

TANZANIA HUMAN RESOURCE CAPACITY PROJECT

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QUARTERLY PROGRESS REPORT

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List of Acronyms

• AIDS	-	Acquired Immune Deficiency Syndrome
• 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
• ICTO	-	Information and Communication Technology Officer
• LGA	-	Local Government Authority
• MEVOT	-	Ministry of Education and Vocational Training
• MOFEA	-	Ministry of Finance and Economic Affairs
• MoHSW	-	Ministry of Health and Social Welfare
• M&E	-	Monitoring and Evaluation
• 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
• THRP	-	Tanzania Human Resource Capacity Project
• USAID	-	United States Agency for International Development

I. PROGRAM HIGHLIGHTS

The project continued with implementation of program activities as planned. The section below provides key highlights of this quarter from the HRH district strengthening, HRIS and MVC project management components.

Central Engagement

- BMAF and IntraHealth conducted a policy table discussion with policy makers from PO-PSM, MEVOT, PMO-RALG and the MOHSW with the aim of developing policy briefs on major bottlenecks hampering HRM (retention, recruitment and OPRAS);
- National Orientation Package was also discussed during policy table discussion and MOHSW is close to approval; t.
- IntraHealth conducted a stakeholders meeting for as the final step in the MVC program review with participation from the DSW Commissioner, PMO-RALG, USAID and other partners to provide recommendations and identify areas for improvement.
- IntraHealth finalized the Social Welfare Workforce (SWW) assessment; conducted a stakeholders meeting to present the findings and developed the base draft of the National SW Workforce strategic plan. The “zero draft” was submitted to the Assistant Commissioner, DSW for input.
- IntraHealth continues its active engagement in development of the NCPA II for MVC providing strategic input related to human resources and system strengthening.

District HRH Strengthening and Development

- BMAF followed up on declarations made in Iringa at the HRH Best Practice/Knowledge Sharing workshop last year. Ludewa DC implemented most of their commitments;
- BMAF field staff supported HRH supportive supervision in all 54 districts using the developed HRH guide.
- A draft of the Work Climate Initiative Assessment and Productivity Package was shared with IntraHealth (CH) and feedback was incorporated by BMAF into designed interventions. Interventions will start next quarter.
- BMAF reviewed the 2011/2012 CCHPs to see progress on HR indicators, extracting data on CHMT staff, health workers and the budget for HRM activities. The analysis and report will be forthcoming.
- Finalized Report: Multisectoral Criteria for Defining Underserved Areas.
- During the quarter, AKHS trained 104 nurses from Iringa region in different technical areas. With the training of the 104 nurses, the project target set for this FY 2011/12 to train 170 nurses was accomplished.
- AKF through its enrichment programme will facilitate all 31 nursing students to sit for their national examinations in October.

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

- The UDSM, IntraHealth and PMO-RALG team deployment the LGHRIS to eight regions (Dodoma, Morogoro, Mbeya, Rukwa, Ruvuma, Tabora, Kigoma and Singida). Data entry was made easier with the successful importation of personnel data from the HCMIS; also a step towards improved interoperability between the two systems.

- IntraHealth initiated the Iringa Best Practice Approach initiative with a two-day meeting with Iringa Management team and LGA HRIS users;
- CSSC conducted data quality assessments at eight CSSC sites to strengthen the status of completeness and utilization of data.
- CSSC conducted HRIS training for staff from three CSSC facilities in the Southern zone, six APHFTA facilities, and three BAKWATA sites.

Development of a Cadre of Para-Social Workers

- IntraHealth participated in the launch of the Kisangara Training Institute—a milestone in the development of a cadre of Social Welfare Assistants.
- IntraHealth facilitated a community-level advocacy meeting aimed at sensitizing community leaders on the establishment of a Community Funding Schemes and to strengthen awareness of PSW roles in provision of social welfare services to MVC in Iringa. This meeting was conducted in Njombe District Council (DC), Njombe Town Council (TC) and Kilolo DC.
- IntraHealth developed a scope of work for a consultant to provide organizational development support to PASONET.
- IntraHealth facilitated the development of six District Advocacy Teams in Mtwara Region. Forty-two participants were trained including leaders of PASONET.
- The PSW program continues to expand in Mtwara Region with a training 257 PSWs and 37 PSW Supervisors from Masasi DC, and 100 PSWs and 15 PSW Supervisors from Nanyumbu DC. With this training the Mtwara Region, THRP completed the fourth region with first round of PSW training (preservice)
- The PSW database developed in partnership with the University of Dar es Salaam (UDSM) has biographical data for 3,440 PSWs entered of which 1,357 (39%) are female and 2,083 (61%) are male.

