

TANZANIA HUMAN RESOURCE CAPACITY PROJECT

Associate Cooperative Agreement No.621-A-00-09-00002-00

QUARTERLY PROGRESS REPORT

January-March 2013

Submitted by:

Jennifer Macias
Country Director, IntraHealth
Tanzania Human Resource Capacity Project
Taasisi Street Plot 3, Block A
Mikocheni– B
P.O. 38450
Dar es Salaam, Tanzania

Distribution To:

USAID/Tanzania
THRP Partners
MOHSW
PMORALG



Submitted: 2 May 2013

TABLE OF CONTENTS

I. Program Highlights	4
II. Introduction	7
III. Quarterly Activities: by Strategic Objective	8
A. Objective 1	
1. Support to National Level Government in HRH	8
2. Establishing a Human Resource Information System	8
3. Development of a Cadre of Para-social Workers	9
B. Objective 2	
1. Establishing a Human Resource Information System	10
C. Objective 3	
1. District HRH Strengthening and Development.....	11
2. Development of a Cadre of Para-social Workers	13
D. Objective 4.	
1. District HRH Strengthening and Development	14
IV. Organizational Development and Capacity Building	14
V. Monitoring and Evaluation	14
VI. Program Documentation	18
VII. Program Management	20
VIII. Planned Activities April-June 2013	22

List of Acronyms

• AIDS	-	Acquired Immune Deficiency Syndrome
• AIHA	-	American International Health Alliance
• AKF	-	Aga Khan Foundation
• BMAF	-	Benjamin William Mkapa HIV/AIDS Foundation
• CCHP	-	Comprehensive Council Health Plan
• CHMTs	-	Council Health Management Teams
• CSSC	-	Christian Social Service Commission
• DC	-	District Council
• DED	-	District Executive Director
• DHRO	-	District Human Resource Officer
• DMO	-	District Medical Officer
• DSW	-	Department of Social Welfare
• FY	-	Financial Year
• GOT	-	Government of Tanzania
• HRH	-	Human Resource for Health
• HRM	-	Human Resource Management
• HIV	-	Human Immunodeficiency Virus
• HSSP III	-	Health Sector Strategic Plan III
• ICT	-	Information and Communication Technology
• ISW	-	Institute of Social Work
• IMA	-	Inter-church Medical Association
• LGA	-	Local Government Authority
• MEVOT	-	Ministry of Education and Vocational Training
• MOFEA	-	Ministry of Finance and Economic Affairs
• MOHA	-	Ministry of Home Affairs
• MoHSW	-	Ministry of Health and Social Welfare
• M&E	-	Monitoring and Evaluation
• MSH	-	Management Sciences for Health
• MVC	-	Most Vulnerable Children
• MVCC	-	Most Vulnerable Children Committee
• NCPA II	-	National Costed Plan of Action II
• OPRAS	-	Open Performance Review and Appraisal System
• PASONET	-	Para-Social Network of Tanzania
• POPSM	-	President's Office Public Service Management
• PMO-RALG	-	Prime Minister's Office Regional Administration and Local Government
• PMP	-	Performance Monitoring Plan
• PSW	-	Para-Social Worker
• RAS	-	Regional Administrative Secretary
• SWA	-	Social Work Assistant
• SWO	-	Social Work Officer
• TC	-	Town Council

- TASWO - Tanzania Association of Social Workers
- TESWEP - Tanzania Emerging Social Workers Education Programs
- THRP - Tanzania Human Resource Capacity Project
- TRG - Training Resources Group, Inc.
- UDSM - University of Dar es Salaam
- USAID - United States Agency for International Development

I. PROGRAM HIGHLIGHTS

The project continued with implementation of planned program activities although the overall intensity and pace of implementation slowed considerably. The HRIS work with CSSC and PMO-RALG kept pace as did the PSW program activities. IntraHealth and BMAF engagement with the national level was very active. BMAF conducted a final round of coaching and mentoring visits to the Phase I districts and then shifted its focus to summary documentation efforts. AKF awaited the final, very disappointing, results of its enrichment program.

IntraHealth and all partners made a concerted effort to finalize documentation efforts. By the end of the quarter, IntraHealth had ended its subagreements with BMAF, UDSM and the MSH; initiated close-out planning; and managed the first phase of equipment disbursement.

The following are a few key highlights of this quarter from the HRH district strengthening, HRIS and MVC project management components.

Central Engagement

- The national Social Welfare Workforce Strategy is close to final following several meetings with technical stakeholders. The strategy awaits further comment and inputs related to costing before finalization.
- IntraHealth initiated discussions with the Department of Social Welfare (DSW) on how to integrate the PSW data base with the national MVC data base.
- IntraHealth and BMAF are actively engaged in the HRH Technical Working Group task force to revise the national staffing norms. The work is ongoing.
- IntraHealth and BMAF initiated planning for a national HRH conference in Tanzania which is tentatively scheduled for early September 2013.
- BMAF followed up on the recommendations from the Policy Table discussion (August 2012) securing an Enforcement Letter, Ref BA 616/621/01A, from Ministry of Health and Social Welfare (MOHSW) directing the Local Government Authorities (LGAs) to conduct routine supportive supervision using the HR Supportive Supervision guideline.

