THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH AND SOCIAL WELFARE

HUMAN RESOURCE FOR HEALTH
STRATEGIC PLAN 2008 – 2013

Ministry of Health and Social Welfare
P.o. Box 9083
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FOREWORD

Formulation of the Human Resource Strategic Plan (HRSP) for the health sector is a major step towards addressing issues pertaining to human resource challenges in a comprehensive and systematic manner. The importance of human resources emanates from the fact that provision of health services in Tanzania is labour intensive and, therefore, inevitably of paramount importance.

Achievement of the overall objective of the health sector and social welfare which is the provision of quality health and social welfare services to the public depends, to a large extent on availability of skilled personnel; sufficient in numbers and skills mix and appropriately deployed at all levels of care.

This Human Resources for Health Strategic Plan has been developed with a view to creating an enabling environment to promote participation of key Human Resource for Health and Social Welfare stakeholders in addressing human resource crisis in the health sector. Specific focus is on planning and policy development capacity; leadership and stewardship; education, training and development; workforce management and utilization; partnership; research and development; and financing. Effective implementation of this Plan, will lead to increased human resource capacity necessary for the achievement of quality health and social welfare services at all levels.

Successful implementation of this Strategic Plan will depend greatly on the human resource for health stakeholders commitment, proper skills mix, development of the right retention scheme, capacity building at all levels and adequate funding. A number of challenges are anticipated, but with the commitment and sustained support from government, workers unions, professional associations, private sector, development partners, community and health workers, they will be overcome.

In order to ensure that the Plan remains relevant at all times, it is intended that a periodic review will be carried out on an annual basis.

Dr. Deo M. Mtasiwa
Chief Medical Officer
MINISTRY OF HEALTH AND SOCIAL WELFARE

ACKNOWLEDGEMENT

The process of developing this Strategic Plan has been possible through joint effort in terms of commitment, time and financial resources from individuals, associations, groups, organizations, institutions and development partners. Furthermore, the process was open and participatory such that it extensively involved health and social welfare stakeholders in order to elicit their views and contributions. We are most grateful for all assistance provided towards completion of this important document.

However, I wish to make a special mention of World Health Organization (WHO) for their financial assistance at the start of the process as well as for the technical guidance and support provided throughout the process by the officials and experts from Geneva, Afro and the Country Office We thank Dr. Martins Ovberedjo and Dr Elihuruma Nangawe for their time and dedication to this work. I also wish to record our appreciation to JICA and Capacity Project - Tanzania for their technical and financial assistance. Their support was given at an opportune moment when validation, rationalization and critical analysis of the contents of the Draft Strategic Plan were being conducted.

I further wish to express special thanks to the representatives from the Prime Minister's Office Regional Administration and Local Governments, President's Office Public Service Management ,Ministry of Finance, Ministry of Education and Vocational Training, Christian Social Service Commission, Private Sector, Principals of Training Institutions, representatives from universities, MOHSW Departmental staff representatives, Regions and Districts Health Managers for sharing their experience and knowledge. The Head of Health Sector Support Programme Dr. F. Njau deserves a mention as well for his ingenuity in providing guidance in linking this Strategic Plan to the National Strategy for Growth and Reduction of Poverty and the National Health Policy. I acknowledge the work well done by the entire Coordination Team under my supervision through Human Resource Planning section Staff led by Assistant Director Mrs. E. Mwakalukwa ,together with Mrs. M. Tillya and Mr. H. Mavunde for their relentless effort in ensuring the completion of this important task. Sincere appreciation goes to Mzumbe University for their technical assistance in the development of this plan through Prof. E. Temba and Mr. W. Mollel.

Last but not least, we express our gratitude to all individuals who, in one way or another, participated in the process, since as it is not possible to mention each and every one by their names or positions.

It is my strong belief and conviction that the strategies set out in this Human Resource for Health Strategic Plan will effectively address the human resource crisis in the country for the improvement of health and social welfare of Tanzanians.

Dr. Gilbert R. Mliga
Director Human Resource Development
MINISTRY OF HEALTH AND SOCIAL WELFARE

ACRONOYMS

AIDS	Acquired Immuno-Deficiency Syndrome
AMO	Assistant Medical Officer
CA	Chief Accountant
CHMT	Council Health Management Team
CPD	Continuous Professional Development
DAP	Director of Administration and Personnel
DDH	Designated District Hospital
DHR	Director of Human Resource Development
DPP	Director of Policy and Planning
DED	District Executive Director
DMO	District Medical Officer
ECSA	East, Central and South Africa Health Community
FBO	Faith Based Organization
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
ITNs	Insecticide Treated Nets
JICA	Japan International Cooperation Agency
KRA	Key Results Area
MMAM	Mpango wa Maendeleo ya Afya ya Msingi
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
PEP	Post Exposure Prophylaxis
PER	Public Expenditure Review
PHSDP	Primary Health Services Development Programme
PMORALG	Prime Minister's Office Regional Administration and Local Governments
PMTCT	Prevention of Mother to Child Transmission
POPSM	President's Office Public Service Management
RAS	Regional Administrative Secretary
RHMT	Regional Health Management Team
RMO	Regional Medical Officer
TDHS	Tanzania Demographic and Health Survey
USAID	United States Agency for International Development
VA	Voluntary Agencies
WHO	World Health Organization

EXECUTIVE SUMMARY

The Ministry of Health and Social Welfare is facing a human resource crisis. Human Resource for Health Strategic Plan sets out strategies and options for the period from 2008 to 2013 to tackle the human resource crisis within a framework of National Development Plan and National Health Strategic Plan.

The purpose of this Human Resource Strategic Plan is to guide the health sector in proper planning, development, management and effective utilization of human resource. The Plan focuses on improving the following key strategic areas: human resource planning; policy development capacity; education, training and development; workforce management and utilization; partnership among key stakeholders; research and development; promotion of adequate financing and strengthening of leadership and stewardship in executing responsibilities related to management of human resource for effective services.

In the process of developing the Strategic Plan, various approaches have been applied including consultations, conducting 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, Regional and Councils Health Management Teams (HMTS/CHMTS) and health workers.

The budget estimates for activities identified for implementation of the plan for the entire period of five years is T.sh. 458,486,583,400. Budget summary is on page 87. There are seven strategic objectives with 187 activities to be carried out for the successful implementation of this strategic plan.

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 staff at all levels, but the shortage is more evident at the lower levels and in the hardship working environment areas. The shortage is mainly caused by, among other factors, low output of qualified staff, mal-distribution, poor remuneration, poor infrastructure, and lack of attractive retention scheme. In 2006, there were 5,795 health facilities in the country. These facilities are bound to increase with the implementation of Primary Health Service Development Plan up to 13,039 by 2017.Given the facilities increase, automatically the demand for more human resource will be inevitable and therefore the need to increase the training and absorption of skilled health and social welfare workforce is necessary.

The Plan intends to minimize the problem of human resource shortage through advocacy for increased funding and reallocation of staff for optimum utilization.

It also 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.

Moreover, the plan aims at increasing productivity of health and social welfare workers at all levels through establishment of effective performance management systems such as Open Performance Appraisal System (OPRAS). To enhance the effectiveness of this system, incentive mechanisms will be identified/developed and implemented. In the process of implementation, partnership among HRH stakeholders will be strengthened through sharing of information on the unfolding circumstances and the policy context.

Recent Service Available Mapping Survey 2006 shows that the country had 1,339 doctors including 455 in the private sector. This is equivalent to one doctor per 25,000 persons. This is far below WHO recommended requirement ratio of 1:10,000.
There is perceived need to review and improve current staffing norms to match increase burden of diseases, workload and growing populations.

The HRHSP is structured into six main sections. The first section gives introduction and background information which provide rationale of the Plan based on the current status on human resource in the health sector. The second section presents current human resource status and management environment. The third section provides workforce projections, strategic objectives, quick wins, risks and assumptions. Section four covers the implementation of the plan and its matrix. Section five illustrates monitoring and evaluation of the Plan. Lastly section six gives budget summary with cost estimates for implementation of each Strategic objective.

SECTION ONE

1.0 INTRODUCTION

The United Republic of Tanzania is located in East Africa, it has an estimated population of 38.7 million and an annual population growth rate of 2.9% it covers an area of 947,480 sq. km. About 76.9% of the population lives in the rural area, 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. New intervention such as Prevention of Mother to Child Transmission (PMTCT), Counseling and Testing, distribution of Insecticide Treated Nets (ITNs) has significantly increased health staff workload. In addition local and international governmental and non-governmental agencies and Programs involved in the research and implementation of these interventions, continue to take away staff from traditional health service delivery. The workforce requirements of most of these Programs are not provided for in the current staffing levels. The country also faces high incidence of non-communicable conditions such as cancers, malnutrition and cardio-vascular diseases.

Table 1: Trend of burden of diseases

INDICATOR	1999/2000	2002/03	2004/5
IMR	99/1000 LB		681000 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 Magnitude of Social Problems

Tanzania like most of the developing countries has been affected by increasing social problems brought by a number of factors such as uncontrolled population growth, socio-cultural changes, HIV/AIDS pandemic and poor socio- economic trends. The situation today is such that welfare services are in great demand due to these increasing social problems, which are exacerbated by poverty, and the effects of HIV/AIDS. Some of the specific problems which need social welfare services interventions including child labour, early pregnancies, child abuse, child neglect and family rejection, alcohol and drug abuse, increasing levels of destitution, commercial sex (prostitution), cases of sexual assault,

number of households headed by children and /or elderly people. Other increasing social problems include family disintegration, marriage breakages, number of street children, number of orphans, vulnerable children, widows/widowers, elderly (aging), human trafficking especially children, increasing number of children in conflict with the law, child delinquency and single parenting.

Despite the fact that Social Welfare Commission has been in existence for many years no much success in dealing with the above social problems due to inadequate resource including human resource, infrastructure, finance and working facilities.

1.3 Human Resource for Health and Social Welfare Crisis

A number of factors have contributed to the poor health and social welfare situation as a result of human resource crisis facing the country. The Retrenchment Policy coupled by an employment Freeze implemented from 1993 until 1999 led to a sharp decline in the health workforce even as the disease burden increased, and consequently, present human resource crisis in the health sector. During this period, 23,474 health staff graduated from different training institutions but there -were no apparent effort to employ them. Another setback was the decision made which had a negative impact, for example in the 1990s civil service reform undertaken resulted in position of budget ceiling and downsizing of the workforce. The public health sector suffered extensively from loss of experienced and skilled health workers. Moreover, the sector faced the problem of weak planning and forecasting of human resource requirements. There were also problems of inadequate involvement of the private sector in human resource planning.

Another major contributor to the crisis is the brain drain within and outside the country. However, the magnitude of the problem is not well understood and there is therefore an urgent need to put in place a mechanism to monitor health professionals' movement within and outside the country.

The Social Welfare commission which was moved to the Ministry of health in 2005 is also suffering the same human resource crisis. The extreme shortage on the social welfare staff is caused mainly by three factors these are: Retrenchment Policy of 1993, Decentralization Policy which required Social Welfare services to be rolled out to the lower levels (Previously Social Welfare services were rendered at Central and Zonal level only). Another fact which added to the shortage is the government policy of 2002 which does not allow standard seven leavers to be employed in the government facilities. Moreover, scheme of services does not allow employment of lower level Social Welfare cadres including the certificate and diploma level. These cadres are trained at the Institute of Social Work Dar es Salaam but in most cases are employed by the private sector. The objectives of the Decentralization Policy will only be successful if among other factors the scheme of service for Social Welfare cadres will be reviewed to accommodate the certificates and diploma graduates to work in the lower level because most of the degree holders do not want to work at the lower levels.

1.4 Purpose

The purpose of this Human Resource Strategic Plan is to guide the Health and Social Welfare sector in the proper planning, development, management and utilization of the most important resource of all which is the human resource. Given the pressing health and social welfare challenges that Tanzania faces including HIV/AIDS and high maternal mortality rate it is important to have a strategic plan that guides the systematic and proactive implementation of human resource initiatives. This Plan will assist

the country in achieving the right number of health and social welfare workers, with the requisite knowledge and skills that are effectively managed and are equitably distributed to ensure that national health goals are attained. The Plan also will contribute to the improvement of human resource financing by providing comprehensive budgets and identifying ways of mobilizing adequate resources from all stakeholders.

This Strategic Plan covers the period 2008 to 2013 and focuses on the following key strategic areas: policy and planning; leadership and stewardship; education, training and development; workforce management and utilization; public-private partnership; research and development; and financing.

1.5 Policy Context

This Strategic Plan has been guided by a number of policies both national and international. These enabling policies include:

National Health Policy 2007

The National Health Policy aims at implementing national and international commitments. These are summarized through policy vision, mission, objectives and strategies. The Health Policy vision is to have a health community, which will contribute effectively to an individual development and country as a whole. The mission is to facilitate provision of basic health services, which are proportional, equitable, quality, affordable, sustainable and gender sensitive. The Human Resource Strategic Plan seeks to implement strategy related to human resource as outlined in the policy.

Tanzania Development Vision 2025

Tanzania Development Vision 2025 is a wider government official roadmap and a dream towards sustainable human development through achieving high quality livelihood for all. The vision identifies health and social welfare as a priority, therefore Human Resource Strategic Plan for Health and Social welfare has been developed to reflect vision 2025 for macro-policy linkage.

