

Decentralization and human resource management in the health sector: a case study (1996–1998) from Nampula province, Mozambique

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SUMMARY

Despite political, cultural and geographical diversity, health care reforms implemented in many developing countries share a number of common features regarding management and structural issues. Decentralization of decision-making from the central authority to local and provincial levels is generally regarded in the literature to be an important way of achieving a more equitable distribution of health care and better management practices, aligned with local priorities and needs. However, in the absence of clear guidelines, continuous monitoring and an adequate supply of financial and human resources, decentralization processes are more likely to have a low impact on the process of health care reform and can, to a certain extent, provoke inequalities between regions in the same country. This qualitative study in Nampula province, Mozambique, was conducted to assess the impact of decentralization, through an analysis of the viewpoints of provincial health managers regarding their perceptions of the process, particularly with regard to the management of basic and elementary nurses. Secondary data from Nampula provincial reports and documents from the Mozambican Health Ministry were also reviewed and comparisons made with the experiences of other developing countries. Copyright © 2001 John Wiley & Sons, Ltd.

KEY WORDS: healthcare reform; decentralization; Mozambique; human resource management

INTRODUCTION

Since the late 1980s, most developing countries have been undergoing health care reform encouraged by the World Bank and the International Monetary Fund. These reforms aim to address health care delivery issues related to cost containment, improved equity, efficiency and effectiveness of health services, more consumer focus and the achievement of better value for money (Hunter, 1997). However, it is argued that in many health care reform proposals in developing countries, attention to human resources and social issues is limited (Kanji *et al.*, 1991). In Mozambique, the process of health care reform includes, but is not limited to, financial issues, cost recovery and decentralization of human resource management

regarding nurses and ancillary personnel, who constitute the major part of the Mozambican health workforce (Ministry of Health of Mozambique, 1998). Provincial governments have been considered as the major actors in this decentralization process, tasked with making the health care system more flexible and responsive and improving the quality of health care delivery as well as health workers' living and working conditions.

The process of decentralization of decision-making has generally been perceived within a conventional theoretical framework as allowing action to be taken more quickly to solve problems, allowing more people to provide input into decisions and as reducing the sense of alienation typically felt by employees who have little say in the decisions that affect their working lives (Robbins, 1998: 485). Nevertheless, the centralization/decentralization dilemma has a long and controversial history as the following comment from health planners illustrates: 'No unresolved problem in the planning process recurs as continually as the question of the appropriate balance between centrally directed and peripherally initiated activities' (Taylor and Reinke, 1988:7).

In many countries, particularly those undergoing health care reform, the demand for decentralization is strong, with governments perceiving it as a way of ensuring more equitable and sustainable health care, primarily based on efficiency considerations (Macrae *et al.*, 1996). However, decentralization processes do not always result in clear benefits. For example, Prud'homme (1995) argues that decentralization can increase disparities, which can affect the distribution of equity within a country as a result of inadequate redistributive policies.

In the case of human resources, inappropriate redistribution policies within the health sector will necessarily have a direct impact on the delivery of healthcare. This impact is due to the fact that the interaction between health care workers and consumers is the major component in the provision of health care in every health care system (Fottler *et al.*, 1994). At the same time, local geographical and environmental characteristics, which can be different within a country, also have an impact on the distribution of the workforce and this can increase national disparities.

In Mozambique, health reform has been implemented within a primary health framework with the twin aims of increasing the access of populations to health care, and also ensuring that communities will gain an integrated solution to their needs. Adequate management of human resources is therefore vital to ensure the provision of good quality health care in an equitable manner. Lessons from both developed countries, such as Finland, and developing countries, such as Papua New Guinea (PNG), indicate that decentralization, as a management policy, is not necessarily sufficient to guarantee desired health system reforms, such as appropriate access to health care services or improved efficiency of health organizations. Other factors, such as legislation to guide the process and to assure uniform standards as well as adequate local management of both organizational change and the devolved services are important to guarantee improvements in the provision of health care (Koivusalo, 1999; Kolehmainen-Aitken and Newbrander, 1997).