District HRH Strengthening and Development

- BMAF followed up on declarations made by district leaders from three regions (Kagera, Mara, and Shinyanga) during last year's Knowledge Sharing Forum sending letters to all 21 LGAs of the three regions and documenting the results.
- The MOHSW is to ensure a sample posting letter will be attached in the orientation package for newly employed health workers.
- BMAF and IntraHealth conducted coaching and mentoring visits to the 20 (Phase I) districts of Iringa, Lindi and Mtwara.
- AKF learned of the results of the Form IV exams taken by the 30 students in the Enrichment Program. Unfortunately all 30 Enrolled Nurses failed their exams.
- Aga Khan Health Services (AKHS) trained 20 nurses in Ludewa District, Iringa Region and will carry out an assessment next quarter.

Establishing a Functional Comprehensive Human Resource Information System (HRIS)— Public Sector (with PMO-RALG), MOH/Zanzibar and Private Sector

- IntraHealth collaborated with UDSM and PMO-RALG to develop and strengthen a support network for the LGHRIS through a hands-on LGHRIS internship program in January 2013. Seventeen ICT Officers from PMO-RALG and the MOH Zanzibar were trained to be the first line LGHRIS user support via the LGHRIS Helpdesk on the mainland and for the MOH Zanzibar.
- IntraHealth and PMO-RALG provided hands-on technical assistance during a series of monitoring visits to the LGHRIS sites deployed in October 2012 to Singida, Tabora, Kigoma, Rukwa, Mbeya and Ruvuma regions. The teams found variation in district performance from one region to another and from one LGA to another. The amount of employee information entered and updated in the system depended to the degree of supervision and motivation of the accountable HR Officers.
- UDSM with IntraHealth technical assistance updated the LGHRIS database. The migration from version 4.0 to version 4.1 was successful with most reports working correctly.
- UDSM successfully aggregated 171,400 employee files to the central server in Dodoma as can be seen via the TANGE -and Search People reports.
- UDSM trained 45 participants from PMO-RALG, MOH Zanzibar and UDSM computer science students in HRIS deployment. The participants averaged 84 percent on the post-training exam.
- During a meeting to discuss the progress of HRHIS/TIIS in March the MOHSW/JICA organizers recognized the PMO-RALG LGHRIS as a complementary system. They invited CSSC and APHTA representatives to formally present on the private sector/FBO HRIS and its important potential for input into the Ministry's human resource data.
- CSSC conducted its final internal coordinating committee meeting. The focus of discussion was on advocacy for increased data utilization, the sustainability of internet connectivity, plans for ongoing technical support and the absorption of THRP-supported staff.
- CSSC trained 30 data clerks and 15 Hospital Secretaries from 15 hospitals on the use of HRIS and data verification, cleaning and utilization. The CSSC western zone office oriented Nkinga Referral Hospital focal staff on data use and using different HRIS reports.
- APHFTA trained staff from two health centers, Arafa Health Centre and Mbagala Mission Health Centre, on HRIS.
- CSSC undertook a data verification exercise with APHFTA and BAKWATA validating employee records at 32 hospitals.

Development of a Cadre of Para-Social Workers

- IntraHealth staff participated in DSW's task force to plan for the formal launch of the NCPA II. The event was held in Dodoma, February 1st.
- IntraHealth facilitated meetings of District Advocacy Teams in Dodoma and Mwanza to continue to build their capacity in advocating for MVC, PSWs and other social services. Forty PSWs in Geita District are now linked with Plan International which provides them with bicycles and a monthly allowance.
- An organizational development consultant finalized a capacity building analysis with PASONET. The consultant is now in the process of developing a simple Accounting Procedures Manual for

PASONET. IntraHealth facilitated the opening of a bank account for PASONET's Dodoma regional office

- IntraHealth followed up on Community Fund schemes for MVC in Dodoma and Mwanza.

Organizational Development and Capacity Building

- CSSC trained five zonal managers on the use of the Dashboard system to support data utilization.

II. INTRODUCTION

The Tanzania Human Resource Capacity Project (THRP) is a four-year project funded by the U.S. Agency for International Development (USAID). The project supports government efforts to address the challenges that Tanzania faces in developing an adequate health and social welfare workforce composed of a complex system of public and private professional and paraprofessional cadres and those in the non-formal sector.

The project strategic objectives are:

- To assist the MOHSW and PMORALG in the implementation of the human resources for health (HRH) strategy and the human resource components of the Health Sector Strategic Plan (HSSP) III, as requested by the MOHSW.
- To strengthen the capacity of the national and local government authorities to predict, plan for, and recruit the health and social welfare workforce.
- To improve the deployment, utilization, management, and retention of the health and social welfare workforce; and
- To increase the productivity of the health and social welfare workforce.