Primary Health Services Development Program (PHSDP), 2007 – 2017

PHSDP aims at having a dispensary at every village, a Health Centre at every ward and a District Hospital at every District. The program requires the establishment and staffing of an additional 5162 dispensaries, 2074 Health Centers and 8 District hospitals. The Human Resource Strategic Plan compliments the effort to implement the program comprehensively through aligning all strategic factors related to human resources.

Human Resource Policy Guidelines - 2005

Human Resource Policy major goal is to have a well-planned, trained deployed and motivated workforce. The Human resource Strategic Plan has set strategic intervention to address the policy goals

National Strategy for Growth and Reduction of Poverty

The strategy advocates for improvement in the quality of life and well being of all Tanzanians .Human Resource Strategic Plan in a greater proportion it has identified effective interventions that will facilitate the implementation of tasks with direct impact on quality of life and well being such as immunization for children and control of diseases by ensuring availability of skilled workforce to provide quality services

Millennium Development Goals (MDGs)

The Millennium Development Goals aim at reducing child mortality by two-thirds, Maternal Mortality rate by three-quarters, combat HIV/AIDS Malaria and other diseases by controlling them by 2015.Human Resource strategic Plan has been developed to ensure availability of the necessary resources such as adequate health workforce to provide heath services

Abuja Declaration

The declarations advocate the increased share of total government expenditure allocation to health to a minimum of 15%. Human resource strategic plan provides justification for increased allocation to the human resource given the fact that it is the most important resource worth extensive investment.

1.6 Human Resource Financing

An important factor that has contributed to the human resource shortage 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% and in 2006/07 it dropped to 10.6% of national budget. The fluctuations affect allocations to human resources in particular the recruitment, incentives, retention and capacity building.

1.7 Health and Social Welfare 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 catering for 3-5 villages with an average of 10,000 populations. The current move is to have a dispensary catering for each village. The health centre is the referral level for the dispensary and it provides a slightly broader range of services than dispensaries, including in-patient care and it used to cover an average population of 50,000.It is now suggested that it should cover a Ward.

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 these districts, Faith Based Organization (FBO) hospitals are designated as district hospitals (DDHs). There are 37 private hospitals and 66 Faith Based hospitals providing health services in the country.

The Regional hospitals at Level II serve 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 of

Referral and Specialized 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 are undertaken within the parameters of the MOHSW mandate.

The process of organizing and implementing human resource management functions involves multi-institutional arrangements. This requires linkages (internal and external) with other government units and ministries. Internally, the coordination of the HRH function is shared between the Human Resource Development (HRD) and Administration and Personnel directorates. Externally, the MOHSW undertakes human resource function in partnership with POPSM, PMORALG, Ministry of Finance, Local Government Authorities and MOHEST. The responsibilities are as follows: MOHSW is the employer for referral hospitals and Training Institutions and also handles health technical issues at all levels of health care. POPSM approves manning levels for health facilities; MOF provides finance while PMORALG is the employer for Regional Hospitals through Regional Administrative Secretary, and District Hospitals, Health Centers and Dispensaries through District Executive Director. MOHEST manage the universities which provide undergraduate training to health staff.

Under the current arrangements, the MOHSW has oversight function for the collection and analysis of human resource information including provision of statistical estimates of present and future human resource 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 human resource 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 Commission 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 individual, groups and families;
Early childhood care and development; and Facilitation of the transformation of social welfare services.

The Social Welfare Commission has been moved to the Ministry of Health effectively 2005,it is therefore necessary to realign and harmonize its direction and intervention to the ongoing reforms and the decentralization policy requirements. The functional activities will now be done under the following levels; Central (MOHSW), Regional Secretariats, Districts, and specialized institutions. The Social Welfare commission work in close collaboration with Ministry of Home Affairs, PMORALG, Ministry of Education, and courts.

1.8 The Relationship between the Public 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 with minimal coordination. 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 Faith Based 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 FBO on contractual basis 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 staff in both public and private/FBO sectors.

The training of health graduates professionals is done by Institutions of Higher learning under the Ministry of Higher Education Science and Technology. The working relationship need to be strengthened between the institutions, MOHEST and the MOHSW. There is need to explore the contribution of each group to the continuous professional development of health workers in the country as well as internship training. The Partnership between public and private sector can be seen within a range of services offered as per table 3 below which provides comparison of health and social welfare facilities coverage.

Table 2: Public/Private Health and Social Welfare Facilities and Institutions[1]

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	1	3	3
	Allied Health Colleges	45	7	7
	Nursing Colleges	27	2	28
	Institute of social work	1	1	
	Day Care training Institute	1		12
Research	Institutions	1	1	1
Social Welfare	Remand Homes	5	-	-
	Approved School	1	-	-
	Children's Homes	1	-	69
	Homes for Elderly	17	-	26
	Day Care Centers	270	812	541
	Drug/alcohol abuse counseling centre	2		1
	Marriage Reconciliation Boards	258	-	-
	Centers for Street Children	-	-	46
	Vocational Training Centres for PWDs	7		4

Source: MOHSW 2006

There are other facilities such as pharmaceutical shops and industries, laboratories, radiological centers, physiotherapy, Dental services, Waste management, ambulance and logistics, laundry and catering which comprise a number of health workers but not included in the table above due to lack of data.

[1] See MOHSW School database and statistical abstract 2006

SECTION TWO

2.0 CURRENT HUMAN RESOURCE STATUS AND MANAGEMENT ENVIRONMENT

2.1 Workforce Profile and Distribution

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

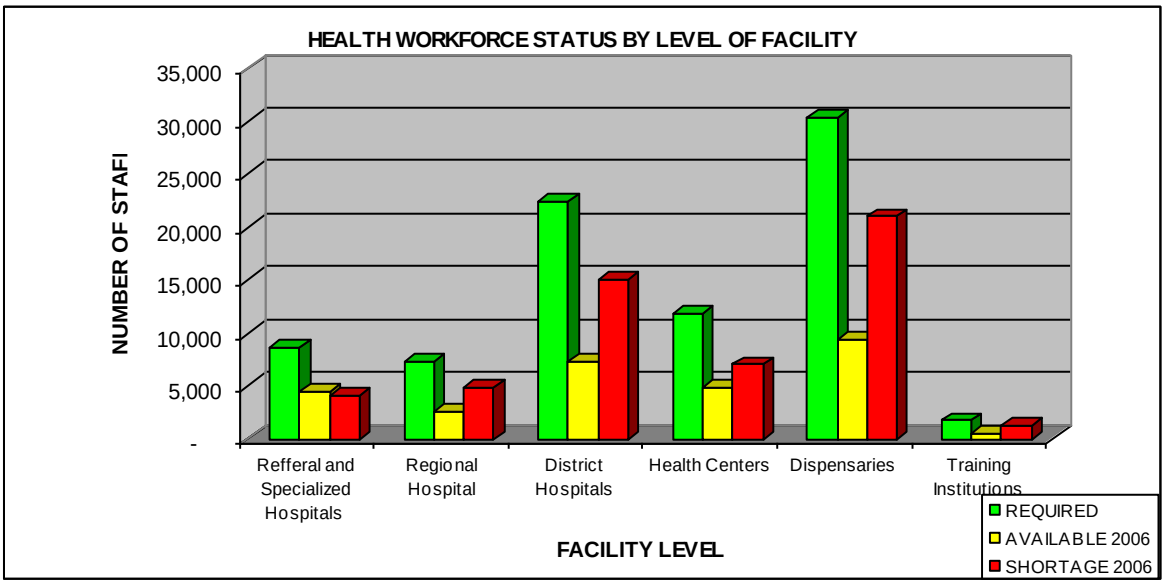
Table 3(a): Human Resource Status by Facility Levels in Public Health Facilities

Facility Level	No.	Health Professionals			Shortage %
		Required 2006	Available 2006	Shortage 2006	
Referrals/Specialized Hospitals	8	8,546	4,477	4,069	48%
Regional Hospital	21	7,266	2,481	4,785	66%
District Hospitals	95	22,458	7,364	15,094	67%
Health Centers	331	11,916	4,908	7,008	59%
Dispensaries	3,038	30,380	9,384	20,996	69%
Training Institutions	72	1,711	449	1,262	74%
TOTAL	**3,565**	**82,277**	**29,063**	**53,214**	65%

Source: MOHSW (2006)

The HR Status in the Public Health facilities can easily be observed in the bar chart below:

Graph 1(a): Health workforce status by level of facility in the public health sector



The HR Status in the public health facilities can easily be observed in the bar chart below:

Table 3(b): Human Resource Status by Facility Levels in Private Health Facilities

Facility Level	No.	Health Professionals			Shortage %
		Required For Existing Facilities	Available 2006	Shortage 2006	
Hospitals	132	26,004	3,251	22,753	87.5%
Health Centers	150	5,400	758	4,642	86.0%
Dispensaries	1,641	11,487	1,842	9,645	84.0%
Training Institutions	36	756	288	468	61.9%
TOTAL	**1,959**	**43,647**	**6,139**	**37,508**	85.9%

Source: MOHSW (2006)

The HR Situation in the private sector can easily be observed in the bar chart below:

Graph 1(b): Health workforce status by level of facility in the private health sector

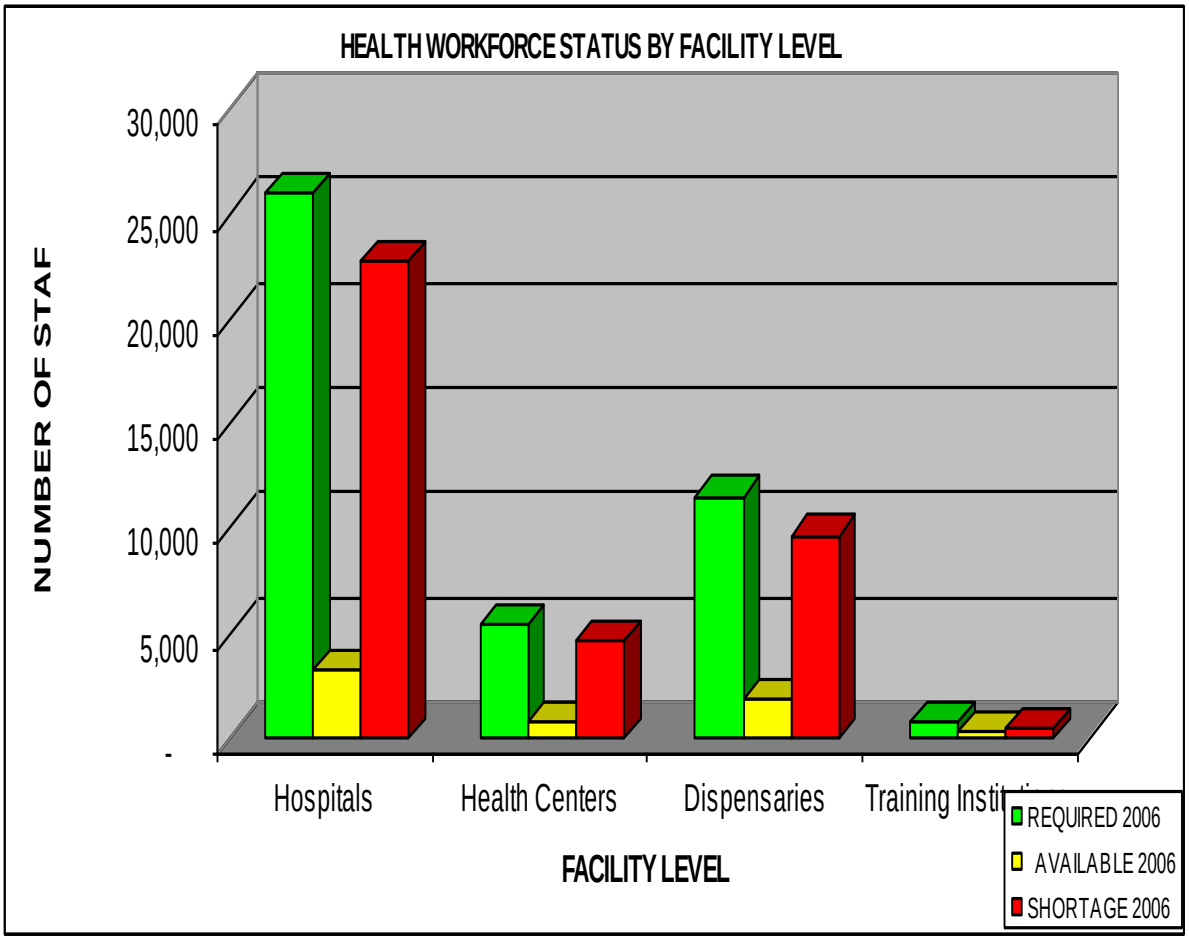


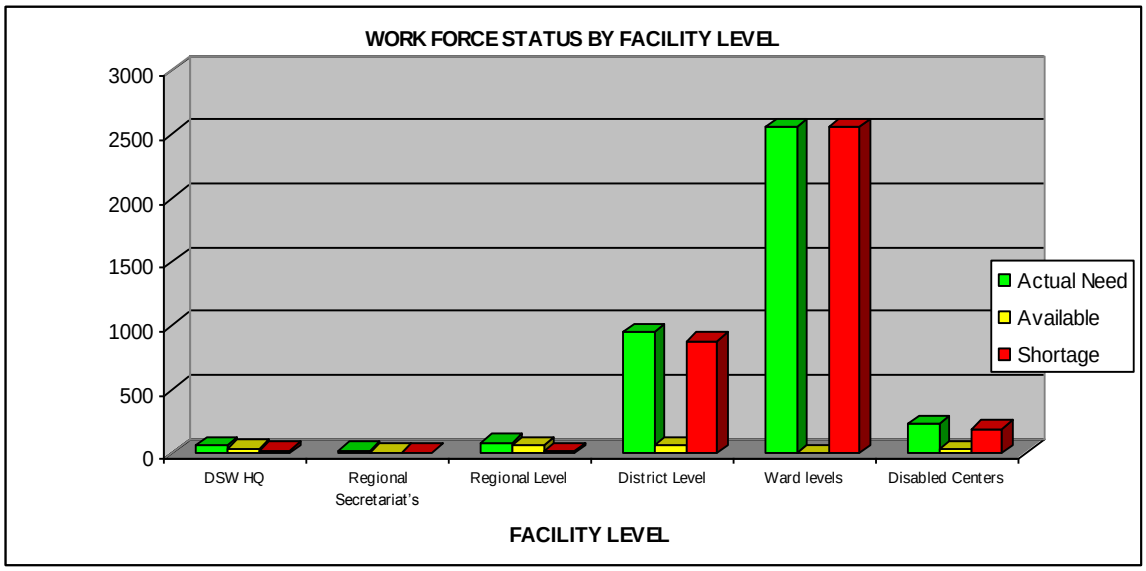
Table 3(c): Social Welfare Staffing Status by Level of Care for Social Welfare Cadre

