is however a need to strengthen implementation of universal safety precautions and post exposure prophylaxis.

2.7 Leadership and stewardship in HRH

The government of Tanzania has introduced various sectoral reforms including health sector reforms and local government reforms which strive to decentralize responsibilities on service delivery. Within the context of ongoing reforms, the MOHSW is expected to play a lead role. Among its leadership and stewardship roles, the MOHSW is expected to address the twin challenges associated with provision of effective and quality health services and to address critical challenges arising from the decentralization process that affects HRH performance. To

[10] Fimbo et al, HIV impact on Health Workforce, 2006

effectively perform this role, the MOHSW is expected to work in partnership with other service providers and line ministries having responsibilities for HRH management in the country. The implementation of the last HRH strategic plan did not proceed as intended. Two major reasons are cited namely uncoordinated effort and low funding support. The situation has not improved and this plan must address these issues to avoid the past experience. There is need for development of strong HRH management unit at the center and development of management and leadership skills for regional and district authorities.

Current budget allocation for HRH is inadequate to address specific problems such as workforce retention, capacity building, improvement operational environment and infrastructural development. Hence, deliberate efforts are required to enable HRH contribute to achievement of the target of Vision 2025[11] . Therefore there is a need to advocate for significant allocation to achieve recognition of HRH as a fundamental investment issue.

2.8 Partnership in HRH

The Government of Tanzania is promoting the concept of Public Private Partnership. In the health sector, necessary actions to foster PPP have been initiated. For example, in the MOHSW under the directorate of Hospital Services, there is a unit dealing with the coordination of private health facilities to ensure quality health services provision. The private sector training services are coordinated under the directorate of Human Resource Development. Outsourcing of non core function from the private sector is coordinated by the directorate of Administration and Personnel.

The government through the MOHSW provides grants in aid to the Faith Based Organizations according to the contract service agreements depending on the number of hospital beds. The government also provides grants in aid to the training institutions according to the school capacity of the students as per training agreements. The MOHSW supports Faith Based Organizations by providing them with qualified staff through secondment.

The private sector is an important player in the health sector. It is involved in a broad range of functions including training, service delivery, research and HRH Management. Meanwhile, the existing relationship is neither systematic nor comprehensive. To maximize the contribution of the private sector to health sector development, there is an express need for the MOHSW to lead and explore practical mechanisms to harness the full potential of the private sector.

To achieve the above, there will be a need for strengthening partnership and advocacy. Advocacy activities to enable the development of partnerships and linkages with private sector will be promoted. Special efforts will be made to improve supervision and quality base of workforce. An important emerging trend worth attention is a growing migration of skilled workforce from the private to public sector.

[11] See The Tanzania Development Vision 2025 pg 4

This movement pattern needs to be closely monitored and properly managed in order to avoid negative effects on quality of services.

2.9 HRH Research and Development

In the year 2006 the MOHSW in collaboration with NIMR, other research institutions, universities and development partners developed health research priority areas of which HRH is among the highest. The coordination mechanism of research in the country has also been strengthened whereby all research permits are issued by the MOHSW or recognized institutions.

In the HRH research synthesis undertaken in October 2005 various studies were collected and synthesized. Research reports and consultancies were reviewed and majority of them were from Tanzania institutions including NIMR, MUCHS, CEDHA, MOHSW, Ifakara Health Research and Health Development Center (HRDC). Other reports were from international institutions and organizations including WHO, World Bank, DFID, Harvard University, London School of Health and Tropical Medicine, McKinsey.

One major limitation relating to the reviewed papers and reports were few original reports that could assist to a general understanding of HRH situation in the country since most of the reports were giving duplicates. As a result the number of research questions in HRH still remains unanswered thus posing difficulties in understanding and addressing the situation. These information gaps need to be researched and prioritized according to the national requirements.

In the light of the above the concerted effort should be made to undertake problem solving research by all stakeholders in order to solve pertinent HRH issues in health care delivery.

2.10 HRH Financing

Government of Tanzania allocated 11.6% of total government budget for health sector in 2005/06, amounting to only US$ 9.5 per capita expenditure. Within the allocation for the health sector in 2005/06, 3.5% is allocated for HRH at central level. Between 2004/05 and 2006/07 the health sector budget remained the same but the proportion of the budget for HRH increased from 3.47 % to 5.3 %

Budget allocation for HRH at district level seems increasing. However, HRH recruitment and retention budget are inadequately reflected within Comprehensive Council Health Plan (CCHP) due to the spending guideline restrictions of health basket fund and block grant.

The health system remains weak and unable to effectively cope with increased demand for quality health services. The sector faces serious challenges including shortages, and unmatched distribution of human resources. In spite of identifying HRH as a priority challenge of Health sector budgetary allocation has not taken into consideration HRH as a priority area.

CHAPTER THREE

3 Strategic Interventions

3.1 Vision

To contribute to a model of excellence in delivery of quality and equitable health and social welfare services.

3.2 Mission

The mission of this HRH plan is to contribute to provision of quality health and social welfare services through addressing systematically identified HRH issues and challenges including having in place the right numbers of qualified and motivated staff in the right place, time and cost.

3.3 Principles

The successful implementation of the strategic plan will be guided by the following principles:
Good Leadership
Accountability and good governance
Political commitment
Private sector participation
Active community involvement
Collaboration with development partners
Gender sensitivity

3.4 Strategic Issues

3.4.1 HRH Planning and Policy Development

Workforce planning is an important component for HRH management. However, limited skills hamper HRH planning capacity at all levels of the health system. Also absence of quality information and chronic under funding constrained the systematic analysis of demand and supply projections for HRH. Moreover, the unforeseen demands imposed by the health sector programs affect accurate projection of HRH needs. There is an emerging tendency by major programs like HIV/AIDS, Malaria and TB programs to impose additional demands on the existing workforce. Moreover, the programs lack comprehensive plans to support HRH and health system.

Following the coming into power of the Fourth Phase Government there was restructuring of Government, Ministries and Institutions. The department of Social Welfare was moved to the Ministry of Health to form the present the MOHSW. This move has increased mandate of the Ministry. Meanwhile, the budget allocation to the Ministry has remained relatively constant. The roles and responsibilities of MOHSW have changed. However, the ministry still operates in an environment where most of the existing policies and guidelines need to be reviewed as per changes for

compatibility. This plan advocates for the systematic review of existing policy guidelines to facilitate improved operational efficiency. Effort would also be taken to strengthen HR planning capacity and development of succession plans at MOHSW central, regional and district level in terms of skills and knowledge through the use of technology and improved working environment.

To strengthen the existing information system, the strategic plan will address coordination and networking of existing HRH data collection systems to ensure quality and reliable HRH data at all levels.

3.4.2 Strengthening Leadership and Stewardship

There is need to provide strong leadership to effectively address the HRH crisis. A major challenge has been the chronic low investment on HRH functions. This challenge is attributed partly to limited sector dialogue and weak advocacy. The strengthening of HRH management systems and structures is required at relevant levels. This strategic plan seeks to encourage the development of capacity of leaders in the health sector in the following key areas including advocacy and resource mobilization.

3.4.3 Education, Training and Development

3.4.3.1 Workforce production

The gross shortage now existing, the increasing disease burden and challenges of HIV/AIDS and expanding health infrastructure have added to human resource requirements in terms of number, skills and additional knowledge. The training institutions have several setbacks to match the existing demand in training. The limitations are primarily related to infrastructure, inadequate numbers and skills of their teaching staff and inadequate capacity to plan and manage the institutions. To reduce identified limitations, the strategic plan seeks to promote the following:
Infrastructure and technology development
Recruitment of teaching staff
Planning and coordination of pre-service and in-service training
Review training duration and levels of various cadres
Regular quality assurance improvement of curriculum and accreditation activities
Performance appraisal of staff.
Linkages between the training institutions, MHEST, MOE and MOHSW

3.4.3.2 Professional Development

MOHSW is committed to encouraging all staff to realize their maximum potential through the provision of professional development opportunities. This will be achieved through a combination of opportunities offered locally and outside the country where feasible and appropriate. Continuous education is highly stressed in this strategy and various mechanisms will be explored and piloted to be effective.

43% of the health workforce is occupied by cadres such as MCH Aides, Assistant Clinical Officers and Medical Attendants. Upgrading exercise is ongoing. This

strategy will take into account the devising of ways that will make it possible for these cadres to upgrade with the support and facilitation by the employer. Development and strengthening of resource centers as well as distance learning initiatives will be explored and piloted to this end.

The rural-urban divide has always been a challenge even in access to training and opportunities to learning for professionals working in remote and hardship areas. Limited chances to work with medical consultants and less challenging cases make the rural doctors least exposed to various ways of handling clinical cases. This increases number of referrals that are otherwise not necessary thereby increasing the workload in referral and consultant hospitals. Mechanisms of linking the senior doctors and fresh doctors working in rural settings will be explored. Technological development opportunities such as telemedicine will be applied and pilot projects will be worked out to enhance mentoring and coaching in clinical setting.

3.4.4 Workforce management and utilization

3.4.4.1 Recruitment and retention

MOHSW acknowledges the obligation of ensuring the availability of right staff at right place and in a right quantity. In assuming this responsibility, MOHSW will revise in participatory approach, assess effectiveness of the scheme of service while taking into account what is ideal and what is feasible currently. The Ministry in partnership with various stakeholders will collectively support the emergency hiring proposal and devise other alternatives that will minimize HRH shortage and distribution disparities. Recruitment bottlenecks will be assessed and collectively discussed by various ministries for enhancing flexibility and sustainability in recruitment process.

HRH crisis is attributed to various related causes, lack of retention strategies being one of them. Socio-economic disparities and other work environment challenges have been factors that put off professionals and thereby affecting their retention, particularly in the rural areas.

This strategic plan is dedicated in improving HRH for the purpose of ensuring that staffs know what they are supposed to do, get timely feedback, feel valued and respected, and have opportunities to learn and grow on the job. A retention strategy will be developed that will take into account the need to improve performance management, top-up, housing and guaranteed opportunities for further career development. Also HIV/AIDS workplace program will be advocated and encouraged. Within this framework, efforts to encourage health workers to accept postings to very remote localities would be explored. The use of attractive differential incentive packages including preferential career development would be advocated in partnership with government, private and development partners.

3.4.4.2 Workforce Productivity and Performance

The poor productivity of the available health workforce aggravates the poor performance of the health sector. This situation calls for attention so as to ensure

improved performance through designing performance appraisal mechanism including regular review of job descriptions, task analysis and tracer studies. Another strategy to enhance productivity is to develop motivation and incentive package as well as improving work condition.

The strategies outlined in the HRH Strategic Plan are aimed at addressing urgent performance management and productivity issues by focusing on improved supervisory support, employee relations, working conditions including pay and benefits improvements.

3.4.5 Partnership in HRH

Development of strategic partnerships among all stakeholders in the health sector is considered vital. This partnership should include developing financing mechanisms for ensuring sustainability, sharing of existing staff/facilities, joint planning and task shifting. Partnership would be developed with a view to sustainable solutions to address the current career development challenges and constraints facing existing/emerging cadres of HRH. Also, efforts would be pursued to better define and clarify the relationship and roles between the Regional and district health management teams under the ongoing health decentralization process.

In order to tackle the HRH crises, the commitment of leaders from all stakeholders is considered vital. The Plan seeks to encourage the harmonization and coordination of relevant activities such as development of norms and standard for service delivery, curriculum design and training implementation and equity of support for HRH.

There are serious challenges facing HRH training and developments in the country. To strengthen HRH development, this Plan will promote development of national training plan and guidelines, improved curriculum design and coordination of continuous professional training. Also efforts would be made to align trainers to better meet and satisfy the needs of service providers. To ensure that existing training schools are able to effectively produce qualified and competent health workers, partnerships mechanisms to improve academic staff performance and motivation would be encouraged.

The health sector requires a properly managed workforce to deliver quality and accessible health services. To achieve these objectives, a well organized system of equitable deployment of staff and existing skill mix, provision of attractive retention mechanism and support supervision system is required. Also there is need for development of innovative workload reduction and improved productivity strategies. PPP mechanisms including hospital service agreement, sub contracting of non core services will be promoted. Currently there is no significant private for profit health facilities providing services in the rural areas. Therefore, there is a need to develop mechanism to enhance greater private sector participation in service provision in rural and peri - urban areas.

3.4.6 HRH Research and Development

There is a rapid increase of research activities ongoing in the country. Proper coordination and definition of HRH research priorities are required to improve sharing of information and utilization of research results. To ensure better utilization of existing research results, efforts to improve strategic linkages between policy and research would be advocated. There is also need to better monitor and understand the underlying causes and pattern of movement of HRH in the sector. Efforts are needed to capture emerging HRH issues and challenges at all levels especially under the ongoing decentralization process.

3.5 Risks

The strategies have been developed to address current or future challenges in order to achieve the objectives set out in this document. However well-designed strategies might be, there are factors outside the control of the Human Resources Directorates, and indeed some beyond the control of the MOHSW which may hinder the achievement of the stated objectives. Some of these risks may be managed within the HRH Strategic Plan to reduce the negative impact. Others should be acknowledged and monitored. In the planning process the risks are restated as assumptions, which support the link between the strategies and their respective objectives. As part of managing the HR strategy it will be necessary to regularly check whether the assumptions remain true. If not, redesigning of some of the strategies may be required.