THRP implementing partners:

IntraHealth International (prime partner)
Benjamin Mkapa AIDS Foundation (BMAF)
Christian Social Services Commission (CSSC)
University of Dar es Salaam (UDSM)
Aga Khan Foundation (AKF)
Management Sciences for Health (MSH)
Training Resources Group (TRG)
Inter-church Medical Association (IMA)

The project strategy focuses on:

- Supporting the MOHSW to implement the HRH strategic plan;
- Development of a comprehensive HRH strengthening program that will provide district managers with the needed tools and competencies to identify and tackle their own HRH problems;
- Establishing a comprehensive HRIS system to provide routine HR data of health workers for decision makers in the public and private sectors; and
- Building capacity of the social welfare workforce on provision of quality health care services to address the need of MVCs.

The following quarterly report is organized by project strategic objective as identified in the original application document with each of the project components presented accordingly; each component contributes to each strategic objective. THRP has four project components: 1) Support to national government; 2) District HRH strengthening and development; 3) Establishing a functional comprehensive HRIS; and 4) Development of a cadre of Para-social Workers to address the needs of MVCs.

This report also includes an update on the capacity building activities with key local organizations, sections on monitoring and evaluation activities and program management; and a new section on program documentation.

III. QUARTERLY ACTIVITIES: BY STRATEGIC OBJECTIVE

Objective 1: Assist the MOHSW and PMORALG to orchestrate the implementation of the HRH strategy and the HR components of the HSSP III, as requested by the MOHSW or PMORALG (A)

A.1. Support to National Level Government in HRH

BMAF and IntraHealth continued to provide on-going support to the MOHSW with the implementation of various components of the national HRH strategic plan including participation in the HRH Working Group and related subgroups.

Follow up Recommendation from Policy Table discussion. BMAF actively followed up with the MOHSW to secure its endorsement of the Human Resource component of the national supportive supervision guidelines. The HR guidance is now integrated as Appendix IV of the National Supportive Supervision tool. The MOHSW prepared an “enforcement” letter, Ref BA 616/621/01A, to the districts to reinforce that HR supportive supervision is part of routine supportive supervision activities.

MOHSW National Staffing Norms Revision. In early March, the HRH Technical Working Group created a small task force to review, revise, and finalize the draft staffing levels. THRP actively engaged in the revision through IntraHealth and BMAF participation. The task force worked on strengthening the summary and introduction sections to provide context for the norms and strategized on how to best present minimally acceptable staffing levels. The task force recommended that the MOHSW include a phased approach to guide district leadership as it work towards meeting an ideal staffing profile over time. The task force also identified the need to reconcile the staffing norms with the essential services for each level of facility as stated in the draft Essential Health Package (EHP).

National HRH Conference Planning. IntraHealth and BMAF initiated planning for a national HRH conference tentatively scheduled to take place in early September 2013. They drafted a concept paper and budget and to share with key stakeholders for preliminary feedback. A first meeting of the overarching Steering Committee is planned for early May.

A.2. Establishing a Functional Comprehensive Human Resource Information System

System Migration to Central Server in Dodoma. IntraHealth and UDSM have been working very closely with PMO-RALG leadership in deploying the LGHRIS system nationwide. The LGHRIS database is now installed on all LGA sites and RAS offices. The LGHRIS expansion necessitated the need to migrate the system to a more stable database to address data accessibility and control issues. UDSM, with IntraHealth technical assistance, successfully migrated the data to the central server database in Dodoma, updated from version 4.0 to version 4.1, and addressed key issues including regional, district, and facility data accessibility and tracking.

HRIS Advocacy and Coordination in the Private Sector. CSSC conducted its final project Coordination Committee meeting with key stakeholders from APHFTA and BAKWATA. The focus

of discussion was on advocacy for increased data utilization, the sustainability of internet connectivity, plans for ongoing technical support and the absorption of THRP-supported staff. Due to the reduced funds available, CSSC provided follow-up only to CSSC supported hospitals that already started using data.

HRHIS/TIIS Acknowledgement of Other HRIS. As a member of the national HRH working Group, IntraHealth participated in the semi-annual progress report of the MOHSW HRHIS/TIIS to stakeholders. Of note, the MOHSW/JICA organizers invited CSSC and APHFTA to present on the status of the private sector/FBO HRIS. Also the organizers recognized the PMO-RALG LGHRIS as a complementary system, which along with the private /FBO HRIS has potential for input into the MOHSW HRIS.

A.3. Development of a Cadre of Para-social Workers (PSW)

Launch of the NCPA II. IntraHealth staff participated in DSW's task force to plan for the formal launch of the NCPA II. THRP Country Director attended the event in Dodoma, February 1st.

Review of Social Welfare Workforce (SWW) Draft Strategy. IntraHealth, in close collaboration with the DSW, supported a key stakeholders meeting to review a draft of the SWW strategy. Participants included PMO-RALG, MOFEA, MOHSW, POPSM, MOHA, AIHA, FHI 360, TASWO, UNICEF, BMAF and TESWEP. During the review, participants identified the need to align the SWW strategy with other government strategies already in place to improve civil servants' performance and to add a specific timeframe and budget for the recommended plan. IntraHealth supported a second meeting with a larger group of stakeholders to share the feedback and solicit more ideas to improve the SWW strategy. IntraHealth continues to follow-up with DSW to determine the timeframe and budgets for SWW strategy activities and with TESWEP and TASWO leadership to gather the costs associated with their two components of the strategy.

