



**CHRISTIAN HEALTH  
ASSOCIATIONS CONFERENCE,  
DAR ES SALAAM 16-18 JAN 2007  
CHAs AT CROSSROAD TOWARDS  
ACHIEVING HEALTH MILLENNIUM  
DEVELOPMENT GOALS**

**HUMAN RESOURCES FOR  
HEALTH RETENTION STRATEGIES:  
CHAZ RESPONSE TO THE  
HUMAN RESOURCE CRISIS IN ZAMBIA**

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# Acknowledgements



- **Zambian GRZ/MOH**
- **Dr. Victor Mukonka, Director Public Health and Research, MOH**
- **Dr. Jaap Koot, Public Health Consultants, Amsterdam**
- **Mr. Tim Martineau, Liverpool Associates in Tropical Health**

# BACKGROUND

- ☹ Zambia has a total population of 10.9 million.
- ☹ It is a landlocked Country.
- ☹ Covering an area of 752,612 square kilometers (about 2.5% of Africa)
- ☹ Staffing: On average 50% of the required
- ☹ **Staff per population:**

Dr:Pop	Nurse: Pop	CO: Pop	Pharm. Tech : Pop	Lab Tech: Pop
1:13624	1:1421	1:8583	1:12763	1:35274

- **WHO recommended ratio of Doctors to population is 1 Doctor to 5000 people**
- **To achieve the MDGs, the minimum level of health workforce density is estimated at 2.5 health workers per 1,000 people.**

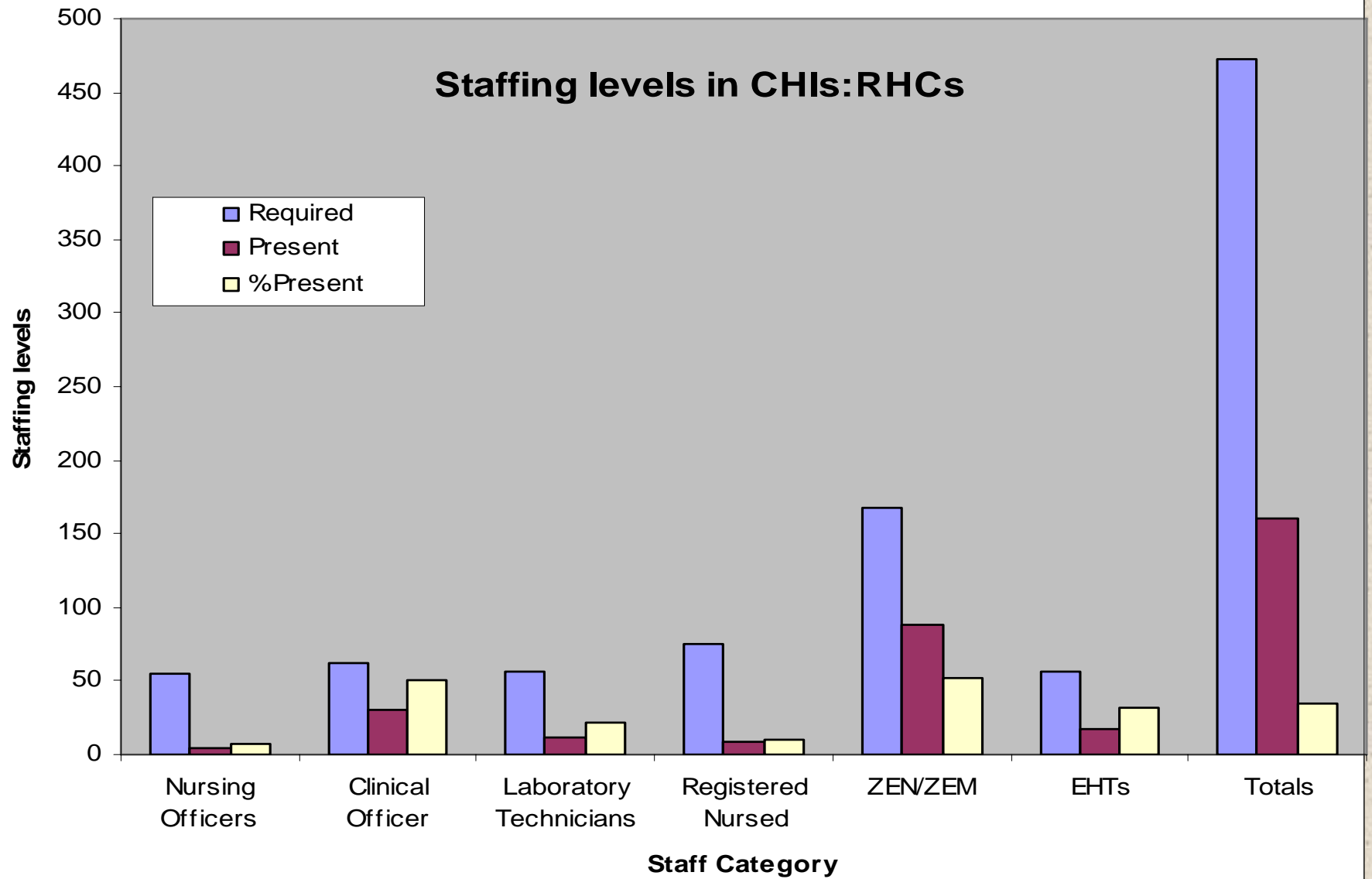
# Church Health Institutions and the HR Crisis

