

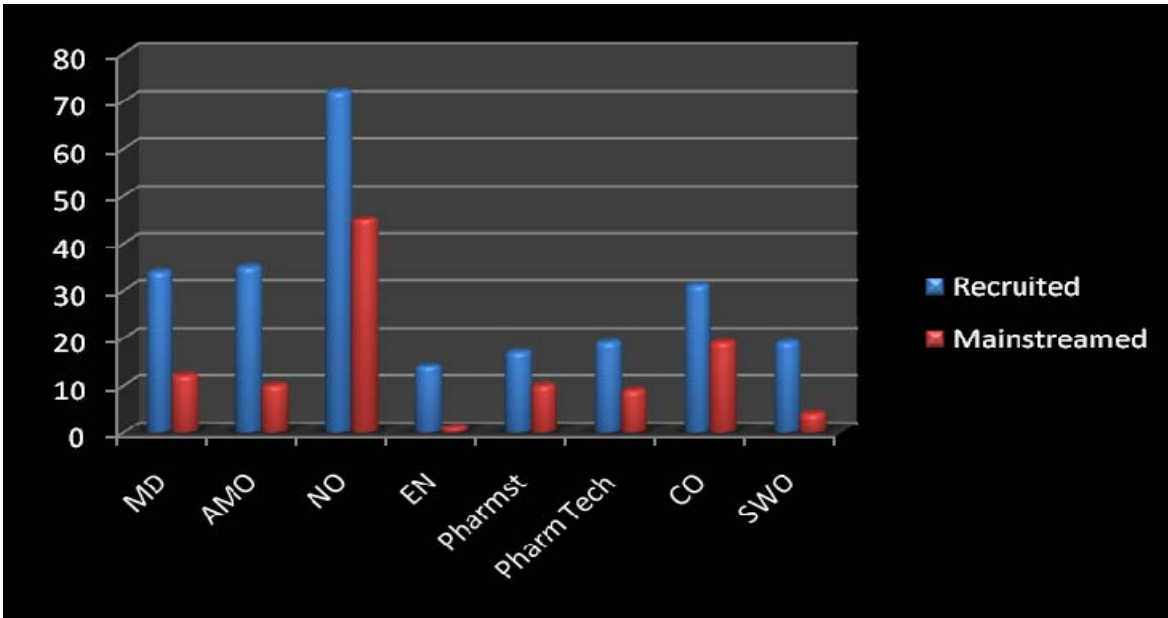


**MAINSTREAMING OF MKAPA FELLOWS AND EMERGENCY HIRING HEALTH STAFF INTO PUBLIC SERVICE- A SUSTAINABLE IMPACT INTO THE RURAL SETTINGS.**

A total of 275 professional health workers of ten (10) different cadres were recruited under three years contract (2007 – 2010) and deployed in fifty two (52) rural districts under the Mkapa Fellows Program and Emergency hiring Project.

One of the two programs’ objectives is to mainstream 70% of the deployed health workers into the public service in the same underserved rural districts. To date out of 212 retained health workers under the two projects 127 (60%) are mainstreamed into the public service in 40<sup>1</sup> Local Government Authorities, twenty nine (29) of them being beneficiary districts and eleven (11) Non beneficiary districts. In addition, 81(95%) of the remaining health workers have requested to be mainstreamed into the government system for the FY 2010/2011. The programs implementation strategy that is operating within the existing government’s structures and systems was one of the key attribute to this achievement without undermining the critical impact of effective attraction strategies as a potential ladder of deploying trained health workers into the rural settings.