The main external factors that could impact on the performance of the health sector during the duration of this strategic plan include political, legal, economic, social and cultural, and technological factors, as summarized below.

The political climate in Tanzania is generally peaceful, stable and conducive for smooth delivery of healthcare services throughout the country. However, the following have been identified as the major political and legal developments that could impact on the implementation of this plan.

3.5.1 National Decentralization Policy

Government launched the National Decentralization Policy, which is being implemented throughout the country. This development has brought in another dimension to the future organization and management of health services in Tanzania, with major implications on planning, resource allocation, human resource management and accountability, as the overall decentralization policy calls for channeling and control of resources through the Local Authorities at district level.

The challenge is for MOHSW to carefully study the implications of the new decentralization policy and address all the undesired impact to ensure that the implementation of the HRH plan is harmonized with the requirements of the new policy,

While taking full advantage of the opportunities presented by the ongoing decentralization, there is a critical need to be aware of the potential loss of professional identity and control. Hence management of HRH has to take into account safeguarding professionalism in discharge of HR functions.

3.5.2 Economic Factors

Despite improvement in the overall national economy, the allocation of public funds for HRH development remains low. This situation is considered a critical risk to the achievement of this plan and calls for significant improvement.

3.5.3 Social Factors

The absence of basic essential amenities such as housing, water, electricity, education facilities, and communication facilities remains a major problem in many disadvantaged districts in attracting and retaining staff. To improve this situation requires political commitment and huge investment

4 CHAPTER FOUR

4.1 Implementation of the Plan

To ensure effective implementation of the plan all HRH stakeholders will be involved. The plan will be implemented at three levels which are national, regional and district. The ministry of health will play the lead role in providing strategic direction to enable health management team members at all levels clearly interpret the strategic plan and implement it smoothly. Advocacy will be carried out to ensure that all HRH stakeholders take HRH as a top agenda and therefore include the activities stipulated in this plan to their national, regional and council health plans.

The Human Resource Directorates in collaboration with HRH Working Group will oversee the implementation of the broad strategies. The Regional, District and Hospital Management Teams and Training Institutions will be expected to develop their human resource action plans based on their human resource needs. However in developing their plans, they will be guided by the strategic objectives of this Strategic Plan.

IMPLEMENTATION MATRIX

S. O. 1: To improve HRH Planning and Policy Development capacity

Key Result Area: Human Resource Planning and policy development strengthened at all levels

Specific Objective	Strategies	Activities	Target/output	Indicator	Means of Verification	Assumption/ Risks
1.1 Improve HR planning and policy capacity at all levels 2009	1.1.1. Capacity building in information management, planning, policy analysis, monitoring and evaluation at all levels (Private and Public sectors)	To train Human Resource Department and health managers in HR planning	Human Resource Department and health managers trained in HR planning by 2009	Number of staff and health managers trained in HR planning	Training report	Availability of funds Management Commitment
		To train HR department and health managers in HRH/HMIS information management	Human Resource Department staff and health managers trained in HRH /HMIS information management by 2010	Number of staff trained in information management-HRH/HMIS	Training report	Availability of funds Management Commitment
		To train HR department and health managers in policy development and analysis	Human Resource Department and health managers trained in HR policy development and analysis by 2009	Number of staff trained HR in policy development and analysis	Training report	Availability of funds Management Commitment
		To strengthen and equip HRD department and health managers with necessary human resource, technology and equipment	HRD department and health managers strengthened and equipped with necessary human resource, technology and equipment by 2012	Number of new staff employed, Number of new equipment procured and Number of staff able to use new technology	Employment records, equipment inventory, Training report	Availability of funds Management Commitment
		Establish M&E framework for HRH	Framework established by 2009	M&E Framework in place	M&E report	Availability of funds Management Commitment

Specific Objective	Strategies	Activities	Target/output	Indicator	Means of Verification	Assumption/ Risks
		To train HRD department and health managers on M&E	Human Resource Department staff and health managers trained on M&E by 2010	Number of staff trained on M&E	Training report	Availability of funds Management Commitment
		Conduct biannual and annual review of HRH Strategic plan	Biannual and annual review are conducted	Recommendations from review	Review report	Availability of funds Management Commitment
		Conduct midterm and terminal evaluation of HRHSP	Midterm and terminal evaluation are conducted in 2009 and 2012	Evaluation findings	Evaluation report	Availability of funds Management Commitment
	1.1.2 To establish HRH data base at all levels	To identify Key HRH variables	Key HRH variables identified by 2008	List of key HRH variables identified	HRH key variable identification report	Availability of funds Management Commitment
		Develop data collection tool/software	Data collection tool/software develop by 2008	List of tools/software	Report on the tools/software developed	Availability of funds Management Commitment
		Conduct HR data collection and analysis	HRH data collection and analysis periodically	Analyzed HR Information	Analysis report	Availability of funds Management Commitment at all levels
		Orient zones, regions and district in analyzing and using the data.	Zones, regions and district oriented in analyzing and using the data by 2010	Number of zones, regions and district oriented in analyzing and using the data	Orientation report	Availability of funds Management Commitment
		To build capacity of regions and district to effectively collect, process, store and retrieve HRH information	Capacity of regions and district to effectively collect, process, store and retrieve HRH information built by 2010	Number of regions, districts with well established database system	Supervision reports	Availability of funds Management Commitment

Specific Objective	Strategies	Activities	Target/output	Indicator	Means of Verification	Assumption/ Risks
		Review HRH information guideline to comply with the new HRH Database system	HRH monitoring guideline reviewed by 2010	Reviewed guideline	Guideline review report	Availability of funds Management Commitment
		Monitor implementation of HRH guideline at all levels	Implementation of HRH guideline at all levels monitored and evaluated by 2012	Implementation results	Monitoring and evaluation report	Availability of funds Management Commitment
	1.1.3 Strengthen workforce planning practices	Carry out short and long term Human Resource Projections (Forecasting)	Short and long term Human Resource Projections (Forecasting) carried out periodically	HRH projections available	HRH projection report	Availability of funds Management Commitment
		Develop succession plan at all levels	Succession plan at all levels developed by 2010	Succession plans available	Succession plan report	Availability of funds Management Commitment
		Updating staffing levels according to the changes in the health care service delivery for both public and private	Staffing levels updated according to the changes in the health care service delivery by 2012	Updated staffing levels	Updated staffing guidelines	Availability of funds Management Commitment
		Launching of HRH strategic plan	HRH strategic plan launched by 2008	HRH strategic plan launched	Launching reports	Availability of funds Management Commitment
		Build a case to accommodate 2 years trained health cadres left out in the scheme of services (e.g. Health, Radiographic, Laboratory and Pharmaceutical Assistants)	Scheme of service reviewed and accommodate Health, Laboratory and Radiographic and Pharmaceutical Assistant by 2008	Laboratory and pharmaceutical assistant included in the scheme of service	Reviewed scheme of service	POPSM approval

Specific Objective	Strategies	Activities	Target/output	Indicator	Means of Verification	Assumption/ Risks
		Build a case for the establishment of community based health workforce (e.g. Community Midwives)	Community based workforce approved in the establishment by 2008	The new establishment containing Community health workforce in place	MOHSW Staffing level Guideline	POPSM Approval Management Commitment
	Policy analysis and interpretation	Monitor implementation of HRH Policy	Implementation of HRH Policy monitored by 2012	Implementation results	Monitoring and evaluation report	Availability of funds Management Commitment
		To harmonize policy and guideline on recruitment, deployment of HRH with relevant ministries	Policy and guideline on recruitment, deployment and development of HRH with relevant ministries harmonized by 2009	Number of harmonized policies and guidelines	Harmonization report	Availability of funds Management Commitment POPSM approval
		To translate and disseminate HR policy and guidelines to regions and district authorities	HR policy and guidelines translated and disseminated to regions and district authorities	Number of policies and guidelines translated and disseminated to the regions and districts	Translation and dissemination reports	Availability of funds Management Commitment
		To sensitize the employers on the importance of HRH through advocacy at all levels	HRH advocacy at all levels conducted periodically	Number of advocacies carried out	Advocacy report	Availability of funds Management Commitment
		Advocate the Review of decentralization policy to ensure safeguard health professionalism	Decentralization policy review is advocated by 2009	Number of advocacies carried out	Advocacy report	Availability of funds Government commitment

S. O. 2: To strengthen leadership and stewardship in HRH

Key Result Area: HRH recognized as a priority Development agenda

Specific Objective	Strategies	Activities	Target/output	Indicator	Means of verifications	Assumptions/ risks
2.1 To improve leadership and stewardship capacity for both public and private sector in HRH by 2011	2.1.1 Establish management and leadership programs at different levels in health sector	To conduct training needs assessment in leadership and management	Assessment on management and leadership done by 2008	Skills and knowledge gaps identified	Assessment report	Availability of funds Management Commitment
		To conduct management and leadership training programs	Management and leadership training programs conducted by 2012	Number of managers trained on leadership	Training reports	Availability of funds Management Commitment
		Develop HRH attachment, exchange programs and study tours for sharing best practices in HRH planning, financing, development and development	HRH attachment, exchange programs and study tours for sharing best practices in HRH planning, financing, development and development developed by 2012	Number of HRH leaders attended exchange programs and attachment and study tours	Exchange programs, attachments and study tour reports	Availability of funds Management Commitment
		To train HRH leaders on good governance	HRH leaders trained in good governance by 2010	Number of HRH leaders trained	Training reports	Availability of funds Management Commitment
	2.1.2. Improve advocacy capacity	To train HRH leaders in communication and advocacy skills.	HRH leaders trained in communication and advocacy skills by 2010	Number of HRH leaders trained	Training reports	Availability of funds Management Commitment
		To develop advocacy and communication strategy in HRH	Advocacy and communication strategy developed by 2011	Number of advocacy and communication strategies developed	Advocacy and communication strategy report	Availability of funds Management Commitment

Specific Objective	Strategies	Activities	Target/output	Indicator	Means of verifications	Assumptions/ risks
		To advocate HRH policies, guidelines, circulars and other issues at all levels	HRH policies, guidelines, circulars and other issues at all levels advocated at by 2010	Number of advocacy carried out	Advocacy reports	Availability of funds Management Commitment
		To establish National, Regions and districts HRH observatory teams	National, Regions and districts HRH observatory teams established by 2008	Number of HRH observatory teams established	Reports on the establishment of HRH observatory teams	Availability of funds Management Commitment
		To establish terms of reference of the observatory teams	Terms of reference of the observatory teams established by 2008	Availability of terms of reference	ToR Document	Availability of funds Management Commitment
		To facilitate launching of national observatory teams	Launching of national observatory teams facilitated by 2008	HRH national observatory teams launched	Launching reports	Availability of funds Management Commitment
		To orient the observatory teams on their roles and responsibility	Observatory teams oriented on their roles and responsibility by 2008	Number of team members oriented	Orientation reports	Availability of funds Management Commitment
		Resource mobilization to facilitate work of the observatory teams	Resource mobilized to facilitate work of the observatory teams by 2008	Number of commitments by financiers	Funds issued	Availability of funds Management Commitment

S. O. 3: To improve Education, Training and Development for HRH

Key Result Area: Adequate, qualified and competent Human Resource for Health available.

