

# Productivity of health workers: the case of Tanzania

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Ottar Mæstad (CMI, Norway)  
Aziza Mwisongo (NIMR, Tanzania)

# What is productivity analysis?

- Measurement of outputs relative to inputs

$$\frac{\textit{Outputs}}{\textit{Inputs}}$$

- Outputs: Number of patients
- Inputs: Finances (or health workers, equipment etc.)

# Why productivity analysis?

- Identify and learn from most productive units
- Allocate resources efficiently and equitably
  - Ex: Personell from low to high productive units
    - Higher output?
    - More equal workload

# Methods for benchmarking productivity

- Total Factor Productivity analysis (TFP)
  - Compare each facility to the best performing facility
- Data Envelopment Analysis (DEA)
  - Compare to high performing – but “similar” – facilities
    - Similar size, similar input mix
- Stochastic Frontier Analysis (SFA)
  - Take into account possible measurement errors in your peers’ productivity levels



# MAP project, Tanzania (2006-10): Health worker Motivation, Availability and Performance

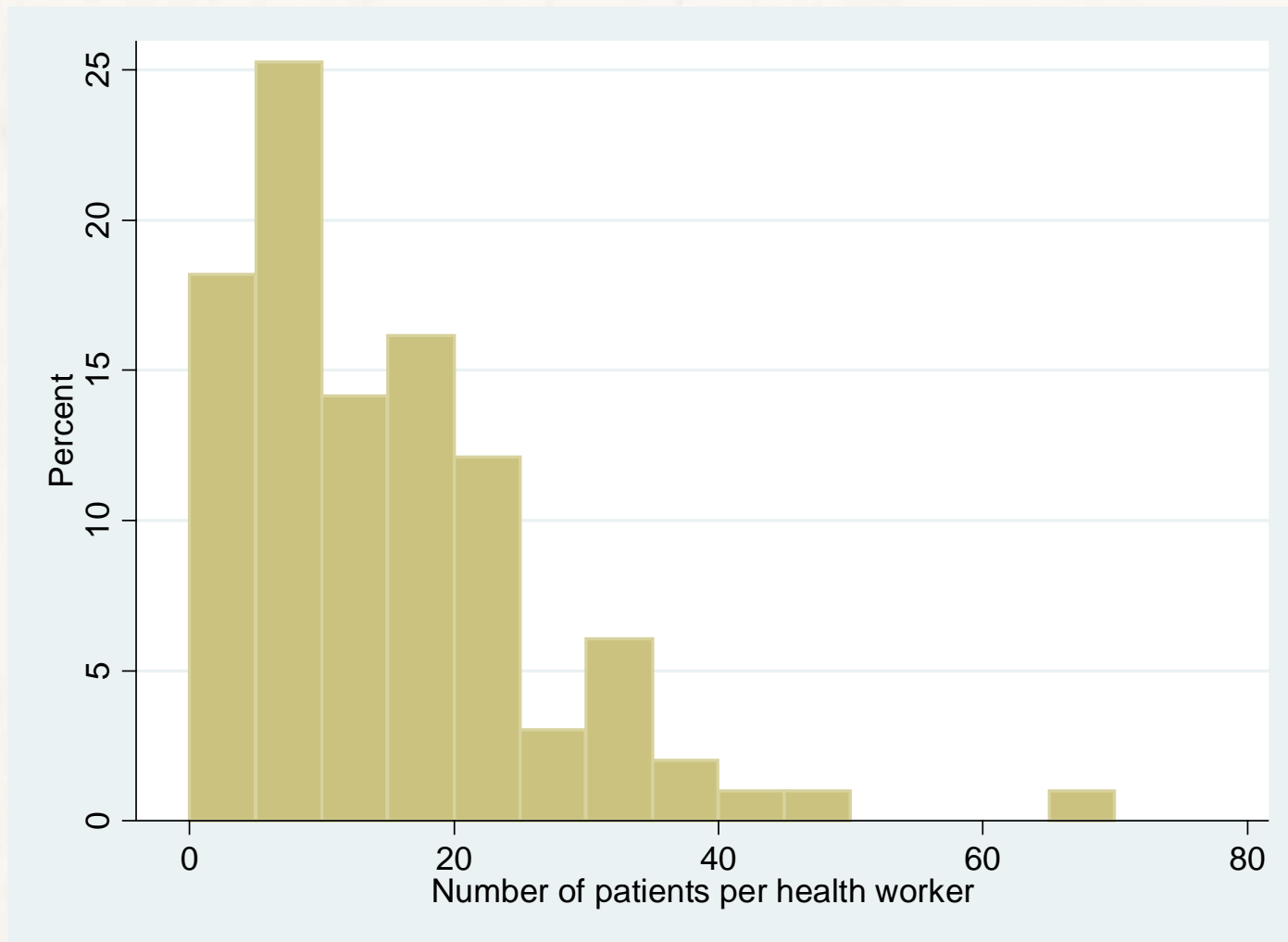


- 9 rural districts
- 126 health facilities
  - 99 with data on number of patients over time

