DEVELOPMENT OF A FRAMEWORK FOR THE DEVELOPMENT OF A BENEFIT/,MOTIVATION PACKAGE FOR RURAL HEALTH WORKERS IN VOLUNTARY AGENCIES (VA) OWNED HOSPITALS

BASED ON FINDINGS IN THE LAKE ZONE

Presentation for CHA Meeting in Bagamoyo on 17-01-2007.

By Patricia Schwerzel, Public Health Advisor, ETC Crystal.

C2 OPERATIONAL CONTEXT TANZANIA

- Population: 34,500,000 people
- 65% below 25 years of age
- Per capita income $ 260
- 26% of the population below poverty line (2001)
- Increasing growth rate in Tanzania in 2000-2004 although the MDG poverty reduction target will not be reached by 2010.
- High Burden of Disease: Malaria, preventable diseases, TB, STIs, HIV/AIDS and high MMR.

C2 OPERATIONAL CONTEXT

- In 2004/5 in total 5,379 health facilities: 219 hospitals, 481 health centres, 4679 dispensaries.
- Government owns 64.2% and voluntary agencies own 17.7% of health facilities.
- Total beds in Tanzania mainland is 33,835 beds (51.9% in government and 41.5% in voluntary agencies).
- Total health workforce estimated in 2004 at 35,064 people (74% employed by government and 22% employed by CHIs according to the official data).

C3 HUMAN RESOURCES FOR HEALTH (HRH)

- Health outcomes can be achieved with a health workers density of 2.5/1000 population. In Africa only 6 out of 46 countries meet this standard.
- Key issues are: massive shortages of HRH (Africa will need to triple the current number of HRH), maldistribution, skill imbalances, poor work environment, management of the workforce.
- US$ 311 million per year per average country in SS Africa is required to solve the shortfall and secure the additional costs of paying health workers (WHO 2006).

C3 HUMAN RESOURCES FOR HEALTH (HRH)

- HRH situation in Tanzania shows that active supply of health workers decreased from 67,600 health workers in 1994-95 to 49,800 in 2001/2 (decrease of 19,300). Will decline further with 38,000 in 2015.
- Staffing level in PHC facilities is only 30% of the required professionals.
- In order to achieve the MDGs in 2015, Tanzania would require 120,000 full time health workers. Only 38,000 will be in place by 2015. This is a gap of 82,000 health workers.

C3 HUMAN RESOURCES FOR HEALTH

- Average staff production is estimated to be 57.5%. There is room for improvement (Study Kurowski).
- Currently 17,500 vacancies persist in the public sector. Major gaps exist among clinical officers, nurse midwives and pharmacy experts. There is only 50% chance of filling the vacancies at district level (is related to LGA procedures and low salary scales). Problem is larger in rural areas.

C3 HUMAN RESOURCES FOR HEALTH (HRH)

- MOH/SW is undertaking efforts to improve HRH situation: research, priority recruitment, revision guidelines for block grants and basket grants, accelerated salary packages (on average 36% increase since January 2006), development of benefit packages (promotion, loans, housing, hardship allowances, non taxable allowances, strengthen ZTCs, improve employment procedures.
- Government subsidies to FBOs are more based on type of facilities then on volume or quality of services being delivered. This affects the equity in service delivery. New service agreements between GOT and FBOs might improve the situation. However, the service agreement has not been formally approved. Vacuum??

C4 FINDINGS IN LAKE ZONE

- An average staff deficit of 44.6% according to the MOH guidelines (ranges 8.5% to 61%).
- Staff deficits are on average 19% health workers per hospital.
- Staff shortages exists among (1) Nursing Officers, (2) Nurse Midwifes, (3) Clinical Officers, (4) Clinical AMOs, (5) Lab assistants, (6) Medical recorders, (7) public nurses A and B, (8) secretaries, (9) clinical AMO specialist and (10) pharmacy technicians.

C4 Findings in the Lake zone

- Salary gaps between health workers VA (average salary Tshs. 172,000 per month) and GOT workers (average salary Tshs. 402,000). Average gap is Tshs. 230,504 (Euro 153) per person per month. This excludes the access to GOT extra benefits/allowances.