- Health Centre Staffing
  - Data based on 55 out of 60 RHCs (92%)
- Hospital Staffing
  - Data based on 19 out of 32 hospitals(60%)

## Aggregated Staffing Levels: RHCs 2003/2004

Category	Required	Avail-able	Deficit	% Available	National** % Available
Nursing Officers	55	4	51	7.3	-
Nurses	242	96	146	39.7	52.0
C/Officers	62	31	31	50.0	44.3
Lab. Techs	57	12	45	21.1	64.0*
EHTs	56	18	38	32.1	-
Total	472	161	311	34.1	47.3

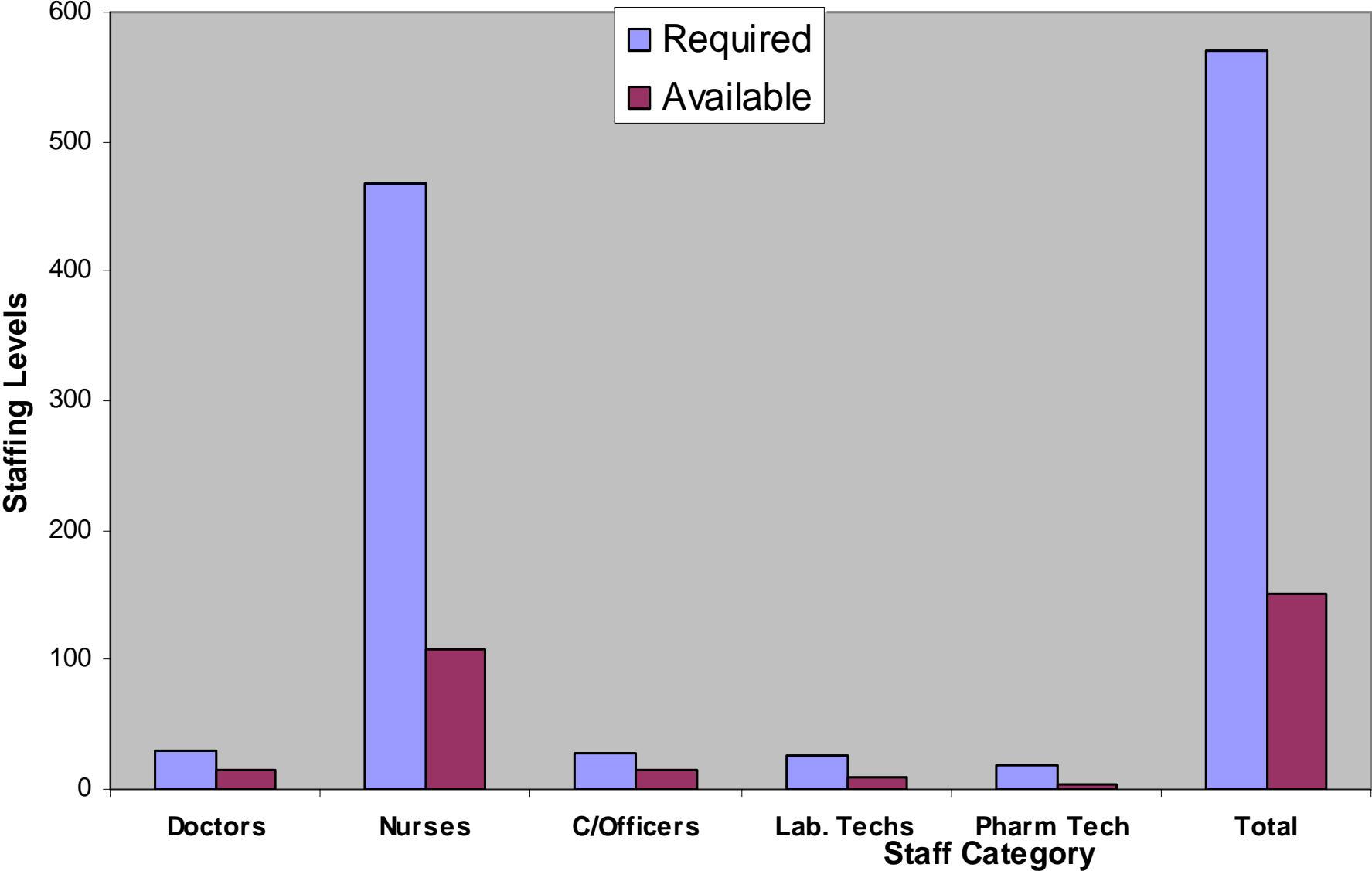
## Staffing levels in CHIs:RHCs



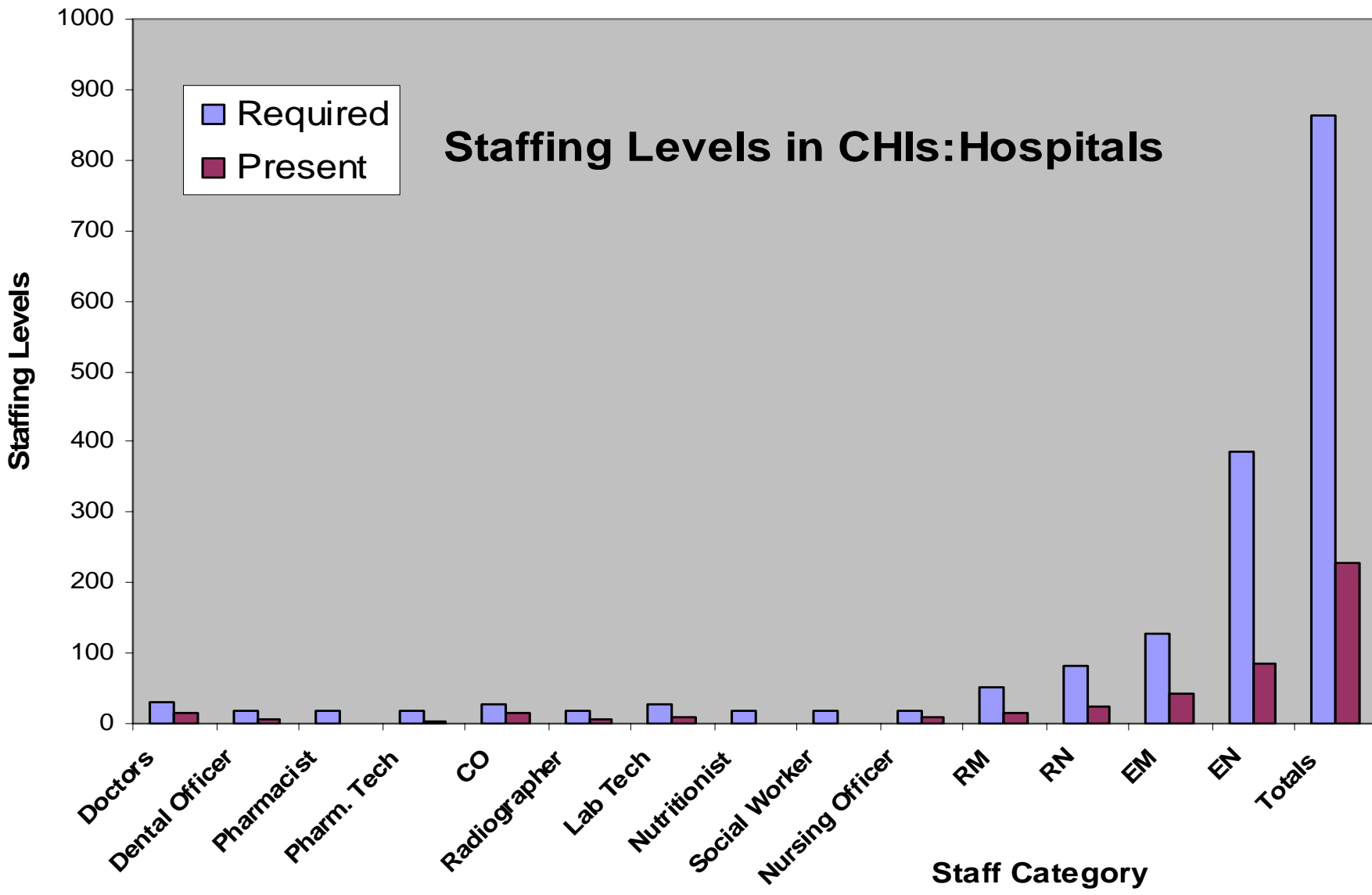
## Aggregated Staffing Levels:Hospitals 2003/2004