This study aims to identify the human resource management practices in a decentralized context in Nampula Province and to identify whether better practices are

possible in the context of health care reforms. The study objectives are to examine human resource management practices regarding *enfermeiros básicos* and *elementares* (basic and elementary nurses) in Nampula province; to analyse the impact of decentralization of human resource management in the province in the light of experience from other developing countries; and to identify the views of provincial managers with respect to the management of human resources in health, particularly the basic and elementary nurse workforce.

As a case study, this paper investigates the implementation of a major human resource reform and indicates that despite the theoretical advantages ascribed to decentralization of human resource management, such as reducing costs, cutting overheads, speeding up decision-making, increasing flexibility and empowering employees, these may all be negated without appropriate planning at both central and local levels, the proper management of change and monitoring and evaluation.

METHODOLOGY

The situation in Mozambique is similar to many other countries regarding statistical information and its use for planning activities. Caution is required and information may often be considered unreliable, due to the prevalence of erroneous data or lack of use of available information. At the local level, it has been recognized that a lack of trained personnel for correct statistical analyses, may well mean that national statistics are flawed (Ministério da Saúde, UNICEF and Cooperação Suíça, 1996, unpublished report).

In the light of this situation, the study used a combination of processes in order to access appropriate data to investigate the research topic. This use of multiple sources allowed for triangulation of measurement and increased confidence in the overall validity of the results. The major source of data was information gained from the Nampula province managers, which provided important insights into the impact of decentralization on human resource management at the local level. An additional, secondary source of data included national and provincial reports from the Ministry of Health, consultants' reports and administrative documents about policy issues and human resource management, from 1996 to 1998.

Eight of the 11 Nampula provincial health managers were surveyed. These managers are critical to the implementation of decentralized human resource management in the health sector at the provincial level. As a group they were relatively experienced and had all experienced the decentralization process. Three of the respondents had more than 11 years experience in Nampula province, two had 6–10 years and three had less than 5 years.

A qualitative research design was selected in order to gain a thorough understanding of the views of these provincial health managers. An extensive literature review of both general human resource management and decentralization sources as well as documentation specific to Mozambique and Nampula province, provided a framework for a semi-structured questionnaire, in Portuguese, for completion by the provincial health managers. The themes identified covered issues such as the impact of decentralization, supervision, rewards, planning, coordination, job

description, performance evaluation, continuing education and community participation. Open-ended questions were used to allow participants to develop in-depth meanings and perceptions about the various issues raised. These were analysed by a Portuguese-speaking, Mozambican health worker, using standard content analysis techniques (Denzin and Lincoln, 1998).

FINDINGS

The main findings of this study are presented under two subheadings: decentralization in the health sector in Mozambique; and decentralization issues specific to Nampula province. These findings are informed both by the original data collected from the provincial health managers and the literature reviewed.

Decentralization in the health sector in Mozambique

Structural Adjustment Programmes were introduced in Mozambique in 1987 to redress the difficult economic situation which had arisen due to such factors as economic weaknesses, natural disasters and a civil war, and to improve the efficiency of the Mozambican workforce in all sectors through a decentralization process (World Bank, 1995). The *Ministério de Administração Estatal* (Ministry of State Administration) is the major governmental authority responsible for the implementation of the decentralization process in Mozambique, regarding policy issues, strategies and procedures. At provincial level the Ministry of State Administration is represented by *Direcção Provincial de Apoio e Controlo* (Provincial Directorate of Support and Control). The other ministry with major involvement in the process of decentralization regarding budget reforms is the *Ministério do Plano e Finanças* (Ministry of Planning and Finance) which is represented at provincial level by the *Direcção Provincial do Plano e Finanças* (Provincial Directorate of Planning and Finance) (World Bank, 1995).

