



## TANZANIA

# Human Resources for Health Development and Retention

Staffing is one of the largest cost items in health facility budgets. Budget limitations make the allocation and retention of scarce staff a critical management function. Deploying human resources for health (HRH) where they are most needed is essential for maintaining efficient administrative and quality health services.

### OBJECTIVES

- Assist the public health system in developing and using a bottom-up HRH data collection and analysis platform to prioritize and allocate different cadres of medical staff to where they are needed the most.
- Assist the faith-based health system in developing and using a bottom-up HRH data collection and analysis platform to prioritize and allocate different cadres of medical staff to where they are needed the most.
- Assist the faith-based health system in testing management innovations that will improve service delivery, increase self-reliance, and employ and retain HRH who are not being employed in the public

health system.

**BUDGET** \$4.5 million

**DURATION**

April 2019 – September 2024

**ACTIVITY LOCATIONS**

National

**IMPLEMENTING PARTNER**

Touch Foundation

**PARTNERS**

Christian Social Services Commission  
Ministry of Health  
President's Office for Regional Administration and Local Government  
President's Office for Public Service Management and Good Governance

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**EXPECTED RESULTS**

- After four years of collaboration with the Ministry of Health, President's Office for Regional Administration and Local Government, and President's Office for Public Sector Management and Good Governance, in September 2022 a unified HRH data Platform was established. This platform has been mandated for use by public health facilities in preparing HRH budget requests and by district medical officers in deploying scarce HRH staff to where they are needed the most.
- Unlike public health facilities whose HRH function is centrally financed, faith-based hospitals operate more autonomously. The faith-based HRH platform, therefore, must be linked closely with finance and service delivery operations at each individual hospital. Five faith-based hospitals, which represented urban and rural localities, diverse socio-economic populations, and different types of health needs, were used to develop a prototype HRH platform. This prototype is being progressively modified and can be scaled to 109 hospitals. The anticipated result will be the more efficient use of HRH at individual hospitals and within the CSSC health network (e.g., rotation of medical specialists among hospitals, a patient and clinical analytics system for better run facilities).
- Because individual faith-based health facilities must develop their own means of financing operations, HRH employment is dependent on patient satisfaction and cost-effectiveness of administrative and health services. To maintain and grow facility budgets, innovations are being tested such as telemedicine services connecting rural areas to the hospital consultations, fast track services, and adherence to routine equipment maintenance schedules. The anticipated result will be increased health facility financial self-reliance and enhanced health services tailored to different segments of the socio-economic market.