Category	Required	Avail- able	Deficit	% Available	National** % Available
Doctors	30	15	15	50.0	51.0
<b>Nurses</b>	<b>467</b>	<b>108</b>	<b>359</b>	<b>23.1</b>	<b>52.0</b>
C/Officers	28	14	14	50.0	44.3
<b>Lab. Techs</b>	<b>26</b>	<b>10</b>	<b>16</b>	<b>38.5</b>	<b>64.0</b>
Pharm Tech	19	4	15	21.1	-
<b>Total</b>	<b>570</b>	<b>151</b>	<b>419</b>	<b>26.5</b>	<b>52.6</b>

# Staffing Levels in CHIs: Hospitals



# Staffing Levels in CHIs:Hospitals



# ATTRITION BY STAFF CADRE AND CAUSE - JANUARY 2003 TO JUNE 2004

Reasons for Attrition	Staff Category														
	Doctors	Clinical Officer	Dental Technician	Administration	Laboratory	Medical Social	Nurse	Nutritionist	Pharmacist	Pharmacy	Physiotherapist	E. H. Technician	Radiographer	Tutors	Totals
Retired		2		16	2		58			1		3		1	<b>83</b>
Resigned	29	23	2	32	9		148	1	1	1	6	7	9	3	<b>271</b>
Term Cont.				1											<b>1</b>
Dismissed	10	13	4	21	3		45			2		2			<b>100</b>
Deceased	5	32	3	52	4	1	189	1		2	2	18	4	1	<b>314</b>
Cont. Expired	16			3			3								<b>22</b>
Transferred	14	2		3			23								<b>42</b>
<b>Totals</b>	<b>74</b>	<b>72</b>	<b>9</b>	<b>128</b>	<b>18</b>	<b>1</b>	<b>466</b>	<b>2</b>	<b>1</b>	<b>6</b>	<b>8</b>	<b>30</b>	<b>13</b>	<b>5</b>	<b>833</b>

# National Response

- National Human Resource Strategic Plan
- HR Steering/Implementation Committee
- Staff Establishment Register (staff requirements worked out)-approved by Cabinet
- Resource Mobilization
- Mainstreaming HR in all projects
- Rural Retention Scheme
- Non-monetary Incentives
  - Housing/Land Empowerment
  - Rural lighting (solar panels)
  - Transport (vehicles/motorcycles)
  - Water
  - CME

# CHAZ Response

## What are we doing?

- Advocacy
- Scale up Nursing Schools Training
- Recruitment
- Use of Non-medical staff
- Retention Scheme
- Resource Mobilization/Financing HRH
- Non-monetary Incentives
- Research

# What are we doing?

- Advocacy and Lobbying
  - International (e.g. Oslo Consultation; G8 lobby)
  - National(at various levels)
- Recruitment
  - Government recruitment/deployment to CHIs
  - Direct recruitment of some program staff-leveraging from programs
  - Mobilization of Volunteer service (esp. community based)
  - Short-term Missionary staff

# What are we doing?

- Training
  - Scale-up program for Nursing Schools
  - Increasing staff skills and possibly effectiveness and efficiency
  - Training of Non-health workers ('HIV/AIDS MEDIC' PROGRAM; Nursing Aids; etc)
  - Support to Medical Students through an Electives Program
- Research
  - Identifying staff coping strategies in the context of increased workload
  - Establishing actual staffing levels

## **Staff Retention Schemes**

- Government Health Workers' Rural Retention Scheme
- CHAZ Doctors' retention scheme
- Human Resource Retention Fund
- Top-up of salaries in some institutions
- Medical Student electives
- Non-monetary Incentives

# Staff Retention Schemes

- Non-monetary incentives
  - Improved Communication
  - Good housing
  - Personal Education
  - Children's education
  - Transport
  - Constant and adequate supply of drugs, medical supplies and medical equipment
  - Social Amenities
  - Good Human Resource management/Public relations
  - Inclusion in decision making (admin)

# **The Zambian Health Workers' Rural Retention Package**

## ***Objectives and scope of the scheme***

- **Main Aim:**
  - Improvement of service delivery, increasing the potential to achieving the Millennium Development Goals (MDGs).
- Initially targeted doctors to serve the rural and underserved parts of Zambia to contribute to:
  - Reducing child morbidity and mortality
  - Improving maternal health
  - Combating HIV/AIDS, malaria and other diseases

## *Target areas for the ZHWRS*

- The districts in Zambia have been categorized from A to D with districts under D being the most disadvantaged or extremely rural.
- The retention scheme applies only to rural and extremely rural districts (category C and D).