Organizational Development and Capacity Building

- Program staff worked closely to plan and budget annual plans for year 4. The focus of the Yr 4, THRP's final year, was to develop focused activities with a higher potential for sustainability.
- THRP partner, MSH, focused primarily on activities to strengthen the institutional capacity of CSSC. During the quarter it conducted a leadership and management training for CSSC senior and mid-level managers.
- With a focus on sustainability and ownership, CSSC is also prioritizing in-house capacity to continue activities initiated with MSH TA, such as:
 - ICT staff are taking a lead role in management of the dashboard system; ICT staff will now train field based staff on the dashboard developed and address any technical bottlenecks around the system.
 - CSSC's Human Resources and Administration Department has taken responsibility to orient facility based staff and zonal staff in the performance management system.
- BMAF made significant progress in attaining the goals set out in its strategic plan (2008-2012). After scoring 82% achievement of planned activities under the Operational Plan of Action (OPA) 2011, an MSH consultant conducted a two day workshop for 30 BMAF staff to review the previous year's activities and develop realistic goals for OPA 2012/13. The workshop also concentrated on the review of the Organizational Capacity Assessment data collection tool which was used to develop the 2012-13 plan.

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 and sections on monitoring and evaluation activities and program management.

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

Policy Table discussion on Recruitment bottleneck & OPRAS: BMAF and IntraHealth facilitated a policy table discussion with senior representatives from PMO-RALG, PO-PSM, MOHSW, and MOFEA and from the Mtwara, Lindi and Iringa regions. The discussion focused on opportunities and solutions to bottlenecks hampering good HR management including OPRAS, incentive packages, supportive supervision guidelines and a national orientation package. Key deliberations included:

- Recruitment and deployment. The officials recognize the need to personalize the posting letter. New employee contact information and a profile of the district profile to which the new employee is posted will be included in the posting letter with effect from the current financial year 2012/13.
- OPRAS. Need for review of the implementation guidelines of OPRAS in LGAs and use of the system across the public service.
- Integrated supportive supervision guidelines in LGAs. A workshop is planned for November 2012 with Global Funds support to review the final version of the supportive supervision guidelines with HRH components integrated before its endorsement by the Permanent Secretary.

Development of National Advocacy and Communication Strategy in HR. BMAF initiated support to the MOHSW to develop a national HR Advocacy and Communication Strategy. However due to limited funding, THRP will not continue support. A consultant was identified and the MOHSW is identifying other funding to implement the activity.

Incentive Package for Underserved Areas Report Finalized. Please see final report submitted with this quarterly report.

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

Advocacy, coordination and collaboration with PMO-RALG. IntraHealth and the UDSM work very closely with PMO-RALG leadership in deploying the LGHRIS and have successfully deployed to an additional eight regions: Dodoma, Morogoro, Mbeya, Rukwa, Ruvuma, Tabora, Kigoma and Singida. During this round of deployment, PMO-RALG funded all the computer appliances and equipment. Interoperability simplified deployment activities as the personnel data for 2,338 staff was imported from the HCMIS greatly simplifying initial data entry.

During the system deployment efforts were made to connect the LGHRIS to the central server located at PMO-RALG offices in Dodoma through the existing infrastructure developed for the government Financial Management Information System (FMIS). The testing was successfully—

data is now transferred directly from the local server to the central server and technicians can sit at a configured terminal at any LGA to troubleshoot technical challenges within other LGAs.

HRIS advocacy and coordination in the private sector. CSSC conducted its tenth project Coordination Committee meeting with senior staff from CSSC, APHFTA and BAKWATA. From the discussion it was agreed to focus on activities that will stimulate sustainability of the program given the limited funding in the final year of THRP. Participants agreed to conduct HRIS trainings to Hospitals/Health Facilities which meet selection criteria and have permanent personnel to supervise and update data.