Specific Objectives	Strategies	Activities	Target/output	Indicators	Means of verification	Assumption/ Risks
3.1 To improve capacity in delivering and managing the training by the year 2011 at all levels for both public and private sector	3.1.1 Developme nt of Master Training plan for health sector	To conduct training needs assessment and rationalize health cadres	Training needs assessment conducted by 2008	Training needs assessment findings	Training needs assessment report	Availability of funds Management Commitment
		To develop the MOHSW Master training plan	Master Training plan developed by 2008	Availability of Master Training plan	Master Training plan document	Availability of funds
		To facilitate acquisition of at least secondary education for all health workers	Acquisition of at least secondary education for all health workers by 2012	Number of health workers supported to achieve secondary education	List of the supported health workers	Availability of funds Management Commitment
		To facilitate Regions, district, agency and institutions to develop and operationalise the Master training plan	Regions, district, agency and institutions facilitated on the development and operationalise of the Master training plan by 2012	Number of region and districts developed and operational zed the Master training plan	Master Training plan documents	Availability of funds Management Commitment
		Mobilize funds for implementing training plan	Funds for implementing training plan mobilized by 2012	Amount of funds mobilized	Funds mobilization reports	Availability of funds Management Commitment Political willingness
	3.1.2 Capacity developmen t of the training institutions	Conduct situational analysis of the training institutions to identify status of existing infrastructure	Situational analysis of the training institutions to identify status of existing infrastructure conducted by 2007	Situational analysis findings	Situational analysis reports	Availability of funds Management Commitment

Specific Objectives	Strategies	Activities	Target/output	Indicators	Means of verification	Assumption/ Risks
		Facilitate the development of *Infrastructure development plan* for the training institutions	Infrastructure development plan are accomplished by 2007	Number of training institutions with *Infrastructure development plan*	Infrastructure development plan reports	Availability of funds Management Commitment
		Provide modern Health learning materials, teaching facilities and equipments.	Modern Health learning materials, teaching facilities and equipments provided by phases by 2012.	Number of training institutions provided with health learning materials and equipments	Procurement and distribution reports	Availability of funds Management Commitment
		Strengthen the use of modern Information Technology and communications	Information Technology and communications strengthened by phases by 2012	Number of institutions provided with reliable Information technology and communication	Installation reports	Availability of funds Management Commitment
		Mobilize funds for infrastructure development	Funds for infrastructure development mobilized by 2008	Number of financiers and amount of funds obtained	Funds mobilization reports	Availability of funds Management Commitment
		Construct and rehabilitate training institutions according to the infrastructure development plan	Construct and rehabilitate training institutions according to the infrastructure development plan by 2012	Number of institutions constructed and rehabilitated	Construction, rehabilitation, inspection reports	Availability of funds Management Commitment
		Train staff in the training institutions and university in various relevant fields	Staff in the training institutions trained on various relevant field by 2012	Number of trained staff	Training reports	Availability of funds Management Commitment Staff willingness
		Mainstreaming gender in the curriculum	Gender issues mainstreamed in the curriculum by 2009	Gender Mainstreamed in the curriculum	Curriculum in place	Availability of funds Management Commitment

Specific Objectives	Strategies	Activities	Target/output	Indicators	Means of verification	Assumption/ Risks
		Main steaming gender issues in training	Health Managers and workers trained on gender issues by 2012	Number of health managers trained	Training report	Availability of funds Management Commitment
3.2 Improve quality assurance in the training institution by 2011	3.2.1 Strengthening quality assurance in the training institutions	Conduct situation analysis of existing quality management system in training institutions	The Situation analysis conducted by 2008	Number of studied institutions, Situation analysis findings	The situation analysis report	Availability of funds Management Commitment
		Develop and institutionalize quality management frame work for training institutions	Quality management frame work for training institutions develop and institutionalize by 2009	Number of training institutions applying quality framework	Reports on the quality frame work application	Availability of funds Management Commitment
		Facilitate development of business plans of the training institutions	Facilitation on the development of business plans of the training institutions done by 2008	Number of training institutions with business plan	Facilitation reports	Capacity to develop business plans Availability of funds Management Commitment
		Mobilize funds to Support Training Institutions to implement their business plan	Funds to Support Training Institutions to implement their business plan mobilized by 2008	Financial commitment by various financiers	Funds mobilization reports	Availability of funds Management Commitment
		To recruit adequate number of qualified staff / tutors for training institutions	Adequate number of qualified staff for training institutions recruited by 2012	Number of qualified staff recruited	Recruitment report	Availability of funds Management Commitment Political willingness

Specific Objectives	Strategies	Activities	Target/output	Indicators	Means of verification	Assumption/ Risks
		Conduct/ Update on new advances in care and treatment of remerging diseases.	Update sessions conducted for tutors by 2012	Number of tutors received updates on care and treatment	Update reports	Availability of funds Management Commitment
		Review duration of training programme while maintaining quality	Training programmes duration reviewed by 2012	Number of programmes reviewed	Training programme review report	Availability of funds Management Commitment Professional/Councils approval
		Conduct and update tutors on modern teaching methodology	Teaching methodology course for tutors conducted by phases by 2012	Number of tutors trained	Training reports	Availability of funds Management Commitment
		Conduct Follow up evaluation of the trainees after teaching methodology course conducted by 2012	Number of trainees evaluated after training	Follow up evaluation reports	Availability of funds Management Commitment	Availability of funds Management Commitment
		Conduct supportive supervision	Supportive school supervision conducted annually	Number of school supervised	Supervision reports	Availability of funds Management Commitment
		Conduct Annual Principals/ Head of institutions meeting for sharing experience and improving performance	Conduct Annual Principals meeting conducted annually	Number principals meetings carried out	Principals meetings report	Availability of funds Management Commitment

Specific Objectives	Strategies	Activities	Target/output	Indicators	Means of verification	Assumption/ Risks
		Facilitate accreditation to training institutions	Accreditation to training institutions facilitated by 2012	Number of training institutions accredited	Accreditation reports	Availability of funds Management Commitment NACTE commitment
		Evaluation of faculty/ institutions by students	The evaluation is in place	Number of faculty/institutions introduced the evaluation system	Evaluation report	Resistance from faculty/ institutions
		Conduct tracer studies of graduates from various training institutions	Tracer studies conducted by 2012	Number of tracer studies completed	Evaluation reports	Availability of funds
3.3 Improve zonal training centers to support regions, districts and training institutions in delivering quality health care and training	3.3.1 Facilitate zonal training center to support regions, districts and training institutions to ensure effective linkage between training and services	Facilitate effective coordination between MOHSW, ZTCs and all other stakeholders regions and districts through redefining roles of each player	Effective coordination between MOHSW, ZTCs and all other stakeholders regions and districts through redefining roles of each player facilitated by 2008	Redefined roles in place and documented	Facilitation reports	MOHSW initiative and participation / involvement Stakeholders commitment
		Include zonal training centers in the MOHSW organizational structure	Zonal Training Center included in the MOHSW organizational structure by 2008	MOHSW organization structure with Zonal Training Centers incorporated	MOHSW organogram	Management commitment
		Ensure zonal training centers are adequately staffed	Zonal training centers are adequately staffed by 2012	Number of staff who are adequately trained	Recruitment and training reports	Availability of funds Management Commitment

Specific Objectives	Strategies	Activities	Target/output	Indicators	Means of verification	Assumption/ Risks
		Mobilize funds to facilitate coordination role of MOHSW, ZTC, Regions and districts	Funds to facilitate coordination role of MOHSW, ZTC, regions and districts mobilized by 2009	Financial commitment by various financiers	Funds mobilization reports	Availability of funds Management Commitment
		To establish governing committees in all ZTCs and health training institutions	Governing committees in all ZTCs and health training institutions Established by 2008	Number of governing committee formulated	Functional governing committees	Availability of funds Management Commitment
		Develop a supervision guideline for supervising the Zonal training center	Supervision guideline for supervising the Zonal training center developed by 2008	Supervision guideline in place	Supervision guideline	Availability of funds Management Commitment
3.4 Improve continuous professional development	3.4.1 Harmonize continuous professional developmen t	To review career path and levels to comply with the current performance management system	Career path reviewed to comply with the current performance management system by 2009	Reviewed career path	Report on the reviewed career path	Availability of funds Management Commitment
		Undertake a comprehensiv e evaluation of Muhimbili nursing and allied schools	Strengths and weaknesses identified	Options for future roles and responsibilities identified	Reports available	
		To develop career plan and career levels for all cadres	Career plan for all cadres developed by 2008	Developed career plan	Report on the developed career plan	Availability of funds Management Commitment
		To conduct tracer study for health graduates	Tracer study for health graduates conducted on phases by 2012	Number of tracer study conducted	Tracer study reports	Availability of funds Management Commitment

Specific Objectives	Strategies	Activities	Target/output	Indicators	Means of verification	Assumption/ Risks
		To establish educational resource center at all levels	Educational resource center is established at zonal level by 2010	Number of established educational resource center	established educational resource centers	Availability of funds Management Commitment
	3.4.2 Promote and recognize innovative distance training programs.	To conduct assessment of the current on going distance learning program	Assessment of the current on going distance learning program conducted by 2009	Number of program assessed	Assessment report	Availability of funds Management Commitment
		To develop national distance learning strategic plan	National distance learning strategic plan developed by 2009	Strategic plan in place	Report on the development of the strategic plan	Availability of funds Management Commitment
		To review and expand distance education curriculum	Distance education curriculum reviewed and expanded by 2012	Number of reviewed and expanded curriculum	Reviewed and expanded curriculum	Availability of funds Management Commitment
		Strengthening all training center in ICT to deliver modern distance learning programs	ZTCs strengthened in ICT to deliver modern distance learning programs by 2012	Number of ZTCs strengthened in ICT	ICT installation reports	Availability of funds Management Commitment
		To facilitate the delivery of distance learning program	Delivery of distance learning program facilitated by 2012	Number of distance learning programs facilitated	Facilitation reports	Availability of funds Management Commitment
		To conduct direct contact planned session for distance learners	Planned class session for distance learners conducted by 2012	Number of planned class sessions conducted	Planned class sessions reports	Availability of funds Management Commitment Employer/staff willingness

Specific Objectives	Strategies	Activities	Target/output	Indicators	Means of verification	Assumption/ Risks
		To facilitate the accreditation and recognition of distance learning by relevant authorities	Accreditation and recognition of distance learning by relevant authorities facilitated by 2012	Number of distance learning programs accredited/recognized	Accreditation/ recognition reports Reduced number of complaints	Availability of funds Management Commitment Employer/relevant Authorities/ willingness
3.5 Strengthen quality assurance system in all health facilities by 2010	3.5.1 Establish and strengthen quality programs	To train health facilities management teams and training institutions on quality assurance	Health facilities management teams and training institutions trained on quality assurance by 2012	Number of team members trained	Training reports	Availability of funds Management Commitment Employer willingness
		Facilitate establishment of quality programs in health facilities and training institutions	Establishment of quality programs in health facilities and training institutions facilitated by 2011	Number of health facilities and training institution with quality programs	Supervision/ inspection reports	Availability of funds Management Commitment Employer willingness
		Review curricula of Training Institutions to incorporate new concepts and technology	Curricula of Training Institutions to incorporate new concepts and technology reviewed by 2012	Number of curricular reviewed	Reviewed Curricular document	Availability of funds Management Commitment
		To develop mechanism for training Traditional healers (consult relevant section in the MOHSW)	The mechanism for training the traditional healers developed by 2009	Number of training mechanism developed	Activity report	Acceptance by traditional healers. Availability of funds Stakeholders commitment
		Train Health workforce in customer care	Health workforce trained on customer care by 2011	Number of staff trained on customer care	Training reports	Availability of funds Management Commitment

Specific Objectives	Strategies	Activities	Target/output	Indicators	Means of verification	Assumption/ Risks
		Facilitate regions and districts to orient health workers on the legal aspect of health for improved performance (ToTs)	Regions and districts facilitated on how to orient health workers on the legal aspect of health for improved performance (ToTs) by 2011	Number of ToTs facilitated	Facilitation reports	Availability of funds Management Commitment
	3.5.2 Active involvement of Health professional bodies and associations and private training institutions	To conduct assessment of Health professional bodies and associations to identify opportunities and obstacles in their involvement	Assessment of Health professional bodies and associations to identify opportunities and obstacles in their involvement conducted by 2010	Number of Health professional bodies and associations assessed	Assessment reports	Availability of funds Management Commitment
		To facilitate review of the laws and roles of the Health professional bodies and associations	Review of the laws and roles of the Health professional bodies and associations facilitated by 2012	Number of the reviewed laws and roles	Facilitation reports	Availability of funds Management Commitment
		Mobilize professional association to ensure quality of service delivery by their members	Professional association mobilized to ensure quality of service delivery by 2010	Number of professional association mobilized	Mobilization reports	Availability of funds Management Commitment
		Support strengthening of private training institutions for higher learning	Private training institutions supported for strengthening higher learning by 2009	Number of training institutions supported	Activity report	Availability of funds Stakeholders commitment
		Improve the capacity of regional hospitals to support the internship programs	Capacity of regional hospitals to support internship programs is improved by 2011	Number of the regional hospitals equipped to offer the internship programs	List of teaching hospitals	Availability of funds Stakeholders commitment

Specific Objectives	Strategies	Activities	Target/output	Indicators	Means of verification	Assumption/ Risks
		To establish health professional re-registration system	Health professional's' re-registration system is established by 2009.	Number of re-registered health professionals	Re-registration records.	Availability of funds Stakeholders commitment

S. O. 4: To improve Workforce Management and Utilization

Key Result Area: Attraction, recruitment, retention and productivity of health workers improved.

