WISN – Workload Indicators of Staffing Needs – is a tool, developed by the World Health Organization (WHO), that is designed to calculate staff requirements according to health facility workload.

It relies on three components: available working time, activity standard and workload.

1) Available working time
is the number of days in a year a health worker can work in a facility (on average). It differs for different cadres. It is limited by annual leave, sickness, and other causes of absence such as travelling to District offices for meetings, to collect salaries and to deliver facility reports. On average, Iringa District Council and Ludewa District Council the available working time is 156 days for clinicians and 165 days for nurses.

2) Activity standard is the time required to perform each activity (clinical or support). For example, it takes 30 minutes for an antenatal visit. Activity standards are not fixed, but should be determined according to the specific setting.

3) Workload shows outputs of each facility. For example, the number of antenatal visits, child deliveries, vaccinations carried out in a month.

Example of WISN calculation for one activity (antenatal visits) carried out by a midwife in a facility

- Activity standard
  - 30 min

- Workload component
  - 200 visits/month

- 30 X 200 = 6,000 min (100 hours)/month
  - Time required by a midwife for antenatal visits in this facility

Main limitations are the lack of reliable data from facilities, the difficulty of setting activity standards, and the incomplete overlap between population needs and volume of services being delivered.

Key facts
- WISN is a tool for human resources management.
- Available working time for each cadre is limited by absence due to leave, illness, national holidays, time spent travelling to central District medical offices or to collect salaries, which may be affected by means of transport and distances in rural areas.
- In Iringa DC and Ludewa DC, WISN has produced an available working time of around 150 days per staff member. Therefore to ensure the regularity of services in peripheral structures, such as full-time childbirth attendance, the minimum requirement is approximately 3 members of staff.
- The main criticism is that facility output may not reflect the needs of a population.

Info: www.doctorswithafrica.org

Source
Workload Indicators of Staffing Needs.

This document has been produced with the financial assistance of the European Union. The contents of this document are the sole responsibility of Doctors with Africa Cuamm and can under no circumstances be regarded as reflecting the position of the European Union.
Tanzania

WISN – Viashiria kazi vya mahitaji ya wahudumu ni kifaa kilichoanzishwa na shirika la afya la kimataifa (WHO), ambacho kimebuniwa kwa lengo la kukokotoa mahitaji ya wahudumu kulingana na kazi ya huduma ya afya katika kituo. Kifaa hiki kina mambo matatu: muda uliopo wa kufanya kazi, kiwango cha shughuli na shughuli.

1) Muda uliopo wa kufanya kazi: idadi ya siku katika mwaka ambazo mhumdumu wa afya anaweza kufanya katika kituo cha afya (wastani). Idadi hilo hutofautiana kimakundi. Mpaka wake ni likizo za mwaka, ugonjwa na sababu nyeinge za kushinda kama safari za wilayani kwa ajili ya mchakato zinaya kiwango cha hudumu na mfumo ya kutafuta kwa kila kundi la taaluma unakomea kwenye likizo, ugonjwa, mapumziko ya kitaifa, muda unaoziri ujumbe wa afya kwenye kituo kwa ajili ya kuchukua mishahara na kufuata mishahara na kugachapisha katika kituo kwa ajili ya kuchukua mishahara.

2) Kiwango cha shughuli: muda unaoziri kwa kila kundi la taaluma unakomea kwenye likizo, ugonjwa, mapumziko ya kitaifa, muda unaoziri ujumbe wa afya kwenye kituo kwa ajili ya kuchukua mishahara na kufuata mishahara na kugachapisha katika kituo kwa ajili ya kuchukua mishahara.

3) Shughuli: mtokeo ya kila kituo. Kwa mfano idadi wa wanawake katika kliniki, uzalishaji katika chanzo zinazotolewa kwa mwezi. Jumla ya muda unaoziri kwa kila kundi la taaluma unakomea kwenye likizo, ugonjwa, mapumziko ya kitaifa, muda unaoziri ujumbe wa afya kwenye kituo kwa ajili ya kuchukua mishahara na kufuata mishahara na kugachapisha katika kituo kwa ajili ya kuchukua mishahara.

Mambo muhimu

• WISN ni kifaa kitumikacho kwa ajili ya usimamizi wa rasiliimali wa u organsi, muda uliopo wa kufanya kazi kwa kila kundi la taaluma unakomea kwenye rejezo, ugonjwa, mapumziko ya kitaifa, muda unaoziri ujumbe wa afya kwenye kituo kwa ajili ya kuchukua mishahara na kufuata mishahara na kugachapisha katika kituo kwa ajili ya kuchukua mishahara.

• Katika halmashauri ya wilaya ya Iringa na Ludewa, WISN imezalisha muda wa siku 150 za kufanya kazi kwa kila mtokeo. Kwahiylo, ili kuhelezika kunakuwa kwa ujumbe wa afya kwa ajili ya kuchukua mishahara na kufuata mishahara.

• Dosari kubwa ni kwamba matokeo ya vituo yanaweza kushinda mahitaji ya jamii

Info: www.doctorswithafrica.org

Mfano wa namna ya kukokotoa kwa kutumia WISN katika shughuli Mtoza ya mahudhurio ya namna ya msimamo wa umoja wa ulaya ya Afriki. Mtoza ya mahudhurio ya namna ya msimamo wa umoja wa ulaya.