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

Kisangara Training Institute Launch. IntraHealth participated in the launch of the Kisangara Training Institute—a milestone in the development of a cadre of Social Welfare Assistants. From among the candidates for the one-year certificate, the Institute of Social Welfare selected 35 PSWs to be in first class of students.

Assessment of the Social Welfare Workforce: A consultant provided technical inputs and leadership to the Social Welfare Workforce Sub-Committee of the MOHSW to finalize the draft.

Development of Social Welfare Workforce Strategy: The “zero draft” of the SWW national strategy was submitted to the Assistant Director of DSW for review in early October

Para-social Worker Program Review. The initial emphasis of the program was to train PSWs and supervisors to provide basic social welfare services to Tanzania’s most vulnerable children. Concurrent with the PSW training, the THRP aims to strengthen existing local government infrastructure to connect village-level needs to ward and district support. The first stage of the program review included an extensive review of the literature on volunteerism, a review of available M&E data and a series of key stakeholder interviews. A second stage included a program visit to two districts in Mwanza region by DSW, PMO-RALG, USAID, and ISW representatives to learn more about PSW/MVC activities from district and village authorities and PSWs directly. This quarter the Program Review report, program successes, key recommendations and identified areas for improvement were shared at a stakeholders meeting in July. Stakeholders made the following recommendations to the priority issues identified throughout the process:

Table 1: Challenges and Opportunities for MVC program

Challenge	Opportunity for improvement
Funding	<ul style="list-style-type: none"> Advocate for more allocation of funds to SW workers, including PSWs (through LGAs and PMO-RALG) Incorporate PSWs into other ongoing MVC programs implemented by other MVC partners (Pact, Africare, WEI, FHI360).
USAID Volunteer Programming not aligned	<ul style="list-style-type: none"> USAID (in collaboration with DSW) to develop a policy to streamline the use of PSWs across their partners.
	<ul style="list-style-type: none"> Encourage the spirit of volunteerism and make the PSW job

Incentives for PSWs	<p>description clear during recruitment.</p> <ul style="list-style-type: none"> • Make a clear distinction between incentives and working tools (e.g., bicycles, communication allowance) and they should depend on the environment. • Reduce PSW workload as they are working on volunteer basis. They should not be expected to work full time without payment.
Social Work Assistants (SWA) absorption in GoT	<ul style="list-style-type: none"> • Need for strong advocacy to PMORALG for recruitment of Social Work Officers (SWOs) and SWAs.
Most Vulnerable Children Committees (MVCC) are not consistently supportive	<ul style="list-style-type: none"> • Sensitize MVCCs to the role of PSWs and how they should work with MVCCs. • Involve MVCCs during initial stages of recruiting PSWs.
Varied LGA & Community buy-in	<ul style="list-style-type: none"> • Frequent advocacy for the program to LGAs and community.
Lack of Advocacy at National Level	<ul style="list-style-type: none"> • Create an advocacy team for SWW at National level.
Sustainability	<ul style="list-style-type: none"> • Advocate for more LGA ownership of the program at LGA and national Levels. The program should fit into the existing government structure. • Prepare a plan to strategize for training other PSWs to replace those who have exited the program.

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

The focus this quarter for HRIS implementation in public sector was LGHRIS deployment to eight Regions with co-funding from PMO-RALG. The private sector mostly focused on deployment of HRIS in BAKWATA, CSSC and APHFTA sites and support to CSSC and APHFTA facilities in data quality and use.

The major challenges facing HRIS implementation in both the public and private sectors continues to be inadequate personnel dedicated to HR and ICT, infrastructure limitations, and data accuracy and capacity to analyze and generate reports for decision making. Unreliable electricity in Tanzania is also hampering smooth implementation of HRIS. The project is working with PMO-RALG and CSSC in addressing these challenges.

