Situational analysis of existing task shifting practices among health workers in the context of HIV/AIDS and Reproductive and Child Health service delivery in Tanzania: Synopsis

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REPORT SYNOPSIS

Background
Tanzania, like many other developing countries, is facing a human resource for health (HRH) crisis. Though there has been a shortage of HRH since the country got independence in 1961, the emergence of HIV/AIDS in 1983, the re-emergence of TB and population growth that increased demands for health services have made the situation even worse. The HRH crisis is defined as a critical shortage of health workers, in terms of number and skill mix within each essential cadre. To try to curb the situation, the Government of Tanzania (GoT) has put in place various intervention strategies to address the problem. The strategies have the general objective of alleviating the shortage and hence reassuring continuous health service delivery particularly in the rural areas where the majority of Tanzanians live. However, to date, the strategies have not been able to keep pace with the demand for health workers at different levels of health provision. It is at these levels where Reproductive and Child Health (RCH), HIV/AIDS services which include Prevention of Mother to Child Transmission (PMTCT), Care and Treatment Clinic (CTC), HIV Testing and Counselling (HTC) and others are needed most. It should be borne in mind that the HIV/AIDS related programmes were introduced in an already crippled health system with inadequate workforce that is not well incentivized and working in non-conducive environment. Many health workers lack housing, reliable transport to health facility and poor infrastructure. In order to fill the gaps in essential HIV/AIDS and other health care service delivery, available health workers are often obliged to perform tasks that are not in their job descriptions.

Objective
Exist information indicates that despite critical shortage of health workers, various essential services continue to be provided without interruption. This might suggests that there is an existence of among other things, task shifting practices in which some workers are performing tasks that are not in their job descriptions. The current study explored the occurrence and types of task shifting practices and their determinants within the current health delivery system.

Methodology
A cross-sectional study was conducted in nine randomly selected districts in nine randomly selected regions. The regions were randomly selected from the seven administrative zones of Mainland Tanzania. Respondents were drawn from national, regional and district medical and administrative authorities, while at health facilities respondents were drawn from district hospitals, health centres and dispensaries. Health facility record form was used to collect health facility information; different questionnaires were used to interview health workers, health facility in-charges and key informants. Interviews were conducted in Kiswahili after obtaining informed consent.
Data were double entered into a computer database using EpiData (3.1). A Univariate analysis was done to generate a descriptive summary of different variables of interest by considering actual tasks performed and comparing with tasks stated in the job description for each cadre. Manual analysis was also done by preparing daily summaries after interviews. Thematic analysis was carried out by assigning data into relevant codes in order to generate information on the actual situation on human resource; challenges encountered and perceived impact of task shifting practices on health service delivery. The analysis provided information on how these practices relate to professional regulatory and legal guidelines governing the national health policy.

The study received ethical clearance from the National Health Research Ethical Committee of Medical Research Coordinating Committee (MRCC) Tanzania, CDC Tanzania and CDC Atlanta’s Associate Director for Science. Implementation was made following permission granted by regional and district administrative and health authorities including in-charges of the health facilities.

**Results**

**Social demographic information**

A total of 54 health facilities were covered which included 9 district hospitals, 18 health centres and 27 dispensaries covering a total of 566 health workers of which majority of them were 412 (72.8%) were females. The mean age of health workers was 40.1 (SD 10.3) years. Among interviewed health workers, 213 (37.6%) were from health facilities located in rural settings. Fifty four (54) in-charges of health facilities were interviewed as well as 58 key informants were involved from different levels. These were drawn from national (7), regional (17) and district (34) levels.

**Availability of Health workers**

Overall, there was shortage of health workers in all levels of care; majority of respondents characterized the availability of health workers as inadequate whereby the available workforce was 74.7% of the requirement according to the 1999 staffing norms (IKAMA). Furthermore, distribution of available health workers was characterized by rural-urban imbalance and inadequate skill mix; rural areas being mostly affected. Available health workforce was engaged in provision of different health services including HIV/AIDS and RHC service delivery beside other health services. The level of engagement in HIV/AIDS and RCH related activities was found to be done by 56% of all health workers depending on level of health facility and integration of health services in that facility.

The main reasons for shortage of health workers were reported to be: limited availability of social services, poor working and living conditions in rural areas, inadequate remunerations and incentives, low recruitment rate from central government and/or poor staff replacement strategies.
HIV and RCH Services Availability
HIV/AIDS services that are delivered in these facilities CTC, PMTCT, VCT and syphilis screening while family planning, vaccination and delivery services were provided under RCH.