Specific objective	Strategies	Activities	Target/Output	Indicators	Means of verification	Assumptions/ Risks
4.1 Ensure mechanism to manage recruitment and deployment of staff is established at all levels for both public and private sector by 2008	4.1.1 Establish a coordinating mechanism for different cadres to deal with issues pertaining to decentralization/ centralization of HR for health and social welfare	Review recruitment procedures to reduce bureaucracy	Coordinating mechanism established by 2008	Functional mechanism for coordination in place	Government gazette. A legal instrument outlining powers and mandate of the mechanism in place	POPSM approve the coordinating mechanism
		streamline the administrative processes so as to ensure timely recruitment of staff whether for filling an existing vacancy or for a new project	Administrative recruitment process streamlined by 2008	Functional recruitment process in place	A reviewed recruitment process	POPSM approval
		Finalize job list and Align it with staffing level	Job list accomplished and aligned with staffing level by 2008	Available Job list aligned with staffing level	Report on the reviewed Job list	Funds available All staff are involved
		Implement Piloted emergency hiring program and study strength and challenges to ensure sustainability.	Staff recruited on EHP by 2008	Number of staff recruited	Report on staff recruited	Funds available Management Commitment All staff are involved Ministry of Finance approval to ensure alignment of the EHP with the government procedure for sustainability

Specific objective	Strategies	Activities	Target/Output	Indicators	Means of verification	Assumptions/ Risks
		Establish a registration mechanism for all health cadres	Comprehensive health Cadres established by 2009	All Health Cadres registration in place	Health cadres Registers	Funds are available Management Commitment Stakeholders commitment
		Establish an integrated deployment tracking system	Integrated deployment tracking system established by 2009	Integrated deployment tracking system in place.	Deployment tracking reports	Funds available Management commitment POPSM approval
	4.1.2 Redressing rural urban disparity	Introduce rural clinical exposure after supervised service as a prerequisite for professional registration	Rural clinical exposure as a prerequisite for professional registration introduced by 2009	Reviewed professional registration system in place	Professional Register	Funds available Management commitment Quality assurance in place Professional Bodies and Associations approval
		Conduct a health workers Mapping exercise	Health workers Mapping conducted at all levels by 2009	Health workers mapping results	Health Workers Maps	
		reallocate Health workers to ensure equity in the distribution of health workers at all levels	Advocacy for reallocation conducted by phases by 2010	Number of staff reallocated	Reallocation reports	Funds available Management commitment POPSM approval
4.2. Improve HRH performance management and reward systems	4.2.1 Institutionalize and accelerate the use of OPRAS at all levels	conduct baseline study on current performance and performance management mechanisms in public and private	Baseline study on current performance management conducted by 2008	Study findings/ recommendations	Study report	Funds available Management commitment POPSM approval

Specific objective	Strategies	Activities	Target/Output	Indicators	Means of verification	Assumptions/ Risks
		To train regional and district teams in OPRAS	Region and district teams trained in OPRAS by phases by 2010	Number of team members trained in OPRAS	Training Reports	Funds available Management commitment POPSM approval
		Support regions and District to develop plans for rolling out OPRAS	Regional and district Plans for rolling out OPRAS developed by 2010	Number of plans developed	Support Reports	Funds available Management commitment POPSM approval
		Develop monitoring mechanisms for tracking implementation and effect of OPRAS on performance.	criteria for ranking hardship areas established by 2010	hardship areas ranked according to the established criteria	Ranking reports	Funds available Management commitment POPSM approval
	4.2.2 Improve the incentive package system for all health workers including special attention for hard to reach areas	Develop an improved incentive package for all health workers	Incentive package for all health workers established by 2008	Improved incentive package in place	Incentive Proposal Document	Funds are available Management commitment
		Conduct a baseline study for hardship areas identification	Baseline study conducted by 2008	Study findings	Baseline study report	Funds available MOHSW approval
		Design criteria for identifying and ranking hardship areas	Incentive criteria for hardship areas introduced by 2008	Incentive package for hardship areas implemented	Government circular	Funds available Management commitment POPSM approval Political Will
		Develop an improved incentive package health workers in hardship areas	Incentive package for the health workers in hardship areas established by 2008	Hardship areas incentive package in place	Incentive package proposal	Funds are available Management commitment

Specific objective	Strategies	Activities	Target/Output	Indicators	Means of verification	Assumptions/ Risks
		consultations with key stakeholders to seek consensus for hardship incentive package	Dialogue session with key stakeholder conducted to seek consensus for hardship incentive package	Consensus reached	Dialogue session reports	Funds available Management commitment POPSM approval Political Will
		Develop a cabinet/position paper for approval of the incentive package for hardship areas	Position paper to advocate for differential incentive package for hardship areas prepared and submitted to the relevant authorities by 2007	Position paper approved	Government circular	Funds available Management commitment POPSM approval Political Will
		Advocate incorporation of private sector health employees to NHIS	Advocacy proposal , meeting and consultation is conducted by 2008	Consensus of the incorporation	The incorporation proposal Activity report	Management commitment Political Will
	4.2.3 Improve working environment	Facilitate provision of enough supplies, Housing, equipment and transport for health workers	Enough supplies, houses, equipment and transport provided to health workers by 2012	Number of districts provided with enough supplies, houses, transport and equipments	Monitoring report.	Funds available Management commitment Political Will
	4.2.4 Promote job enrichment	Conduct a health workers job satisfaction survey	Health workers job satisfaction survey conducted by 2008	Health workers satisfaction result	Study report	Fund are available Management Commitment
		Design and implement program for workers satisfaction	Workers satisfaction program is implemented by 2012	number of facilities implementing the program	Program Report on workers performance and attritions	Funds available Management commitment Political Will
	4.2.5 Devise Workplace programs that will attract and retain staff	Promote Occupational health safety programs	Occupational health safety program promoted by 2012	Number of health facilities promoted occupational health safety	Implementation reports	Funds available Management commitment

Specific objective	Strategies	Activities	Target/Output	Indicators	Means of verification	Assumptions/ Risks
		Develop guideline and advocate for establishment of credit facilities	Credit facilities guideline developed by 2008	Number of districts with credit facilities	Credit facilities Guideline.	Management support Approval by credit facilities
		Promote psychological mentoring	Target: management and employees Psychological mentoring activities are in place by 2010	Number of initiatives applied	Psychological mentoring reports. Comments received on the suggestion box	Funds available Management commitment
	4.2.6 Affirmative action in promotion and career development	Design career development	Career development plan accomplished by 2009	Career development in place	Career development plan document	Funds available Management commitment
		Implement career development plan	Career development plan implemented by 2012	Number of health cadres developed	Reports on the career development	Funds available Management commitment Staff willingness
		Establish mechanisms that ease promotion of staff working in hardship areas.	Mechanisms that ease promotion of staff working in hardship areas in place by 2012	Number of staff promoted	Promotion reports	Funds available Management commitment Staff willingness Political willingness
	4.2.7 Promote Mentoring and coaching	Train regions and district teams in Mentoring and coaching	Regions and district teams trained in Mentoring and coaching by 2009	Number of regions and district teams trained in mentoring and coaching	Training reports	Funds available Management commitment Staff willingness Political willingness

Specific objective	Strategies	Activities	Target/Output	Indicators	Means of verification	Assumptions/ Risks
		Institutionalize mentoring and coaching practices by promoting assignment of mentors to new recruits at regional and districts.	Mentoring and coaching practices Institutionalized by 2012	Number of regions and district practicing mentoring and coaching	Regions and districts reports on mentoring and coaching practices	Funds available Management commitment Staff willingness Political willingness
	4.2.8 Expanding the skill base of existing health workers	Assess ways to which employee at regional and district level could expand their skills base for improved health services provision	Assessment on how to expand skill mix for health workers carried out by 2008	Assessment findings	Assessment reports	Funds available Management commitment Staff willingness
		Facilitate the recognition of staff with additional qualifications in the scheme of service.	Recognition mechanism for staff with additional qualification established by 2009	Additional qualification recognized in the scheme of service	Scheme of service	POPSM Approval Management commitment

S. O. 5: To build and Strengthen Partnership in HRH

Key Result Area: Partnership in HRH development improved

Specific Objective	Strategies	Activities	Target/output	Indicator	Means of Verification	Assumption/ Risks
5. 1 To improve partnership amongst all health sectors	5.1.1 Inter-sectoral collaboration	Formulate committee to strengthen coordination and linkages amongst sectors in addressing HRH issues	Committee to strengthen coordination and linkages amongst sectors in addressing HRH issues to strengthening linkages formulated by 2008	Committee in place	Committee reports	Availability of funds Management Commitment Commitment and approval by other sectors dealing with HRH
		To strengthen and expand HRH working group to include private sector and relevant ministries	HRH working group expanded and strengthened to include private sector and relevant ministries by 2008	Number of new members added	List of new members	Availability of funds Management Commitment Commitment and approval by other sectors dealing with HRH
	5.1.2 Improve coordination of HRH partners	To conduct Health mapping on HRH activities including all service providers	Health mapping on HRH conducted by 2008	Mapping results	Mapping reports	Availability of funds Management Commitment
		To engage dialogue with HRH partners in addressing national HRH priorities.	Dialogue with HRH partners in addressing national HRH priorities engaged by 2008.	Number of Dialogue	Dialogue reports	Availability of funds Management Commitment
		To conduct annual reflection meeting with all partners in service delivery to assess implementation of HRH strategy	Annual reflection meeting to assess implementation of HRH strategy conducted annually	Number of meetings	Meetings reports on the assessment	Availability of funds Management Commitment Commitment and willingness of all HRH stakeholders

Specific Objective	Strategies	Activities	Target/output	Indicator	Means of Verification	Assumption/ Risks
	5.1.3 Private sector engagement in HRH	To conduct evaluation of piloted outsourced supportive services and identify other areas to be outsourced	Evaluation of piloted outsourced supportive services and identification of other areas to be outsourced conducted by 2009	Number of Evaluated piloted outsourced supportive services and identified other areas to be outsourced	Evaluation report	Availability of funds Management Commitment
		To assess capacity of private institutions in training and service delivery	Capacity of private institutions in training and service delivery assessed by 2008	Number of private institutions in training and service delivery assessed	Assessment report	Availability of funds Management Commitment Commitment and willingness of private sector
		To assess ways and mechanisms of engaging the private sector in supporting the retention strategies	Ways and mechanisms of engaging the private sector in supporting the retention strategies assessed by 2009	Ways and mechanism in place	Assessment report	Availability of funds Management Commitment Commitment and willingness of private sector
		To involve business companies in supporting HRH training and retention	Business companies involved in supporting HRH training and retention by 2008	Number of business companies committed in supporting HRH training and retention	Business company Support report	Availability of funds Management Commitment Commitment and willingness of private sector
		Introduce entrepreneurship in all health training curricular	Entrepreneurship introduced in all health training curricular by 2010	Number of health training institutes teaching entrepreneurship	School Annual reports	Management Commitment

S. O. 6: To strengthen HRH Research and Development

Key Result Area **:** Improved evidence and utilization of HRH research findings

Specific Objective	**Strategies**	**Activities**	**Target/ output**	**Indicator**	**Means of Verification**	**Assumption/ Risks**
6.1 To improve HRH Research/ studies for effective planning and decision making and advocacy for both public and private sector	6.1.1. Strengthen HRH research/ studies and development	To conduct HRH research/ study synthesis phase II	HRH research/ study synthesis phase II conducted by 2008	Number of synthesized research/ studies	Research/ studies Synthesis report	Availability of funds Management Commitment Commitment and willingness of private sector
		To identify key priority research/ studies areas in HRH	Key priority research/ studies areas in HRH identified by 2008	List of key priority areas in HRH research/ studies	HRH Research/ studies priority report	Availability of funds Management Commitment Commitment and willingness of researchers
		To strengthen HRH working group to coordinate and harmonize HRH Research/ studies	HRH working group strengthened the coordination and harmonization of HRH research/ studies by 2008	Research/studies coordinated and harmonized HRH Research/studies mapping	HRH working group reports for Research/ studies coordination	Availability of funds Management Commitment Commitment and willingness of researchers
		Conduct advocacy for utilizations of research findings	Advocacy for utilizations of research findings conducted by 2008	Number of advocacy carried out	Advocacy reports	Availability of funds Management Commitment Commitment and willingness of researchers
		Production of MOHSW – HRH News letter	MOHSW – HRH News letter produced quarterly	Number of MOHSW – HRH News letter	Published MOHSW – HRH news letter	Availability of funds Management Commitment

Specific Objective	Strategies	Activities	Target/ output	Indicator	Means of Verification	Assumption/ Risks
		Conduct Research Methodology training programs at all levels	Research Methodology training programs at all levels conducted by 2009	Number of health workers trained in research methodologies skills	Training reports	Availability of funds Management Commitment
		Conduct follow up evaluation of trainees after research methodology course	Follow up evaluation of trainees after research methodology course conducted by 2012	Number of follow up evaluation carried to the trainees	Follow up evaluation reports	Availability of funds Management Commitment
		Establish collaboration and linkage between public and private in HRH research/ studies	Collaboration Mechanism established by 2009	Collaboration Mechanism is in place	Report on the established mechanism	Availability of funds Management Commitment

S. O. 7: To promote adequate financing for HRH Strategic Plan

Key Result Area: Enhanced Resource mobilization, financial management and accountability

Specific Objective	Strategies	Activities	Target/output	Indicator	Means of Verification	Assumption/ Risks
7.1 To establish and enhance mechanism for mobilization of funds from development partners, private sector and community	7.1.1 Mobilization of alternative financing	Establish alternative financing mechanism to involve private sector and community	Mobilization of alternative financing mechanism established and enhanced by 2008	Amount raised through alternative financing options	Progress report from facilities	Cooperation and participation of all the stakeholders
		Develop a comprehensive HRH costing for both private and public sector	HRH Costing is available by 2008	Costing for HRH activities in place	HRH Costing report	Appropriate information for costing. Cooperation and participation of all the stakeholders
		Advocate fair allocation of government budget and development partners' funds for HRH	Fairness in HR budget allocation in terms of equity ensured by 2008	Improved Budget allocation for HRH	HR budget allocation to MOHSW, regions and districts	Cooperation between MOH, PORALG and MOF
		Advocate the review of self generated income (e.g. CHF, NHIF) utilization guidelines in health to be used in HRH retention	Review of the guidelines in relation to the utilization of these funds are advocated by 2008	Reviewed utilization guideline for CHF, NHIF etc.	Utilization guideline for CHF, NHIF etc.	Cooperation and participation of all the stakeholders