Location	Actual Need	Available 2006	Shortage 2006	Shortage %
DSW HQ	60	37	23	38%
Regional Secretariat's	21	10	11	52%
Regional Level	84	66	18	21%
District Level	945	62	883	93%
Ward levels	2,555	0	2,555	100%
Centers for people with disabilities and other institutions	227	35	192	85%
Total	**3,892**	**210**	**3,682**	**95%**

Source: Social Welfare Commission 2006

The HR Status in the Social Welfare Services can easily be observed in the bar chart below:

Graph 1(c): Social Welfare Staffing status by level of facility in the social welfare commission



Currently, there are estimated 5,513 health facilities operational in the country. According to proposed staffing level (2005), these facilities require 125,924 health workers while the actual professional staffs available are 35,202 indicating a deficit of 90,722 for both public and private health and social welfare services. However, the deficit becomes significantly larger when we factor in PHSDP(Primary Health Services Development Plan) requirements. PHSDP aims at having a dispensary in every village, a health centre in every ward and a district hospital in every district. PHSDP requires the establishment and staffing of an additional 3,108 dispensaries, 2074 health centers and 19 district hospitals which will require additional 88,829 professional staff.

In the financial years 2005/2006, 2006/2007 and 2007/08, there was an accelerated recruitment of health workers. The POPSM has given approval for recruitment of additional health staff as shown in the table below:

Table 4: Recruitment trend 2005/06 – 2007/08

Financial Year	Number of Positions approved
2005/06	1,677
2006/07	3,890
2007/08	6,437
Total	**12,004**

There is inadequate data in terms of the number of staff who actually reported to their stations for the financial years 2005/06 and 2006/07. These recruitments represent the first time the government has employed a substantial number of health workers in more than a decade and if the trend is maintained, there should be a significant reduction in the current health workforce shortages in the public health sector. However, going forward, the government may run into difficulties of getting enough applicants for these positions as the pool of unemployed health workers is mopped up. There is evidence that the scaled-up recruitment of health workers by the government is causing inter-sectoral distortions as health workers leave the private and NGO/FBO sectors to take up government jobs. The government is aware of such situation and therefore it has developed a plan that will speed up the rate of output of health workers through expanding enrolment, reduction of training duration and re-introduce Primary Health care cadres.

There is a need to review and improve current staffing norms to match increase burden of diseases, workload and expanding populations for example, a Recent Service Availability 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. In addition, the workforce continued to experience the loss of skilled health workers through attrition. While the government is undertaking effort to hire staff to replace the lost workforce, the net effect of this move is marginal compared to existing shortage caused by freezing of employment between 1993 up to 2005 across the regions in the country due to low absorption rate. Within ten years between 1995 up to 2005, out of 23,474 graduates produced, the Government hired only 3,836 (16%).

2.2 Human Resource Coordination

The MOHSW has mandate for coordinating policy formulation, guidelines, standards and the identification of priorities in the health sector. Management of human resource in the public health sector is a joint responsibility among multiple institutions including MOHSW, PMORALG, POPSM, MOF and MOHEST

The MOHSW also regulates the activities of private health sector through setting and monitoring standards for quality of care and training. However, HRH coordination is still faced with a number of important challenges emerging from the ongoing decentralization and privatization. While a committee exists to coordinate the public and private sector, there is a need to strengthen its effectiveness in information sharing and service delivery.

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 human resource management capacity has contributed to slow recruitment process, delay in staff placement and slow promotion process. In addition, human resource planning, forecasting, career development and succession planning capacity are still poorly developed. Another major challenge is the poor economic condition that necessitates setting of 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 of staff recruitment, promotion, retention and pension arrangements, these factors demotivates staff the great deal.

Health and social welfare service delivery in some 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 and social welfare sector to meet the basic personal needs including, extra work pay, health insurance, workplace hazard allowance and opportunities for self development.

The situation leaves human resource significantly under-motivated to function effectively. There is need therefore to explore available opportunities such as complementary financing options and involvement of stakeholders as partners to improve human resource situation.

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. Meanwhile promotion and career advancement is awarded by considering staff working experience and not 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 a need therefore to roll out mechanisms such as OPRAS to promote workforce performance. In addition reward system should be identified, budgeted and implemented by both Public and Private sectors.

2.5 Training and development

2.5.1 Pre-Service Training

Tanzania has a total of 116 Health Training 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 National Accreditation Council of Technical Education (NACTE) and Tanzania Commission for Universities (TCU) standards.

Between1995 to 2005, the health training institutions were able to produce 23,474 staff out of which only 16% were employed in the Public Sector. The sector has been losing an average of 300 staff per year, it is therefore necessary to put in place an aggressive effort for replacement and to increase pace of 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. The enrolment for pre – service trend for the past years up to 2005 has been between 800 and 1,000 students per year. In recent years the trend has shown an increase particularly in 2007/08 whereby the enrolment has increased from 899 to 3,500 by December 2007. The number is expected to rise up to 6,450 by March 2008. The table below illustrates the mentioned increase as follows

Table 5: Pre- Service Students Enrolment 2004 - 2007

ACADEMIC YEAR	PRE – SERVICE STUDENTS ENROLLED
2004/05	899
2005/06	956
2006/07	1,013
2007/08	6,450

Source: MOHSW

In order to achieve the stated target a number of strategies need to be applied such as 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 human resource skills and knowledge to improve performance. Through the acquisition of new skills and knowledge, staffs are expected to undertake their responsibilities seriously and achieve high productivity. On the other hand, staff expects better recognition, remunerations and working conditions. However, these expectations are not always met leading to loss of morale.

The existences of different health carders with multiple qualifications which are not recognized into traditional health workers classification or Scheme of Services 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.

Most of the training is held outside the health facilities and 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. Strengthening of the capacity of ZTCs is being pursued by the

MOHSW. However, ZTCs face a problem of limited capacity in terms of skilled staff, financing, and inadequate development of the infrastructure.

2.6 Human Resource Planning and Policy Development Capacity

2.6.1 Human Resource Information System

Existing Human Resource for Health and Social Welfare information system is not well established. There is lack of comprehensive and reliable system for tracking information in the country. Available information on health cadres in all sources such as Health Management Information System (HMIS), Registrars of Professional Bodies and other sources is very limited for the purposes of proper planning and decision making. Currently information is collected from multiple sources which are associated with difficulties in coordination and reliability of human resource data. Another challenge is the limited collection and sharing of human resource information from the private sector. Furthermore, there is limited technical capacity for analyzing human resource demands and supply projections and forecast.

2.6.2 Decentralization Policy and Human Resource Management

Under the Local Government Reform process, the government has devolved responsibilities for delivery of health and social welfare services to local authorities. In addition, the recruitment and placement for human resource 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 to effectively undertake this function.

Another important challenge emerging is the multiple institutional responsibilities for management of human resource function. The current arrangement imposes constraints in the effective coordination of important human resource 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[2]. A survey carried out in two hospitals in 2004 found HIV prevalence of 13% among health workers[3]. The Health Sector continues to suffer through workforce attrition and low productivity arising from AIDS related illness and death.

The Ministry of Health and Social Welfare developed HIV/AIDs Workplace Policy and Strategic Plan in 2006 targeting Health Workers. Also 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] Fimbo et al, HIV impact on Health Workforce, 2006

[3] Strategic Plan for the Control of HIV & AIDS for Health Workers at the workplace (2006 – 2011)

2.7 Leadership and Stewardship in Human Resource

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 human resource performance. To effectively perform this role, the MOHSW is expected to work in partnership with other service providers and line ministries having responsibilities for human resource management in the country. The implementation of the last human resource for health 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 human resource management, leadership skills and stewardship at central, regional and district authorities.

Current budget allocation for human resource is inadequate to address specific problems such as workforce retention, capacity building, improvement of operational environment and infrastructural development. Hence, deliberate efforts are required to enable human resource to contribute to the achievement of the target of Vision 2025[4]. Therefore there is a need to advocate for significant allocation for the human resource by the fact that it is a fundamental area for investment if quality and accessible health and social welfare services is to be achieved.

2.8 Partnership in Human Resource

The Government of Tanzania is promoting the concept of Public Private Partnership (PPP). In the Health and Social Welfare 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 to the private sector is coordinated by the Directorate of Administration and Personnel while Private Social Welfare Services are coordinated by Social Welfare Commission.

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. Similarly, the government provides grants in aid to the training institutions according to the school capacity of the students as per training agreements. Likewise the MOHSW supports Faith Based Organizations by providing them with qualified staff through secondment arrangements.

The Private Sector is an important player in the Health and Social Welfare functions. It is involves in a broad range of functions which include training, service delivery, research and Human Resource Management. Meanwhile, the existing relationship is neither systematic nor comprehensive. To maximize the contribution of the Private Sector to the Health and Social Welfare Sector development, there is an urgent need for the MOHSW to lead and explore practical mechanisms to harness the full potential of the private sector.

[4] See The Tanzania Development Vision 2025 pg 4

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

2.9 Human Resource 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 human resource was among the highest. The coordination mechanism of research in the country has also been strengthened whereby all research permits and validation are issued by the MOHSW.

Human resource research synthesis undertaken in October 2005, various studies were collected and synthesized. Research/study 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 Tropical Medicine, and McKinsey.

One major limitation relating to the reviewed papers and reports were few original reports that could assist to a general understanding of human resource situation in the country since most of the reports found to be duplicates. As a result, the number of research questions in human resource 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 human resource issues in health and social welfare service delivery.

2.10 Human Resource 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. The internal allocation Within MOHSW was 3.5% for Human resources. Between 2004/05 and 2006/07 the Health Sector budget remained almost the same but the proportion of the budget for human resource increased from 3.47 % to 5.3 %.

Budget allocation for human resources at district level shows an increasing trend. However, human resource 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 Sector faces serious challenges including shortages, and unmatched distribution of human resources which impact on quality of health care services. In spite of identifying human resource as a priority and challenge of Health and social welfare Sector, budgetary allocation has not taken into consideration human resource as a priority area.

SECTION THREE

3.0 WORKFORCE PROJECTIONS AND STRATEGIC INTERVENTIONS

3.1 Workforce Projections

One of the key goals of this strategic plan is to ensure that the country has adequate health and social welfare staff, with the right competencies and skills, who are well distributed and managed for optimal productivity. In working out the workforce projections different variables has been used such as; Workforce status for public and private (2006), attrition rate, training output, workforce projection by facility level including PHSDP and available facilities.