The decision to move towards the decentralization of human resource management had its origins in the observation that centralized human resource management causes serious problems for individual health workers such as the speed and efficiency of processing personnel documentation (appointments, pay, movement orders and the like) and administrative activities in general (Ministério da Administração Estatal, 1995). In implementing decentralization policies a major objective was that the central level institutions would not be overloaded with routine human resource management issues, and so would be released to concentrate on broader strategic and policy issues.

At local levels, the competence of human resource management in the decentralized system is the responsibility of the provincial Governor, who may delegate some responsibilities to provincial directors. This strategy of delegation was designed to allow the decision centre to be closer to each worker, thereby facilitating better management of individual health workers and better utilization by the institutions of their professional potential. In Nampula province some human resource management responsibilities were delegated from the provincial Governor to the

provincial Director of Health. Responsibilities delegated included planning and control of human resources according to national guidelines, planning of a general board of workers, organization and control of the information system, selection, recruitment and posting of health personnel, training and evaluation, and administrative procedures related to rewards and retirement (Direcção Provincial de Saúde de Nampula (DPSN), 1998a, unpublished report).

Over the past 5 years a number of improvements in human resource management in the health sector have been recognized. These include the overall national requirement for skilled health workers in rural and remote locations and recognition of a fundamental requirement for primary health care to be available to all. At the same time, there has been increasing recognition of the problems inherent in the rapid decentralization of human resource management in the health sector.

Primary health care at the community level has increasingly been regarded as the basic framework for health care delivery. One of the major national concerns in health care reform was to improve equity in access to health care and service coverage, particularly in rural areas. Since the start of the health sector reform process, human resource issues have been considered as a crucial factor in the economic development of the country and particularly in the development of the health sector. Therefore a 'Human Resource Development Plan from 1992 to 2002' was launched with the objective of restructuring the Mozambican health workforce (Gish and Pavignani, 1992; Ministry of Health of Mozambique, 1998).

In 1996, at the XXIII National Coordinating Council of Health, an annual health meeting involving all provincial and national health managers, the Ministry of Health concluded that the process of decentralization needed more reflection and maturity for a better definition of a national decentralization policy in the health sector to emerge (Ministério da Saúde, 1996, unpublished report). At the same time, although primary health care was defined as the major strategy in the provision of health care in Mozambique, nurse training was recognized as being more oriented towards hospital and acute service provision, particularly assisting doctors and curative activities, rather than working with communities in preventative and health promotion activities (Gish and Pavignani, 1992).

The following year, the Government concluded that decentralization of human resource management had led to an excessive delay in the formal deployment of health workers due to internal problems in relation to financial and administrative issues. Also, human resource management practices were considered weak, particularly in relation to actions taken against poorly performing workers as well as workers with disciplinary problems. These workers were usually transferred from one duty station to another, or to other provinces, without adequately solving their problems (Ministério da Saúde, 1997, unpublished report).

The need for a population focus and community as well as local authority involvement was recommended as a strategy to improve the sustainability of health sector projects. To improve the quality of the decision-making process the Ministry of Health recommended to each province in Mozambique that improved analysis of both statistical data and local experience was required in order to search for better solutions, in the light of local realities. Transferrals of health workers due to poor

performance was considered a management practice to be avoided (Ministério da Saúde, 1997, unpublished report).

Provincial health managers, particularly provincial health directors, usually only stay a few years at provincial level. To improve the quality of management at this level, professionalization of management functions with long-term tenure in management activities was considered essential, to take advantage of the knowledge and experiences acquired by provincial health managers. In common with the aims and objectives of many other countries, health worker redistribution from cities to peripheral areas was also considered a priority to increase health service coverage and equity (Ministério da Saúde, 1998, unpublished report).