C4 FINDINGS IN LAKE ZONE

- The average years of service among the health workers was still quite high, ranging from 11-22 years.
- Reasons given for the longer-term service included: being from the area, building a house in the area, belonging to the church, wishing to serve the church, not an option or consideration to work in the government and limited options for transfers.
- In 2005, health workers left for various reasons; to the MOH/SW, to other FBO health facilities, to the private sector, for study, for pregnancy and to more urban areas. Remoteness was mentioned as a major reason for the departure of health workers.

C4 FINDINGS IN LAKE ZONE

- There is a growing concern among the hospitals that in 2006 and 2007 more health workers leave if the continued salary increase can no longer be pre-financed/topped up by the VA hospitals for the granted and non-granted staff. The improved benefit package in the MOH/SW (loans, allowances, promotion) is increasingly attractive.
- Financial constraints include: substantial cost increase, late arrival block and basket grants, use of savings to top up salaries, debts, budget deficits, reduced cost sharing, increased dependency on cost sharing, limited funds for training. There is uncertainty on block grants.

C4 FINDINGS IN LAKE ZONE

- Many impressive initiatives are already undertaken to retain staff (health care, salary advances, loans, transport, leave, training, gratuity, NSSF).
- According to the survey preferred benefits include:
- (1) salary increase,
- (2) access to loan (will become easier for granted staff),
- (3) medical allowance (covered in NSSF),
- (4) training opportunities,
- (5) leave allowance,
- (6) school fees,
- (7) housing allowance,
- (8) transport allowance,
- (9) funeral support (covered in NSSF).

C5 HRH POLICIES

- Majority of CHIs do not have HRH policies in place but work with rules and regulations.
- Great variation in employment contracts, salary levels and pay rolls was observed. Are very limited in terms of rights and duties of both parties.
- Tendency to recruit lower cadre to reduce salary costs and mandatory reductions.
- Number of VAs try to avoid NSSF payment. This disadvantages the health workers.

Proposed options for a Motivation Package

- It is evident from studies that *a mix of financial and non-financial incentives* is the most effective approach to improved retention of health workers. In line with the summary of possible and preferred benefits (6.4.1), the following selection was made for a CSSC Motivation Package[1]:
- Classification criteria for remoteness (poverty status district, departure HW, proximity to centre, presence of other HFs, financial debts).
- A Health Worker Recruitment Fund (HWRF) for a selected number of key health workers to assist VA hospitals that meet the remoteness classification criteria. It is assumed that this will apply for 75% of the VA hospitals. This will be a total of 45 VA hospitals and on average 9 VA hospitals per zone. Focus will be on core problems (Maternal health, HIV and AIDS). (E 28,000 per hospital per year).

Motivation Package

- Continued Professional Development (CPD) opportunities that can become available to all VA hospitals (Expansion of the Zonal Training Funds). (E 18,000 per hospital per year).
- A Utility Support Fund (USF) for VA hospitals that meet the remoteness classification criteria. It is assumed that this will apply for 50% of the VA hospitals. This will be a total of 30 VA hospitals and on average 6 VA hospitals per zone (water, electricity, housing, ICT, communication, transport and DSTV). (Euro 5000 per hospital per year).
- A Rural Health Workers Savings and Credit Scheme (RuHeWo-SCS) which can become available for all VA hospitals. (Euro 35,000 per hospital per year).

Motivation Package

- A Rural Area Allowance (RAA) for health workers and staff members that work in VA hospitals that have been selected based on the remoteness classification criteria. The aim of this support is to make it more attractive for health workers to work in rural areas for a longer period of time in those particular VA hospitals. It is assumed that this will apply for 75% of the VA hospitals. This will be a total of 45 VA hospitals. For the division of funds, the percentages for dividing Zonal Training Funds per zone could be applied. (Euro 33,000 per hospital per year).
- Improved Social Security arrangements that will need to be followed by all VA hospitals

Motivation Package

- The proposed objective for the Motivation Package is: *to achieve an appropriate number of health workers (the number of workers required to guarantee quality of health services vis-a- vis the output of the health facilities) in all the CSSC zones and to contribute to improved retention of health workers so that a comprehensive package of quality health services can be guaranteed for the population in the catchment areas.*
- Combined with improved HRH management systems and policies that can contribute to a more favourable working environment and a career development perspective for health workers.
- Linked to improved collaboration with the Local Government Authorities and CHMT in order to increase access to available government resources at District level.

- We hope that CSSC will receive required financial resources in 2007 to start with the implementation of a selection of the possible option.

- Thanks you and wish you well with your work.