Table 6: HUMAN RESOURCE STATUS AND PROJECTION IN PUBLIC HEALTH FACILITIES

FACILITY	HEALTH FACILITIES			HEALTH STAFF						REQUIRED STAFF TO FILL THE EXISTING GAPS INCLUDING PHSDP (2007 -2017)
	AVAILABLE FACILITIES 2006	NEW FACILITIES PHSDP (2007 - 2017)	TOTAL	REQUIRED PER ESTABLISHMENT 2005	REQUIRED FOR EXISTING FACILITIES	MEDICAL PROFESSIONAL STAFF AVAILABLE 2006	SHORTAGE 2006	SHORTAGE %	PHSDP REQUIREMENT (2007 - 2017)	
Referral and Specialized Hospitals	8	-	8	*	8,546	4,477	4,069	48%	-	4,069
Regional Hospital	21	-	21	346	7,266	2,481	4,785	66%	-	4,785
District Hospitals	95	19	114	197	22,458	7,364	15,094	67%	3,743	18,837
Health Centers	331	2,074	2,405	36	11,916	4,908	7,008	59%	49,776	56,784
Dispensaries	3,038	3,108	6,146	10	30,380	9,384	20,996	69%	31,080	52,076
Training Institutions	72	4	76	*	1,711	449	1,262	74%	-	1,262
TOTAL	**3,565**	**5,205**	**8,770**		**82,277**	**29,063**	**3,214**	**65%**	**84,599**	**137,813**
								Attrition Rate 0.5% per year	4,230	6,891
									88,829	**144,704**
TOTAL NEW STAFF REQUIRED (2007 - 2017)										**144,704**

Source: MOHSW (2006)

Note: 1. * indicates health facilities/Institutions with varying staffing levels

2. To mitigate the existing shortage in public including PHSDP we need to recruit **14,470** Staff yearly for 10 years

3. To create a pool of trained health workers for public facilities we need to enroll over **14,470** Students yearly for 10 years

Table 7: HUMAN RESOURCE STATUS AND PROJECTION FOR PRIVATE HEALTH FACILITIES

FACILITY LEVEL	AVAILABLE HEALTH FACILITIES	HEALTH WORKERS				STAFF SHORTAGE %
		REQUIRED STAFF PER ESTABLISHMENT 2005	REQUIRED STAFF FOR EXISTING FACILITIES	AVAILABLE STAFF 2006	STAFF SHORTAGE 2006	
Hospitals	132	197	26,004	3251	22,753	87.5%
Health Centers	150	36	5,400	758	4,642	86.0%
Dispensaries	1,641	7	11,487	1842	9,645	84.0%
Training Institutions	36	*	756	288	468	61.9%
TOTAL	1959		43,647	6139	37,508	85.9%
Attrition Rate 0.5% per year					**1,875**	
TOTAL NEW STAFF REQUIRED FOR PRIVATE HEALTH FACILITIES					**39,383**	

Source: MOHSW (2006)

Note:

1. * indicates health facilities with varying staffing levels
2. Number of Workers required for existing Public H/facilities is **82,277** available is **29,063** and shortage is **53,214** same as **65%**
3. Workers required for existing Private Health facilities **43,647** available are **6,139** and shortage is **37,508** same as **86%**
4. Workers required for existing public and private facilities are **125,924** available **35,202** shortage is **90,722 same** as **72%**
5. Total staff requirement for public and private health facilities including PHSDP is **214,753**
6. To mitigate the shortage in all facilities including PHSDP the recruitment should be **17,955** Staff yearly for 10 years
7. To create a pool of workers for public and private including PHSDP we need to enroll over **17,955** Students yearly for 10 years

3.2 Strategic Objectives

S.O.1 Human Resource Planning and Policy Development

Workforce planning is an important component for human resource management. However, limited skills hamper human resource planning capacity at all levels of the Health and Social Welfare system. Also absence of quality information and chronic under funding constrains the systematic analysis of demand and supply projections for human resource. Moreover, the unforeseen demands imposed by the Health Sector Programs affect accurate projection of human resource needs. There is an emerging tendency by major programs like HIV/AIDS, Malaria and TB programs to impose additional demands on the existing workforce. The existing 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 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 human resource data collection systems to ensure quality and reliable human resource data at all levels.

S.O.2 Strengthening Leadership and Stewardship

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

S.O.3 Education, Training and Development

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, 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 review and appraisal of staff; Linkages between the training institutions, MHEST, MOE and MOHSW and Public Private Partnership in training.

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 (see section 4.3).

S.O.4 Workforce Management and Utilization

Recruitment and retention

MOHSW acknowledges the obligation of ensuring the availability of right staff in a right quantity at right place at the right time cost and motivation. 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 initiative and devise other alternatives that will further minimize human resource shortage and distribution disparities. Recruitment bottlenecks will be assessed and collectively discussed by various ministries for enhancing flexibility and sustainability in recruitment process.

Human resource 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 and hard to work areas.

This Strategic Plan is dedicated to empower human resource 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.

Workforce Productivity and Performance

The poor productivity of the available health workforce aggravates the poor performance of the Health and Social Welfare 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 this 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.

S.O.5 Partnership in Human Resource

Development of Strategic Partnerships among all stakeholders in the Health and Social Welfare 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. 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 human resource 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 human resource

There are serious challenges facing human resource training and developments in the country. 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.

S.O.6 Human Resource Research and Development

There is a rapid increase of research activities ongoing in the country. Proper coordination and definition of human resource 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 a need to better monitor and understand the underlying causes and pattern of movement of human resource in the Sector. Efforts are needed to capture emerging human resource issues and challenges at all levels especially under the ongoing decentralization process. Ministry of Health and Social Welfare through the section of Health System Research in liaison with the human resource departments will play a lead role in coordination and validation of the human resource research and results.

S.O.7 Human Resource Financing

A number of strategies have been proposed to support this plan and they include a commitment to transparent and accountable use of resources.

3.3 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 scope of this Strategic Plan to minimize 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 and Social Welfare 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 health and social welfare 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.

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 and social welfare 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 this 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 human resource has to take into account safeguarding professionalism in discharge of human resource functions.

Economic Factors

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

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.

3.4 Quick Wins

A number of quick wins were identified as part of the Strategic Planning Process. These quick wins were selected as they were seen as representing opportunities for producing rapid and significant results that will build the momentum of implementing this strategic plan. These quick wins fall under different Strategic Objectives as shown in the table below:

Table 8: QUICK WINS

Strategic Objective	Quick Win	Responsible
S.O 1: To improve HRH Planning and Policy Development Capacity	Training Key HRH staff at Central Level on HRH Planning	AD-HRP
	Undertake initial planning work for the design of a comprehensive HRIS	AD-HRP
	Identify issues/develop a working paper for discussion by the inter-ministerial committee/taskforce	DAP/DHR
	Launch and disseminate the HRH strategic plan at all levels	DHR
S.O 2: To strengthen leadership and stewardship in HRH	Run a Leadership Development Program (LDP) for DAP and DHR Managers	AD-HRP
S.O 3: To Improve Education, Training and development for HRH	Train HRH Focal Persons at District level on HR Management	DAP/DHR
	Review and make recommendations on the decentralization of pre-service and in-service training	DHR
S.O 4: To improve Workforce Management and Utilization	Streamline recruitment Bottlenecks	AD-HRP
	Track and monitor new recruited employees	DAP/DHR
	Reallocate health workers to ensure equity in distribution	DAP/DHR
	Develop and advocate an improved incentive package for health workers in hardship areas	DAP
S.O 5: To build and Strengthen Partnerships in HRH	Assess capacity of private institutions in training and service delivery	DAP/DHR
	Support private sector to scale up training of health workers in line with PHSDP/MMAM and reports of the above assessments	CMO,DHR DAP
	Involve business companies in supporting HRH training and retention	CMO,DHR P/SECTOR
S.O 6: To strengthen HRH Research and Development	Identify priority areas for HRH research	DAP/DHR
S.O 7: To Promote adequate financing of HRH strategic Plan	Disseminate the HRH strategic plan and detailed budget to relevant government ministries and development partners	DAP/DHR

SECTION FOUR

4.0 IMPLEMENTATION OF THE PLAN

To ensure effective implementation of this Strategic Human Resource Plan, all human resource 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 and social welfare management team at all levels clearly interpret the strategic plan and implement it smoothly. Advocacy will be carried out to ensure that all stakeholders take human resource 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 Human Resource Working Group will oversee the implementation of the broad strategies. The Regional, District and Hospital Facility 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.

4. IMPLEMENTATION PLAN MATRIX

S. O. 1: To improve Human Resource Planning and Policy Development Capacity

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

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE OF FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
1.1 Improve human resource planning and policy capacity at all levels by 2013	1.1.1 Capacity building in Information management, planning, policy analysis, monitoring and evaluation at al levels (Public and Private sector)	1.1.1.1 Provide training on HR planning on a tailored programme to HR Planning HQ Staff	DHR								
		1.1.1.2 Provide training on Statistical and workforce analysis tom key HRH Staff at central level	DHR								
		1.1.1.3 Train Zonal, regional and district HRH focal persons in HR Planning	DHR								
		1.1.1.4 Train HR departmental staff and health managers on HRH/HMIS information management	DHR								
		1.1.1.5 Train HR departmental staff and health managers on HR policy development and analysis	DHR								
		1.1.1.6 Strengthen and equip HR Department with necessary human resource, technology and equipments	DHR								
		1.1.1.7 Establish M & E Framework for HRH Strategic Plan	DHR DAP DPP								
		1.1.1.8 Train HR Departments and	DHR								

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE OF FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
		health managers on M&E									
		1.1.1.9 Conduct annual review of HRH Strategic Plan	DHR								
		1.1.1.10 Conduct Midterm and terminal evaluation of HRH Strategic Plan	DHR								
	1.1.2 To establish comprehensive HR Information Systems at all levels	1.1.2.1 Identify key HRH Variables that should allow data disaggregation by gender and other variables	DHR DPP DAP CSW								
		1.1.2.2 Develop data collection tools/software	DHR/DPP CSW								
		1.1.2.3 Conduct HRH data collection and analysis	DHR/DPP/DAP CSW								
		1.1.2.4 Orient Zones, regions and districts in analyzing and using data	DHR DPP								
		1.1.2.5 Build capacity of regions and districts to effectively collect, process, store and retrieve HRH Information	DPP DHR								
		1.1.2.6 Identify different initiatives on human resource data systems	DPP/DAP/DHR CSW								
		1.1.2.7 Review and revise HR Information guideline to comply with the new HRIS System	DPP/DAP DHR CSW								

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE OF FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
		1.1.2.8 Conduct needs assessment of social Welfare services status in Tanzania for improvement	DPP DAP DHR CSW								
		1.1.2.9 Synchronize existing systems and link with HMIS	DPP/DAP DHR								
		1.1.2.10 Operationalize HRIS at all levels	CSW DIRECTORS								
		1.1.2.11 Monitor and evaluate the implementation of HRIS system at all levels	DPP/DAP DHR CSW								
	1.1.3 Strengthen workforce planning practices	1.1.3.1 Develop Specific HR plan to guide HR planning process in collaboration with POPSM to ensure National Compliance	DHR POPSM								
		1.1.3.2 Carry out short and long term Human Resource Projections (Forecasting)	DHR DAP								
		1.1.3.3 Conduct HR planning supervision at zonal, regional and district levels	DHR DAP CSW								
		1.1.3.4 Conduct HR Stakeholders analysis/Database for improved planning and coordination of HR initiatives at all levels	DPP DAP DHR CSW								
		1.1.3.5 Develop succession plan at all levels	DHR DAP								

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE OF FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
		1.1.3.6 Promote psychological mentoring to the employees	DIRECTORS EMPLOYERS								
		1.1.3.7 Update staffing levels according to the changes in the health care service delivery for both public and private	DHR								
		1.1.3.8 Determine number of health staff working in the local and international special/vertical programmes, industries and institutions etc.	DHR								
		1.1.3.9 Launch HRH Strategic Plan	DHR								
		1.1.3.10 Build a case to accommodate 2 years trained health cadres left out in the scheme of service (eg. Health, Radiographic, Laboratory and Pharmaceutical Assistants)	DHR DHS DAP								
		1.1.3.11 Build a case to accommodate new emerging health cadres in the scheme of service	DHR DHS DAP								
		1.1.3.12 Build a case for the establishment of community based health workforce (e.g. Community Midwives)	DHR DHS DAP								

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE OF FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
	1.1.4 Strengthen policy analysis and interpretation	1.1.4.1 Monitor implementation of HRH Policy	DHR DAP								
		1.1.4.2 Harmonize Policy and guideline on recruitment, deployment of HR with relevant ministries	DAP DHR								
		1.1.4.3 Translate and disseminate HR policy and guidelines to regions and districts	DAP DHR								
		1.1.4.4 Sensitize the employers on the importance of adequate HRH through advocacy at all levels	DHR DAP								
		1.1.4.5 Advocate the review of decentralization policy to ensure safeguard health professionalism	DAP DHR								

S.O.2: To strengthen leadership and stewardship in Human Resource

Key Result Area: Human resource recognized as apriority development agenda

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE FO FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
2.1 To improve leadership and stewardship capacity for both public and private health sector in HR by 2012	2.1.1 Establishment management and leadership programmes at different levels in health sector	2.1.1.1 Conduct training needs assessment in leadership and management	DHR								
		2.1.1.2 Conduct management and leadership training programs to central and RHMTs	DHR DHS								
		2.1.1.3 Develop attachment, exchange programs and study tours for sharing best practices in HR planning, financing, development and development for HR responsible officers.	DHR DAP DPP								
		2.1.1.4 Train leaders on good governance and gender	DHR DAP								
	2.1.2 Improve advocacy capacity	2.1.2.1 Train leaders in communication and advocacy skills	CSW, DHR DAP,DPP DPS								
		2.1.2.2 Develop advocacy and communication strategy in HR	CSW DHR								
		2.1.2.3 Advocate HR policies,	SWC DHR								

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE FO FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
		guidelines, circulars and other issues at all level	DAP								
		2.1.2.4 Strengthen HRH Working Group at central level and establish HRH Working Groups at regional and district levels	DHR								
		2.1.2.5 Establish terms of reference of regional and district HRH Working Groups	DHR DAP DHS								
		2.1.2.6 Facilitate launching of regional and district HRH Working Groups	DHR DHS DAP								
		2.1.2.7 Orient the regional and district HRH Working Groups on their roles	DHR DAP DHS								
		2.1.2.8 Resource mobilization to facilitate work of the regional and district HRH Working Groups	DHR DAP DHS								