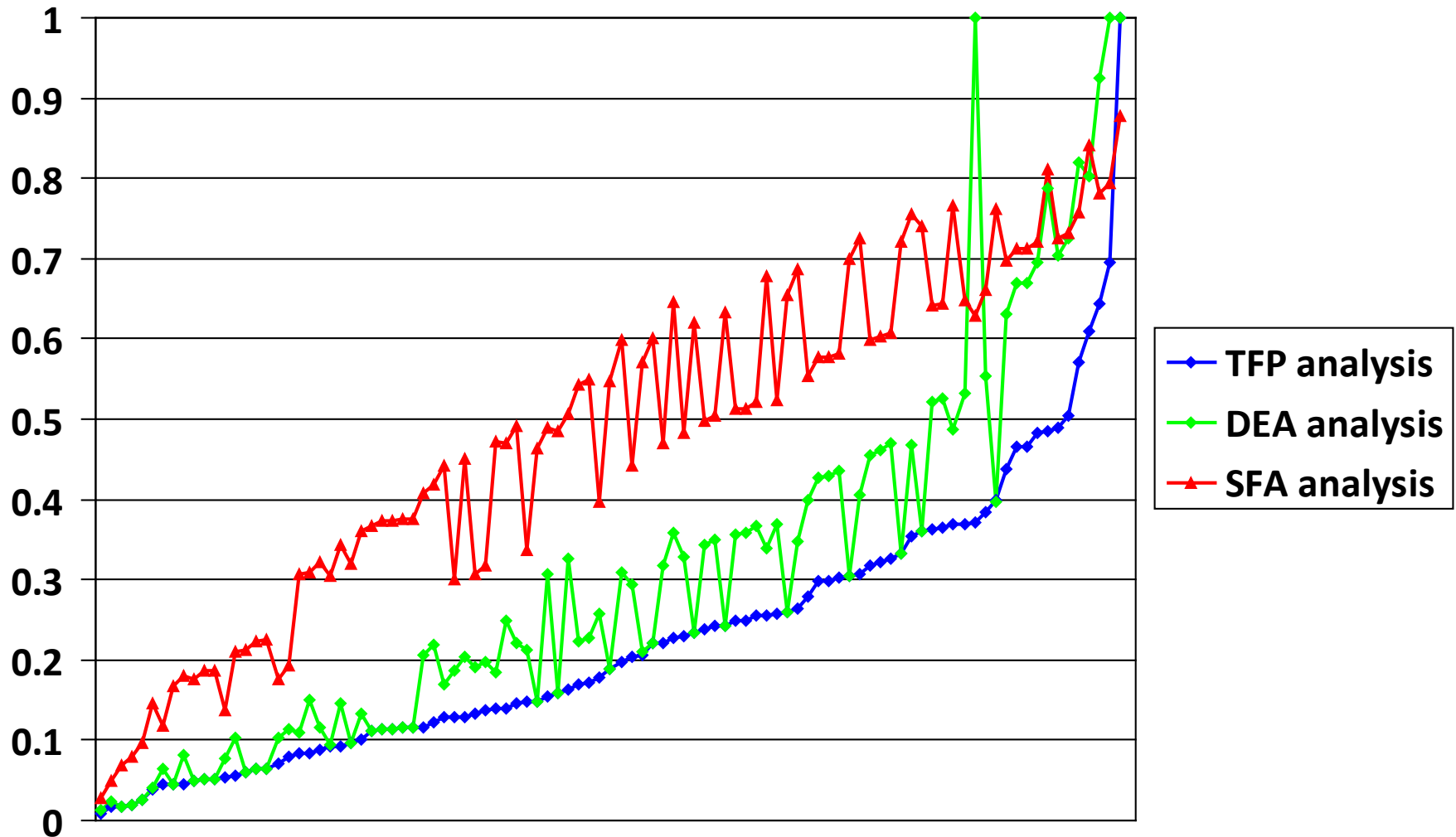
# Simple productivity analysis

- Input:
    - Number of health workers in the OPD
  - Output:
    - Number of patients treated in the OPD
- ⇒ **Productivity:**
- Patients pr health worker