Awareness and knowledge of health workers on their job descriptions
Of the 566 health workers interviewed, majority 502 (88.7%) reported to had ever heard about job description; of which 309 (61.5%) were from health facilities located in urban settings. Among those who had heard about job description, 229 (45.6%) and 155 (30.9%) reported to be have received their job descriptions e in writing and orally respectively at employment. However, 101 (20.1%) were not given at all and 17 (3.4%) could not recall. About 73% of health workers working in HIV and AIDS services and 70% of those working in RCH services have been given their job guidelines.

Task shifting practices related to HIV/AIDS and RCH service delivery

Awareness on existence of Task Shifting practices
There was a common pattern of responses among key informants at national, regional and district level confirming existence of task shifting practice at dispensaries, health centers and district hospitals. In general there was awareness of task shifting practices among interviewed in-charges of health facilities 88.9% (48/54). In Total, 47 out of 48 (97.9%) in-charges of health facilities confirmed that task shifting was practiced in their respective facilities and was prevalent in rural areas 79.2% (38/48).

A total of 429 (75.8%) health workers reported that were performing duties which are not in their job descriptions. Of these, 177 (41.3%) and 252 (58.7%) were from urban and rural health facilities respectively.

Extent to which Task Shifting is practiced
Majority of key informants from national, regional and district levels were aware of about the wide practice of task shifting among different cadres of health care workers. Moreover, they pointed out that task shifting was helpful mechanism for saving lives of people in the context of scarcity and absence of skilled HRH.

Key informants reported that the practiced task shifting was cutting across and within different cadres. Medical Officers and Assistant Medical Officers were the ones whose tasks featured mostly being shifted to nurses, while tasks of trained nurses were shifted to medical attendants.

In line with reported task shifting practices, main workload was found to be carried out by medical attendants and nurses who perform different duties beyond their job descriptions, such as PMTCT, VCT, HBC, ARV prescription and dispensing and PITC. Interviewed health workers also reported that the overwhelming majority of the tasks were shifted between cadres e.g. clinicians to nurses, while the limited amount of tasks where shifted within cadres for example Medical Officers to Assistant Medical Officers.
**Tasks commonly shifted between and within cadres**

When health workers were asked to mention the tasks that are performed in the facilities that are out of their job descriptions, a total of 24 tasks were reported at different frequencies. Health workers reported that tasks were shifted up, down, and across all the cadre of workers. The tasks frequently reported included I.M and I.V drug administration (182), dispensing of drugs (196), supporting labour and delivery (157), prescription of drugs (87), and wound management (70). Others were cleaning duties (39), consultation of patients (54) and maternal and child health services (41). The least mentioned shifted tasks were taking vital signs (1), conducting WHO clinical staging of HIV positive clients (2), providing health education (4), perform physical examination (5), provision of dental services (5), family planning (5) and store keeping (5).

When analyzing the most shifted tasks mentioned above, the majority of them were performed by health workers who received only in-service training and were provided mentorship as well. For example, I.V and I.M drug administration was shifted to health workers whom 56% of them reported to have had received in-service training, 33% received pre-service training while 11% received no training at all. A similar trend was observed for dispensing of drugs, which was shifted to health workers 68% that received in-service training, 28% received pre-service training while 3% did not receive training at all.

**Enabling factors for existing task shifting practices**

Most health workers who performed tasks out of their job description reported to be influenced by: volunteering spirit (27.0%), work experience (26.4%), on job training (22.9%), good relationship and cooperation among staff (21.2%), obeying order from top leadership (21.0%), supportive supervision (10.8%) and mentorship from skilled health workers. Interviewed health facilities in-charges mentioned important factors which nurture task shifting practice to thrive as sharing experiences with skilled co-workers, teamwork spirit, and trainings.

**Challenges facing existing task shifting practices**

The most challenges reported by health workers as the outcome of task shifting included: increased workload without extra payment (51%), inadequate of equipments to perform assigned tasks (24.7%), low knowledge/skills to perform the task shifted for those who did not receive any training/orientation (22.6%), lack of confidence in performing other worker’s duty (8.9%), delays in service provision (8.6%) and a lot of complaints from patients (8.2%).
Task shifting practices in relation to existing professional regulatory and policy guidelines in Tanzania
In relation to legal guidelines to support task shifting, majority of key informants at national level reported that, there is no policy or legal guidelines to guide task shifting practices in Tanzania. Key informants were of the opinion that, task shifting has been largely practiced in Tanzania due to scarcity of health workers at different levels health care delivery and cadres irrespective of available job description.