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

Key Result Area: Adequate, Qualified and competent Human Resource for Health and Social Welfare available

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE FO FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
3.1 To improve expand and utilize capacity in delivering and managing the training by the year 2013 at all levels for both public and private sector	3.1.1 Development of Master Training Plan for health sector	3.1.1.1 Conduct training needs assessment and rationalize health cadres	DHR DHS DAP								
		3.1.1.2 Develop the MOHSW Master Training Plan	DHR								
		3.1.1.3 Facilitate acquisition of at least secondary education for all health workers	DHR,DHS DAP RAS,DED								
		3.1.1.4 Facilitate regions, districts agency and institutions to develop and operationalize the master training plan	DHR DED RAS								
		3.1.1.5 Mobilize funds for implementing training plan	DPP								
	3.1.2 Capacity development of the training institutions	3.1.2.1 Conduct situational analysis of the training institutions to identify status of existing infrastructure	DHR DPP								
		3.1.2.2 Facilitate the development of infrastructure development plan for the training institutions	DHR DPP								
		3.1.2.3 Provide modern health learning materials, teaching facilities and equipments	DHR DAP								
		3.1.2.4 Strengthen the use of	DHR DPP								

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE FO FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
		modern Information Technology and communications									
		3.1.2.5 Mobilize funds for infrastructure development	DPP DHR								
		3.1.2.6 Construct and rehabilitate training institutions according to the infrastructure development plan	DHR DPP								
		3.1.2.7 Train staff of training institutions in various relevant field	DHR								
		3.1.2.8 Build capacity for Hospitals/facility management teams on quality assurance	DHR,DHS RAS DED								
		3.1.2.9 Mainstreaming gender in the curriculum	DAP DHR								
		3.1.2.10 Mainstreaming gender in training	DHR								
		3.1.2.11 Establish HIV/AIDS prevention and management Programmes to cater for students in training institutions	DAP DHR DHS								
	3.1.3 Scale up enrolment and training of health workers	3.1.3.1 Increase intake into training institutions in line with HSDP/Human Resource Strategic Plan Projection	DHR DPP								
		3.1.3.2 Increase gradually number of trainees on postgraduate	DHR DPP								

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE FO FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
		studies including super specializations									
		3.1.3.3 Re-introduce Community Heath Cadres (Clinical Assistants and Nurse B) in line with PHSDP	DHR DHS DAP								
3.2 improve quality assurance in training institutions by 2013	3.2.1 Strengthening quality assurance in training institutions	3.2.1.1 Conduct situational analysis of existing quality management system in training institutions	DHR CMO NACTE								
		3.2.1.2 Develop and institutionalize quality management framework for training institutions	DHR NACTE								
		3.2.1.3 Facilitate development of business plans of the training institutions	DHR DPP								
		3.2.1.4 Mobilize funds to support training institutions to implement their business plans	DHR DPP								
		3.2.1.5 To recruit adequate number of qualified staff/tutors for training institutions	DHR DAP								
		3.2.1.6 Conduct/update on new advances in care and treatment of remerging diseases.	DHR DPS DHS								
		3.2.1.7 Review duration of training Programme while maintaining quality	DHR								

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE FO FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
		3.2.1.8 Conduct and update tutors on modern teaching methodology	DHR								
		3.2.1.9 Conduct follow up evaluation of the trainees after teaching methodology course conducted by 2012	DHR								
		3.2.1.10 Conduct supportive supervision	DHR								
		3.2.1.11 Conduct Annual principals/ Head of institutions meeting for sharing experience and improving performance.	DHR								
		3.2.1.12 Facilitate accreditation to training institutions	DHR NACTE								
		3.2.1.13 Evaluation of faculty/ institutions by students	PRINCIPALS, STUDENTS								
		3.2.1.14 Conduct tracer studies of graduates from various training institutions	DHR								
3.3 Improve zonal training centers to support regions, districts and training institutions in delivering quality health care and training by 2013	3.3.1 Facilitate zonal training centers to support regions, districts and training institutions to ensure effective linkage between training and services	3.3.1.1 Facilitate effective coordination between MOHSW, ZTC's and all other stakeholders regions and districts through redefining roles of each player	DHR								
		3.3.1.2 Ensure zonal training centers are adequately staffed	DHR								

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE FO FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
		3.3.1.3 Mobilize funds to facilitate coordination role of MOHSW, ZTC's, Regions and districts	DPP DHR RAS DED								
		3.3.1.4 To establish governing committees in all ZTC's and health training institutes	DHR								
		3.3.1.5 Develop a supervision guideline for supervising the Zonal training centers	DHR								
3.4 Improve continuous professional development	3.4.1 Harmonize continuous professional development	3.4.1.1 Review career path and levels to comply with the current performance management system	DHR DAP								
		3.4.1.2 Undertake a comprehensive evaluation of Muhimbili nursing and allied schools	DHR DAP								
		3.4.1.3 Develop career plan and career levels for all cadres	DHR DAP								
		3.4.1.4 Establish educational resource center at all levels	DHR DPP								
	3.4.2 Promote and recognize innovative distance training programs.	3.4.2.1 Conduct assessment of the current on going distance learning program	DHR								
		3.4.2.2 Develop national distance learning strategic plan	DHR								
		3.4.2.3 Review and expand distance education curriculum	DHR								

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE FO FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
		3.4.2.4 Review social welfare cadres training curriculum to comply with the current reforms requirements	CSW DHR DAP								
		3.4.2.5 Strengthening all training center in ICT to deliver modern distance learning programs	DHR DPP								
		3.4.2.6 Facilitate the delivery of distance learning program	DHR								
		3.4.2.7 Conduct direct contact planned session for distance learners	DHR								
		3.4.2.8 Facilitate the accreditation and recognition of distance learning by relevant authorities	DHR NACTE								
3.5 Strengthen quality assurance system in all health facilities by 2013	3.5.1 Establish and strengthen quality programs	3.5.1.1 Train health facilities management teams and training institutions on quality assurance	DHR CMO								
		3.5.1.2 Facilitate establishment of quality programs in health facilities and training institutions	DHR CMO								
		3.5.1.3 Review curricular of training institutions to incorporate new concepts and technology	DHR								

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE FO FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
		3.5.1.4 Develop mechanism for training traditional healers (Consult relevant section in the MOHSW)	DHR DHS								
		3.5.1.5 Train health workforce in customer care	DAP								
		3.5.1.6 Facilitate regions and districts to orient health workers on the legal aspect of health for improved performance (ToTs)	DHR DHS RAS DED								
	3.5.2 Active involvement of Health professional bodies and associations and private training institutions	3.5.2.1 Conduct assessment of health professional bodies and associations to identify opportunities and obstacles in their involvement	DHR REGISTRARS OF COUNCILS, BODIES								
		3.5.2.2 Facilitate review of the laws and roles of the health professional bodies and associations	PSA PROFESSIONAL ASSOCIATIONS LEADERS								
		3.5.2.3 Mobilize professional association to ensure quality of service delivery by their members	CMO DHS								
		3.5.2.4 Support strengthening of private training institutions for higher learning	CMO DHR								
		3.5.2.5 Improve the capacity of regional hospitals to support the internship programs	DHR DHS DAP								
		3.5.2.6 Establish health professional re-registration system	REGISTRAR OF COUNCILS								

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 FO FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
4.1 Ensure mechanism to manage recruitment and deployment of staff is established at all levels for both public and private sector by 2009	4.1.1 Establishing a coordinating mechanism for different cadres to deal with issues pertaining to decentralization/centralization of HR for health and social welfare.	4.1.1.1 Review recruitment procedures to reduce bureaucracy	DAP POPSM RAS/DED								
		4.1.1.2 streamline the administrative processes so as to ensure timely recruitment of staff whether for filling an existing vacancy or for a new positions	DAP POPSM RAS DED								
		4.1.1.3 Finalize job list and align it with staffing level	DAP DHR								
		4.1.1.4 Establish a registration mechanism for all health cadres	REISTRAL OF COUNCIL								
	4.1.2 Scale up and monitor recruitment	4.1.2.1 Recruit health workers yearly according to the HRH strategic plan projection/PHSDP	DAP RAS DED								
		4.1.2.2 Implement Piloted emergency hiring program and study strength and challenges to ensure sustainability.	DAP DED								
		4.1.2.3 Track and monitor recruitment for improvement	DAP,DHR DED								

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE FO FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
	4.1.3 Redressing rural urban disparity	4.1.3.1 Introduce rural clinical exposure after supervised service as a prerequisite for professional registration	DHR,DAP,DED REGISTRARAL OF COUNCILS								
		4.1.3.2 Conduct a health workers mapping exercise	DHR,DAP DED								
		4.1.3.3 Reallocate health workers to ensure equity in the distribution of health workers at all levels	DAP DED								
4.2 Improve HRH performance management and reward systems	4.2.1 Institutionalize and accelerate the use of OPRAS at all levels	4.2.1.1 Conduct baseline study on current performance and performance management mechanisms in public and private	DAP								
		4.2.1.2 Train regional and district teams in OPRAS	DAP								
		4.2.1.3 Support regions and district to develop plans for rolling out OPRAS	DHR DAP								
		4.2.1.4 Develop monitoring mechanisms for tracking implementation and effect of OPRAS on performance	DAP DED								
	4.2.2 Improve the incentive package system for all	4.2.2.1 Develop an improved incentive package for all health workers	DAP DHR DED								

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE FO FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
	health workers including special attention for hard to reach areas	4.2.2.2 Conduct a baseline study for hardship areas identification	DAP,DHR DED								
		4.2.2.3 Design criteria for identifying and ranking hardship areas	DAP,DHR DED								
		4.2.2.4 Develop and advocate an improved incentive package for health workers in hardship areas	DAP DHR DED								
		4.2.2.5 Conduct consultations with key stakeholders to seek consensus for hardship incentive	DAP DHR								
		4.2.2.6 Develop a cabinet/position paper for approval of the incentive package for hardship areas	DAP DHR								
		4.2.2.7 Advocate incorporation of private sector health employees to NHIS	DAP								
	4.2.3 Improve working environment	4.2.3.1 Facilitate provision of enough supplies, housing, equipment and transport for health workers	DAP DED								

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE FO FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
	4.2.4 Promote job enrichment	4.2.4.1 Conduct a health workers job satisfaction survey	DHR DAP								
		4.2.4.2 Design and implement program for workers satisfaction	DHR DAP								
		4.2.4.3 Design and implement a system of supportive supervision at all levels	DAP DHR DHS RAS/DED								
	4.2.5 Devise workplace programs that will attract and retain staff	4.2.5.1 Promote occupational health safety programs	DAP DHR RAS/DED								
		4.2.5.2 Develop guideline and advocate for establishment of credit facilities	DAP								
		4.2.5.3 Promote psychological mentoring	DEPARTMENTAL HEADS								
	4.2.6 Support HIV/AIDS Workplace Programmes implementation.	4.2.6.1 Advocacy targeting leaders on the implementation of HIV/AIDS Programmes	CSW DPS DHS RAS/DED								
		4.2.6.2 Implement education and awareness Programmes at all levels for health staff and family members.	DPS DHS RAS DED								

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE FO FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
		4.2.6.3 Support HIV prevention measures targeting health staff and family members including PEP, universal protection and provision of condoms.	CMO CSW DPS DHS RAS DED								
		4.2.6.4 Provide treatment, care and support to infected health staff and family members	DAP DHS RAS DED								
	4.2.7 Establish and implement systems for promotion and career development	4.2.7.1 Expedite the promotion backlog and streamline the process to ensure timely promotion of staff	DAP								
		4.2.7.2 Design and establish mechanism to put into operation the promotion system for HR in the private sector	CSW DAP								
		4.2.7.3 Design career development plan	DAP DHR								
		4.2.7.4 Implement career development plan	DAP RAS DED								
		4.2.7.5 Establish mechanisms that ease promotion of	DAP DED								

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE FO FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
		staff working in hardship areas.									
	4.2.8 Promote mentoring and coaching	4.2.8.1 Train regions and district teams in mentoring and coaching	DHR DAP								
		4.2.8.2 Institutionalize mentoring and coaching practices by promoting assignment of mentors to new recruits at regional and districts.	RAS DED								
	4.2.9 Expanding the skill base of existing health workers	4.2.9.1 Assess ways to which employee at regional and district level could expand their skills base for improved health services provision	DAP RAS DED								
		4.2.9.2 Facilitate the recognition of staff with additional qualifications in the scheme of service.	DAP,DHR POPSM RAS DED								

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

Key Result Area: Partnership in HRH development improved

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE FO FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
5.1. To improve partnership amongst all HRH stakeholders	5.1.1 Inter-sectoral collaboration	5.1.1.1 Formulate committee to strengthen coordination and linkages amongst sectors in addressing HRH issues	DHR								
		5.1.1.2 Strengthen and expand HRH working group to include private sector and relevant ministries and other government institutions	DHR								
	5.1.2 Improve coordination of HRH partners	5.1.2.1 Conduct health mapping on HRH activities including all service providers	DHR								
		5.1.2.2 Engage dialogue with HRH partners in addressing national HRH priorities	DHR DAP								
		5.1.2.3 Conduct annual reflection meeting with all partners in service delivery to assess implementation of HRH strategy	CMO DHR DAP								