# ***Key Elements of the ZHWRS***

- 3 years Service Contract in the rural area.
- MOH Salary.
- Rural hardship allowance equivalent to Euro 200 per month for category C and Euro 250 per month for category D districts.
- An education allowance of Euro 1350 per year per natural child (aged 5-21 years) maximum of 4 children per contract upon submission of receipts.
- Funds equivalent to Euro 2500 per contract provided to the benefiting District Health Board to renovate/upgrade the accommodation of the employee, upon submission of an acceptable housing plan.
- Post graduate training in the relevant postgraduate course at the expiry of the contract.

# ***Key Elements of the ZHWRS***

- Employee accumulates an equivalent of 3 monthly rural hardship allowances per contract year worked, after a minimum of 3 years deployed in a category C or D district. This support goes towards postgraduate training.
- Annual appraisal of performance and identification of training needs for capacity building.
- Loan (for e.g. a car or a house), maximum of 90% of the 3 years rural hardship allowance and eligibility will be after 6 months of service under the contract.
- The employee is required to at all times competently, faithfully and diligently perform such duties as the MOH may from time to time require, assign or order the employee to perform and shall to the utmost of his/her ability promote the interest of the MOH in its implementation programme of the Health Reforms.

# Financing the retention scheme

- The total budget made available for the retention scheme was €2,348,835.00 for a period of three years.
- Of this budget 5% was reserved for overheads and 5% for contingencies.
- Based on the assumption 1 child per contract and based on the assumption that all contracted doctors would take up a loan, the following was budgeted:

	<b>Average per contract per year</b>	<b>Average per contract per month</b>
C - district	€ 8,083.00	€ 674.00
D - district	€ 9,333.00	€ 778.00

# **CHAZ HWRS**

## **Strategic Objective and Key Elements**

- To improve the level and quality of manpower in church health institutions, in order to contribute to improvements in the quality of health services offered by these institutions.
- Key Elements of the Package is the same as GRZ

# Criteria for Selection

- ***The Health Institution***

- *The hospital should not already be benefiting from the government retention scheme*
- *Bed occupancy rate should be at least more than 60%*
- *There should only be one or no doctor at the hospital, or where the doctor staffing level is 50% or less*
- *Long term plan of attracting and retaining doctors.*
- *The hospital should have adequate housing for the doctor*

- ***The Health Professional***

- Should be Zambian
- Agree to stay at least three years in a church health institution
- Agree to sign a 3-year bonding contract with CHAZ
- Agree to adhere to the ethos and ethics of the institution
- Agree to sign a code of conduct in addition to the contract

# The Strategy

- The proposed strategy is to establish a sustainable *Human Resource Fund*.
- This should ideally be in form of an endowment fund to which various cooperating partners contribute.
- The greatest challenge for both the CHAZ and the government Retention scheme is Sustainability.
- The proposal under this scheme is that after the start-up through CORDAID funding, CHAZ together with CORDAID will talk to a number of Cooperating Partners to join the Human Resource 'Basket' Fund in order to create an Endowment Trust Fund.

# Performance Monitoring

## ***CHAZ Health Workers' Retention Scheme***

### ***Key Performance Indicators***

# Key Performance Indicators

Indicator	Definition	Target	Purpose
Bed Occupancy	$(\text{Patient days} \times 100) / (365 \times \text{official \# of beds})$	80%	Shows level of utilization of hospital beds. It is also a measure of hospital <i>efficiency/utilization</i>
Average Length of Stay (in-patient)	Patient days/total discharges and deaths	5days	Shows <i>efficiency</i> of hospital in providing inpatient care. An increasing ALOS may indicate declining quality of care or increase in chronic cases
Hospital outpatient per capita attendance	$\frac{\text{Total OPD attendances}}{\text{Total population}} / \text{per year} \times 100$	75%	Measures hospital utilization
Hospital staff load	Patients per staff	20	Measures staff workload
Malaria case fatality rate among children below five years	Total number of deaths due to in health institutions (x1000) / (Total number of cases admitted to health institution and diagnosed with malaria)	25%	Measures quality of healthcare (diagnosis and treatment)-surrogate measure
Under-five mortality rate			QOHC
Maternal Mortality Rate			QOHC

**To achieve our common goals it is preferable that we are on the same track!**