5 CHAPTER FIVE

ACTION PLAN/BUDGETING OF THE PLAN

S. O. 1: To improve HRH Planning and Policy Development capacity

Key Result Area 3.1: Human Resource Planning and policy development strengthened at all levels

Specific Objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
1.1 Improve HR planning and policy capacity at all levels 2009	1.1.1. Capacity building in information management, planning, policy analysis, monitoring and evaluation at all levels (Private and Public sectors)	To train Human Resource Department and health managers in HR planning	DHR									250,000
		To train HR department and health managers in HRH/HMIS information management	DHR									350,000
		To train HR department and health managers in policy development and analysis	DHR									300,000
		To strengthen and equip HRD department and health managers with necessary human resource, technology and equipment	DHR DPP DP									800,000

Specific Objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
		Establish M&E framework for HRH	DHR/DAP DP									60,000
		To train HRD department and health managers on M&E	DHR									200,000
		Conduct biannual and annual review of HRH Strategic plan	DHR									500,000
		Conduct midterm and terminal evaluation of HRH Strategic plan	DHR									200,000
	1.1.2 To establish HRH data base at all levels	To identify Key HRH variables	DHR DAP									30,000
		Develop data collection tool/software	DHR									150,000
		Conduct HR data collection and analysis	DHR									500,000
		Orient zones, regions and district in analyzing and using the data	DHR									180,000
		To build capacity of regions and district to effectively collect, process, store and retrieve HRH information	DHR DED									180,000

Specific Objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
		Review HRH information guideline to comply with the new HRH Database system	DHR									80,000
		Monitor implementation of HRH guideline at all levels	DHR DED									50,000
	1.1.3 Strengthen workforce planning practices	Carry out short and long term Human Resource Projections (Forecasting)	DHR									70,000
		Develop succession plan at all levels	DHR DAP									120,000
		Updating staffing levels according to the changes in the health care service delivery for both public and private	DHR									100,000
		Launching of HRH strategic plan	DHR									300,000

Specific Objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
		Build a case to accommodate 2 years trained health cadres left out in the scheme of services (e.g. Health, Radiographic, Laboratory and Pharmaceutical Assistants)	DAP									15,000
		Build a case for the establishment of community based health workforce (e.g. Community Midwives)	DHR DAP									15,000
	Policy analysis and interpretation	Monitor implementation of HRH Policy	DHR									60,000
		To harmonize policy and guideline on recruitment, deployment of HRH with relevant ministries	DAP									40,000
		To translate and disseminate HR policy and guidelines to regions and district authorities	DHR DAP									100,000

Specific Objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
		To sensitize the employers on the importance of HRH through advocacy at all levels	DHR									200,000
		Advocate the Review of decentralization policy to ensure safeguard health professionalism	DPP DHR DAP									100,000
TOTAL COST FOR IMPROVING HRH PLANNING AND POLICY DEVELOPMENT CAPACITY IS ESTIMATED TO BE												4,950,000

S. O. 2: To strengthen leadership and stewardship in HRH

Key Result Area: HRH recognized as a priority Development agenda

Specific Objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
2.1 To improve leadership and stewardship capacity for both public and private sector in HRH by 2011	2.1.1 Establish management and leadership programs at different levels in health sector	To conduct training needs assessment in leadership and management	DHR									80,000
		To conduct management and leadership training programs	DHR									200,000
		Develop HRH attachment, exchange programs and study tours for sharing best practices in HRH planning, financing, development and development	DHR DAP DPP									400,000
		To train HRH leaders on good governance	DAP									200,000

Specific Objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
	2.1.2. Improve advocacy capacity	To train HRH leaders in communication and advocacy skills.	DHR DPS									200,000
		To develop advocacy and communication strategy in HRH	DPP DPS									70,000
		To advocate HRH policies, guidelines, circulars and other issues at all levels	DPP DAP DHR									150,000
		To establish National, Regions and districts HRH observatory teams	DHR DP DED									10,000
		To establish terms of reference of the observatory teams	DHR DP									10,000

Specific Objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
		To facilitate launching of national observatory teams	DHR DP									150,000
		To orient the observatory teams on their roles and responsibility	DHR DP									100,000
		Resource mobilization to facilitate work of the observatory teams	DP DPP									250,000
TOTAL COST FOR STRENGTHEN LEADERSHIP AND STEWARDSHIP IN HRH IS ESTIMATED TO BE												1,820,000

S. O. 3: To improve Education, Training and Development for HRH

Key Result Area: Adequate, qualified and competent Human Resource for Health available

Specific Objectives	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
3.1 To improve capacity in delivering and managing the training by the year 2011 at all levels for both public and private sector	3.1.1 Development of Master Training plan for health sector	To conduct training needs assessment and rationalize health cadres	DHR DPS DAP									120,000
		To develop the MOHSW Master training plan	DHR									100,000
		To facilitate acquisition of at least secondary education for all health workers	DHR DED									200,000
		To facilitate Regions, district, agency and institutions to develop and operationalise the Master training plan	DED RAS									150,000

Specific Objectives	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
		Mobilize funds for implementing training plan	DHR DPP									800,000
	3.1.2 Capacity development of the training institutions	Conduct situational analysis of the training institutions to identify status of existing infrastructure	DHR									80,000
		Facilitate the development of *Infrastructure development plan* for the training institutions	DPP DHR									20,000
		Provide modern Health learning materials, teaching facilities and equipments.	DHR DPP DP									1,000,000
		Strengthen the use of modern Information Technology and communications	DPP DHR DP									300,000
		Mobilize funds for infrastructure development	DPP DHR									100,000

Specific Objectives	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
		Construct and rehabilitate training institutions according to the infrastructure development plan	DPP DHR									200,000
		Train staff in the training institutions and university in various relevant fields (management ,leadership and teaching skills)	DHR									100,000
		Mainstreaming gender in the curriculum	DAP DHR									50,000
		Training health managers and workers on gender issues	DAP									120,000
3.2 Improve quality assurance in the training institution by	3.2.1 Strengthening quality assurance in the training institutions	Conduct situation analysis of existing quality management system in training institutions	DHR CMO NACTE									80,000

Specific Objectives	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
2011		Develop and institutionalize quality management frame work for training institutions	DHR NACTE									100,000
		Facilitate development of business plans of the training institutions	DHR									150,000
		Mobilize funds to Support Training Institutions to implement their business plan	DPP DHR									100,000
		To recruit adequate number of qualified staff / tutors for training institutions	DAP DHR									10,000,000
		Conduct/ Update on new advances in care and treatment of remerging diseases.	DHR DPS									200,000

Specific Objectives	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
		Conduct and update tutors on modern teaching methodology	DHR									200,000
		Review duration of training programme while maintaining quality	DHR									750,000
		Conduct follow up evaluation of the trainees after teaching methodology course	DHR									150,000
		Conduct supportive supervision	DHR									200,000
		Conduct Annual Principals/ Head of institutions meeting for sharing experience and improving performance	DHR									150,000

Specific Objectives	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
		Facilitate accreditation to training institutions	DHR NACTE									150,000
		Evaluation of faculty/ institutions by students	PRINCIPALS/ STUDENTS									50,000
3.3 Improve zonal training centers to support regions, districts and training institutions in delivering quality health care and training	3.3.1 Facilitate zonal training center to support regions, districts and training institutions to ensure effective linkage between training and services	Conduct tracer studies of graduates from various training institutions	DHR									250,000
		Facilitate effective coordination between MOHSW, ZTCs and all other stakeholders regions and districts through redefining roles of each player	DHR									60,000
		Include zonal training centers in the MOHSW organizational structure										

Specific Objectives	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
		Ensure zonal training centers are adequately staffed	DAP DHR									1,000,000
		Mobilize funds to facilitate coordination role of MOHSW, ZTC, Regions and districts	DPP DHR RAS DED									50,000
3.4 Improve continuous professional development	3.4.1 Harmonize continuous professional development	Develop a supervision guideline for supervising the Zonal training center	DHR									30,000
		To review career path and levels to comply with the current performance management system	DHR DAP									45,000

Specific Objectives	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
		Undertake a comprehensive evaluation of efficiency and effectiveness of handing over Muhimbili nursing and allied schools to the University	DHR									30,000
	3.4.2 Promote and recognize innovative distance training programs.	To develop career plan and career levels for all cadres	DHR									50,000
		To establish educational resource center at all levels	DHR									7, 000,000
		To conduct assessment of the current on going distance learning program	DHR									50,000
		To develop national distance learning strategic plan	DHR									60,000

Specific Objectives	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
		To review and expand distance education curriculum	DHR									50,000
		Strengthening all training center in ICT to deliver modern distance learning programs	DPP DHR DP									250,000
3.5 Strengthen quality assurance system in all health facilities by 2010	3.5.1 Establish and strengthen quality programs	To facilitate the delivery of distance learning program	DHR									100,000
		To conduct direct contact planned session for distance learners	DHR									150,000
		To facilitate the accreditation and recognition of distance learning by relevant authorities	DHR NACTE									50,000

Specific Objectives	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
		To train health facilities management teams and training institutions on quality assurance	DHR CMO									150,000
		Facilitate establishment of quality programs in health facilities and training institutions	DHR CMO									80,000
		Review curricula of Training Institutions to incorporate new concepts and technology	DHR									400,000
	3.5.2. Active involvement of Health professional bodies and associations	To develop mechanism for training Traditional healers (consult relevant section in the MOHSW)	DHS									100,000
		Train Health workforce in customer care	DAP									200,000

Specific Objectives	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
		Facilitate regions and districts to orient health workers on the legal aspect of health for improved performance (ToTs)	PSA DED REGISTRARS OF COUNCILS									500,000
	3.5.2 Active involvement of Health professional bodies and associations and private training institutions	To conduct assessment of Health professional bodies and associations to identify opportunities and obstacles in their involvement	DHR REGISTRARS OF COUNCILS									50,000
		To facilitate review of the laws and roles of the Health professional bodies and associations	PSA PROFESSIONAL ASSOCIATION LEADERS									60,000

Specific Objectives	Strategies	Activities	Responsible	Time Frame					Source of Funds			Estimated Cost ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
		Mobilize professional association to ensure quality of service delivery by their members	CMO									50,000
		Support strengthening of private training institutions for higher learning	DHR									500,0000
		Improve the capacity of regional hospitals to support the internship programs	DAP DHS									5,000,000
		To establish health professional re-registration system	REGISTRAR OF COUNCILS									60,0000
TOTAL COST FOR IMPROVING EDUCATION, TRAINING AND DEVELOPMENT FOR HRH IS ESTIMATED TO BE												13,650,000

S. O. 4 : To improve Workforce Management and Utilization

Key Result Area: Attraction, recruitment, retention and productivity of health workers improved

Specific objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			ESTIMATED COST ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Basket	
4.1 Ensure mechanism to manage recruitment and deployment of staff is established at all levels for both public and private sector by 2008	4.1.1 Establish a coordinating mechanism for different cadres to deal with issues pertaining to decentralization/ centralization of HR for health and social welfare	Review recruitment procedures to reduce bureaucracy	DAP POPSM DED									40,000
		streamline the administrative processes so as to ensure timely recruitment of staff whether for filling an existing vacancy or for a new project	DAP POPSM DED									50,000
		Finalize job list and Align it with staffing level	DAP DHR									50,000
		Implement Piloted emergency hiring program and study strength and challenges to ensure sustainability.	DAP DHR DP									20,000,000

Specific objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			ESTIMATED COST ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Basket	
		Establish a registration mechanism for all health cadres	REGISTRAR OF COUNCILS, DHR									20,000
		Establish an integrated deployment tracking system	DAP DHR DED									70,000
	4.1.2 Redressing rural urban disparity	Introduce rural clinical exposure after supervised service as a prerequisite for professional registration	DHR DAP DED REGISTRAR OF COUNCILS									100,000
		Conduct a health workers Mapping exercise	DHR DAP DED									200,000
		reallocate Health workers to ensure equity in the distribution of health workers at all levels	DHR DAP DED									2,000,000
4.2. Improve HRH performance management and reward systems	4.2.1 Institutionalize and accelerate the use of OPRAS at all levels	conduct baseline study on current performance and performance management mechanisms in public and private	DAP									80,000

Specific objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			ESTIMATED COST ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Basket	
		To train regional and district teams in OPRAS	DAP									100,000
		Support regions and District to develop plans for rolling out OPRAS	DED									150,000
		Develop monitoring mechanisms for tracking implementation and effect of OPRAS on performance.	DAP DED									30,000
	4.2.2 Improve the incentive package system for all health workers including special attention for hard to reach areas	Develop an improved incentive package for all health workers	DAP DHR DED									50,000
		Conduct a baseline study for hardship areas identification	DAP DHR DED DP									90,000
		Design criteria for identifying and ranking hardship areas	DAP DP DHR DED									20,000
		Develop an improved incentive package health workers in hardship areas	DAP DHR DED DP									50,000