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE FO FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	GVT	DP	Others
	5.1.3 Private sector engagement in HRH	5.1.3.1 Conduct evaluation of piloted outsourced supportive services and identify other areas to be outsourced	DAP								
		5.1.3.2 Assess capacity of private institutions in training and service delivery	DHR								
		5.1.3.3 Support private sector to scale up training of health workers in line with PHSDP/MMAM and reports of the above assessments	CMO DHR DAP								
		5.1.3.4 Involve business companies in supporting HRH training and retention	CMO DHR PRIVATE SECTOR								
		5.1.3.5 Introduce entrepreneurship in all health training curricular	DHR								

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

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

SPECIFIC OBJECTIVE	STRATEGIES	ACTIVITIES	RESPONSIBLE	TIME FRAME					SOURCE OF FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	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	6.1.1.1 Conduct HRH research /study synthesis phase II	DHR NIMR DPP								
		6.1.1.2 Identify key priority research/studies areas in HRH	DHR NIMR								
		6.1.1.3 Strengthen MOHSW to coordinate, validate and harmonize HRH research/ studies	DHR NIMR DPP								
		6.1.1.4 Conduct advocacy for utilizations of research findings	DPP								
		6.1.1.5 Production of MOHSW – HRH News letter	DHR NIMR								
		6.1.1.6 Conduct research methodology training programs at all levels	DHR								
		6.1.1.7 Conduct follow up evaluation of trainees after research methodology course	DHR								
		6.1.1.8 Establish collaboration and linkage between public and private in HRH research/studies	DHR DPP DHS								

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	RESPONSIBLE	TIME FRAME					SOURCE OF FUND		
				2008/09	2009/10	2010/11	2011/12	2012/13	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	7.1.1.1 Establish alternative financing mechanism to involve private sector and community	DPP DHS								
		7.1.1.2 Develop a comprehensive HRH costing for both private and public sector	DPP DAP DHR								
		7.1.1.3 Advocate fair allocation of government budget and development partners' funds for HRH	DHR DAP DPP								
		7.1.1.4 Advocate the review of self generated income (e.g. CHF, NHIF) utilization guidelines in health to be used in HRH retention	DAP DHR DPP RAS DED								
		7.1.1.5 To involve business companies in supporting HRH Programmes	CMO DPP DHR DAP CA								

SECTION FIVE

5.0 MONITORING AND EVALUATIOIN OF THE PLAN

Objectives of M&E mechanism for HR
Objectives of M&E mechanism for HR are the following:
To generate information for decision for the HR 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

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 level guideline, 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 verification as shown in the implementation matrix. Evaluation will be conducted midterm and at the end of 5 years.

The reporting process 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.

M & E Implementation role and responsibilities

The implementation of 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 and district levels, the RHMT and CHMT will be responsible respectively.

Documentation of the lesson learned

In the monitoring and evaluation process, good practices will be identified, retained, and strategies will be identified to improve weaknesses. The identified good practices will be documented and shared with other stakeholders to improve practice across the country.

5.1 MONITORING AND EVALUATION MATRIX

S. O. 1: Improve Human Resource 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 human resource planning and policy capacity at all levels by 2013	1.1.1 Capacity building in Information management, planning, policy analysis, monitoring and evaluation at al levels (Public and Private sector)	1.1.1.1 Provide training on HR planning on a tailored programme to HR Planning HQ Staff	Key HRH Staff trained on HR planning by 2008	Number of staff trained	Training report	Availability of funds Management Commitment
		1.1.1.2 Provide training on Statistical and workforce analysis tom key HRH Staff at central level	Training in statistical and workforce analysis provided by 2009	Number of staff trained	Training report	Availability of funds Management Commitment
		1.1.1.3 Train Zonal, regional and district HRH focal persons in HR Planning	Human resource department and health managers trained in HR planning by 2009	Number of staff and health mangers trained in HR planning	Training report	Availability of funds Management Commitment
		1.1.1.4 Train HR departmental staff and health managers on HRH/HMIS information management	Human Resource Departmental 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
		1.1.1.5 Train HR departmental staff and health managers on HR policy development and analysis	Human Resource Departmental staff and health managers trained on HR policy development and analysis by 2009	Number of staff trained in information management HRH/HMIS	Training report	Availability of funds Management Commitment

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		1.1.1.6 Strengthen and equip HR Department with necessary human resource, technology and equipments	HR Departments strengthened and equipped with necessary human resource, technology and equipments 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
		1.1.1.7 Establish M & E Framework for HRH Strategic Plan	Framework established by 2009	M & E Framework in place	M & E report	Availability of funds Management Commitment
		1.1.1.8 Train HR Departments and health managers on M&E	Human Resource Departmental staff and health managers trained on M&E by 2010	Number of staff trained on M&E	Training report	Availability of funds Management Commitment
		1.1.1.9 Conduct annual review of HRH Strategic Plan	Annual review conducted	Recommendation from review	Review Report	Availability of funds Management Commitment
		1.1.1.10 Conduct Midterm and terminal evaluation of HRH Strategic Plan	Midterm and terminal evaluation are conducted in 2009 and 2012	Evaluation findings	Evaluation Report	Availability of funds, Management Commitment
	1.1.2 To establish comprehensive HR Information Systems at all levels	1.1.2.1 Identify key HRH Variables that should allow data disaggregation by gender and other variables	Key HRH variables identified by 2008	List of Key HRH variables identified	HRH Key variables identification report	Availability of funds Management Commitment
		1.1.2.2 Develop data collection tools/software	Data collection tools/software developed by 2008	List of tools/software	Report on the tools/software developed	Availability of funds Management Commitment

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		1.1.2.3 Conduct HRH data collection and analysis	HRH Data collection and analysis done periodically	Analyzed HR information	Data Analysis report	Availability of funds Management Commitment
		1.1.2.4 Orient Zones, regions and districts in analyzing and using data	Zones, regions and districts oriented in analyzing and using the data by 2010	Number of zones, regions and districts oriented in analyzing and using data	Orientation report	Availability of funds Management Commitment
		1.1.2.5 Build capacity of regions and districts to effectively collect, process, store and retrieve HRH Information	Capacity of regions and districts to effectively collect, process, store and retrieve HRH information built by 2008	Number of regions, districts with well established database system	Supervision report	Availability of funds Management Commitment
		1.1.2.6 Identify different initiatives on human resource data systems	Different initiatives on human resource data systems identified by 2008	Number of systems identified	Report on different HR Data system	Availability of funds Management Commitment
		1.1.2.7 Review and revise HRH Information guideline to comply with the new HRIS System	Information guideline reviewed and revised by 2010	Reviewed and revised guideline	Reviewed and revised guideline report	Availability of funds Management Commitment
		1.1.2.8 Conduct needs assessment of social Welfare services status in Tanzania for improvement	Needs assessment of social Welfare services status in Tanzania for improvement conducted by 2009	List of needs assessment of Social Welfare	Report	Availability of funds Management Commitment
		1.1.2.9 Synchronize existing systems and link with HMIS	Existing systems linked with HMIS synchronized by 2008	Number of System Synchronized	Synchronization Reports	Availability of funds Management Commitment

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		1.1.2.10 Operationalize HRIS at all levels	HRIS operationalized by 2008	Number of regions and districts with operational HRIS	HRIS Operational report	Availability of funds Management Commitment
		1.1.2.11 Monitor and evaluate the implementation of HRIS system 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	1.1.3.1 Develop Specific HR plan to guide HR planning process in collaboration with POPSM to ensure National Compliance	Specific HR plan to guide HR planning process in collaboration with POPSM to ensure National Compliance developed by 2008	Specific HR Development plan	Specific HR Development plan Report	Management Commitment
		1.1.3.2 Carry out short and long term Human Resource Projections (Forecasting)	Short and long term Human Resource Projections (Forecasting) Carried out by 2009	HRH Projections available	HRH Projection Report	Availability of funds Management Commitment
		1.1.3.3 Conduct HR planning supervision at zonal, regional and district levels	HR planning supervision at zonal, regional and district levels Conducted by 2012	Number of zones, regions and district supervised	Supervision report	Availability of funds Management Commitment
		1.1.3.4 Conduct HRH Stakeholders analysis/Database for improved planning and coordination of HRH initiatives at all levels	HRH Stakeholders analysis/Database for improved planning and coordination of HRH conducted at all levels by 2009	Number of HRH Stakeholders initiatives available and the findings	HRH Stakeholders Analysis report and Database	Availability of funds Stakeholders Willingness Management Commitment

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		1.1.3.5 Develop succession plan at all levels	Succession plan at all levels developed by 2010	Succession plans available	Succession plans reports	Availability of funds Management Commitment
		1.1.3.6 Promote psychological mentoring to the employees	Psychological mentoring activities to the employees promoted by 2010	Number of initiatives applied	Psychological mentoring report Comment received on suggestion box	Availability of funds Management Commitment
		1.1.3.7 Update 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 services delivery by 2012	Updated staffing levels	Updated staffing guidelines	Availability of funds Management Commitment
		1.1.3.8 Determine number of health staff working in the local and international special/vertical programmes, industries and institutions etc.	Number of health staff working in the local and international special/vertical programmes, industries and institutions determined by 2009	List of health staff working in the local and international special/vertical programmes, industries and institutions	Report of health staff working in the local and international special/vertical programmes, industries and institutions	Availability of funds Management Commitment
		1.1.3.9 Launch HRH Strategic Plan	Strategic Plan launched by 2008	HRH Strategic Plan launched	Launching report	Availability of funds Management Commitment
		1.1.3.10 Build a case to accommodate 2 years trained health cadres left out in the scheme of service (eg. Health, Radiographic, Laboratory and Pharmaceutical Assistants)	Scheme of service reviewed and accommodate Health, Laboratory, radiographic and pharmaceutical Assistants by 2008	Health, Laboratory, radiographic and pharmaceutical assistants are in the scheme of service	Reviewed scheme of service	Availability of funds Management Commitment POPSM Approval

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		1.1.3.11 Build a case to accommodate new emerging health cadres in the scheme of service	A case built to accommodate new emerging health cadres by 2008	Number of new cadres approved by POPSM	POPSM report	POPSM Approval Management Commitment
		1.1.3.12 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 levels Guideline	POPSM Approval Management Commitment
	1.1.4 Strengthen policy analysis and interpretation	1.1.4.1 Monitor implementation of HRH Policy	Implementation of HRH Policy monitored by 2012	Implementation results	Monitoring and Evaluation report	Availability of funds Management commitment
		1.1.4.2 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	List of harmonized policies and guidelines	Harmonized report	Availability of funds, Management commitment, POPSM Approval
		1.1.4.3 Translate and disseminate HR policy and guidelines to regions and districts	HR policy and guidelines translated and disseminated to regions and districts authorities by 2009	List of policies and guidelines translated and disseminated to the regions and districts	Translation and dissemination Reports	Availability of funds Management commitment
		1.1.4.4 Sensitize the employers on the importance of adequate 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
		1.1.4.5 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 Management commitment

S.O.2: To strengthen leadership and stewardship in Human Resource

Key Result Area: Human resource recognized as apriority development agenda

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
2.1 To improve leadership and stewardship capacity for both public and private health sector in HR by 2012	2.1.1 Establishment management and leadership programmes at different levels in health sector	2.1.1.1 Conduct training needs assessment in leadership and management	Assessment on leadership and management done by 2008	Skills and knowledge gaps identified	Assessment Report	Availability of funds Management commitment
		2.1.1.2 Conduct management and leadership training programs to central and RHMTs	Management and leadership training programs conducted by 2013	Number of managers trained on leadership	Training Reports	Availability of funds Management commitment
		2.1.1.3 Develop attachment, exchange programs and study tours for sharing best practices in HR planning, financing, development and development for HR responsible officers.	Attachment, exchange programs and study tours for sharing best practices in HRH planning, financing, development and development developed by 2013	Number of leaders attended exchange programs, attachment and study tours.	Exchange programs, attachments and study tour reports	Availability of funds Management commitment
		2.1.1.4 Train leaders on good governance and gender	Leaders trained in good governance and gender by 2011	Number of leaders trained	Training Reports	Availability of funds Management commitment
	2.1.2 Improve advocacy capacity	2.1.2.1 Train leaders in communication and advocacy skills	Leaders trained in communication and advocacy skills by 2011	Number of leaders trained	Training reports	Availability of funds Management commitment
		2.1.2.2 Develop advocacy and communication strategy	Advocacy and communication strategy developed by 2009	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 Verification	Assumption/Risks
		2.1.2.3 Advocate HRH policies, guidelines, circulars and other issues at all level	HRH policies, guidelines, circulars and other issues at all level advocated by 2011	Number of advocacy carried out	Advocacy Reports	Availability of funds Management commitment
		2.1.2.4 Strengthen HRH Working Group at central level and establish HRH Working Groups at regional and district levels	Functional HRH Working Group at central level by 2008	Number of functional HRH Working Groups	HRH Reports	Availability of funds Management commitment
		2.1.2.5 Establish terms of reference of regional and district HRH Working Groups	Terms of reference of regional and district HRH Working Groups established by 2008	Terms of Reference	ToR Document	Availability of funds Management commitment
		2.1.2.6 Facilitate launching of regional and district HRH Working Groups	Launching of regional and district HRH Working Groups facilitated by 2009	Number of regional and district HRH Working Groups launched	Launching reports	Availability of funds Management commitment
		2.1.2.7 Orient the regional and district HRH Working Groups on their roles	Regional and district HRH Working Groups Orient on their roles by 2010	Number of Regional and district HRH Working Groups oriented	Orientation reports	Availability of funds Management commitment
		2.1.2.8 Resource mobilization to facilitate work of the regional and district HRH Working Groups	Resource mobilized to facilitate work of the regional and district HRH Working Groups by 2011	Number of commitments by financiers	Funds issued	Availability of funds Management commitment