PSW Database and PSW Program Guide: IntraHealth orientated DSW to the current PSW database which is based on the national iHRIS. IntraHealth has collected personnel data on volunteer PSWs consistent with the information collected in the LGHRIS in anticipation of eventually integrating the information with existing government systems. The discussion with DSW was on how to best integrate the personnel information with the national MVC database. Currently, the MVC database is under revision and so integration is not timely. IntraHealth also discussed DSW's interest in endorsing the draft PSW Program Guide. DSW is following up with a letter to the Assistant Commissioner for Social Welfare with the request to endorse the document as a national guideline.

Objective 2: Strengthen the capacity of the national and local government authorities to predict, plan for and recruit the health and social welfare workforce (B)

B.1. Establishing a Functional Comprehensive Human Resource Information System

Building Capacity for Sustainable LGHRIS Technical Support. During the quarter UDSM launched an ambitious program with PMO-RALG to establish a technical support network for ongoing support to the LGHRIS. UDSM designed the technical support skills program to address common challenges encountered by staff in the LGAs and RAS offices. The challenges were identified during several LGHRIS information and knowledge sharing forums. Seventeen PMO-RALG Computer Systems Administrators and staff from the MOH Zanzibar spent two weeks with a hands-on program at UDSM. Following their successful graduation, the trained PMO-RALG and MOH Zanzibar IT staff started work supporting first-line LGHRIS users through the LGHRIS Helpdesk.

PMO-RALG, under the leadership of IntraHealth's seconded staff member, followed up on LGHRIS progress at the most recently deployed sites in Singida, Tabora, Kigoma, Rukwa, Mbeya and Ruvuma regions (deployment done in October 2012). Through interviews with LGA leadership, focused group discussions and a review of employee records already in the system, it is clear that performance varies across regions and from one LGA to another. The variation is primarily due to the level of leadership and close supervision of the responsible human resource officers.

Data Quality Assessment. IntraHealth oriented CSSC staff on the use of a modified data quality assessment tool. CSSC will use the tool in its follow-up activities next quarter. CSSC verified data for employees from 32 hospitals reconciling each employee's job title and cadre. APHFTA verified 200 records looking at job titles while BAKWATA verified 56 employees examining job titles and salary scales.

HRIS and Data Use Training. For 15 selected hospitals (Ilula, Mbozi, Peramiho, Nyangao, Bunda, Murugwanza, Ndolage, Ngoyoni, Marangu, St. Elizabeth, Turiani, Berega, St Francis Kwamkono, Nkinga, Kilimatinde), CSSC trained one hospital secretary and two data clerks on HRIS data verification, cleaning and utilization. Participants were also oriented on basic troubleshooting, equipment and system maintenance, and when to request technical support. APHFTA's Coastal Zone office trained staff at two health centers (Arafa HC and Mbagala Mission HC) on using HRIS. CSSC's Western Zonal office (in Tabora) oriented two staff from the Nkinga Referral Hospital on how to use the data from different reports.

Strengthen HRH data collection, entry, analysis and utilization: CSSC continues to update and verify employee data at CSSC, APHFTA and BAKWATA HRIS sites. The results are tabulated below;

Table 1: Staff records verification

Site	# Employee	# Applicant	# Old Employee	Percentage of verified data
Lake	3,845	3	236	96%
Northern	4,419	1	91	97%
Southern	3,283	0	33	63.5%
Western	1,757	0	101	82%
Eastern	2,570	1	67	83%
APHFTA	1,320	100	0	92%
BAKWATA	72	0	3	81%

Source: CSSC quarterly report Jan-March 2013.

Notes:

Employee: current data from TANGE report

Old Employee: # of employees with reason of departure

Percentage of verified data: Total number of employee verified per total number of all employees in the search-people report times 100%

Objective 3: Deployment, utilization, management, and retention of the health and social welfare workforce improved (C)

C.1. District HRH Strengthening and Development

Coaching and Mentoring Visits to 20 (Phase I) Districts. BMAF conducted a coaching and mentoring visit to the 20 (Phase I) districts in Iringa, Lindi and Mtwara regions. The CHMT leadership in these regions received HRM training in late 2010 and several prior coaching and mentoring visits. Team of BMAF, IntraHealth and local experts focused this coaching visit on:

- Reviewing with facility teams collected data on priority indicators and assisting in the interpretation of monthly/quarterly trends;
- Reviewing progress on work plan implementation developed during the HRM training and providing support on how to overcome barriers to implementation;
- Providing onsite training on using the HRH supportive supervision guide and checklist;
- Tracing district staffing trends from 2011 – 2012 observing and documenting trends and pull and push factors;
- Reviewing the use of the HRH national orientation package for newly recruited health workers; and
- Reviewing the implementation of OPRAS to all health staff in the districts.

Summary of findings from the coaching visits:

Recruitment trend to reduce vacancy rates. In the current FY no staff have been posted to the LGAs due to delays in the release of national employment permits. The lack of personal

contact information, such as cell phone numbers in the posting letter hinders district officials from tracking posted staff.

Improved staff orientation: 100% of the districts oriented new staff for two to three days under the supervision of the human resource officers (HRO) and the CHMT using pieces of the orientation package. Sixty seven percent of the LGAs reported that the HRO oriented all staff who reported in the last FY. During this session, new staff receive a general orientation to public service employment, particularly in the LGA context as guided by the orientation package.