Specific objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			ESTIMATED COST ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Basket	
		consultations with key stakeholders to seek consensus for hardship incentive package	DAP DHR									50,000
		Develop a cabinet/position paper for approval of the incentive package for hardship areas	DHR DAP									5,000
		Advocate incorporation of private sector health employees to NHIS	DAP									5,000
	4.2.3 Improve working environment	Facilitate provision of enough supplies, Housing, equipment and transport for health workers	DAP DED									10,000,000
	4.2.4 Promote job enrichment	Conduct a health workers job satisfaction survey	DHR DAP									70,000
		Design and implement program for workers satisfaction	DHR DAP									100,000
	4.2.5 Devise Workplace programs that will	Promote Occupational health safety programs	DPS									60,000

Specific objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			ESTIMATED COST ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Basket	
	attract and retain staff	Develop guideline and advocate for establishment of credit facilities	DAP									50,000
		Promote psychological mentoring	DEPARTMENTAL HEADS									100,000
	4.2.6 Affirmative action in promotion and career development	Design career development	DHR									70,000
		Implement career development plan	DHR									70,000
		Establish mechanisms that ease promotion of staff working in hardship areas.	DAP									40,000
	4.2.7 Promote Mentoring and coaching	Train regions and district teams in Mentoring and coaching	DAP DHR									80,000
		Institutionalize mentoring and coaching practices by promoting assignment of mentors to new recruits at regional and districts.	RAS DED									120,000

Specific objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			ESTIMATED COST ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Basket	
	4.2.8 Expanding the skill base of existing health workers	Assess ways to which employee at regional and district level could expand their skills base for improved health services provision	DHR									60,000
		Facilitate the recognition of staff with additional qualifications in the scheme of service.	DAP DHR POPSM									40,000
TOTAL COST FOR IMPROVING WORKFORCE MANAGEMENT AND UTILIZATION IS ESTIMATED TO BE												34,020,000

S. O. 5: To build and Strengthen Partnership in HRH

Key Result Area 3.1: Partnership in HRH development improved

Specific Objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			ESTIMATED COST ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
5. 1 To improve partnership amongst all health sectors	5.1.1 Inter-sectoral collaboration	Formulate committee to strengthen coordination and linkages amongst sectors in addressing HRH issues	DHR									60,000
		To strengthen and expand HRH working group to include private sector and relevant ministries	DHR									60,000
	5.1.2 Improve coordination of HRH partners	To conduct Health mapping on HRH activities including all service providers	DHR									70,000
		To engage dialogue with HRH partners in addressing national HRH priorities.	DHR DAP									70,000

Specific Objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			ESTIMATED COST ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
		To conduct annual reflection meeting with all partners in service delivery to assess implementation of HRH strategy	DHR DAP DP									80,000
	5.1.3 Private sector engagement in HRH	To conduct evaluation of piloted outsourced supportive services and identify other areas to be outsourced	DAP									50,000
		To assess capacity of private institutions in training and service delivery	DHR									50,000
		To assess ways and mechanisms of engaging the private sector in supporting the retention strategies	DAP PRIVATE SECTOR									50,000
		To involve business companies in supporting HRH training and retention	DPP DHR DAP									100,000
		Introduce entrepreneurship in all health training curricular										60,000
TOTAL COST TO BUILD AND STRENGTHEN PARTNERSHIP IN HRH IS ESTIMATED TO BE												650,000

S. O. 6: To strengthen HRH Research and Development

Key Result Area : Improved evidence and utilization of HRH research findings

Specific Objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			ESTIMATED COST ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
6.1 To improve HRH Research/ studies for effective planning and decision making and advocacy for both public and private sector	6.1.1. Strengthen HRH research/ studies and development	To conduct HRH research/ study synthesis phase II	DHR NIMR DP									80,000
		To identify key priority research/ studies areas in HRH	DHR NIMR									80,000
		To strengthen HRH working group to coordinate and harmonize HRH Research/ studies	DHR NIMR DP									100,000
		Conduct advocacy for utilizations of research findings	DPP									60,000
		Production of MOHSW – HRH News letter	DHR DAP NIMR									200,000
		Conduct Research Methodology training programs at all levels	DHR									200,000

Specific Objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			ESTIMATED COST ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
		Conduct follow up evaluation of trainees after research methodology course	DHR									300,000
		Establish collaboration and linkage between public and private in HRH research/ studies	DPP DHS DHR									150,000
TOTAL COST FOR STRENGTHENING HRH RESEARCH AND DEVELOPMENT IS ESTIMATED TO BE												1,170,000

S. O. 7: To Promote adequate financing of HRH Strategic Plan

Key Result Area Enhanced Resource mobilization, financial management and accountability

Specific Objective	Strategies	Activities	Responsible	Time Frame					Source of Funds			ESTIMATED COST ('000)
				2007/08	2008/09	2009/10	2010/11	2011/12	GVT	DP	Others	
7.1 To establish and enhance mechanism for mobilization of funds from development partners, private sector and community	7.1.1 Mobilization of alternative financing	Establish alternative financing mechanism to involve private sector and community	DPP DHS									80,000
		Develop a comprehensive HRH costing for both private and public sector	DPP DAP HRH									90,000
		Advocate fair allocation of government budget and development partners' funds for HRH	DHR DAP DPP DP									50,000
		Advocate the review of self generated income (e.g. CHF, NHIF) utilization guidelines in health to be used in HRH retention	DAP DED									50,000
TOTAL COST FOR PROMOTING ADEQUATE FINANCING OF HRH STRATEGIC PLAN IS ESTIMATED TO BE												270,000
TOTAL COST FOR IMPLEMENTING THE HUMAN RESOURCE FOR HEALTH STRATEGIC PLAN IS ESTIMATED TO BE												56,530,000

6 CHAPTER SIX

Monitoring and Evaluation of the Plan

6.1 Objectives of the M&E mechanism for HRH

Objectives of the M&E mechanism for HRH are the following:
To generate information for decision for the management and relevant stakeholders on the progress of implementation of HRH strategies/plans
To assess achievement of objectives
To make recommendations on strategies to improve designs and future performance

6.2 M&E Components

In generating information for decision making, the existing data systems for collection, analysis and reporting will be used. These include the HMIS for reporting the staff component, The OPRAS for analysis of staff performance; approved staffing levels guide, staff establishment circulars. Where feasible other mechanisms like Field Monitoring Visits and surveys will be conducted. Monitoring and evaluation will be conducted quarterly, biannually, annually according to government procedure using the indicators and means of verifications as shown in the implementation matrix. Evaluation will be conducted midterm and at the end of 5 years.

The reporting processes will take into consideration on vertical and horizontal strategies to ensure total coverage of partners and relevant stakeholders for HRH. In order to capture data adequately; an Input – Output – Outcome - impact data collection, analysis and reporting approach will be applied.

6.3 M & E Implementation role and responsibilities

The implementation of the overall Monitoring and Evaluation functions regarding the HRH will be done under the management and supervision of Directorate of Human Resource Development of the Ministry of Health and Social Welfare. However, participation and involvement of other stakeholders from both public and private sectors will be encouraged in the process.

The Monitoring and Evaluation functions will be implemented at three levels namely, the national, regional and district levels. At national level M&E unit will be directly responsible, while at the regional level, the RHMT and DHMT respectively will be responsible.

6.4 Documentation of Lessons Learned

In the monitoring and evaluation process, good practices will b**e** identified, retained, and strategies will be identified to improve weaknesses. The identified good practice will be documented and shared with other stakeholder to improve practice across the sector

7 References

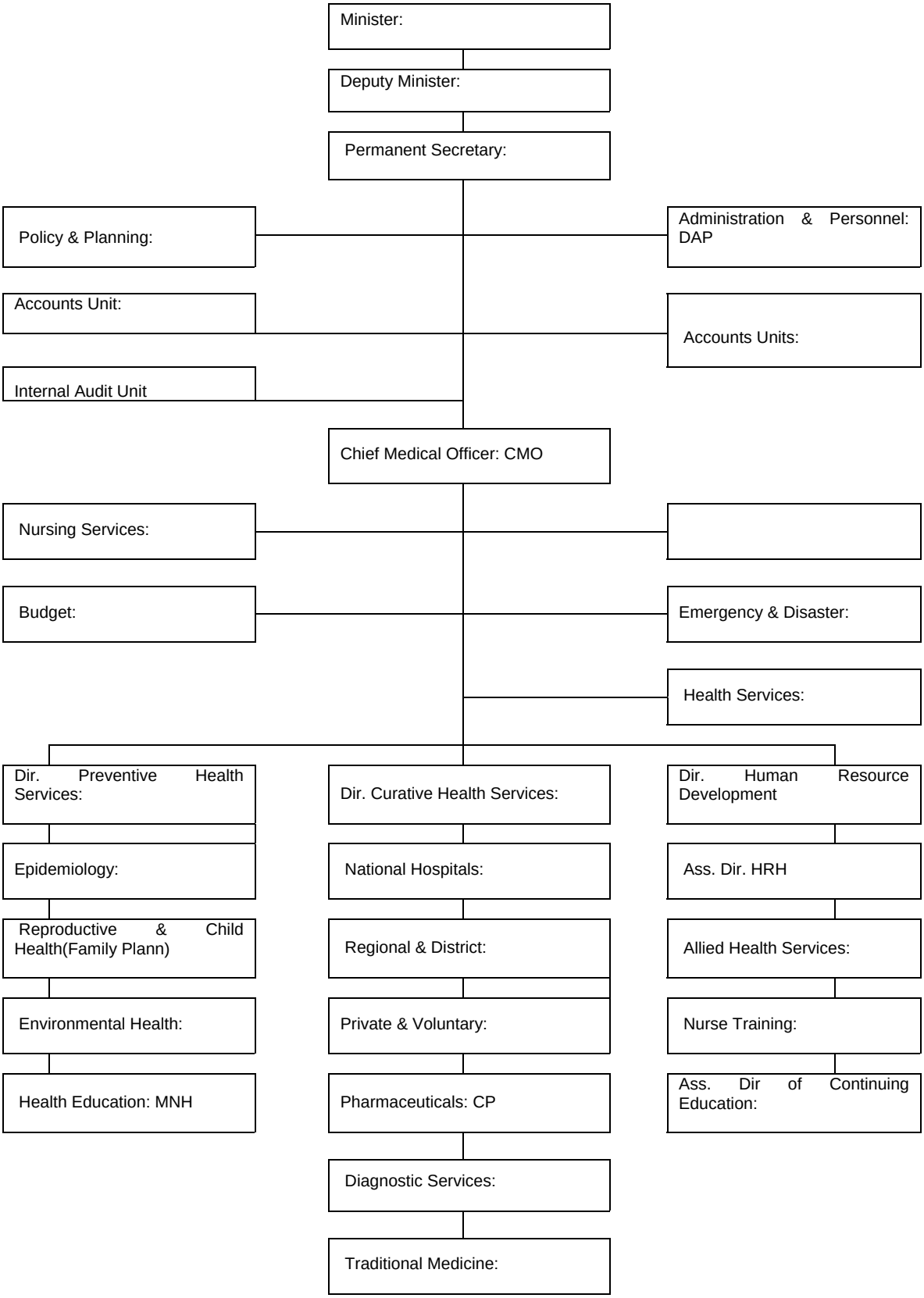
8 Annexure

Annex A:
Summary of HRH required, present, loses and outputs from Training Institutions

HRH Staff	Required	Present 2001/2002			Government Payroll July 2006		Deficit	Output from Training 1996+	Lost 2000+
	Total	Govt	Private	Total	Total	Hired 1996+			
Nurse Midwife/Public Health Nurse B	24,653	5,112	2,277	7,389	4,572	723	17,264	9,363	470
Nursing Officer	4,895	2,247	1,033	3,280	2,935	930	1,615	3,276	274
Clinical Officer	13,595	4,502	1,146	5,648	5,921	892	7,947	5,452	596
Assistant Medical Officer	3,101	565	183	748	625	47	2,353	1,286	47
Medical Officer	1,004	347	157	504	641	273	500	534	97
Medical Specialist	507	209	101	310	328	246	197	425	70
Laboratory Assistant	500	404	461	865	30	30	-365	871	2
Laboratory Technician/Technologist	1,053	299	159	458	598	217	595	205	55
Pharmaceutical Assistant/Technician	997	183	70	253	52	23	744	219	19
Pharmacist	274	87	23	110	134	87	164	203	14
Medical Recorder/Records Technician	1,013	257	71	328	58	43	685	148	18
Medical Recorder Assistant	599				10	10	599		
Assistant Dental Officer	229	66	13	79	62	2	150	85	2
Dental Therapist	746	73	26	99	109	31	647	197	8
Dental Officer/Specialist	264	55	12	67	97	35	197	84	8
Dental Technician	237	18	3	21	34	6	216	20	6
Health Assistant		995	35	1,030	11	11			3
Health Officer	1,274	771	6	777	1,155	139	497	731	92
Health Secretary		74	9	83	96	26			11
Radiographer	273	68	35	103	123	67	170	86	10
Radiographic Assistant	248	61	29	90	3	3	158	138	
Occupational Therapist	245	1	2	3	2	2	242		
Optician/Optometrist	31	44	11	55	70	14	-24	90	5
Physiotherapist	265	34	27	61	60	26	204	61	3
Total	56,003	16,472	5,889	22,361	17,726	3,883	34,755	23,474	1,810