**Figure. I Recruited Vs mainstreamed health workers by cadre for FY 2009/2010**



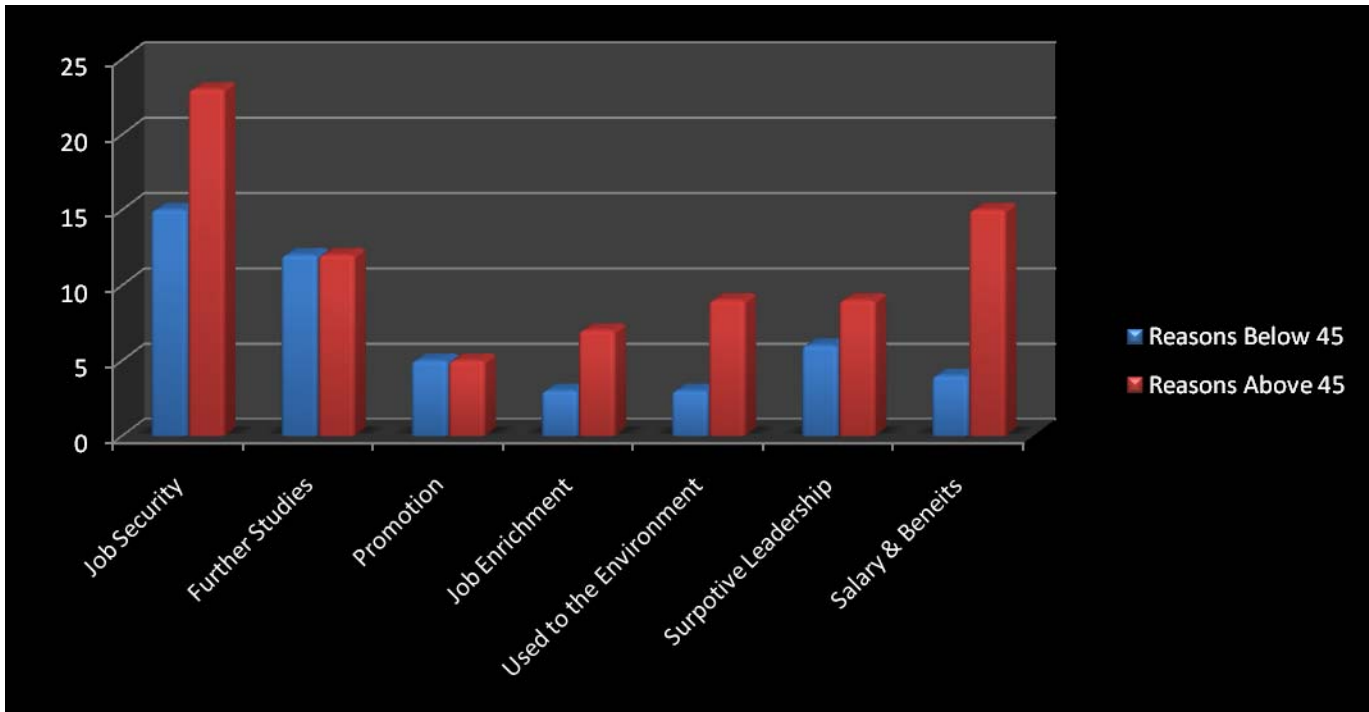
**NB: The analysis below excludes health workers who are in process of being mainstreamed for FY 2010/2011**

<sup>1</sup> Bagamoyo, Hai, Mufindi, Kilosa, Masasi, Tunduru, Kisarawe, Ileje, Mwangi, Kishapu, Kyela, Mkwinda, Mvomero, Moshi rural, Karagwe, Biharamulo, Ludewa, Pangani, Korogwe, Mbozi, Kogwa, Kilombelo, Shinyanga Rural, Kahama, Kibondo, Ulanga, Namtumbo, Ngorongoro, Nzega, Igunga, Kilwa, Njombe, Tarime, Singida Rural, Sumbawanga, Nachigwea, Mwangi, Kilindi and Meatu

## Pulling factors for Mainstreaming

A rapid assessment conducted to the group of selected mainstreamed health workers with age below forty five (45 ) and those above forty five (45) revealed the following to be the pulling factors to their decision to accept employment into the public service :