The difficulties faced in this regard have been well recognized in other developing countries (Gilson and Mills, 1995; Kolehmainen-Aitken and Newbrander, 1997). Aside from the issue of requiring health service providers such as doctors and nurses to relocate themselves and/or their families, evidence from a number of regions indicates that health worker redistribution also requires reorientation and re-training, with community-based preventive and health promotion activities taking precedence over a perspective which emphasizes hospital-based acute care (WHO, 1995). Zhu has commented, for example, on the need for partnership between health and other sectors in a settings approach to health promotion in terms of maternal and child health in China (Zhu, 1996).

A personnel information subsystem was created in 1998, with the objective of improving information about human resources and to allow better management and better human resource development policies (Ministério da Administração Estatal, 1998).

Nampula province experience

The impact of decentralization policies formulated by the government and acted on through the health sector has been felt by local human resource management in the provinces. The provincial managers, for example, were critical of the impact of the decentralization process in Nampula Province, commenting that: 'the process of decentralization did not improve the deployment process—which continues to be very delayed' and that 'there is too much bureaucracy in the provincial government, which causes many difficulties for the health directorate and health workers'. Such views were reflected in provincial reports which found that human resource management skills were weak, with limited development of relevant administration procedures and poor coordination between the human resource department and the financial sector in the provincial health directorate. According to all the provincial managers surveyed, although the Ministry of Health provides the support and orientation needed in the process of decentralization of human resource management, they need more financial and human resources support.

Nevertheless, some positive developments in the human resource department were noted, including improvements in the administration of the retirement process of health workers and the introduction of a better personnel information system (DPSN, 1997, unpublished report). For the provincial managers, coordination with other governmental sectors was considered satisfactory (as noted by one provincial

manager 'there is a good relationship between the health sector and other governmental bodies in Nampula province'), although other comments indicated a level of concern, such as: 'The district Administrators (Governmental authority) should not interfere in the process of the transferral of health workers when they are moved in health service interests as, in this process of transferrals, district Administrators often mix political and party issues'.

Community participation in community health activities was considered weak, largely due to the lack of health personnel. For example, all the provincial managers commented that they considered community participation in health activities to be generally poor. This was consonant with provincial reports which reported that there was an increased need to reactivate the role of community workers, together with increased collaboration with relevant local level health workers, such as traditional birth attendants, and APE's ('*agentes polivalentes elementares*') (basic general assistants) (DPSN, 1997, unpublished report).

The human resource sector was affected not only by a lack of qualified personnel but also by the fact that proper administrative processes and norms were not adequately followed. One manager commented that: 'In Nampula province the process of decentralization should be more complete and effective in order to improve the administrative procedures regarding management of human resources decentralized to provincial level rather than adding more bureaucratic constraints'.

In many instances, at district level the same person performed all the administrative and financial functions. Health workers' individual files were typically incomplete, lacking specific information such as recent continuous training information, supervision information, disciplinary occurrences, leave, rewards and distinctions. While job descriptions of health professionals were published in a national bulletin (*Boletim da República de 14/03/1994 5º Suplemento-I Série No 10 Resolução 3/94 do Conselho Nacional da Função Pública*), these were not consistently applied in many districts (DPSN, 1998a; 1998b, unpublished reports).

The responses of the provincial managers to the issue of the recruitment of new health workers indicated that the process is generally poor due, they said, to financial and administrative constraints. On the one hand, there are problems regarding job description issues, as the following statement from a provincial manager indicates: 'The nurse's tasks are already described—however the access to these documents at district level and with peripheral health units is very poor; on the other hand the lack of personnel means that many workers perform duties that are not in their job description'. Added to job description issues, existing delays in the recruitment process were seen as often reducing the motivation of newly appointed health workers. As one manager commented: 'In relation to the deployment process of new nurses the situation is critical. Although there are some nurses working with NGO's, when their contract finishes they do not have any integration in the health system but rather stay at home without anything to do'; and again: 'When the process of recruitment is done these nurses usually are not actively employed and do not perform their tasks very well'.