HRIS implementation in the Public Sector

Regional Best Practice - Iringa Region: This quarter THRP initiated its initiative to link HRIS and HRH efforts in Iringa. The best practice approach aims at focusing all efforts from THRP program elements in one region to enable quick wins and results. Members from BMAF, IntraHealth's MVC team and PMO-RALG participated in addition to LGA officials from the

region. A meeting focused on collecting and resolving the challenges that HROs and managers face in using the system and getting buy-in from the Iringa RHMT team for the regional management of LGHRIS.. One of the tasks was to speed up the data entry process into the LGHRIS system. Each district was given a task to complete. Below is the baseline data for Iringa Region.

Table 2: Status of data entry before Iringa best practice implementation, as of September 17 2012 (baseline)

#	LGA Name	Total Staff	Total Entries	Difference	Percent Difference (%)
1	Iringa DC	2,615	1,994	621	23.75
2	Iringa Municipal Council (MC)	1,923	1,557	366	19.03
3	Njombe TC	1,535	1,402	133	8.66
4	Njombe DC	2,885	2,884	1	0.03
5	Ludewa DC	1,723	1,537	186	10.80
6	Makete DC	1,354	990	364	26.88
7	Kilolo DC	2,125	2,038	87	4.09
8	Mufindi DC	3,346	3,216	130	3.89
9	RAS Iringa	550	78	472	85.82
	TOTALS	18,056	15,696	2,360	13.07

Follow-up visits were scheduled next quarter to look at the status of data entry and the completeness of stored information. The Iringa RAS promised to provide necessary support to ensure success of this activity.

LGHRIS Scale up. PMO-RALG, with IntraHealth and UDSM assistance, deployed LGHRIS to eight Regions (34 LGAs): Dodoma, Morogoro, Mbeya, Rukwa, Ruvuma, Tabora, Kigoma and Singida; training 346 LGA personnel in the process. PMO-RALG co-funded the deployment exercise through its purchase of all the computer equipment and appliances. Also during the exercise first time information from HCMIS was migrated to the LGHRIS system which sped up the process of data entry.

HRIS implementation in the Private Sector

During the quarter, CSSC focused its attention on data quality assessment and utilization. CSSC's efforts arose from a training led by IMA facilitators last quarter. A number of sites were also trained on HRIS as part of the expansion of the system in the public sector.

Data Quality Assessment: CSSC visited 13 sample sites (five CSSC hospitals, five CSSC zonal offices and three APHFTA zonal offices) to assess the completeness and utilization of generated data. The percentage of complete data ranges from 63.5% - 90%. The results presented in Table 3 shows better performance from CSSC sites as compared to APHFTA sites.

Table 3: Data quality assessment in six private sector Health Facilities

No	Hospital	% completed filled (quality)	% incomplete data	% wrongly filled	Data Utilization	Type of data Utilized
1	Sumve DDH	90	9.1	7.4	Retirement Report	Retirement and list of available cadre for planning purpose
2	Mbalizi CDH	83.7	16	17	In process	
3	Dareda CDH	90	14	9.1	List of MOs	
4	St. Gaspar	89.4	19.5	10.6	None	
5	Mvumi DDH	68	27	8.9	Preparation of Tange List	List of Designation titles
6	APHFTA LZ	89	11	10	List of facilities for credit funding	List of all LZ facilities for planning purpose in providing credit to private health facilities
7	APHFTA SZ	63.5	34	75	None	

With data utilization there are needed efforts to raise awareness and make use of available data for managerial purposes. CSSC is emphasizing the utilization of data for decision making and will continue to provide assistance to BAKWATA, APHFTA and its zonal offices.

HRIS training for CSSC, BAKWATA & APHFTA Health Facilities. CSSC conducted HRIS training to 12 Health Facilities including three CSSC Southern zonal hospitals (*Dr Atman, Mbesa and Ndanda hospitals*); six APHFTA health facilities in the Lake Zone (*Mwananchi Hospital and Tumain HC*), Northern zone (*Arusha Medical Centre and Safi HC in Tanga*) and Southern zone (*Uyole Hospital and Sifika HC*); and 3 BAKWATA sites (*Al Jamiah HC, Mejengo Dispensary and Al Jamiah HC*) in Mwanza, Shinyanga and Morogoro Regions. Two staff from each site were identified and trained on HRIS data entry and utilization