# Patients per health worker (per day)

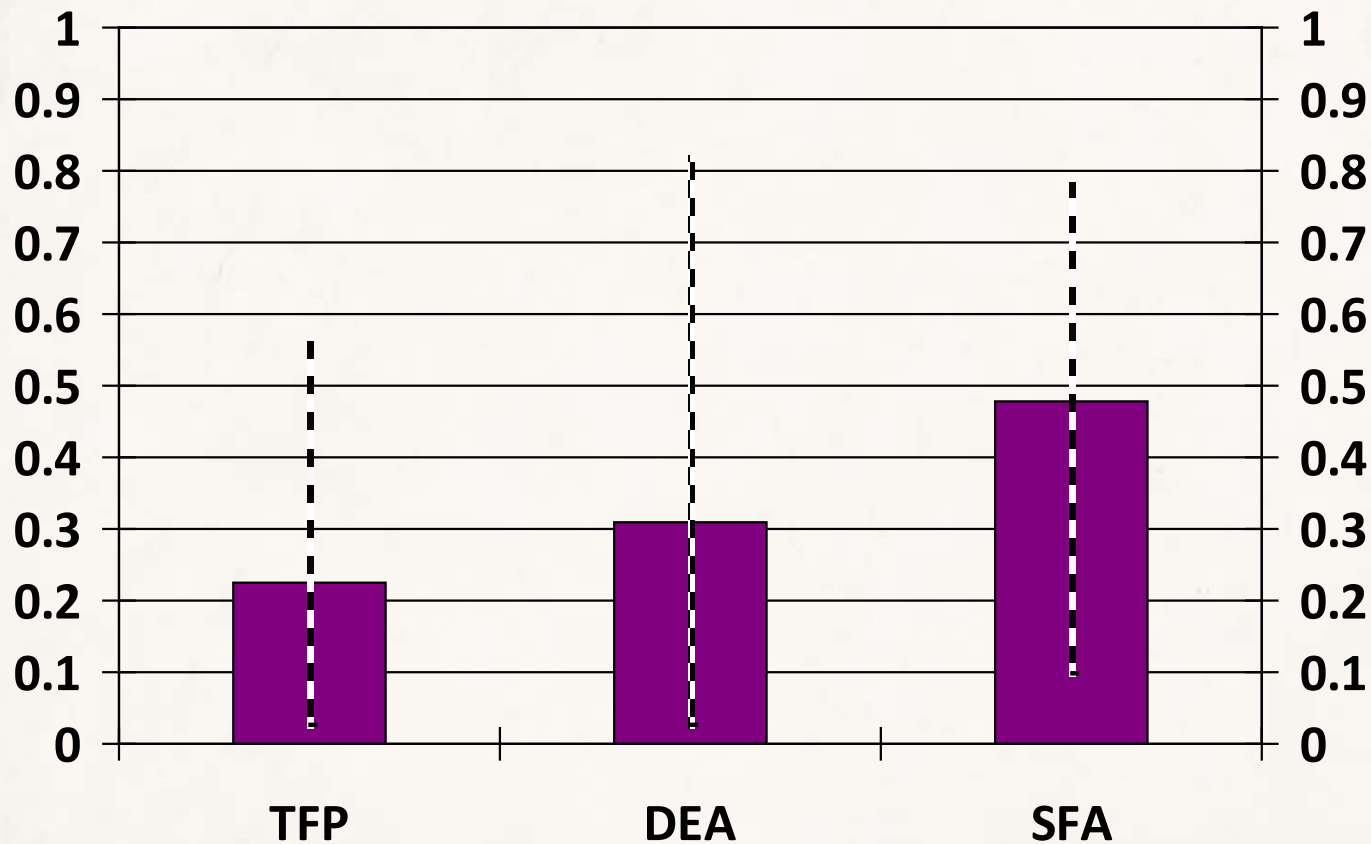


# Productivity levels – by health facility





# Average productivity (and variation)



Variation: 5 - 95 percentile

# Conclusions



- Low average productivity
  - A few facilities do much better than most of the others
- Large variation in productivity

# What to do?

- Learn from high performers
- Allocate additional health workers to high productive units
- Fewer health workers at low productive units?
  - Not necessarily. Could imply close-down. Equity?

# Recommendations

- Don't do productivity analysis without **good data!!**
- Include **all outputs**
  - Delivery, vaccinations, OPD, etc.
- Use the **DEA approach**
  - More sensible than TFP analysis
    - Accounts for differences in the size of health facilities
  - Easier and more intuitive than SFA analysis
    - Easily deals with multiple inputs/outputs
    - Software freely available (e.g., DEAP)