Concerning the issue of planning and performance evaluation, the main point emphasized by Nampula provincial managers was that administrative constraints have reduced the possibility of achieving an adequate performance evaluation in

recent years and that the parameters for health worker's evaluation are not adequate. Although there are some human resource planning activities at the provincial level, the provincial managers raised some major concerns about health personnel training, as illustrated by the following statement: 'The only plan for human resources is for training, with the objective of training, as soon as possible, the highest number of health professionals but without the supervision and capacity to follow their activities and monitor their performance'.

Regarding the supervision process, the main issue was that although much supervision was done, no feedback information was provided. At the same time, due to reduced budgets the duration of supervision visits was also reduced to one or two days. At the district level, planning of activities was very poorly developed with no system of ongoing training, particularly of the most peripheral health workers. Literature and other tools for continuing education were generally absent (DPSN, 1998a, unpublished report). The main concern for the provincial managers related to the lack of supervisors to cover all of Nampula province and financial restrictions for the payment of supervisors.

In terms of rewards, an essential component of a human resource system, the provincial managers reported that no formal reward systems existed, although it seems that occasionally some workers were rewarded for their achievements. As one manager commented: 'Outstanding health workers were rewarded only during the cholera epidemic in 1998'. In the area of continuing education, the major concerns voiced by the provincial managers were that most of the continuing education activities were oriented towards registered nurses working in specific areas, such as mother and child care, tuberculosis and leprosy. This is seen as reducing the opportunities for other health workers (such as basic and elementary nurses), particularly in rural areas.

While relationships with NGO's were reported as reasonable, coordination of activities was poor. Often the health authorities did not know the NGO's budget and priorities, causing duplication of effort and waste of scarce resources (DPSN, 1998a, unpublished report). Overall satisfaction in terms of coordination with NGOs was voiced by the provincial managers, however, some respondents mentioned that motivation is affected due to differences in resource allocation: 'Although the coordination with NGOs is good, the possibility of health authorities continuing their activities with the same motivation is reduced, as are sustainable and further developments'.

DISCUSSION

Findings derived from Health Ministry reports, and also from documents of other Mozambican institutions, have shown that decentralization of human resource management was undertaken in a very difficult socio-economic environment in Mozambique. The prevailing situation was generally characterized by a lack of resources while the country was in a process of recuperation from a massive destruction of socio-economic infrastructure, after a devastating civil war.

At the beginning of the healthcare reform process there were no clear guidelines to inform decision-making and to allow better orientation of the process of

decentralization, particularly at local levels. Therefore the Ministry of Health, aiming to improve the process of health care reform, sought to explore the best opportunities and identify better procedures and strategies.

It has been argued that few developing countries have long-term experience with health sector decentralization, and the impact on the management of the services it delivers has rarely been evaluated (Gilson and Mills, 1995). At the same time, Kolehmainen-Aitken and Newbrander (1997) argue that guiding principles for the decentralization process in developing countries are often lacking. Clear definition of the roles for different management levels and the linkages between them are absent and this is what leads to difficulties in assessing the impact of decentralization. Lessons from some developed countries, such as Finland, indicate that legislation and clear policies are also needed to guide and direct reform and that decentralization and local governance are not sufficient to guarantee the success of necessary health care reforms (Koivusalo, 1999).

This study provides evidence that the decentralization process of human resource management (in terms of basic and elementary nurses in the Mozambican context), although aiming to improve efficiency within the system, has been hindered in its impact, particularly in Nampula province. The barriers to this important reform relate partly to financial issues associated with resources. Such barriers were the most important requirement mentioned by provincial managers as a priority for more effective decentralization.