**Figure II.Reasons for Accepting Mainstreaming by Age**

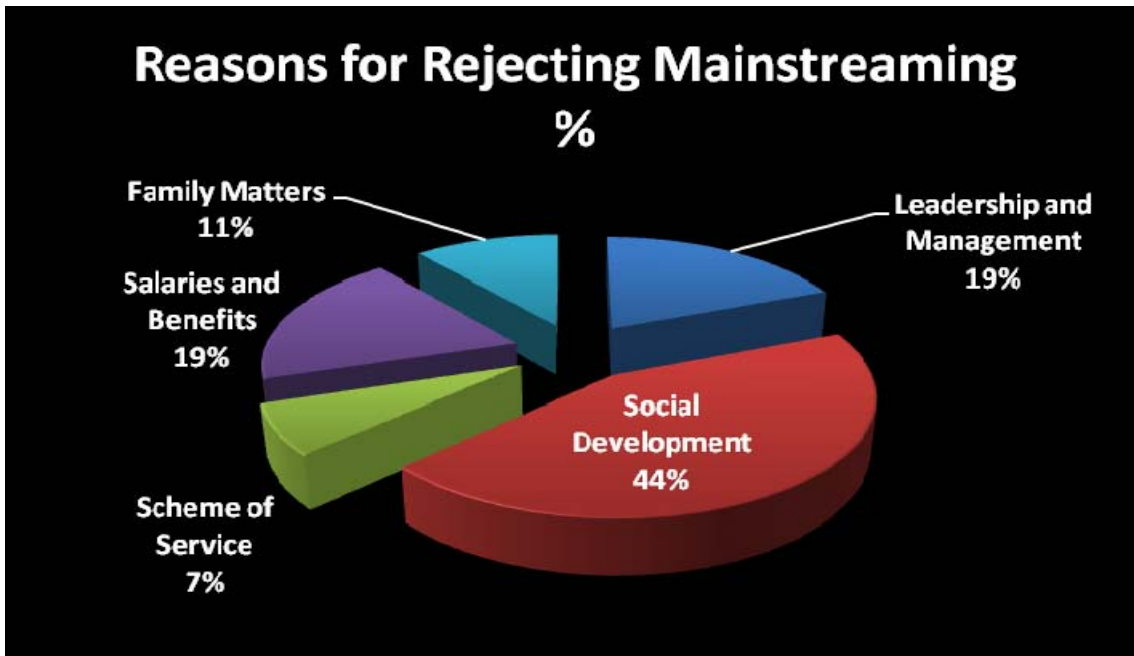


From the above graph it can be seen that the health workers with age above 45 by all reasons is the group which is more likely to be retained into the public service in rural settings in compared to those with age below 45. However the employment policies and processes for this category of health workers are still challenging as elaborated below. . In all scenarios, ***the top four pulling factors for mainstreaming were job security, career advancement, supportive leadership and salary and benefits.***

## Systemic and Procedural Challenges that inhibit effective mainstreaming

Unlike this remarkable achievement, as indicated above , 63 ( 23%) of the retained health workers dropped out from the projects and 4(2%) did not accept to be mainstreamed into the rural settings, but opted to join other privates sectors and some are searching for government employment into the urban areas. The rapid assessment on this category revealed the following to be the reasons for these health workers not accepting to be mainstreamed into the respective local government employment:

