

Resource centres for district-level health workers in Tanzania

by Sarah Hammond

Since 1990, the Centre for Educational Development in Health Arusha (CEDHA) and Healthlink Worldwide have established a network of district resource centres (RCs) for health workers across Tanzania. In 1997 we reported the lessons learned from the first 6 years (see <http://www.inasp.info/newslet/may97.html#6>). Our continued experience has highlighted the need to place the development of RCs in a wider social context.

With funding from DFID (UK), the project has established 43 district RCs across Tanzania, located in district health centres. Health sector reforms in Tanzania have increased district-level responsibility for health planning and service delivery, and RC development has responded to the increasing need for information on health practice and management. The RCs are staffed by health workers themselves, who have received training from CEDHA, using the *Resource Centre Manual* produced by Healthlink Worldwide <<http://www.healthlink.org.uk/rcman/rchome.html>>.

Key lessons learned

- Health workers value textbooks more than newsletters and journals, even though the latter may hold information of similar quality, and are cheaper to obtain.
- RCs develop best in situations where professional development is valued and encouraged.
- The RC assistant or coordinator is crucial to develop a dynamic RC;

they need a combination of skills, linked to educational levels, creativity and initiative.

- RCs need institutional commitment for long-term sustainability. The level of support from the Council Health Management

Team, and the District Medical Officer, has a major impact.

- Commitment is required from districts before they are selected, including the agreement of staff time for the RC assistant, allocation of a room, a small budget for expenses, and donation of materials for the centre.

Throughout their partnership, CEDHA and Healthlink Worldwide have supported the production of local content at district level. District health workers were encouraged to identify priorities in their districts, and were supported to develop a total of eight guides on subjects like quality assurance, district health planning, gender-based violence and sexual health issues. Health workers also expressed an urgent need for easy-to-understand information on health sector reform: CEDHA adapted and repackaged the human resource policy from the Ministry of Health to meet this need.

An evaluation of the project in 2001 showed that health workers



Nachingwea Resource Centre, Tanzania

require greater access to Internet and video resources. CEDHA and Healthlink Worldwide are introducing these facilities in a small number of centres in 2003. The project will be supported by Source (www.asksource.info), an international support centre designed to strengthen the management, use and impact of information on health and disability.

For more information, contact Sarah Hammond, Regional Link Coordinator.

Email:
<hammond.s@healthlink.org.uk>

Healthlink Worldwide
Cityside, 40
Adler Street
London, E1 1EE
UK

Healthlink Worldwide
<www.healthlink.org.uk>
CEDHA
<www.cedha.ac.tz>