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 (contributes to both Project Objectives 2 and 3). BMAF is continuing to support efforts in the 54 THRP districts in Iringa, Mtwara, Lindi, Ruvuma and Lake Zone regions) to integrate the HRM activities into CCHP's and act on their work plans. In early June, BMAF and IntraHealth undertook an internal review of the coaching process. The focus was to identify successes, challenges and areas for improvement with select trainers, coaches (BMAF and IntraHealth and LGA staff) local experts and BMAF field staff. It was agreed:

- BMAF field staff would collect data for all HRH indicators through routine monitoring to enable coaches to focus on identified gaps and skills building during visits;

- BMAF will finalize the job aid for OPRAS to enable health workers to complete the forms with minimal guidance; and
- To continue to build capacity on the HRH supportive supervision tool and sensitize CHMTs on the levels (hospital, health centre and dispensary) for implementation.

During the quarter BMAF field staff analyzed the information and data collected from the May 2012 supervision visits in Mwanza, Iringa & Mtwara. Reports from 28 districts have been submitted to BMAF. One of the challenges identified is the usage of non-standardized checklist in visited Regions. Another challenge is the incomplete information gathered from sites visited. Some variables were left unfilled. It was evident that action plans also were not implemented, as only 1% of activities were implemented.

Improved staff orientation. The national orientation package was included in the agenda of the Policy table discussion (see Objective 1). The package provides step-by-step guidance on how to orient new staff and welcome them into the workplace. The MOHSW is close to endorsing the document after engagement in the policy discussion. Following the MOHSW endorsement, BMAF will print and disseminate the document to 134 LGAs and 21 RHMTs and translate the document into Swahili for easy reference.

HR Communication and Dissemination. BMAF completed one news insert with findings from tracking health workers posted to the 134 LGAs. The information is also available on the BMAF website. BMAF drafted two additional inserts from its knowledge sharing forums and job fair experiences. Once finalized these inserts will be posted on the BMAF Website and not printed to reduce on costs. Tanzania Broadcasting Corporation (TBC) TV aired two programs developed by BMAF on knowledge sharing and job fair activities conducted in Lake Zone and Sengerema District (Mwanza Region), respectively.

Support Regions in sharing HRH best practices. BMAF followed up on commitments and declarations made at the knowledge sharing forum in Iringa conducted in 2011. From eight districts in Iringa, implementation of the commitments ranged from 45%-91% with the highest in Ludewa DC (91%) and lowest in Iringa MC (45%).

Continuing Education Program (CEP) for nurses. Aga Khan Health Services (AKHS) through Aga Khan Foundation (AKF) completed training for 104 nurses through three different inservice trainings during Year 3. Forty nurses (Njombe DC and Iringa MC) were trained on nursing ethics, communication skills, antenatal care and infection prevention and control; 42 two nurses (Iringa DC, Kilolo DC and Mufindi DC) were trained on antenatal care, nursing ethics and CPR for adults, children and infants; and 22 nurses (Iringa DC and Iringa Rural) were trained on nursing ethics, neurological assessment & antenatal care. After training these 104 nurses AKHS reached their target of training 170 Nurses for FY 2011/12.

Program to Upgrade Enrolled Nurses to Registered Nurses: All 31 students from the Enrichment programme received support from teachers and teacher coordinator to sit for the national examination. During this preparatory period employers exempted the nurses from normal routine activities to give them more time to study. The 31 nurses sat for their exams in October.

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

THRPs activities during the quarter for advancing PSWs focused on program expansion in Mtwara Region, PSW refresher training in Iringa Region, and conducting advocacy and monitoring visits in Iringa to support PSWs.

Continued PSW program expansion in Mtwara Region. IntraHealth initiated the PSW program in Masasi and Nanyumbu LGAs with the 9-day PSW I training which introduces PSWs and PSW Supervisors to the basic principles of social welfare, psychosocial support and expectations of the PSW role. This quarter, 357 PSWs and 52 PSW Supervisors completed the pre-service training. In Masasi alone, 257 PSWs (32% female and 68% male) were trained. In Nanyumbu DC, 100 PSWs were trained (34% female and 66% male) including 15 PSW Supervisors.