Implementation of OPRAS. In FY 2012/13 CHMTs, in all the visited districts, completed 87% to 100% of the OPRAS form. Mid-year reviews for the same districts ranged from 40% - 90%. On average, this is 19% improvement compared to the FY 2011/12.

HR supportive supervision. One hundred percent of the districts conducted HR supportive supervision visits with the support of THRP. Of note, Masasi District Council (DC) incorporated the HR content into their tool and are conducting HR supportive supervision as part of their routine supportive supervision. All districts committed themselves to include at least one HR component in their routine supportive supervision.

Localized incentive packages. Of the 20 districts, 87% reported having a localized incentive package. This is crucial for attracting new staff, retaining them and improving the productivity of facility staff. The government requested districts to develop an investment profile and create a district website allowing the MOHSW to capitalize on the district profile to attract new staff during posting periods. The districts are at different stages in developing investment profiles and websites.

Follow up to Knowledge Sharing Forum. BMAF reviewed the resolutions made by district leaders during the knowledge sharing forum for three regions: Shinyanga, Mara and Kagera. Many of the resolutions were acted upon including commitments for timely enrollment of new staff onto payroll; preparation of district profiles and facilitating that new construction includes staff housing and payment of subsistence allowances. Less successful was including potential staff over 45 years of age in council budgets. BMAF will continue to followup on commitments made through routine field visits supported by the Global Fund R9 program.

Continuing Education Program (CEP) for nurses. Aga Khan Health Services (AKHS) through Aga Khan Foundation (AKF) completed training for 20 nurses from different health facilities in Ludewa District in Iringa Region.

Enrichment Program to Upgrade Enrolled Nurses' Secondary-Level Exam Scores. Results for the 30 students from the Enrichment Program were announced in February and were quite a surprise: all 30 students failed the exams despite high expectations from the teacher coordinator and the intensive support to the nurses received prior to the exam in October. From the revision classes and diagnostic tests, the cohort was set to do well. AKF is giving the matter serious attention and pursuing an analysis of the Enrichment Program with the Teacher Coordinator.

C.2. Development of a Cadre of Para-social Workers (PSW)

Para-social Worker Training, Newala District. IntraHealth provided follow-up training (PSW II) for 147 PSWs and 29 PSW Supervisors from Newala DC. This training is for five days (4 days of refresher training for PSWs and one day for supervisors) following a six month period of MVC practicum working within the PSWs and supervisors respective communities. The objective is to share experiences from the practicum and to impart additional skills and knowledge on how to work with MVC and families. The PSW Supervisors refresher training focuses on the skills and knowledge related to working within local government planning processes and mobilizing funds and resources for supporting OVC at grassroot and district levels.

Table 2: Gender distribution for the training participants

Training participants	Male	%	Female	%	Total Participants
PSW	93	63.3	54	36.7	147
Supervisors	26	89.6	3	10.4	29
Total	119	67.6	57	32.4	176

Source: PSW training report January 2013

Observations from the training:

- Some District supervisors were not cooperating or assisting their PSWs.
- The training participants indicated that during the six months of practicum work, most visited families expected to receive grants and aid once their vulnerable children were registered. Other families exaggerated on the vulnerability of their children to attract attention from PSWs and service providers and some were reluctant to register children when required to complete CSI forms.

District Advocacy Team meetings in Dodoma and Mwanza. IntraHealth facilitated District Advocacy Team meetings in Dodoma in January and in Mwanza in March. The focus of the meetings was to review the previous year's implementation plan and to develop plans for sustaining PSW activities in Dodoma and Mwanza districts. Forty-two participants in Dodoma and 50 participants in Mwanza attended the meetings.

Key findings from the meetings include:

- Successful advocacy for the establishment of and/or strengthening of MVC Community Funds in 12 wards in Bahi District, Chamwino Ward, Dodoma Municipality and Kongwa District Council;
- Kongwa District budgeted Tshs 3,200,000 for a bicycle procurement in the 2012/2013 budget;
- The teams conducted Ward Development Committee (WDC) meetings in 12 wards to sensitize members on the rights of the children in Dodoma municipality;
- Kondo District Council linked 22 PSWs with a local NGO (UMWEMA) who pays the PSWs a monthly allowance;
- Children's Councils were established in five wards: Kolo, Changaa, Kondo Mjini, Chemba and Pahi in Kondo;

- PASONET Regional Office in Dodoma opened a bank account;
- In Geita, 40 PSWs were linked with Plan International who hired them as community resource persons, provided them with bicycles and pays them monthly allowances;
- Mwanza City increased its budget allocation for MVC by 5%.

Draft Mentoring and Coaching Guide for PSW Supervisors. IntraHealth developed the zero draft of a mentoring and coaching guide for supervisors. The draft received comments and input internally and following revision will be shared with the PSW partnership group (ISW, AIHA) and DSW.

Building PASONET Capacity. IntraHealth continues its efforts to build the capacity of PASONET. The organizational development consultant completed a report of the organizational assessment and is in the final process of developing an Accounting Procedures Manual for PASONET.