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

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

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
3.1 To improve expand and utilize capacity in delivering and managing the training by the year 2013 at all levels for both public and private sector	3.1.1 Development of Master Training Plan for health sector	3.1.1.1 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 commitments
		3.1.1.2 Develop the MOHSW Master Training Plan	Master Training Plan developed by 2008	Availability of Master Training Plan	Master training Plan document	Availability of funds Management commitments
		3.1.1.3 Facilitate acquisition of at least secondary education for all health workers	All health workers facilitated to acquire at least secondary education by 2013	Number of health workers supported to achieve secondary education	List of the supported health workers	Availability of funds Management commitments
		3.1.1.4 Facilitate regions, districts agency and institutions to develop and operationalize the master training plan	Regions, districts agency and institutions facilitated on the development and operationalization of the master training plan by 2013	Number of regions, districts and agencies developed and operationalized the master training plan	Master training plan documents	Availability of funds Management commitments
		3.1.1.5 Mobilize funds for implementing training plan	Funds for implementing training plan mobilized by 2013	Amounts of funds mobilized	Funds mobilization reports	Availability of funds Management commitments Political willing ness
	3.1.2 Capacity development of the training institutions	3.1.2.1 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 2008	Situational analysis findings	Situational findings reports	Availability of funds Management commitments

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		3.1.2.2 Facilitate the development of infrastructure development plan for the training institutions	Infrastructure development plan are accomplished by 2008	Number of training institutions with infrastructure development plan	Infrastructure development plan reports	Availability of funds Management commitments
		3.1.2.3 Provide modern health learning materials, teaching facilities and equipments	Modern health learning materials, teaching facilities and equipments provided by phases by 2013	Number of training institutions provided with health learning materials and equipments	Procurements and distribution reports	Availability of funds Management commitments
		3.1.2.4 Strengthen the use of modern Information Technology and communications	Information Technology and communications strengthened by 2012	Number of institution provided with reliable information technology and communication	Installation reports	Availability of funds Management commitments
		3.1.2.5 Mobilize funds for infrastructure development	Funds for infrastructure development mobilized by 2009	Number of financiers and amount of funds obtained	Funds mobilization reports	Availability of funds Management commitments
		3.1.2.6 Construct and rehabilitate training institutions according to the infrastructure development plan	Training institutions constructed and rehabilitated according to the infrastructure development plan by 2013	Number of institutions constructed and rehabilitated	Construction, rehabilitation, inspections reports	Availability of funds Management commitments
		3.1.2.7 Train staff of training institutions in various relevant field	Staff of training institution trained in various relevant fields by 2013	Number of trained staff	Training Reports	Availability of funds Management commitments

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		3.1.2.8 Build capacity for Hospitals/facility management teams on quality assurance	Capacity on quality assurance built by 2013	Number of Hospitals/Facilities management teams trained	Training Report	Availability of funds Management commitments Staff willingness
		3.1.2.9 Mainstreaming gender in the curriculum	Gender issues mainstreamed in the curriculum by 2010	Gender mainstreamed in the curriculum	Curriculum in place	Availability of funds Management commitments
		3.1.2.10 Mainstreaming gender in training	Health managers, workers and students trained on gender issues by 2013	Number of health managers, workers and students trained on gender issues	Training Reports	Availability of funds Management commitments
		3.1.2.11 Establish HIV/AIDS prevention and management Programmes to cater for students in training institutions	HIV/AIDS prevention and management programmes established by 2013	Number of training institutions with HIV/AIDS prevention and management programmes	Training institutions/Survey Reports	Availability of funds Management commitments
	3.1.3 Scale up enrolment and training of health workers	3.1.3.1 Increase intake into training institutions in line with HSDP/Human Resource Strategic Plan Projection	Intakes in training institutions increased in line with PHSDP by 2008	Number of students enrolled	Enrolment reports	Availability of funds Management commitments
		3.1.3.2 Increase gradually number of trainees on postgraduate studies including super specializations	Number of trainees in Postgraduate studies increased by 2008	Number of Postgraduate students enrolled	Enrolment report	Availability of funds Management commitments

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		3.1.3.3 Re-introduce Community Heath Cadres (Clinical Assistants and Nurse B) in line with PHSDP	Community Health cadre re-introduced by 2010	POPSM approval	Communication/approval reports	Availability of funds Management commitments
3.2 improve quality assurance in training institutions by 2013	3.2.1 Strengthening quality assurance in training institutions	3.2.1.1 Conduct situational analysis of existing quality management system in training institutions	Situational analysis conducted by 2009	Number of studied institutions, situational analysis findings	Situational analysis report	Availability of funds Management commitments
		3.2.1.2 Develop and institutionalize quality management framework for training institutions	Quality management framework for training institutions developed and institutionalized by 2013	Number of training institutions applying quality framework	Reports on quality management framework application	Availability of funds Management commitments
		3.2.1.3 Facilitate development of business plans of the training institutions	Facilitation on the development of business plans of the training institutions done by 2009	Number of training institutions with business plan	Facilitation reports	Availability of the Capacity to develop Business plans Availability of funds Management commitments
		3.2.1.4 Mobilize funds to support training institutions to implement their business plans	Funds to support training institutions to implement their business plan mobilized by 2013	Financial commitment by various financiers	Funds mobilization reports	Availability of funds Management commitment
		3.2.1.5 To recruit adequate number of qualified staff/tutors for training institutions	Adequate number of qualified staff for training institutions recruited by 2013	Number of qualified staff recruited	Recruitment report	Availability of funds Management commitment Political willingness

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		3.2.1.6 Conduct/update on new advances in care and treatment of remerging diseases.	Update sessions conducted for tutors by 2013	Number of tutors received updates on care and treatment	Update reports	Availability of funds Management commitment
		3.2.1.7 Review duration of training Programme while maintaining quality	Training Programmes duration reviewed by 2009	Number of Programmes reviewed	Training Programme review report	Availability of funds Management commitment Professional/councils approval
		3.2.1.8 Conduct and update tutors on modern teaching methodology	Teaching methodology course for tutors conducted by phases by 2013	Number of tutors trained	Training reports	Availability of funds Management commitment
		3.2.1.9 Conduct follow up evaluation of the trainees after teaching methodology course conducted by 2013	Number of trainees evaluated after training	Follow up evaluation reports	Availability of funds Management commitment	Availability of funds Management commitment
		3.2.1.10 Conduct supportive supervision	Supportive school supervision conducted annually	Number of school supervised	Supervision reports	Availability of funds Management commitment
		3.2.1.11 Conduct Annual principals/ Head of institutions meeting for sharing experience and improving performance.	Conduct annual principals meeting conducted annually	Number principals meeting carried out	Principals meeting report	Availability of funds Management commitment

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		3.2.1.12 Facilitate accreditation to training institutions	Accreditation to training institutions facilitated by 2013	Number of training institutions accredited	Accreditation reports	Availability of funds Management commitment NACTE commitment
		3.2.1.13 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
		3.2.1.14 Conduct tracer studies of graduates from various training institutions	Tracer studies conducted by 2013	Number of tracer studies completed	Evaluation reports	Availability of funds Management commitment
3.3 Improve zonal training centers to support regions, districts and training institutions in delivering quality health care and training by 2013	3.3.1 Facilitate zonal training centers to support regions, districts and training institutions to ensure effective linkage between training and services	3.3.1.1 Facilitate effective coordination between MOHSW, ZTC's and all other stakeholders regions and districts through redefining roles of each player	Effective coordination between MOHSW, ZTC's and all other stakeholders regions and districts through redefining roles of each player facilitated by 2009	Redefined roles in place and documented	Facilitation reports	MOHSW initiative and participation/ involvement
		3.3.1.2 Ensure zonal training centers are adequately staffed	Zonal training centers are adequately staffed by 2009	Number of staff who are adequately trained	Recruitment and training reports	Availability of funds Management commitment
		3.3.1.3 Mobilize funds to facilitate coordination role of MOHSW, ZTC's, Regions and districts	Funds to facilitate coordination role of MOHSW, ZTC, Regions and districts mobilized by 2013	Finance commitment by various financiers	Funds mobilization report	Availability of funds Management commitment
		3.3.1.4 To establish governing committees in all ZTC's and health training institutes	Governing committees in all ZTCs and health training institutions established by 2009	Number of governing committee formulated	Functional governing committees	Availability of funds Management commitment

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		3.3.1.5 Develop a supervision guideline for supervising the Zonal training centers	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 development	3.4.1.1 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	Review career path	Report on the reviewed career path	Availability of funds Management commitment
		3.4.1.2 Undertake a comprehensive evaluation of Muhimbili nursing and allied schools	Strengths and weaknesses identified by 2009	Options for future roles and responsibilities identified	Reports available	
		3.4.1.3 Develop career plan and career levels for all cadres	Career plan for all cadres developed by 2010	Developed career plan	Report on the developed career plan	Availability of funds Management commitment
		3.4.1.4 Establish educational resource center at all levels	Educational resource center established at zonal level by 2013	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.	3.4.2.1 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
		3.4.2.2 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
		3.4.2.3 Review and expand distance education curriculum	Distance education curriculum reviewed and expanded by 2013	Number of reviewed and expanded curriculum	Reviewed and expanded curriculum	Availability of funds Management commitment

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		3.4.2.4 Review social welfare cadres training curriculum to comply with the current reforms requirements	Social welfare cadres training curriculum reviewed by 2012	Number of reviewed cadres and curriculum	Review report	Availability of funds Management commitment
		3.4.2.5 Strengthening all training center in ICT to deliver modern distance learning programs	ZTC's strengthened in ICT to deliver modern distance learning programs by 2013	Number of ZTC's strengthened in ICT	ICT installation reports	Availability of funds Management commitment
		3.4.2.6 Facilitate the delivery of distance learning program	Delivery of distance learning program facilitated by 2013	Number of distance learning programs facilitated	Facilitation reports	Availability of funds Management commitment
		3.4.2.7 Conduct direct contact planned session for distance learners	Planned class session for distance learners conducted by 2013	Number of planned class sessions conducted	Planned class sessions reports	Availability of funds Management commitment Employers/staff willingness
		3.4.2.8 Facilitate the accreditation and recognition of distance learning by relevant authorities	Accreditation and recognition of distance learning by relevant authorities facilitated by 2013	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 2013	3.5.1 Establish and strengthen quality programs	3.5.1.1 Train health facilities management teams and training institutions on quality assurance	Health facilities management teams and training institutions trained on quality assurance by 2013	Number of team members trained	Training reports	Availability of funds Management commitment Employer willingness

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		3.5.1.2 Facilitate establishment of quality programs in health facilities and training institutions	Establishment of quality programs in health facilities and training institutions facilitated by 2012	Number of health facilities and training institution with quality programs	Supervision/inspection reports	Availability of funds Management commitment Employer willingness
		3.5.1.3 Review curricular of training institutions to incorporate new concepts and technology	Curricular of training institutions to incorporate new concepts and technology reviewed by 2013	Number of curricular reviewed	Reviewed curricular document	Availability of funds Management commitment
		3.5.1.4 Develop mechanism for training traditional healers (Consult relevant section in the MOHSW)	The mechanism for training the traditional healers developed by 2013	Number of training mechanism developed	Activity report	Acceptance by traditional healers. Availability of funds Stakeholders commitment
		3.5.1.5 Train health workforce in customer care	Health workforce trained on customer care by 2012	Number of staff trained on customer care	Training reports	Availability of funds Management commitment
		3.5.1.6 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 aspects of health for improved performance (ToTs) by 2012	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	3.5.2.1 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 2011	Number of health professional bodies and associations assessed	Assessment reports	Availability of funds Management commitment

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		3.5.2.2 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 2013	Number of the reviewed laws and roles	Facilitation reports	Availability of funds Management commitment
		3.5.2.3 Mobilize professional association to ensure quality of service delivery by their members	Professional association mobilized to ensure quality of service delivery by 2011	Number of professional association mobilized	Mobilization reports	Availability of funds Management commitment
		3.5.2.4 Support strengthening of private training institutions for higher learning	Private institutions supported for strengthening higher learning by 2013	Number of training institutions supported	Activity report	Availability of funds Stakeholders commitment
		3.5.2.5 Improve the capacity of regional hospitals to support the internship programs	Capacity of regional hospitals to support internship programs is improved by 2013	Number of the regional hospitals equipped to offer the internship programs	List of teaching hospitals	Availability of funds Stakeholders commitment
		3.5.2.6 Establish health professional re-registration system	Health professional's re-registration system is established by 2011	Number of 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	Indicator	Means of Verification	Assumption/Risks
4.1 Ensure mechanism to manage recruitment and deployment of staff is established at all levels for both public and private sector by 2009	4.1.1 Establishing a coordinating mechanism for different cadres to deal with issues pertaining to decentralization/centralization of HR for health and social welfare.	4.1.1.1 Review recruitment procedures to reduce bureaucracy	Coordinating mechanism established by 2009	Functional mechanism for coordination in place	Government gazette. A legal instrument outlining powers and mandate of the mechanism in place.	POPSM approved the coordinating mechanism.
		4.1.1.2 streamline the administrative processes so as to ensure timely recruitment of staff whether for filling an existing vacancy or for a new positions	Administrative recruitment process streamline by 2009	Functional mechanism for process in place	A reviewed recruitment process	POPSM approval
		4.1.1.3 Finalize job list and align it with staffing level	Job list accomplished and aligned with staffing level by 2009	Available job list aligned with staffing level	Report on the reviewed job list	Funds available. all stuff are involved
		4.1.1.4 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
	4.1.2 Scale up and monitor recruitment	4.1.2.1 Recruit health workers yearly according to the HRH strategic plan projection/PHSDP	Health workers recruited according to HRH Strategic Plan Projection/PHSDP yearly	Number of health workers recruited	Recruitment report	Funds available Management Commitment POPSM approval