Table 3: Participants of PSW I and Supervisors trainings

Councils	PSW			SUPERVISORS			Total Participants
	Male	Female	Total PSWs	Male	Female	Total PSW Supervisors	
Masasi DC	173	84	257	28	9	37	294
Nanyumbu	66	34	100	7	8	15	115
Total	239	118	357	35	17	52	409

Source: IntraHealth Field Report, 2012

District Advocacy Teams in Mtwara. IntraHealth facilitated the development of six District Advocacy Teams from Mtwara. Forty-two representatives, including six PASONET leaders, attended from all six districts of the Mtwara Region. Conducted at the Mtwara Teacher's college in Mtwara urban, the training focus was to enhance the skills necessary to work within LGA structures and systems; to strengthen advocacy skills and knowledge on behalf of MVC; to develop a strategy for effective advocacy and to facilitate LGA staff to own MVC advocacy process and the program, in general. By the end of the training, each team developed an action plan of advocacy activities in their respective district.

Community Level Advocacy. IntraHealth organized a meeting of community leaders from Kilolo DC, Njombe DC and TC to sensitize them on the establishment of a community funding scheme and to strengthen the awareness among community leaders on the roles of PSWs in improving services to MVC. The following five issues were identified and addressed:

- Community leaders were advised to take a leading role in the implementations of community plans developed during the meeting;
- District Advocacy Teams shall conduct follow-up of the implementation of plans and are ready to provide technical support whenever needed;
- Village leaders were also advised to involve extension workers at ward levels in the implementation of plans, especially in agriculture and animal husbandry projects;
- Village leaders were reminded to report on the MVC Fund to the community. The accountability report should be read at a community meeting;
- Ward Development Committee members were reminded to put MVC issues on the agenda in every meeting and develop plans to support MVC.

Data Entry in PSW Database. The PSW database was developed in partnership with the University of Dar es Salaam to track the PSWs trained. During the quarter, the database was updated) with 1,357 trainees, 39% female and 61% 2,083 male, to a total of 3,440 PSWs (87% of total trained PSWs).

Mtwara District Council & Mtwara Mikindani Follow-up visits. MVC follow-up team visited 10 out of 28 (36%) wards: Ndumbwe, Msanga Mkuu, Ziwani, Mbawala, Nanguruwe, Mayanga, Mparura, Mahurunga, Madimba and Tangazo. In addition, 30 PSWs and 10 PSW supervisors were interviewed. Nanguruwe had a 50% of trained PSWs drop out while Mbawala had only 14 % drop out. Nanguruwe ward needs special attention to find out the reasons why such a large drop out in so short of time. The follow-up team also visited Mtwara Mikindani and reached 10 out of 15 wards (66%). Some of the findings include a 40 % drop out rate in Rahaleo ward. Thrity PSWs and ten PSW supervisors were interviewed. More findings revealed that out of 113 people trained in two districts 7 dropped out (6%) and 106 are still offering services.

The followup visits also identified Community Funds at ward and village level in Mtwara dedicated to MVC support. These efforts were led by PSW Supervisors and in most wards in Mtwara they have started to collect this. Some of key achievements include;

- In Mpapura ward each village has a community fund deducted from cashew nut sales to support MVC.
- In Ziwani ward three villages have community funds to support MVC they have 100,000/= Tanzanian Shillings in their account as a result of a contribution from the village government.
- Ndumbwe ward initiated fundraising for MVC support, the fund is being kept by the MVCC.
- Mtwara Mikindani collected 30,000 in Magomeni ward have been and a treasure is keeping them.

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

D.1. District HRH Strengthening and Support

Work Climate Initiative. BMAF finalized the draft report of the WCI baseline assessment (conducted in February/March) and productivity package. Comments have been incorporated into the design of the intervention. Execution of this activity will start on next quarter in Iringa Region only as it is part of best practice initiative.

IntraHealth facilitated a presentation at BMAF offices by Professor Kenneth Leonard, an expert on economic development and workforce issues particularly human motivation, performance, and productivity. He recently conducted research in Arusha while on sabbatical with the Ifakara Health Institute. With the IntraHealth CapacityPlus project, Dr. Leonard is in the process of developing a Productivity Diagnostic and Improvement Toolkit. It is an attempt to develop a very practical, user-friendly, series of tools that use simple data to understand productivity, identify specific gaps in productivity and determine the underlying causes. The Toolkit (including tools that measure client flow, time motion studies, absenteeism) is at a final stage of development. CapacityPlus is very interested in field testing the approach and THRP is looking to apply the productivity

concepts in a rigorous fashion. Professor Leonard discussed his work and BMAF and IntraHealth staff brainstormed on the possibility of implementing a productivity activity using the Toolkit.