Figure III



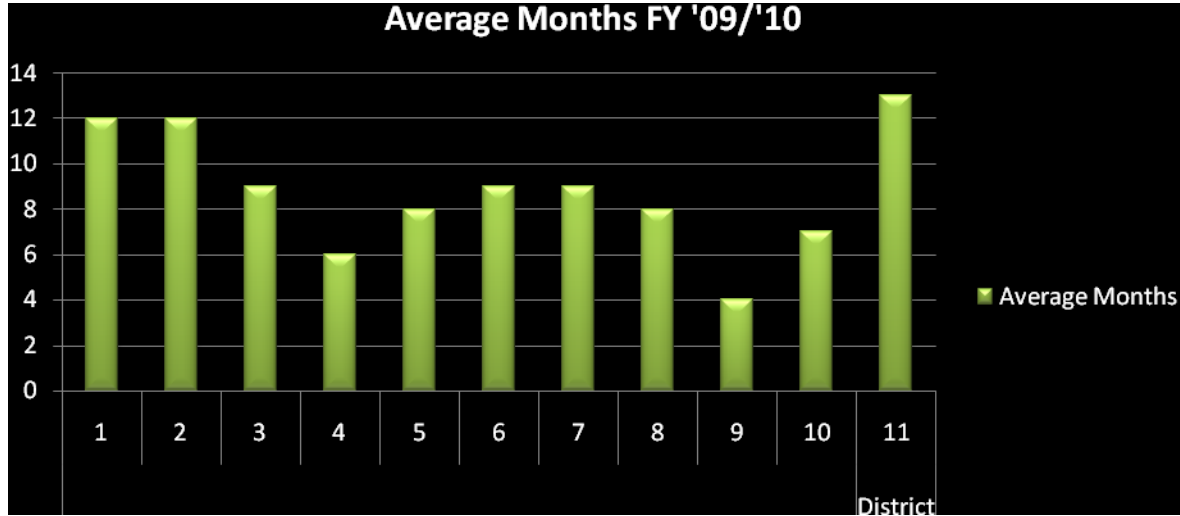
On the course of mainstreaming of the programs' health workers into the government systems, several policy, systemic and procedural challenges were experienced that inhibits affective mainstreaming process and targets. This situations lead to 26 (62%) of the health workers who were committed to be mainstreamed into the local settings and were granted employment permit for employment into the public service in FY 2009/2010 to fail accomplishing employment processes into the public service to date.

This situation led to some of the health workers initiating search for employment into the private sectors. Despite the fact that there is critical shortage of the trained health workers at these localities (districts) but still this group of committed health workers have been denied an opportunity for employment in these settings. These inhibiting factors are perceived to be common factors that intensify the critical shortage of trained health workers into the underserved rural settings. These challenges are:

**Payroll registration processes.**

A rapid assessment conducted to the ten districts with mainstreamed health workers in FY 2009/2010 revealed that it takes four (4) to thirteen (13) months for the recruited health workers to be registered to the government payroll. Among these ten districts only two (2) districts manage to support these health workers with "salary advance" while waiting for the payroll integration processes. Whereas other districts could not manage to support with salary advance, thus 99 health workers in these districts stayed without salary for a period of two months before the Foundation decided to support these health workers with salary advances for seven months, in a special agreement of refunding the salaries once integrated into the payroll. However after the seven months of support elapsed, twenty nine (26) of health workers (26%) of those who were not registered into the payroll, are still not registered into the payroll to date.

Figure IV. Payroll Integration Length of Time for mainstreamed fellows on FY 2008/2009