Objective 4: Increase Productivity of the health and social welfare workforce (D)

D.1. District HRH Strengthening and Support

Work Climate Initiative. The report of the WCI activity is in the process of final review.

IV. ORGANIZATIONAL DEVELOPMENT AND CAPACITY BUILDING

CSSC Dash Board Training. CSSC trained five zonal managers in the use of a dashboard for M&E data utilization. It was agreed that planned activities, indicators data and data use status should be entered into the dashboard to provide a clear picture of zonal level accomplishments for CSSC leadership.

V. MONITORING AND EVALUATION

In late March 2013, IntraHealth contracted with a consultant to lead IntraHealth's M&E work over the remaining months of the project and assume the responsibilities of IntraHealth's Monitoring and Evaluation Specialist who left the project in January 2013. The M&E consultant has quickly become familiar with the breadth of THRP monitoring activities and quickly familiarized himself with the numerous reporting databases to which THRP is responsible for updating, including the PROMIS.

Introduction of PSW Database to DSW: As a sustainability strategy, IntraHealth's MVC program introduced the PSW database to DSW for adoption and integration with the national MVC database. IntraHealth briefly oriented the Assistant Commissioner to the database; she expressed her readiness and acceptance of the system. Discussions are ongoing on how to work through the technical challenges and feasibility of integrating the two systems.

PSW Follow-up. This quarter IntraHealth conducted M&E follow-up visits to 16 wards in Kongwa District, Bahi District and Dodoma Municipal Councils to examine PSW activities. The MVC partnership (IntraHealth, ISW and AIHA with JACSW technical assistance) implemented the PSW program in the Dodoma region in 2009/10. The good news is that almost 50% of the community volunteers are still in place after three years. The table below shows the attrition from the 16 wards visited.

Table 3: PSW Attrition, 16 Wards, Dodoma Region.

District	Ward	No. of Trained PSW	No. available	Drop out (%)	Reasons for drop out
Kongwa	Ugogoni	5	4	80%	Greener pastures, further study, moved to other villages
	Kongwa	3	1	33%	Further study
	Hogoro	5	4	80%	Unknown
	Chamkoroma	8	6	75%	Unknown
	Sejeli	6	3	50%	Further study
	Mtanana	5	5	100%	Unknown
Bahi	Lamaiti	4	2	50%	Further study
	Makanda	3	1	33%	Marriage, moved out of the village
	Mwitikira	3	1	33%	Marriage
	Chibelega	3	3	100%	Further study
	Ibughule	3	0	0%	
Dodoma Municipality	Ipala	2	0	0%	
	Mkonze	2	1	50%	Moved out of the district
	Dodoma Makulu	2	0	0%	
	Kikuyu	3	1	33%	Further study
	Kaskazini				
Total		57	32	56%	

Data source: M&E Dodoma follow-up report January 2013

The team identified numerous challenges consistent with findings from M&E followup in other regions. The complete findings will be dissemination with LGA and regional officials during a program dissemination meeting planned for July.

Challenges:

- Minimal understanding of the needs of MVCs and the significance of the PSW program (and role of the PSW) to some village and ward government which didn't encourage community to willingly to support children in need.
- Weak coordination and /or leadership between Para-Social Worker Supervisors and village government.
- Community stigmatizes the children especially those who their parents are sick or died to HIV/AIDS issue related.
- PSWs are faced with limited working tools, such as MVCs forms, transport and allowances.
- Inadequate resources in the community challenges the completion of planned activities to support MVCs.
- Lack of permanent settlements to most of the MVCs.

- Long distance for PSWs from the specific villages they work to the ward where they submit monthly report.
- Few incentives in place and drop out relatively high
- Even in areas where PSW are available, most not conducting PSW activities
- There is low level of collaboration between ward/village leaders and PSW in areas where PSW are still active
- PSW supervisors are not submitting reports to DSWO on timely manner
- DAT members have not been conducting regular follow ups of Community Funding for MVC and hence in some areas the success is very low
- DAT activities were not included in 2011/2012 budget
- Inadequate resources to run PASONET

Table 4: Performance – PEPFAR Indicators and Results, October 2012 – Mar 2013

	Indicator	Program Area	Partner	PEPFAR Targets (Oct 12 - Sept 13)	Achievements (Oct -Dec 12)	Achievements (Jan-Mar 13)	Achievements (Apr-June 13)	Achievements (Jul-Sep 13)	Achievements (Jan-March 13)
H2.1.D	Number of health care workers who graduated from a <u>pre-service</u> training institution, disaggregated by sex and cadre	HRH	AKF	0					
			MUHAS	32	32				100%
H2.2.D	Number of community health and Para-social workers who successfully completed a pre-service training program.	MVC	PSW	0					
			PSW Supervisors*	0					
H2.3.D	Number of health care workers who successfully completed an in-service training program within the reporting period	MVC	PSW	800	294	147			55%
			PSW Supervisors*		44	29			
		HRH - CED	AKH	35	0	20			57%
		HRH	BMAF	0					
		HRIS	CSSC	65	0	49			75%
		HRIS	UDSM/Intra Health#	370	174	45			59%
PEPFAR COP 12 Targets for number of individuals participating in in-service training supported by THRP project				1270	468	261			57%

* PSW Supervisors also attend PSW training

VI. PROGRAM DOCUMENTATION

During the quarter all partners made a concerted effort to document the results of their implementation. Prior to its close-out in mid-February, MSH submitted a 4-page brief summarizing its contributions to the THRP.