Notes:
Required based on the 1999 approved staffing levels for health units
The number of health units as counted in 2006
The closeness of the staff present in 2001/02 survey as compared with 2006 for government employees
The low recruitment by government despite the shortages
The hires only replace losses: 1,810 lost since 2000, against 3,883 hired since 1996
The high numbers trained since 1996 but very few new employees during the same period
The 1999 approved staffing levels do not include staff necessary for the ART programme.
The requirements exclude those for Central MOH, Schools, Universities, Ports, Agencies (Government Chemist, NIMR, TFNC, etc)
The figures relate to the shown cadres only

Annex B: Ministry of Health and Social Welfare Organogram



ANNEX C: Staff Requirements and Deficits by Facility and Cadre

Key: DI=Dispensary, HC=Health Centre, HO=Hospitals, HR=Regional Hospitals, HZ=Zonal/Specialist Hospitals, CD=Dental Clinics, CM=Medical Clinics, LA=Laboratories, PA=Pharmacies, MI=MOHSW, PH=Public Health, SC=Training Institution

Requirements According to 1999 Staffing Levels						Present 2001/2 Survey												
Facility	DI	HC	HO	HR	HZ	CD	CM	DI	HC	HO	HR	HZ	LA	MI	PA	PH	SC	Total
Number of Facilities	4,658	500	203	20	8													
Assistant Dental Officer	0	0	206	20	3			6	12	37	16	2		3		3		79
Assistant Medical Officer	0	599	1,030	280	82			98	63	335	126	39	1	36		22	28	748
Audiometrist	0	0	0	0	2						1	1						2
Clinical Officer/Assistant Clinical Officers	9,316	1,599	2,678	0	2	1	14	3,397	811	1,009	177	11	9	137	1	77	6	5,650
Dental Officer	0	0	206	40	7	1		2	3	9	13	13		15			2	58
Dental Specialist	0	0	0	0	11					3		4		2				9
Dental Technician	0	0	206	20	11													
Dental Therapist	0	500	206	40	0	3		12	16	51	8			6		3		99
Health Officer/Health Assistant	0	401	824	40	9	0	1	512	241	435	87	10	0	83	0	432	6	1,807
Health Secretary										43	9	4		20		5	2	83
Laboratory Assistant	0	500	0	0	0	1	1	313	163	262	52	59	5			8	1	865
Laboratory Technician/Technologist	0	0	824	120	218		7	66	36	120	48	107	8	49		5	12	458
Medical Equipment Technician	0	0	0	0	6													
Medical Officer	0	0	618	140	246	1	10	51	40	136	49	73		119		10	16	505
Medical Recorder/Technician	0	0	824	80	109			15	64	119	51	70		1		5	3	328
Medical Recorder Assistant	0	599	0	0	0													
Medical Specialist	0	0	0	160	347	1	6	20	10	59	22	143		34		5	10	310
Nurse Midwife	0	2,000	6,798	1,160	1,334	1	16	1,512	989	3,072	904	739		49		96	12	7,390
Nursing Officer	0	599	2,678	500	1,118		10	205	192	1,366	494	706	1	136		77	93	3,280
Occupational Therapist	0	0	206	20	19			1				2						3
Optician/Optometrist	0	0	0	20	11	0	0	0	3	12	20	11	0	2	0	3	4	55
Orthopaedic Technician	0	0	0	20	17					1	2	11		1			10	25
Pharmaceutical Assistant/Technician	0	500	206	40	45			14	16	142	40	26	0	3	0	12	0	253
Pharmacist	0	0	206	40	28			2	4	15	15	41		29		4		110
Physiotherapist	0	0	206	20	39			2	1	16	14	21		3		1	3	61
Public Health Nurse B/MCHA	9,316	2,901	1,030	100	14		11	1,778	364	320	56	6	1			19		2,555
Radiographer	0	0	206	20	47			1	3	39	23	29		2		1	1	99
Radiographic Assistant	0	0	206	40	2			2	3	63	17	5						90
Total Required	23,290	10,698	19,567	2,940	3,735	9	76	8,009	3,034	7,664	2,244	2,133	25	730	1	788	209	24,922

LIST OF HEALTH TRAINING INSTITUTIONS OWNERSHIP, CAPACITY AND THE COURSE OFFERED

SN	SCHOOL NAME	OWNER	LOCATION	COURSE	AWARD	STUDENT INTAKE	COURSE DURATION	SCHOOL CAPACITY
1	CEDHA, CENTRE FOR EDUCATIONAL DEVELOPMENT	GVT	ARUSHA	HEALTH EDUCAT. & DEVELOP.	HEALTH EDUC. AND DEVELOPMENT	15	2	30
2	BAGAMOYO NURSING SCHOOL	GVT	BAGAMOYO	NURSING	CERT. IN GENERAL NURSING	36	3	36
3	BUGANDO MEDICAL CENTER	GVT	BUGANDO	CLINICAL MEDICINE	ADV. DIPL. IN CLINICAL MEDICINE	40	2	90
		GVT	BUGANDO	NURSING	DIPL. IN NURSING	30	4	120
		GVT	BUGANDO	LABORATORY TECHNOLOGY	DIPL. IN LAB. TECHNOLOGY	15	3	30
		GVT	BUGANDO	PHARMACY	DIPL. IN PHARMACY	20	3	38
		GVT	BUGANDO	RADIOLOGY	DIPL. IN RADIOLOGY	15	4	30
4	GEITA NURSING SCHOOL	GVT	GEITA	NURSING	CERT. IN GENERAL NURSING	36	3	36
5	IFAKARA ASSISTANT MEDICAL OFFICERS SCHOOL	GVT	IFAKARA	CLINICAL MEDICINE	ADV. DIPL. IN CLINICAL MEDICINE	40	2	40
6	PRIMARY HEALTH CARE INSTITUTE, IRINGA	GVT	IRINGA	EDUCATIONAL DEV. PUBLIC HEALTH	EDUCATIONAL DEV. IN PUB. HEALTH	15	2	30
7	HEALTH OFFICERS SCHOOL, KAGEMU	GVT	KAGEMU	ENV. HEALTH	DIPL. IN ENV. HEALTH	30	3	120
8	KAHAMA NURSING SCHOOL	GVT	KAHAMA	NURSING	CERT. IN GENERAL NURSING	36	3	36
9	KCMC	GVT	KCMC	OPTHALMOLOGY	ADV. DIPL. OPTHALMIC NURSING	14	2	14
		GVT	KCMC	NURSING	ADV. DIPL. PAEDIATRIC NURSING	15	4	15
		GVT	KCMC	RADIOLOGY	ADV. DIPL. IN RADIOLOGY	6	2	12
		GVT	KCMC	ANAESTHETIC	ADV. DIPL. IN ANAESTHETIC	5	2	10

SN	SCHOOL NAME	OWNER	LOCATION	COURSE	AWARD	STUDENT INTAKE	COURSE DURATION	SCHOOL CAPACITY
		GVT	KCMC	CLINICAL MEDICINE	ADV. DIPL. IN CLINICAL MEDICINE	40	2	80
		GVT	KCMC	OPTHALMOLOGY	ADV. DIPL. IN OPTHALMOLOGY	5	2	5
		GVT	KCMC	NURSING	DIPL. IN NURSING	30	4	120
		GVT	KCMC	OCCUPATIONAL THERAPY	DIPL. IN OCCUPATIONAL THERAPY	5	3	5
		GVT	KCMC	OPTOMETRY	DIPL. IN OPTOMETRY	15	3	36
		GVT	KCMC	PHARMACY	DIPL. IN PHARMACY	18	2	50
		GVT	KCMC	PHYSIOTHERAPY	DIPL. IN PHYSIOTHERAPY	15	3	45
		GVT	KCMC	DERMATOLOGY	ADV. DIPL. IN DERMATOLOGY	12	2	12
		GVT	KCMC	ORTHOPAEDIC	DIPL. IN ORTHOPAEDIC	11	3	33
		GVT	KCMC	NURSING	CERT. IN HEALTH RECORDS	30	2	60
10	CLINICAL OFFICERS TRAINING CENTRE, KIBAHA	GVT	KIBAHA	CLINICAL MEDICINE	DIPL. IN CLINICAL MEDICINE	40	3	120
11	CLINICAL OFFICERS TRAINING CENTRE KIGOMA	GVT	KIGOMA	CLINICAL MEDICINE	DIPL. IN CLINICAL MEDICINE	30	2	50
12	CLINICAL OFFICERS TRAINING CENTRE KILOSA	GVT	KILOSA	CLINICAL MEDICINE	DIPL. IN CLINICAL MEDICINE	40	3	120
13	KIOMBOI NURSES AND MIDWIVES SCHOOL	GVT	KIOMBOI	NURSING	CERT. IN GENERAL NURSING	30	4	120
14	KONDOA GENERAL NURSING "B" SCHOOL	GVT	KONDOA	NURSING	CERT. IN GENERAL NURSING	36	3	36
15	KOROGWE GENERAL NURSING "B" SCHOOL	GVT	KOROGWE	NURSING	CERT. IN GENERAL NURSING	36	3	36
16	CLINICAL OFFICERS TRAINING CENTRE LINDI	GVT	LINDI	CLINICAL MEDICINE	DIPL. IN CLINICAL MEDICINE	45	3	105
17	CLINICAL OFFICERS TRAINING CENTRE MAFINGA	GVT	MAFINGA	CLINICAL MEDICINE	DIPL. IN CLINICAL MEDICINE	35	3	120
18	CLINICAL OFFICERS TRAINING CENTRE MASWA	GVT	MASWA	CLINICAL MEDICINE	DIPL. IN CLINICAL MEDICINE	40	2	80

SN	SCHOOL NAME	OWNER	LOCATION	COURSE	AWARD	STUDENT INTAKE	COURSE DURATION	SCHOOL CAPACITY
19	MBEYA REFFERAL HOSPITAL	GVT	MBEYA	THEATRE	ADV. DIPL. THEATRE MGT	15	2	15
		GVT	MBEYA	CLINICAL MEDICINE	ADV. DIPL. IN CLINICAL MEDICINE	45	2	90
		GVT	MBEYA	DENTAL	DIPL. IN DENTAL	15	3	45
20	MBOZI NURSES AND MIDWIVES SCHOOL	GVT	MBOZI	NURSING	CERT. IN GENERAL NURSING	30	4	120
21	MBULU GENERAL NURSING "B"	GVT	MBULU	NURSING	CERT. IN GENERAL NURSING	36	3	36
22	MIREMBE SCHOOL OF NURSING	GVT	MIREMBE	NURSING	ADV. DIPL. MENTAL NURSING	15	2	30
		GVT	MIREMBE	NURSING	DIPL. IN NURSING	60	2	30
23	CLINICAL OFFICERS TRAINING CENTRE MKOMAINDO	GVT	MKOMAINDO	CLINICAL MEDICINE	DIPL. IN CLINICAL MEDICINE	40	2	80
24	MKOMAINDO NURSES AND MIDWIVES SCHOOL	GVT	MKOMAINDO	NURSING	CERT. IN GENERAL NURSING	30	4	120
25	ADV.D PUBLIC HEALTH NURSING SCHOOL	GVT	MOROGORO	NURSING	ADV. DIPL. PUB. HEALTH NURSING	27	2	30
26	HEALTH OFFICERS SCHOOL	GVT	MPWAPWA	ENV. HEALTH	DIPL. IN ENV. HEALTH	30	3	90
27	CLINICAL OFFICERS TRAINING CENTRE MTWARA	GVT	MTWARA	CLINICAL MEDICINE	DIPL. IN CLINICAL MEDICINE	40	3	120
28	MTWARA SCHOOL OF NURSING	GVT	MTWARA	NURSING	CERT. IN GENERAL NURSING	36	2	36
29	HEALTH OFFICERS VECTOR CONTROL, SCHOOL	GVT	MUHEZA	VECTOR CONTROL	ADV. DIPL. - VECTOR CONTROL	10	2	20
30	MUHIMBILI UNIVERSITY COLLEGE OF HEALTH SCIENCES	GVT	MUHIMBILI	CLINICAL CHEMISTRY	MSC SCIENCE CLINICAL CHEM.			
		GVT	MUHIMBILI	CLINICAL MEDICINE	DOCTOR OF MEDICINE	700	5	200
		GVT	MUHIMBILI	CLINICAL MEDICINE	MASTERS OF MEDICINE	40	3	50
		GVT	MUHIMBILI	DENTAL	DOCTOR OF DENTAL SURGERY	70	5	50
		GVT	MUHIMBILI	DENTAL	MASTERS OF DENTISTRY	5	3	10