Facilitate HRH Supportive Supervision using Developed Guide. BMAF reviewed Supportive Supervision reports from 28 districts in seven regions. In May BMAF coordinated supervision teams of district officials and representatives from the Zonal Health Training centers to visit 129 facilities and meet with 354 staff in the seven regions. The teams spent between one to three days in each of district facilities reviewing the six components:

- Organizational structure and functional relationship;
- Human resources for health planning;
- Retention, recruitment, and development;
- Utilization of Human Resources for Health Information Systems (HRHIS);
- Staff motivation and job satisfaction; and
- Productivity and performance management.

BMAF will coordinate supportive supervision visits for the remaining 18 districts in the Southern Highlands and in the Lake Zone in the next quarter.

Findings:

- Of the visits, 96 (75%) were for the first time; 32 (25%) were follow up visits indicating a lack of support for supportive supervision (limited financial or human resources). If appropriate resources are allocated; a great number of facilities can be reached.
- Of the follow up visits, coordinators reported less than 1% of the action priorities discussed during the previous visit were actually met, indicating a lack of follow up on action plan priorities to ensure that measures to improve performance are adhered.
- Not all components of supportive supervision were addressed during the visits. In Mtwara and Lindi regions, HRIS utilization was not covered at the facility level as the HRHIS is only at the district level. In Iringa, both HRIS and performance management components were not reviewed.
- One limitation is the lack of uniform supervision checklists used by the regions. Officials from Iringa noted that the revised guidelines have not been fully endorsed by the MoHSW; as a result, some districts used their customized supervision checklists and only added HRM elements to the review.

Supervision team members proposed the following recommendations to improve supportive supervision of HRM:

- Follow up is very important to ensure implementation of action plans and that challenges, and successes are documented;
- Follow up is important to ensure OPRAS that facility-level health staff are oriented and reviews are conducted accordingly;
- Supportive supervision guidelines and tools/checklists should be provided in Kiswahili as well as English to ensure understanding by all staff involved in the visits;
- CHMT members need to be informed and familiar with using the checklist prior to conducting the visits;
- HRH policy guidelines should be shared across all levels of the health workforce so health workers, supervisors and staff are informed of their duties and responsibilities to deliver quality and equitable health care. This includes understanding HR issues – orientation,

awareness and acknowledgement of their job roles/descriptions, and related rights and privileges as a health care worker.

IV. ORGANIZATIONAL DEVELOPMENT AND CAPACITY BUILDING

Building the capacity of local organizations continues at a reduced rate with limited technical assistance from MSH. IntraHealth continues to work with all four local organizations to strengthen their ability to manage USG funds. During the quarter, MSH provided CSSC and BMAF with focused technical assistance as described below.

Christian Social Services Commission (CSSC).

- MSH facilitated a leadership and management training for mid-level and senior managers using a customized leadership development program (LDP) approach. A pre and post test results displayed an increase showed an increased understanding of different leadership and management principles and practice. Participant interviews one-month post training indicated improved efficiency in planning and time management and decision-making abilities (self-reporting).
- Oriented CSSC senior managers and department heads in the user-friendly performance management templates developed previously. CSSC has incorporated a performance appraisal system more strongly in its HR policies, including biannual appraisal, linking training needs, salary and promotion with the performance management template. To date, 50% of CSSC staff has been appraised by their supervisors based on new performance management procedures.
- Finalized a situational analysis of CSSC’s organizational structure, the report and recommended structure has been shared with the CSSC executive director for review, approval and action.
- Continued to develop gender policy and monitoring manual for CSSC.
- Supported the development of CSSC communication strategy and knowledge sharing guide.
- Facilitated an assessment workshop through the use of the Management and Organizational Sustainability Tool (MOST) to determine to what extent CSSC leadership and management capacities have been built over the three years of implementing the action plan developed after the MOST assessment in 2009. The mini-MOST assessment showed improvement in all five management components where MSH focused its technical assistance.