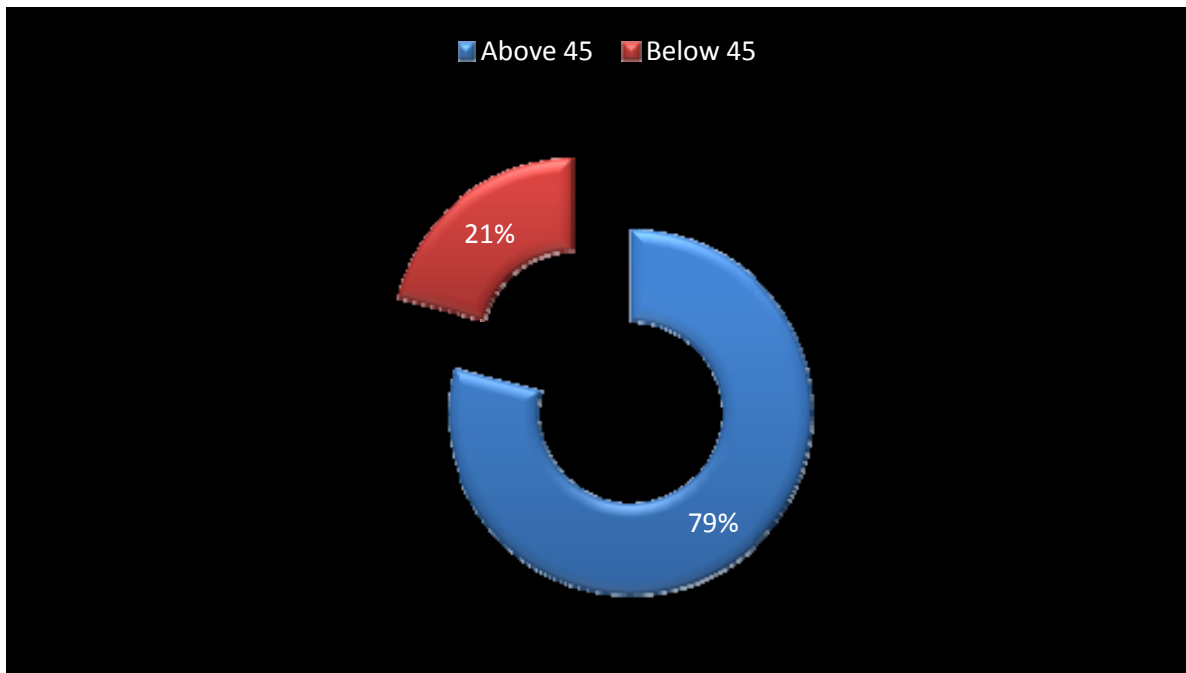


#### Factors for the delay of payroll registration

There were several factors for the delay in payroll registering process ranging from issues pertaining to accountability, commitment, resource constraints, distribution of responsibilities between the District Human Resources Officer and the District Health Secretary as well as systemic and policy issues. Most of the factors are operational and can be addressed by effective accountability, leadership and management practices within the locality. However issues pertaining to policy, needs special attention especially for the issues pertaining to recruitment of the public servants with age above 45 (contractual employment) as well as the recruitment of the retired health workers.

This was revealed by the fact that by December 2009 37 (79%) of the health workers who delayed to be registered into the payroll were of the age above 45 years , whereas 10 (21%) were of age above 45. The government employs public servants with age above 45 under special contract and under special arrangement. However on the course of mainstreaming of the project staff this category of staff faced critical challenges of being accepted for the employment into public service, irrespective of the critical shortage and un-availability of trained health workers who are ready to work into the rural settings. The following graph shows the proportion by age of the mainstreamed health workers who were not registered into the payroll from July 2009 to March 2010

**Figure V. Health workers who are yet to be registered into the LGA's payroll**



***Entry salary scales for the mainstreamed health workers.***

As guided by the public service schemes of service, entry salary scales for newly recruited public servants is based on the professional qualification, as well as the experience within the public service. One of the program's recruitment criteria was not to recruit health workers from the public service.. The analysis from the recruited health workers showed that around 18% of the recruited health workers (Mkapa Fellows) were fresh graduates from school, whereas 72% were from private sectors with a range of five (5) to twenty (20) years of professional working experience in their respective cadre.

Further the issue of proficiency in performance as well as ethics was one of the criteria for the recruited health workers whereby verification with the relevant professional registering boards and performance and ethical recommendations from the previous employers, were sought before being engaged in the project.

However, based on the government guidelines which considers among other things professional experience within the government sector, the accumulated professional experience which was verified by relevant boards of the project staff as well as the performance recommendations from the previous employers, were not considered during the mainstreaming process, thus most of the health workers were pegged into entry scales or a scale above entry only considering experience gained within the project implementation period in the Local Government Authorities. This situation was perceived by the mainstreamed health workers as demotivating and discriminatory. It was further observed that there was minimal awareness of these health workers on the relevance of this guideline, thus portrays that there is in-effective communication between the health managers and the health workers on the issues of defining and translation of the relevant guidelines, the situation of which might intensify attrition rates.

This write up reveals that it is possible to attract and deploy the trained health workers in underserved rural settings, however it also revealed that the pushing factors of the trained health workers lies within our hands, thus the critical shortage of trained health workers needs an effective public and private sectors collaboration. ***“Together we bring Hope to the underserved Rural Communities”.***