Please see the following of the deliverables planned by each partner to capture the tools, issues, success stories, technical reports and routing activities from each local partner.

Table 5: THRP Documentation Deliverables

Partner	Deliverable	Drafts to IntraHealth By:
BMAF	<ul style="list-style-type: none"> • End of Project Report (to include results, program approach, lessons learned, sustainability) • At least three success stories • Retention strategies and incentive package for the Health sector in 16 Local Government Authorities • HRH Knowledge Sharing Report • Health Staff Tracking Study Report • HRM ToolKit: Training Manual, Facilitators Guide, Coaching/mentoring guide, coaching check lists • National Orientation Package (MOHSW document) • Multisectoral criteria for local incentives study, finalized 2012 • Recruitment bottlenecks study, finalized 2011 • HRM Baseline Report, finalized 2011 	March 31
CSSC	<ul style="list-style-type: none"> • End of Project Report(will show results, program approach, lessons learned, sustainability) • At least three success stories • Issue brief (4pages) on HRIS in FBO in Tanzania • THRP videos 	March 31
UDSM/ IntraHealth	<ul style="list-style-type: none"> • End of Project Report (to include results, program approach, lessons learned, sustainability) • At least three success stories • HRIS user manuals 	March 31
AKF	<ul style="list-style-type: none"> • End of Project Report (to include results, program approach, lessons learned, sustainability) • At least three success stories • Issue brief(s) on effect of skill refreshing and nurse upgrading on motivation and retention of health care workers 	June
MVC/PSW Program (IntraHealth)	<ul style="list-style-type: none"> • End of Project Report to include results, program approach, lessons learned, sustainability) • At least three success stories • Issue brief on PSW program • PSW Program Guide • Recruitment issue brief • LGHRIS issue brief • Program Review, July 2012 	July
IntraHealth	<ul style="list-style-type: none"> • A compiled End of project report • National HRH Conference communication and documentation plan 	July TBD

VII. Program Management

Quarterly Partners Meeting. In January, the THRP held its quarterly partners meeting. It was most likely the final partners' meeting focused on direct activity implementation as all partner agreements would close before the end of the next quarter. The meeting focused on a review of activities, their contribution to program results, efforts towards sustaining program efforts and progress in program documentation.

USAID HSS Team Field Visit to Dodoma. IntraHealth facilitated and participated in a visit to Dodoma region by a team from USAID's newly established Health Systems Strengthening (HSS) Team. IntraHealth worked closely with representatives from Wajibika, Deloitte & Touche, and JSI/SCMS—all implementing partners with HSS components in their portfolio—to plan the visit, prepare local officials and organize the logistics. The purpose of the field visit was to provide an opportunity for the team to familiarize itself with the Tanzanian context for HSS and observe various US Government and other donor funded projects in the field. More specifically, it was:

- to gain an understanding of the on-the ground systems issues, particularly as they relate to health systems strengthening—at the national, regional, and district levels and in the areas of health care finance, governance, human resources, information, service delivery and supply chain; and
- to observe existing USAID and other stakeholder efforts to address HSS issues.

The team spent a week in Dodoma, Kondo and Mpwapwa Districts visiting health facilities, understanding the range of donor-supported activities in health financing, and listening to regional, district and village level perspectives on Tanzania's planning and budgeting processes for health services.

USAID/Washington HSS Team Visit. IntraHealth worked with USAID to prepare for a visiting team from USAID's headquarters health systems office. The team will be facilitating the development of the Mission's health systems strengthening strategy. Implementing partners were invited to comment on health systems challenges, issues and opportunities for the Mission to consider as it develops its HSS strategy.

PSW Partnership Meeting with USAID. IntraHealth and representatives from ISW, AIHA and the Jane Addams College of Social Work (JACSW) met with USAID to discuss the progress and future direction of the PSW program. Nathan Linsk of JACSW briefly shared the study protocol designed to capture qualitative program information to provide insights into the impact of the PSWs' work.

In terms of sustainability of the PSW program, USAID challenged the partnership to determine how best to use trained PSWs and to advocate for the PSWs who have successfully received their social work certificates to be captured within the government employment system. AIHA agreed to organize a meeting with the MOHSW Permanent Secretary to further strategize on how best to move the social work agenda forward.

THRP Close-out Planning. At the start of the quarter, IntraHealth conducted mini-management reviews with each of the local partners to clarify remaining activities and program targets, review the requirements for closing out a project, and determine effort related to final documentation

plans. MSH closed out in mid-February; BMAF and UDSM at the end of March; CSSC, IMA and TRG will close out at the end of April; and AKF will closeout June 30, 2013. IntraHealth sent formal notification to all partners in early March with the list of final financial and programmatic deliverables.

