Using WISN plus POA to Improve Health Workers Allocation and Distribution to Facility Level

May 2018
Definitions and Purpose of WISN plus POA

• WISN—Workload Indicator of Staffing Need
• POA—Prioritization and Optimization Analysis
• Purpose—better match health workers permit allocation and distribution to health facility level in order to meet service delivery need/demand

• Elements of WISN plus POA:
  – *Determine staff need*
  – *Prioritize staff based on need for HRH allocation and distribution*
How to define health workers need for facilities

• WISN methodology calculates facility staff need by cadre

• In March 2018, MOHCDGEC and PORALG simplified WISN so that Tanzania can run the methodology using existing DHIS2 data
  – **Advantages**: reduce cost and institutionalize into GOT systems

• 6-8 workload component indicators
  – *Counselling & HIV Testing; ANC Visits; Deliveries; Postnatal Visits; Child Health Visits; Other Outpatient Visits (both dispensaries and health centres)*
  – *C-sections and Inpatient Care (health centres)*
How to prioritize health workers for distribution?

• At LGA level, POA helps to request new health workers and allocate them across facilities by prioritizing requests based on need.

• Priorities are determined based on the workload burden on other facility staff:
  – POA looks at how existing facility staff are overworked, based on WINS output.
  – It assigns a unique ranking to each staff needed; the higher the ranking – the higher is the need for the staff member.
  – **Example:** POA may give higher priority to an EN in a facility that has 3 ENs vs. a facility with 2 ENs, as long as the former has higher workload than the latter, as determined by WISN.

• POA can also support national staff allocation by producing a national priority list and taking into account budget constraints.
Scope of Current WISN plus POA

• Currently, WISN has workload indicators to calculate staff need for health centres and dispensaries
  – Staff is AMO, MO, NO, ANO, EN, CO, CA (exclude medical attendants)

• LGAs have the right to distribute to facilities the staff allocated to them

• WISN plus POA is evidence-based, that helps LGAs better distribute health workers to facilities
Running WISN plus POA

• In March & April 2018 - PORALG, MOHCDGEC, PS3, Touch Foundation ran WISN plus POA for all 185 LGAs in Mainland Tanzania
  – Based on DHIS2 data and existing staff
  – Produced standardized LGA report

• Also ran an aggregation of results for all regions and national level
Summary of HRH Shortages (%)
What is current use of WISN plus POA?

• GOT is allocating and distributing new health workers
• Permits have been given to both MOH and PORALG
• Process:
  • Application—PORALG have advertised with deadline of May 25th
  • Short list and select
  • Inform LGAs of staff ceilings by cadre
  • Workshop to support LGAs to distribute to facilities using WISN plus POA
  • Staff informed and report to assigned duty stations
Process of LGA staff distribution

• Receive and review standardized report including staff priority list for all 185 LGAs
• POA list included into the report shows order of priority for all needed members of staff across LGA
• LGAs are given new staff ceilings by cadre
• Allocate staff using POA list until new staff ceilings are reached
Next Steps

• Assess experiences and lessons learned from distributing 6,180 HRH and refine system

• Integrate WISN plus POA into GOT systems to improve efficiency, data quality and interoperability

• Add Workload Allocation and Optimization (WAO) methodology to better match individuals to permits based on preferences

• LGAs begin to run WISN plus POA at LGA level to request staff for 2018/19, distribute staff, redistribute staff, and improve HR management.