Most experiences in developing countries, for example in Tanzania and PNG, report that although financial issues are a top priority, many countries fail to decentralize the financial area adequately (Gilson and Mills, 1995). Moreover, Kolehmainen-Aitken and Newbrander (1997), considering experiences from the Philippines, argue that decentralization is not cost-neutral and therefore criteria for resource allocation should consider equity and disease burden differences. Considering these statements it can be argued that as a result of decentralization inequities between areas should be a major concern. Although some countries in developed and developing countries have introduced user fees to improve the financing of health care, these charges have the potential to increase inequities between population groups, as poorer populations tend to experience more health problems than wealthier populations (Koivusalo, 1999; Bergstrom and Mocumbi, 1996).

Well coordinated action for the recruitment of new workers, on time, was also mentioned as one of the major concerns. The delay in the recruitment of new workers has negative consequences both for the organization and also for the workers themselves. In systemic terms, delays in the recruitment process may reduce the achievement of desired health sector objectives, such as service coverage and the possibility of the replacement of workers from peripheral areas. Nurses as individuals may also be affected by delays in the process of recruitment due to lack of professional development after months, or years, without engaging in any activity related to their training.

Motivation and performance of these health workers are therefore likely to be affected. Relating similar experiences, Kolehmainen-Aitken (1991) argues that the most important effects of decentralization on workforce management in Papua New Guinea occurred in the areas of salaries and working conditions, staff selection and

discipline, and the deployment of staff, which affected motivation and staff development.

In this study, data derived from provincial reports indicate that supervision of health workers, although undertaken frequently was not systematic and failed to give feedback to the workers supervised. At the same time, the duration of supervision has been reduced due to financial constraints. Regarding supervision, Kleczkowski *et al.* consider that in many developing countries 'the training of managers and other personnel in management duties and supervision, particularly in actions of primary health care is woefully inadequate' (1984:88). Phillips (1990) also argues that although relevant support to workers and proper follow-up would improve their performance, in developing countries health workers, especially in rural areas, are frequently insufficiently trained, supported and supervised.

Commenting on such issues, Bossert (1998) argues that although information and monitoring are crucial for evaluating if the organization is achieving its objectives, they have significant costs. Benefits may, however, be reflected in the achievement of additional objectives, for example, it has been argued that supervision activities are a good opportunity to encourage health workers to seek genuine community involvement in the health management process (Kleczkowski *et al.*, 1984).

Delays in disciplinary actions may have important implications. Delays may be due to administrative problems, suggesting that in the province, correct procedures and protocols may need revisions and clear guidelines established. Regarding disciplinary actions, evidence from a number of countries indicates that managers frequently fail to take appropriate disciplinary action because of lack of documentation or evidence, lack of support from senior management or fear of confronting employees (Moravec *et al.*, 1995). Experiences from Papua New Guinea have also shown that transfer of staff disciplinary matters to provincial government have had both desirable and undesirable effects (Lausie and Thomason, 1991).

Considering policy issues in implementing decentralization, according to provincial health managers, planning issues related to human resources in Nampula province are not well consolidated. Many developing countries experience similar problems with adequate policies not in place to inform the implementation of the decentralized system. Human resource planning is commonly not practised consistently according to stated policies (Hope, 1995; Kolehmainen-Aitken and Newbrander, 1997). For example, it is argued that in Uganda '... for years policy was established by decree, no one knew what health policy really was; over the years it become an *ad hoc* collection of declarations, rather than an integrated legal framework for governmental action' (Macrae *et al.*, 1996: 1097).

In Nampula, inter-governmental and inter-sectoral coordination, particularly in the deployment of new health professionals and in the resolution of disciplinary issues, has developed very slowly. A number of authors consider the involvement of different governmental authorities and also of communities within the health system as an important strategy for sustainable development (Phillips, 1990; La Fond, 1995). Even when developed, however, this coordination may not result in expected benefits particularly when clear guidelines are not defined. For example, in Papua New Guinea, although it was expected that decentralization would open the doors for inter-sectoral cooperation, in most provinces this did not eventuate (Thomason *et al.*, 1991).