IntraHealth drafted an initial close out plan for THRP last quarter and in close communication with IntraHealth’s home office team is updating progress against the plan every month. IntraHealth plans to dispose of equipment and assets in two phases. The first phase focuses on equipment and assets currently with government and local NGO partners. IntraHealth submitted its request for approval to dispose of six vehicles (out of eight total), the only items over \$5,000 in value, to USAID at the end of January. IntraHealth is already consulting with its local lawyer to ensure staff termination processes and related financial closeout procedures are carried out according to Tanzanian law.

Project staffing and staff development. IntraHealth successfully recruited a Monitoring and Evaluation Consultant to manage M&E functions through the end of the project. The Country Director attended IntraHealth’s Global Leadership Team meeting in Uganda at the end of February and took leave at the end of March through the Easter weekend.

Project Financial Status. During the quarter IntraHealth received Modifications Nos. 6 and 7 adding two tranches of FY12 incremental funding to the project. With the second tranche the project was fully funded at its financial ceiling of \$23,500,000. Yr. 4 of the project has and will be a lean year and the burn rate will continue to slow as local and international partners close out. By March 2013 the project has expended US\$ 22,040,642 or 94% of total obligations. The information in the following table is accurate through 31 March 2013.

Table 6: Financial Status of the Tanzania Human Resources Capacity Project

Total obligations through 31 March 20123:	23,500,000
Expenditures through prior quarter (through Dec 2012)	21,215,487
Expenditures this quarter (Jan—March 2013)	825,204
Total Expenditures through 31 March 2013 (expenditures started 1 May 2009)	22,040,691
Pipeline as of 1 April 2013	1,459,309

Technical assistance. A summary of international technical assistance during the quarter can be found in **Table 7** on the final page of this document.

VIII. PLANNED ACTIVITIES, April-June, 2013

Support to National Level Government

BMAF/IntraHealth

- End of Project Dissemination (end of district-level activities) meeting for district and central government officials
- Planning for national HRH: Stakeholder meetings
- Support to MOHSW to finalize staffing norms
- Participation in national CHW Task force

Establishing a Functional Comprehensive Human Resource Information System

HRIS (IntraHealth, UDSM and PMO-RALG)

- Manage project closure with CSSC, IMA and PMO-RALG
- Completion of LGHRIS deployment/ data import to the remaining LGAS and Regional Secretariats subject to PMO-RALG cost co-sharing.
- Data sharing with MOHSW, PMO-RALG and other PMO-RALG stakeholders
- Work on LGHRIS interoperability/data sharing with MOHSW & PO-PSM HR systems
- Work with M&E consultant to conduct follow-up visits to HRIS implementation sites (LGAs & CSSC, APHTA & BAKWATA) to evaluate system utilization, data use, and identify gaps in data and skills.
- Follow up on Zanzibar HRIS Central and District level HRIS utilization

CSSC

- Conduct HRIS Training to CSSC SZ Mbozi and Itete hospital, APHFTA NZ in Arusha and Moshi.
- Conduct follow up visit to two hospitals in each zone for data utilization, sharing to HMT, owners, zone and national level(MOHSW)
- Conduct Report compilation review and data use in support of Scott Todd from IMA
- Conduct follow up visit to EZ and LZ
- Finalize THRP Final Report and close out requirements

Developing a Cadre of Para-Social Workers (IntraHealth)

- Finalize SWW strategy document
- Continue negotiating with DSW for PSW database integration to national MVC data base and how to guide PSW program guide
- Conduct M&E follow-up and documentation
- Negotiate with committed councils (i.e., Mwanza City and Kwimba District) to implement abicycles procurement for PSWs
- Follow up of Community Funding Scheme and PSW activities in Njombe and Iringa
- District Advocacy meeting in Mtwara.

- Organizational development for PASONET, training of PASONET leaders on Accounting and procedure manual.
- Provide technical support to WEI on advocacy and PSW training for Karatu District
- Preparation of first draft for the mentoring and coaching guide
- PSW follow-up training for Masasi District.

Monitoring and Evaluation

- Review PMP indicators through field visits.
- Hold quarterly meeting to monitor and assess progress of the project
- Conduct follow-up visit for data utilization and sharing to hospital management teams, owners, Zone and National level
- Dissemination of the M&E report by AKF to Iringa RHMT in May 2013

Program Documentation

- IntraHealth to continue documenting best practices
- Review partner EOP reports
- Focus on gathering all partner documents
- Develop success stories and “voices”

Table 7: International Technical Assistance, January—March 2013

Visitor IntraHealth Staff (<i>unless otherwise indicated</i>)	Dates of Travel	Source of funding	Abbreviated Purpose of Visit	Focal Partner Organization/s for Visitor Support
Maureen Corbett VP, Programs	3-6 March	IntraHealth Overhead funds	To explore MOHSW’s current thinking vis-a-vis the 3 rd Global Forum on HRH (November 2013), guide its preliminary planning, and strategize with BMF on ways to engage government and advocate for key country commitments	IntraHealth International, BMAF,
Scott Todd IMA World Health	10-23 March	THRP	Provide TA to CSSC and other FBO/Private sector THRP partners in final activities to optimize data quality for expanded HRIS reporting and data analysis capacity, and to assist CSSC end-of-project reporting.	CSSC