SN	SCHOOL NAME	OWNER	LOCATION	COURSE	AWARD	STUDENT INTAKE	COURSE DURATION	SCHOOL CAPACITY
		GVT	MUHIMBILI	DERMATOLOGY	ADV. DIPL. IN DERMATOVENEREOLOGY	14	2	14
		GVT	MUHIMBILI	ENV. HEALTH	BSc ENV. HEALTH SCIENCES	35	3	30
		GVT	MUHIMBILI	ENV. HEALTH	DIPL. IN ENV. HEALTH SCIENCES	30	3	30
		GVT	MUHIMBILI	LABORATORY TECHNOLOGY	DIPL. IN MEDICAL LAB. SCIENCES	45	2	45
		GVT	MUHIMBILI	LABORATORY TECHNOLOGY	DIPL. IN MEDICAL LAB. TECHNOLOGY	45	2	45
		GVT	MUHIMBILI	MEDICAL LABORATORY	ADV. DIP. MEDICAL LAB. SCIENCES	21	2	30
		GVT	MUHIMBILI	NEUROSURGERY	MSC SCIENCE NEUROSURGERY	2	2	5
		GVT	MUHIMBILI	NURSING	ADV. DIPL. IN NURSING EDUCATION	25	2	25
		GVT	MUHIMBILI	NURSING	BACHELOR OF SCIENCE NURSING	40	4	60
		GVT	MUHIMBILI	ORTHOPAEDIC	DIPL. IN ORTHOPAEDIC TECHNOLOGY	15	2	15
		GVT	MUHIMBILI	ORTHOPAEDIC	MSC SCIENCE ORTHOPAEDIC/TRAUMA	2	2	5
		GVT	MUHIMBILI	PHARMACY	BACHELOR OF PHARMACY	65	4	50
		GVT	MUHIMBILI	PHARMACY	DIPL. IN PHARMACEUTICAL SCIENCES	20	3	20
		GVT	MUHIMBILI	PHARMACY	MASTERS OF PHARMACY	5	2	10
		GVT	MUHIMBILI	PhD	DOCTOR OF PHILOSOPHY	2	5	5
		GVT	MUHIMBILI	PROSECTION	DIPL. IN PROSECTION	10	2	10
		GVT	MUHIMBILI	PUBLIC HEALTH	MASTERS OF PUBLIC HEALTH	20	1	30
		GVT	MUHIMBILI	RADIOLOGY	DIPL. IN DIAGNOSTIC RADIOGRAPHY	15	3	15
		GVT	MUHIMBILI	TROPICAL DISEASE	MSC IN TROPICAL DISEASES	5	3	5

SN	SCHOOL NAME	OWNER	LOCATION	COURSE	AWARD	STUDENT INTAKE	COURSE DURATION	SCHOOL CAPACITY
31	MUHIMBILI NATIONAL HOSPITAL	GVT	MUHIMBILI	NURSING	ADV. DIPL. NURSE MIDWIFE	25	2	40
		GVT	MUHIMBILI	NURSING	ADV. DIPL. NURSE TEACHERS	25	2	25
		GVT	MUHIMBILI	DENTAL	ADV. DIPL. IN DENTAL	5	2	30
		GVT	MUHIMBILI	DENTAL	DIPL. IN DENTAL	5	3	8
		GVT	MUHIMBILI	LABORATORY TECHNOLOGY	DIPL. IN LAB. TECHNOLOGY	30	3	90
		GVT	MUHIMBILI	NURSING	DIPL. IN NURSING	45	4	180
		GVT	MUHIMBILI	PHARMACY	DIPL. IN PHARMACY	30	3	36
		GVT	MUHIMBILI	RADIOLOGY	DIPL. IN RADIOLOGY	15	3	30
		GVT	MUHIMBILI	HYGIENE	DIPL. IN HYGIENE	30	3	75
32	CLINICAL OFFICERS TRAINING CENTRE MUSOMA	GVT	MUSOMA	CLINICAL MEDICINE	DIPL. IN CLINICAL MEDICINE	45	2	90
33	NEWALA NURSES AND MIDWIVES SCHOOL	GVT	NEWALA	NURSING	CERT. IN GENERAL NURSING	30	4	120
34	DENTAL THERAPISTS TRAINING CENTRE	GVT	NGAMIANI - TANGA	DENTAL	DIPL. IN DENTAL	15	3	45
35	HEALTH OFFICERS SCHOOL	GVT	NGUDU	ENV. HEALTH	DIPL. IN ENV. HEALTH	30	3	90
36	NJOMBE GENERAL NURSING "B" SCHOOL	GVT	NJOMBE	NURSING	CERT. IN GENERAL NURSING	36	3	36
37	SAME GENERAL NURSING "B" SCHOOL	GVT	SAME	NURSING	CERT. IN GENERAL NURSING	36	3	36
38	LABORATORY ASSISTANTS SCHOOL	GVT	SINGIDA	LABORATORY TECHNOLOGY	CERT. IN LAB. TECHNOLOGY	40	2	80
39	CLINICAL OFFICERS TRAINING CENTRE SONGEA	GVT	SONGEA	CLINICAL MEDICINE	DIPL. IN CLINICAL MEDICINE	45	2	90
40	CLINICAL OFFICERS TRAINING CENTRE SUMBAWANGA	GVT	S'WANGA	CLINICAL MEDICINE	DIPL. IN CLINICAL MEDICINE	45	2	90
41	ASSISTANT MEDICAL OFFICERS, TANGA	GVT	TANGA	CLINICAL MEDICINE	ADV. DIPL. IN CLINICAL MEDICINE	45	2	90
42	HEALTH OFFICERS SCHOOL	GVT	TANGA	ENV. HEALTH	DIPL. IN ENV. HEALTH	40	3	120

SN	SCHOOL NAME	OWNER	LOCATION	COURSE	AWARD	STUDENT INTAKE	COURSE DURATION	SCHOOL CAPACITY
43	TANGA SCHOOL OF NURSING	GVT	TANGA	NURSING	DIPL. IN NURSING	40	2	80
44	TARIME GENERAL NURSING "B" SCHOOL	GVT	TARIME	NURSING	CERT. IN GENERAL NURSING	36	3	36
45	TUKUYU GENERAL NURSING "B" SCHOOL	GVT	TUKUYU	NURSING	CERT. IN GENERAL NURSING	36	3	38
46	MASANA	PRIVATE	DSM	NURSING	CERT. IN NURSING	20	4	80
47	AGA KHAN UNIVERSITY	PRIVATE	DSM	NURSING	DEGREE IN NURSING	25	2	50
		PRIVATE	DSM	NURSING	DIPL. IN NURSING	25	2	50
48	ARUSHA UNIVERSITY	PRIVATE	ARUSHA	CLINICAL MEDICINE	DEGREE MEDICINE	20	4	100
49	IMTU	PRIVATE	DSM	CLINICAL MEDICINE	DEGREE MEDICINE	30	2	100
50	KARIUKI	PRIVATE	DSM	CLINICAL MEDICINE	DEGREE MEDICINE	35	4	80
51	HUBERT KAIRUKI MEMORIAL UNIVERSITY	PRIVATE	MIKOCHENI	NURSING	DEGREE AND DIPL. IN NURSING	20	4	80
52	LUGALO HEALTH TRAINING INSTITUTE	TPDF	LUGALO	CLINICAL MEDICINE	ADV. DIPL. IN CLINICAL MEDICINE	30	3	68
		TPDF	LUGALO	CLINICAL MEDICINE	DIPL. IN CLINICAL MEDICINE	30	3	90
		TPDF	LUGALO	NURSING	CERT. IN NURSING	30	4	120
		TPDF	LUGALO	NURSING	DIPL. IN NURSING	25	2	50
53	BUKUMBI NURSES AND MIDWIVES SCHOOL	VA	BUKUMBI	NURSING	CERT. IN GENERAL NURSING	30	4	120
54	CLINICAL OFFICERS TRAINING CENTRE	VA	BUMBULI	CLINICAL MEDICINE	DIPL. IN CLINICAL MEDICINE	45	2	90
55	MWAMBANI SCHOOL OF NURSING	VA	CHUNYA	NURSING	DIPL. IN NURSING	30	4	60
56	DAREDA NURSES AND MIDWIVES SCHOOL	VA	DAREDA	NURSING	CERT. IN GENERAL NURSING	30	4	120
57	HAYDOM SCHOOL OF NURSING	VA	HAYDOM	NURSING	DIPL. IN NURSING	30	4	120
58	HURUMA SCHOOL OF NURSING PRE-SERVICE	VA	HURUMA	NURSING	DIPL. IN NURSING	30	4	120
59	EDGA MARANTHA NURSING SCHOOL	VA	IFAKARA	NURSING	CERT. IN GENERAL NURSING	30	4	60

SN	SCHOOL NAME	OWNER	LOCATION	COURSE	AWARD	STUDENT INTAKE	COURSE DURATION	SCHOOL CAPACITY
60	IFAKARA SCHOOL OF NURSING	VA	IFAKARA	NURSING	DIPL. IN NURSING	40	4	160
61	MEDICAL LABORATORY SCHOOL	VA	IKONDA	LABORATORY TECHNOLOGY	DIPL. IN LAB. TECHNOLOGY	30	3	90
62	ILEMBULA SCHOOL OF NURSING	VA	ILEMBULA	NURSING	DIPL. IN NURSING	30	4	120
63	KABANGA SCHOOL OF NURSING	VA	KASULU	NURSING	DIPL. IN NURSING	30	4	120
64	KIBOSHO SCHOOL OF NURSING	VA	KIBOSHO	NURSING	DIPL. IN NURSING	30	4	120
65	KILIMATINDE NURSES AND MIDWIVES SCHOOL	VA	KILIMATINDE	NURSING	CERT. IN GENERAL NURSING	30	4	120
66	KOLANDOTO LABORATORY ASSISTANT	VA	KOLANDOTO	LABORATORY TECHNOLOGY	CERT. IN LAB. TECHNOLOGY	16	2	32
67	KOLANDOTO SCHOOL OF NURSING	VA	KOLANDOTO	NURSING	DIPL. IN NURSING	30	4	120
68	CLINICAL OFFICERS TRAINING CENTRE	VA	MACHAME	CLINICAL MEDICINE	DIPL. IN CLINICAL MEDICINE	40	4	120
69	KISARE NURSES AND MIDWIVES SCHOOL	VA	MUGUMU	NURSING	CERT. IN GENERAL NURSING	30	4	120
70	MUHEZA SCHOOL OF NURSING	VA	MUHEZA	NURSING	DIPL. IN NURSING	30	4	120
71	CLINICAL OFFICERS TRAINING CENTRE	VA	MVUMI	CLINICAL MEDICINE	DIPL. IN CLINICAL MEDICINE	45	3	90
72	LABORATORY ASSISTANTS SCHOOL, MVUMI	VA	MVUMI	LABORATORY TECHNOLOGY	CERT. IN LAB. TECHNOLOGY	25	2	50
73	MVUMI NURSES AND MIDWIVES SCHOOL	VA	MVUMI	NURSING	CERT. IN GENERAL NURSING	30	4	120
74	NDANDA SCHOOL OF NURSING	VA	NDANDA	NURSING	DIPL. IN NURSING	30	4	120
75	NDOLAGE SCHOOL OF NURSING	VA	NDOLAGE	NURSING	DIPL. IN NURSING	30	4	120
76	LUGARAWA NURSES AND MIDWIVES SCHOOL	VA	NJOMBE	NURSING	CERT. IN GENERAL NURSING	30	4	120
77	NKINGA SCHOOL OF NURSING	VA	NKINGA	NURSING	DIPL. IN NURSING	30	4	120

SN	SCHOOL NAME	OWNER	LOCATION	COURSE	AWARD	STUDENT INTAKE	COURSE DURATION	SCHOOL CAPACITY
78	PERAMIHO SCHOOL OF NURSING	VA	PERAMIHO	NURSING	DIPL. IN NURSING	30	4	120
79	RUBYA SCHOOL OF NURSING	VA	RUBYA	NURSING	DIPL. IN NURSING	30	4	120
80	NAMANYERE SCHOOL OF NURSING	VA	RUKWA	NURSING	DIPL. IN NURSING	30	4	120
81	CLINICAL OFFICERS TRAINING CENTRE	VA	SENGEREMA	CLINICAL MEDICINE	DIPL. IN CLINICAL MEDICINE	40	3	120
82	SENGEREMA SCHOOL OF NURSING	VA	SENGEREMA	NURSING	DIPL. IN NURSING	30	4	120
83	SHIRATI NURSES AND MIDWIVES SCHOOL	VA	SHIRATI	NURSING	CERT. IN GENERAL NURSING	30	4	120
84	MTINKO SCHOOL OF NURSING	VA	SINGIDA	NURSING	DIPL. IN NURSING	30	4	120
85	ST. GASPA NURSING	VA	SINGIDA	NURSING	CERT. IN GENERAL NURSING	40	2	
86	SUMVE NURSES AND MIDWIVES SCHOOL	VA	SUMVE	NURSING	CERT. IN GENERAL NURSING	30	4	120
87	TOSAMAGANGA NURSES AND MIDWIVES SCHOOL	VA	T/MAGANGA	NURSING	CERT. IN GENERAL NURSING	30	4	120