Perceived impact of existing task shifting practices on health service delivery at the health facility
The task shifting practices were reported by the majority of interviewed health workers (77.6%) to have had brought positive effect in health services. Perceived positive effects mentioned included ensuring continuity of health service provision 292(66.5%), patient encouragement 10(2.3%), health workers get opportunity to learn more 89(20.8%), managed to overcome health workers shortage 22(5.0%), increase working experiences among health workers 88(20.1%), avoid unnecessary patients deaths 47(10.7%), improve efficiency to health workers who cooperate 33(7.5%), gain confidence at work 12(2.7%), reduce overcrowding of patients 34(7.7%), reduce patients waiting time 59(13.4%) and improve working relationship among cadres 33(7.5%).

On the other hand, 49.6% of health workers reported that task shifting practices had negative consequences which included poor quality of health services provided to patients 166(63.6%), increased complaints from patients 26(10.0%), negative health outcome to patients 23(8.9%), lack of trust among patients towards health workers 17(6.5%), lack of confidence among health workers in health service delivery 12(4.6%), incompetence leading to risk of infection among health workers 10(3.9%), and cause misunderstanding between cadres of health workers 6(2.3%).

CONCLUSIONS
Findings show that shortage of human resources for health remains an unresolved issue particularly in the rural settings of Tanzania. The shortage has necessitated the emergence and practices of task shifting in health service provision. In the task shifting, health workers in all levels of health facilities share various tasks including tasks related to HIV/AIDS and RCH regardless of their cadres, job descriptions and the level of required expertise. Despite the fact that they’re neither guidelines nor policies regarding task shifting, findings clearly indicate that task shifting practices existed at all levels of health facilities regardless of their ownership and geographical location. The main contributing factor to the existence of task shifting is the shortage of human resources in terms number and skill mix. Nurses and medical attendants were the cadres that were mostly found to practise task shifting. Whereas intravenous and intramuscular administration of drugs, drug dispensing, assisting labour and delivery are tasks supposed to be performed by more skilled workers such as clinicians, they were reported to be done by nurses and medical attendants.
The study reports some operational challenges such as those related to the quality of HIV/AIDS and RCHS service provided.

RECOMMENDATIONS

- Task shifting in health sector has been taking place in Tanzania though informally. The government of Tanzania through the MoHSW should therefore provide on the job training, supportive supervision, and regular mentoring to health workers who have assumed new responsibilities so that task shifting could be implemented appropriately to provide health services to underserved populations. Moreover, efforts should be made to equip health workers providing mentorship with mentoring skills.

- So as to motivate health workers to go to rural underserved areas, the government should provide incentives such as special salaries, housing, risk allowances and transport loans to those working in these areas.

- To ensure sustainable provision of health services in underserved areas e.g. hard to reach areas, more effort should be put on training more health workers, recruitment and replacement.

- Efforts should be made to ensure that there are no delays in salary payments.

- Besides the fact that task shifting is practiced in Tanzania informally, it has been found to warrant availability of both day to day health services and life-saving services in underserved rural areas. In order to motivate workers to continue working in these areas and improve the performance of those who have been assigned more tasks, reward schemes such as P4P and top-up allowances should be introduced together with giving them more priority in training opportunities.

- Apart from availability of workforce, consumables and supplies, equipment and other essential tools are necessary to ensure sustainability of quality health services. The MoHSW, and other stakeholders should streamline the availability of diagnostic tools and medical consumables in peripheral medical facilities.

- Every health worker should receive a written copy of their job description and scope of practice. Only when health workers have clear knowledge of the tasks that are legally assigned to them, then task-shifting practice can be implemented.

- Guidelines, working tools, training curriculum, mentorship programmes, regulatory framework, incentive schemes and quality assurance programmes on task shifting should be developed urgently.

- Tasks shifting practice in vertical programmes such as HIV, RCH, Tuberculosis, and Malaria cannot be implemented without adequate working tools and
guidelines. The MoHSW with stakeholders in HRH should fast track availability of task shifting guidelines and tools to the programmes.

- Regulatory frameworks are important in ensuring accountability, safety of consumers and legal protection of health workers. The MoHSW should therefore work closely with professional associations such as Medical Associations of Tanzania, Nurses and Midwife Association etc to review current regulatory frameworks so that they accommodate task shifting.

- MoHSW has to adopt quality assurance mechanisms to support task shifting practices as poor quality of services has been identified as the main threat against task shifting. Apart from training and mentorship, MoHSW has to expand the current quality assurance mechanisms to gain trust from users. Emphasis should be placed on definition of roles, competencies, training, continuing education, supervision, and evaluation because the successes of task shifting rely on the quality of care provided.

- The increase in the number of health programs/projects in Tanzania such as those dealing with HIV and AIDS has had impact on the workload at all levels. The MoHSW should revise IKAMA (that establish staff levels) to reflect the increased demand for workforce in health facilities. Moreover, curriculum for health training institutions should be updated to include current advances in the field of HIV/AIDS and new emerging diseases.