Madaktari wenza na Africa Cuamm
Viashiria kazi vya mahitaji ya wahudumu - WISN

Source
World Health Organization
www.who.int/topics/geographic_information_systems
The majority of the population of Iringa District Council and Ludewa District Council, consisting of a total of about 400,000 people, live in rural villages. Women have to walk to the health facilities to give birth, though walking is sometimes combined with riding a bus. In Tanzania, where there are less than half the required number of health workers, the shortage of health staff is even greater in rural areas. GIS – Geographic Information System – is designed to capture and display data located on a map. In Iringa DC and Ludewa DC this system has been used for planning purposes, analyzing geographic locations together with data on child deliveries and human resources. Neither district had any digital maps with details of the health care system. With the technical support of the Geology Department of the University of Siena, health facilities and population data were mapped using GIS, allowing access to child delivery services to be assessed in detail.

**Results**
Child delivery services are available in 57 health facilities in Ludewa DC and 70 in Iringa DC. Basic childbirth services are available in dispensaries and health centres, while complete delivery care, including caesarean sections and blood transfusions, are only available in one hospital in Iringa and in 2 hospitals in Ludewa. GIS has also shown that women can easily reach health facilities in both districts: for 90% the closest are located at a maximum walking distance of two hours, and more than half are within one hour’s walking. In Iringa DC and Ludewa DC the Geographic Information System helped us to show that understaffing of qualified personnel, such as nurses and midwives, affects many facilities. In Ludewa and Iringa, 93% and 87% of facilities respectively, have insufficient staffing to provide full time quality maternity care.

**Key Facts**
- Both Districts are rural and women get to health facilities mostly on foot.
- In both Districts, there are numerous health facilities for childbirth which are located at a maximum walking distance of two hours for the majority of women.
- The majority of health facilities have too few staff to ensure quality delivery care throughout the year.

**Conclusions**
For effective childbirth coverage, it is recommended a reduction of more than 40% of the centers in order to strengthen fewer, quality, well staffed delivery sites. GIS can contribute to identifying these sites to ensure that women can still easily access facilities.

**Info:** www.doctorswithafrica.org

<table>
<thead>
<tr>
<th>Table 1 – Iringa DC: skilled birth attendants in Health facilities</th>
<th>*health facilities with insufficient staffing to offer quality full-time childbirth care</th>
</tr>
</thead>
<tbody>
<tr>
<td>n. skilled birth attendants</td>
<td>0</td>
</tr>
<tr>
<td>n. facilities</td>
<td>2*</td>
</tr>
<tr>
<td>% facilities</td>
<td>3%*</td>
</tr>
<tr>
<td>Total facilities</td>
<td>70</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 2 – Ludewa DC: skilled birth attendants in Health facilities</th>
<th>*health facilities with insufficient staffing to offer quality full-time childbirth care</th>
</tr>
</thead>
<tbody>
<tr>
<td>n. skilled birth attendants</td>
<td>0</td>
</tr>
<tr>
<td>n. facilities</td>
<td>21*</td>
</tr>
<tr>
<td>% facilities</td>
<td>37%*</td>
</tr>
<tr>
<td>Total facilities</td>
<td>57</td>
</tr>
</tbody>
</table>

Source: World Health Organization www.who.int/topics/geographic_information_systems

This document has been produced with the financial assistance of the European Union. The contents of this document are the sole responsibility of Doctors with Africa Cuamm and can under no circumstances be regarded as reflecting the position of the European Union.
Idadi kubwa ya wakazi wa halmashauri ya wilaya ya Iringa na Ludewa zenye jumla ya watu takribani 400,000 wanaishi vijijini. Akina mama wanalazimika kufuata huduma za afya kwa ajili ya uzazi kwa kutembea, na wakati mwingine huendesha basi. Katika Tanzania ambako kuna upungufu wa watumishi wa afya kwenye vituo huo ni mkubwa zaidi ya vizuri, zaidi ya kwa kina mama ya uzazi. 

GIS – mfumo wa habari wa kijiografia umetengenezwa kuchukua na kuonyesha takwimu zilizopo na kuonjipata maeneo ya huduma za afya na uzazi. Katika Tanzania, GIS imeonyesha na kina mama wanaweza kuzikatika katika uzazi kwa ajili ya huduma za afya kwenye vituo huo. 

Mambo muhimu
• Wilaya yote mbili ni za vijijini na akina mama huzifikia huduma za afya kwa ajili ya uzazi. 
• Katika wilaya yote mbili kina maeneo mbili ya huduma za afya za uzazi kwa ajili ya uzazi ambazo zimea basi. 
• Idadi kubwa ya huduma za afya zina wa hudumani wachache sana wakati mwingine anaweza kua ni kina kwa ajili ya uzazi kwa kina mama ya uzazi. 

Hitimisho
Lili kuboresha maeneo ya kujifungilia watoto, inapendekeza kupunguza vituo kwa 40% ili kupitia kina afya kutoka ujuzi kwa ajili ya uzazi. GIS imeonyesha na kina mama wanaweza kuzikatika katika uzazi kwa ajili ya huduma za afya. 

Info: www.doctorswithafrica.org

**Waraka huu umeandaliwa kwa msaada wa kihuduma wa umoja wa ulaya. Yaliyomo ndani ya waraka huu ni waziri wa madaktari wenza na Africa Cuamm na wala yasidhaniwe kwa namna ya umryaji wa umoja wa ulaya.**