

Scaling Up Human Resources for Health

A Situational Analysis of Government Clinical Officer and Clinical Assistant Training Institutions in Tanzania

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EXECUTIVE SUMMARY

The International Training and Education Center for Health (I-TECH) is providing technical assistance, with funding from the Centers for Disease Control (CDC) Tanzania, to the Ministry of Health and Social Welfare (MOHSW) and the US government on strategies to meet the MOHSW's goals to scale-up enrollment and increase the output of new health care workers. The MOHSW has asked all health training institutions in Tanzania to increase their enrollment by 100 percent, and mid-level cadres, such as clinical officers (CO), clinical assistants (CA), and enrolled nurses (EN), are key target cadres because of their importance to primary health care services.

In order to recommend specific strategies for increasing the enrollment at pre-service health training institutions, data are needed on the current barriers and opportunities to scaling-up enrollment at existing institutions. The purpose of this I-TECH assessment is to provide institution-specific data on the twelve public CO and CA institutions, in order to assist the MOHSW in determining the most effective way to increase the output of this cadre of health care workers. This assessment had the following objectives:

- To document the existing capacity for student enrollment and retention at MOHSW clinical officer and clinical assistant pre-service training institutions
- To identify opportunities to increase both short-term and long-term enrollment and retention capacity at government CO and CA institutions
- To document factors limiting short-term and long-term enrollment and retention capacity at visited institutions
- To recommend interventions necessary to overcome limiting factors.

Methods

The assessment was conducted between July and August of 2009. Teams comprised of one I-TECH representative and one Ministry of Health representative visited all twelve public clinical officer and clinical assistant training institutions, including one new clinical assistant training institution that is scheduled to open in 2010. One of the teams also visited one assistant medical officer (AMO) training institution that had been identified as a possible site for a new CO training program. Prior to the visit by the team, an Institutional Questionnaire was sent to the principal of each visited institution to collect data on student enrollment trends, infrastructure available on campus, finances, and staffing.

The teams spent one day at each institution conducting a semi-structured interview with the principal or acting principal at the institution and a focus group discussion with students when available. The team also toured the facilities to document the infrastructure and visited the local hospital to interview the medical officer in charge or the acting medical officer in charge.

Findings

In general, there are four potential barriers to increasing enrollment at any specific institution: 1) number of tutors and staff; 2) classroom capacity; 3) dormitory capacity; and 4) other infrastructure issues which often included sanitation systems, power and water supplies, and space for growth

and expansion. Each institution has its own combination of these barriers to overcome, and therefore each institution has its own unique opportunities and potential for scale-up, which are documented in institution-specific findings and recommendations. The team also documented some key overall findings and themes cutting across all of the institutions. These findings include:

- *Severe Shortage of Full-Time Faculty:* The shortage of full-time faculty is the most important barrier to scale-up for most institutions and for students. More than 75 percent of the institutions identified the shortage of full-time faculty as the most important factor to address in order to scale-up enrollment.
- *Inadequate Resources for Scale-Up:* Although institutions have been asked to increase their enrollment by the MOHSW, most have reached their limit of enrollment with their current infrastructure. With very few exceptions, additional scale-up will require an investment in infrastructure and staffing.
- *Limited Numbers of Local Students:* Studies in both low-income countries and high-income countries have shown that health professionals recruited from rural areas are more likely to practice in rural areas in the future. Despite these findings, there are still limited mechanisms for recruiting and enrolling local students—defined as students from the region where the institution is located—in CO and CA programs and the number of local students varies greatly between institutions.
- *Over-Reliance on Part-Time Faculty:* As a result of the shortage of full-time faculty, many institutions rely heavily on part-time tutors to fill staffing gaps. Although crucial to health professional education, part-time tutors have more demands on their time, are less likely to have experience and training in teaching methods, and are not substitutes for the support provided to students by full-time faculty.
- *Shortages of Accommodation for Students:* Most of the CO institutions have increased their enrollment by adding a third student to dormitory rooms originally built for two students. This has led to severe overcrowding in some institutions and is not a sustainable solution for scaling up enrollment.
- *Insufficient Classroom and Laboratory Infrastructure:* With only a few exceptions, both the CO and the CA institutions are now enrolling between 50-60 students per class. Classrooms built for 40 students are overcrowded, limiting the quality of instruction provided.
- *Limited Funding Available:* All institutions reported that the funds received through cost-sharing and the MOHSW are not sufficient to maintain the institution. As a result, the food for students and curriculum modules such as computer instruction, integrated management of adolescent and adult illnesses (IMAI), and fieldwork are often cut or scaled back.
- *Significant Investments Needed for New Programs:* Starting a new CO program, either by rehabilitating a training center that is no longer in use or by building a new program within an existing HTI, is one strategy for scaling up the production of CO and CA graduates considerably. However, the requirements for both construction of infrastructure and the hiring of tutors are significant in both of these scenarios, and a large commitment of resources is needed if this is going to be a successful strategy for increasing enrollment.

Recommendations

Based on the findings of this assessment, the MOHSW can scale up enrollment in CO and CA institutions by just under 50 percent with targeted investment in tutors, classrooms, and dormitories at each institution. Along with the institution-specific recommendations that are located in each institution report, a number of additional recommendations to the MOHSW and other stakeholders involved in building the capacity of health training institutions are found in this report.

Recommendations for Scale-Up:

- Prioritize and focus scale-up efforts on a select number of institutions with the greatest potential for short-term improvement.
- Scale-up must happen in conjunction with appropriate increases in infrastructure, faculty, and teaching materials.
- Consider piloting innovative approaches to increasing enrollment such as developing a day program or experimenting with teaching students in shifts.
- Identify barriers to prompt and complete disbursement of funds to MOHSW institutions.
- When re-opening institutions, consider increasing intake immediately instead of focusing first on renovation of existing buildings.

Recommendations for Recruitment & Enrollment:

- Increase principal involvement in the selection process and develop strategies to increase local enrollment.
- Improve the system of tracking enrollment data at the HTIs and the communication of those data between HTIs and the MOHSW.
- Build a strong orientation program for clinical assistants to help students understand the importance of the clinical assistant cadre.

Faculty Development Recommendations:

- Identify principal successors early so that they can be provided with leadership training.
- Develop a regular recruitment process for new tutors, including increasing capacity of tutor training institutions.
- Revise faculty standards to match the needs of the new CO/CA curriculum.

Conclusions

The immense need for health care workers in Tanzania has led to an incredible effort by the MOHSW and other government authorities to prioritize scaling up the enrollment of students at health training institutions (HTIs). Although the current government clinical officer and clinical assistant training institutions have scaled-up enrollment to assist the MOHSW in meeting its goals, the institutions have reached a critical point where significant investments in infrastructure and human capacity are needed in order to ensure quality education and produce high quality health care workers that can meet the needs of Tanzania's rural communities. With the new resources from Global Fund for AIDS, Tuberculosis, and Malaria (GFATM) Round 9, the MOHSW is well positioned to make a significant impact on the health care workforce shortage by scaling up the enrollment of HTIs. The recommendations from this report can help to guide these coordinated efforts.