In Nampula, delegation of some human resource management functions from the provincial Governor to provincial directors appears to have had an important impact on the decision-making process and this suggests that there is political motivation for a real decentralization of the decision-making process regarding human resource management. Such political will, according to Reich (1995), is essential for the success of health care reforms. At the same time, however, political interests may compromise some decisions. For example, the reported involvement of district administrators interfering in management of the workforce, particularly regarding transferral issues due to political and party matters, may be a result of poorly defined roles within the process of the decision-making, but also lack of political will. Again, these experiences are not exclusive to the Nampula province context. In Papua New Guinea, for example, it appears that '...there has been a substantial increase in political interference in provincial health programmes and in the decisions and work of provincial public servants' (Lausie and Thomason, 1991:82).

Coordination between the provincial health directorate and the NGOs is an issue upon which the provincial health managers are in agreement, particularly regarding the positive role they play in Nampula province. Considering NGO collaboration, Okello *et al.* (1998) argue that in some developing countries, particularly in Uganda, NGOs at the local level usually have more resources for specific actions than local governments. Moreover, Macrae *et al.* (1996) consider that in the absence of systematic government policy and with more resources, NGOs may influence priorities and resource allocation. This issue has the potential to increase tensions in the utilization of resources for major priorities, as governmental authorities and NGOs may have different goals.

Without good information management the decentralization process may be compromised. Although it is reported that human resource information in Nampula province is improving, the capacity to use statistical data is limited due to the lack of trained personnel to use this information adequately in the decision-making process. This situation is not unique to Nampula province or the Mozambican context. For example, Lausie and Thomason (1991) argue that in developing countries such as PNG, similar problems occur at provincial level, particularly in using available data to monitor the process of decentralization and to guide health sector activities.

Concerning the mechanism of communication between management and the basic and elementary nurses, the provincial managers in this study argue that adequate communication and consultation mechanisms are an important element in increased motivation. Continuing education and in-service training are also seen as mechanisms that improve health workers' performance and motivation. Ideally, identification of health workers for these activities is generated through adequate performance appraisal, however, as argued by Thomason *et al.* (1991), in many developing countries provincial authorities are not well prepared for this responsibility.

Although there are some differences in the information provided by provincial health managers, the major concerns usually discussed in literature on healthcare reform and decentralization regarding HRM in developing countries, were also identified by the Nampula provincial health managers. The experience of Nampula

province in the Mozambican context seems to be very similar to the changes experienced by other developing countries undergoing similar processes. Although there are some developments towards genuine health care reform, there is still a need for the involvement of strategic management practices in Nampula, as the health sector authorities do not generally consider environmental trends for better planning, implementing and monitoring of the process of decentralization. Wider participation of different stakeholders in identifying the major problems and planning for appropriate and sustainable solutions may also improve management practices in the province.

This study has indicated that in implementing health care reform, attention to human resource issues may be reduced and that this, in turn, can lead to deleterious effects on the overall process of reform. Human resources are a critical factor in the provision of health care services as they interact directly with health care consumers and communities and are the major interpreters of health policies. In developing countries, nurses are the major providers of health care, as they usually are both the most numerous and also the 'frontline' health workers in health care provision, particularly in regional areas. However, as this study indicates, their planning and training are often not aligned with existing health policies, particularly when pursuing the implementation of primary health care concepts.

Decentralization has been identified in a number of countries as a means to improve efficiency, equity and quality of work. However, this case study, with supporting evidence from other developing countries, indicates that the achievement of desired goals is not easy to accomplish, even when the political will is present. In terms of general principles, the study indicates that decentralization needs to be thoroughly planned, implemented and monitored in order to achieve desired goals. Also, allocation of adequate resources, particularly in the financial and human resources area, together with support from high levels of authority are also instrumental for improvements. Without continuous learning from a country's own experiences, and other countries' experiences, and sharing between all stakeholders involved in the process of health care delivery, the implementation of decentralization may follow less than ideal paths.

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