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		4.1.2.2 Implement Piloted emergency hiring program and study strength and challenges to ensure sustainability.	Recruit staff to the remote district yearly	Number of staff recruited	Reports on the recruitment progress	Funds available Management Commitment All staffs are involved Ministry of Finance approval to ensure alignment of the EHP with the government procedure for sustainability
		4.1.2.3 Track and monitor recruitment for improvement	Recruitment trucked and monitored yearly	Number of follow ups made	Recruitment and monitoring report	
	4.1.3 Redressing rural urban disparity	4.1.3.1 Introduce rural clinical exposure after supervised service as a prerequisite for professional registration	Rural clinical exposure as a prerequisite for professional registration introduced by 2010	Reviewed professional registration system in place	Professional register	Funds available Management commitment Quality assurance in place professional Bodies and associations approval
		4.1.3.2 Conduct a health workers mapping exercise	Health workers Mapping conducted at all levels by 2010	Health workers mapping results	Health workers maps	
		4.1.3.3 Reallocate health workers to ensure equity in the distribution of health workers at all levels	Advocacy for reallocation conducted by phases by 2013	Number of staffs reallocated	Reallocation reports	Funds available Management commitment POPSM approval

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
4.2 Improve HRH performance management and reward systems	4.2.1 Institutionalize and accelerate the use of OPRAS at all levels	4.2.1.1 Conduct baseline study on current performance and performance management mechanisms in public and private	Baseline study on current performance management conducted by 2009	Study findings/recommendations	Study report	Funds available Management commitment POPSM approval
		4.2.1.2 Train regional and district teams in OPRAS	Region and district teams trained in OPRAS by phases by 2013	Number of team members trained in OPRAS	Training Reports	Funds available Management commitment POPSM approval
		4.2.1.3 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
		4.2.1.4 Develop monitoring mechanisms for tracking implementation and effect of OPRAS on performance	Criteria for ranking hardship areas established by 2011	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	4.2.2.1 Develop an improved incentive package for all health workers	Incentive package for all health workers established by 2009	Improved incentive package in place	Incentive Proposal Document	Funds are available Management commitment
		4.2.2.2 Conduct a baseline study for hardship areas identification	Baseline study conducted by 2009	Study findings	Baseline study report	Funds available MOHSW approval

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		4.2.2.3 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
		4.2.2.4 Develop and advocate an improved incentive package for 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
		4.2.2.5 Conduct consultations with key stakeholders to seek consensus for hardship incentive	Dialogue session with key stakeholder conducted to seek consensus for hardship incentive package by 2008	Consensus reached	Dialogue session reports	Funds available Management commitment POPSM approval Political will
		4.2.2.6 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 2008	Position paper approved	Government circular	Funds available Management commitment POPSM approval Political will
		4.2.2.7 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	4.2.3.1 Facilitate provision of enough supplies, housing, equipment and transport for health workers	Enough supplies, houses, equipment and transport provided to health workers by 2013	Number of districts provided with enough supplies, houses, transport and equipments	Monitoring report	Funds available Management commitment Political will

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
	4.2.4 Promote job enrichment	4.2.4.1 Conduct a health workers job satisfaction survey	Health workers job satisfaction survey conducted by 2009	Health workers satisfaction result	Study report	Funds are available Management commitment
		4.2.4.2 Design and implement program for workers satisfaction	Workers satisfaction program is implemented by 2013	Number of facilities implementing the program	Program report on workers performance and attritions	Funds available Management commitment Political will
		4.2.4.3 Design and implement a system of supportive supervision at all levels	Supportive supervision system designed and implemented by 2012	Number of supportive supervision carried	Supervision reports	Funds available Management commitment
	4.2.5 Devise workplace programs that will attract and retain staff	4.2.5.1 Promote occupational health safety programs	Occupational health safety program promoted by 2013	Number of heath facilities promoted occupational health safety	Implementation reports	Funds available Management commitment
		4.2.5.2 Develop guideline and advocate for establishment of credit facilities	Credit facilities guideline developed by 2009	Number of districts with credit facilities	Credit facilities guideline.	Management support Approved by credit facilities
		4.2.5.3 Promote psychological mentoring	Psychological mentoring promote yearly	Number of staff promoted psychologically	Promotion report	Funds available Management commitment
	4.2.6 Support HIV/AIDS Workplace Programmes implementation.	4.2.6.1 Advocacy targeting leaders on the implementation of HIV/AIDS Programmes	Comprehensive advocacy carried out by 2013	Number of advocacy sessions	Advocacy reports	Funds available Management commitment
		4.2.6.2 Implement education and awareness Programmes at all levels for health staff and family members.	Education and awareness created among all health staff by 2013	Number of staff educated	Training reports	Funds available Management commitment at all levels

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		4.2.6.3 Support HIV prevention measures targeting health staff and family members including PEP, universal protection and provision of condoms.	Specified prevention measures in place by 2013	Number of facilities with prevention kits, equipments, drugs, condoms etc.	Survey reports	Funds available Management commitment at all levels
		4.2.6.4 Provide treatment, care and support to infected health staff and family members	Treatment, care and support provided to infected health staff and family members by 2013	Treatment numbers.	Treatment reports	Funds available Management commitment at all levels
	4.2.7 Establish and implement systems for promotion and career development	4.2.7.1 Expedite the promotion backlog and streamline the process to ensure timely promotion of staff	Timely promotion of staff by 2009	Number of staff promoted on time	Employers' reports	Funds available Management commitment
		4.2.7.2 Design and establish mechanism to put into operation the promotion system for HR in the private sector	The promotion system for HRHSW designed and established for private sector by 2010	Number of staff promoted in the private sector	Reports	Funds available Management commitment
		4.2.7.3 Design career development plan	Career development plan accomplished by 2013	Career development in place	Career development plan document	Funds available Management commitment
		4.2.7.4 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

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		4.2.7.5 Establish mechanisms that ease promotion of staff working in hardship areas.	Mechanisms that ease promotion of staff working in hardship areas in place by 2008	Number of staff promoted	Promotion reports	Funds available Management commitment Staff willingness Political willingness
	4.2.8 Promote mentoring and coaching	4.2.8.1 Train regions and district teams in mentoring and coaching	Regions and district teams trained in mentoring and coaching by 2012	Number of regions and district teams trained in mentoring and coaching	Training reports	Funds available Management commitment Staff and Political willingness
		4.2.8.2 Institutionalize mentoring and coaching practices by promoting assignment of mentors to new recruits at regional and districts.	Mentoring and coaching practices institutionalized by 2013	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
	4.2.9 Expanding the skill base of existing health workers	4.2.9.1 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
		4.2.9.2 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
1. To improve partnership amongst all HRH stakeholders	5.1.1 Inter-sectoral collaboration	5.1.1.1 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 2009	Committee in place	Committee reports	Availability of funds Management commitment Commitment and approval by other sectors dealing with HRH
		5.1.1.2 Strengthen and expand HRH working group to include private sector and relevant ministries and other government institutions	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 HRH sectors
	5.1.2 Improve coordination of HRH partners	5.1.2.1 Conduct health mapping on HRH activities including all service providers	Health mapping on HRH conducted by 2009	Mapping results	Mapping reports	Availability of funds Management commitment
		5.1.2.2 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

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		5.1.2.3 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 and willingness of all HRH stakeholders
	5.1.3 Private sector engagement in HRH	5.1.3.1 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
		5.1.3.2 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 and willingness of private sector
		5.1.3.3 Support private sector to scale up training of health workers in line with PHSDP/MMAM and reports of the above assessments	Private sector supported to scale up training of health workers by 2013	Number of private sector institution supported to scale up	MOHSW Report	Availability of funds Management commitment willingness of private sector
		5.1.3.4 Involve business companies in supporting HRH training and retention	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 and willingness of private sector
		5.1.3.5 Introduce entrepreneurship in all health training curricular	Entrepreneurship introduced in all health training curricular by 2013	Number of health training institutes teaching entrepreneurship	School annual reports	Management commitment

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

Key Result Area: Improve 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	6.1.1.1 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
		6.1.1.2 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
		6.1.1.3 Strengthen MOHSW to coordinate, validate 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

Specific Objective	Strategies	Activities	Target/Output	Indicator	Means of Verification	Assumption/Risks
		6.1.1.4 Conduct advocacy for utilizations of research findings	Advocacy for utilizations of research findings conducted by 2009	Number of advocacy carried out	Advocacy reports	Availability of funds Management commitment Commitment and willingness of researchers
		6.1.1.5 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
		6.1.1.6 Conduct research methodology training programs at all levels	Research methodology training programs at all levels conducted by 2012	Number of health workers trained in research methodologies skills	Training reports	Availability of funds Management commitment
		6.1.1.7 Conduct follow up evaluation of trainees after research methodology course	Follow up evaluation of trainees after research methodology course conducted by 2013	Number of follow up evaluation carried to the trainees	Follow up evaluation reports	Availability of funds Management commitment
		6.1.1.8 Establish collaboration and linkage between public and private in HRH research/studies	Collaboration mechanism established by 2010	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	7.1.1.1 Establish alternative financing mechanism to involve private sector and community	Mobilization of alternative financing mechanism established and enhanced by 2013	Amount raised through alternative financing options	Progress report from facilities	Cooperation and participation of all the stakeholders
		7.1.1.2 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
		7.1.1.3 Advocate fair allocation of government budget and development partners' funds for HRH	Fairness in HR budget allocation in terms of equity ensured by 2013	Improved budget allocation for HRH	HR budget allocation to MOHSW, regions and districts	Cooperation between MOH, PORALG and MOF
		7.1.1.4 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 2013	Reviewed utilization guideline for CHF, NHIF etc.	Utilization guideline for CHF, NHIF etc.	Cooperation and participation of all the stakeholders
		7.1.1.5 To involve business companies in supporting HRH Programmes	Business companies involved in supporting HRH Programmes by 2008	Number of business companies committed in supporting HRH Programmes	Business company support report	Availability of funds Management commitment and willingness of private sector

SECTION SIX

6.0 BUDGET

The costing of this strategic plan has based on the seven strategic objectives, these are; improving human resource planning and policy development capacity, strengthening leadership and stewardship in human resource, improving education, training and development for human resource, improving workforce management and utilization, build and strengthen partnership, strengthen human resource research and development and lastly to promote adequate financing of human resource for health.

The total amount of funds needed to implement the activities listed in this plan is estimated to be T.shs. 458,486,583,400. The sources of funding are expected to be multiple, the key being Government. Other sources will be Development Partners, Private sector and community through provision of local resources and human efforts. The table below indicates the budget estimate by specific strategic objectives.

TABLE 8: BUDGET SUMMARY FOR HUMAN RESOURCE FOR HEALTH AND SOCIAL WELFARE STRATEGIC PLAN 2007/08-2012/13

SN	SPECIFIC OBJECTIVE	NO.OF ACTIVITY	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	TOTAL BUDGET
S.O.1	To improve HR planning and policy development capacity	42	2,768,572,500	2,348,418,800	1,777,737,600	914,768,400	1,199,937.200	**9,009,434,500**
S.O.2	To strengthen leadership and stewardship in Human Resource for Health Sector	13	1,906,417,400	1,050,842,100	978,157,200	677,829,100	474,642,000	**5,087,887,800**
S.O.3	To improve Education, Training, and development for Human Resource for Health Sector	67	30,.279,845,000	40,321,743,000	40,007,748,000	31,496,686,000	28,719,628,000	**170,825,650,000**
S.O.4	To improve Workforce Management and Utilization	40	46,474,636,000	49,336,975,600	53,328,900,000	55,311,392,500	59,566,955,000	**264,018,859,100**
S.O.5	To build and strengthen Partnership in Human Resources for Health	11	720,143,000	1,642,415,500	1,636,218,000	1,454,823,500	1,566,733,000	**7,020,333,000**
S.O.6	To strengthen HRH Research and Development	9	426,610,000	497,909,500	426,726,000	422,441,500	454,937,000	**2,228,624,000**
S.O.7	To Promote adequate financing of HRH Strategic Plan	5	214,175,000	81,620,000	0	0	0	**265,795,000**
TOTAL		**187**	**82,790,398,900**	**95,279,924,500**	**96,155,486,800**	**90,277,941,000**	**91,982,832,200**	**458,486,583,400**

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