Current Stage of Development of Management Components as Assessed by CSSC Staff			
Stage 1	Stage 2	Stage 3	Stage 4
Least developed  Most developed			

<i>Management areas:</i>	<i>Management components</i>	<i>2009 consensus score</i>	<i>2012 Consensus score</i>
Mission	Existence and knowledge	Stage 2	Stage 3
Structure	Communication	Stage 3	Stage 4
	Roles and responsibilities	Stage 3	Stage 4

<i>Management areas:</i>	<i>Management components</i>	<i>2009 consensus score</i>	<i>2012 Consensus score</i>
Systems	Monitoring and evaluation	Stage 3	Stage 3
Information System	Information management: Use of information	Stage 2	Stage 3

Benjamin Mkapa HIV/AIDS Foundation (BMAF). BMAF has requested less support from MSH as it has strengthened its in-house capabilities to tackle specific systems improvements. It still seeks assistance in overarching institutional assessment and strategic thinking. In August William Kiarie, again worked with BMAF to:

- Reviewed BMAF’s Operational Plan of Action (OPA) for 2011 and facilitated development of the OPA 2012/2013
- Assessed the extent to which BMAF has built its management and planning capacity per the findings and recommendations from the MOST exercise in 2010. The report has been finalized and submitted to BMAF for review.

V. MONITORING AND EVALUATION

The new Monitoring and Evaluation Specialist started with IntraHealth early in the quarter. Through engagement in developing the workplan and working with each partner’s M&E plan, he has quickly become familiar with the breadth of THRP monitoring activities. He also familiarized himself with the numerous reporting databases to which THRP is accountable including PROMIS, TMEMS, TrainSmart and TrainNet.

Collection of baseline data. BMAF continued to collect baseline data from 41 districts that were not covered in the initial assessment. The 2009 baseline assessment only covered 13 districts (out of the original 20 districts for THRP implementation). As of September 30, BMAF had collected complete baseline information from 40 districts on health workforce vacancy, retention, supportive supervision, OPRAS and HRM financing. Shinyanga DC remains the only district that has not submitted any baseline data. Information collected includes:

- Vacancy: number of staff required and number of staff available by cadre and FY;
- Retention: Number of positions approved, number of positions posted, number of new health workers reported, and number of new health workers available 6 and 12 months after reporting (by cadre and FY);
- Supportive Supervision: number of supportive supervision visits conducted per FY, number of HR components supported during supervision visits, existing process of using supportive supervision findings for HRM strengthening, training on supportive supervision, HR and management skills, and challenges district faces and support needed;
- OPRAS: total number of staff, number of staff with performance agreement filled in OPRAS form, number of staff appraised at the end of the year, etc.
- HRM financing: budget allocated for HRM activities, percentage of HRM activities (excluding PE) of total budget, list of HRM activities budgeted for, percentage of activities implemented.

Initial analysis of the data will be done in the next quarter.

Advocacy Strategy and Documentation Action Plan. BMAF is working with THRP partners to implement the Communications Strategy and Documentation Action Plan to document and advocate for the achievements of THRP. The action plan outlines key documents to finalize (reports, studies, etc.), and proposes a framework for how documentation will be disseminated through different venues, platforms, and media outlets. A consultant, through MSH technical assistance, started with an initial desk review of available information.

Table 4: Performance – PEPFAR Indicators and Results, October 2011 – September 2012

#	Indicator	Program Area	Partner	PEPFAR Targets (Oct 11 - Sept 12)	Achievements (Oct -Dec 11)	Achievements (Jan-Mar 12)	Achievements (Apr-June 12)	Achievements (Jul-Sep 11)	% Achieved (Oct 11–Sep12)
H2.1.D:	Number of new health care workers who graduated from a <u>pre-service</u> training institution, disaggregated by sex and cadre	HRH	AKF	3	1	0	2	0	100%
H2.2.D	Number of community health and Para-social workers who successfully completed a pre-service training program.	MVC	PSW	1000	173**	254	212	357	116.2%
			PSW Supervisors*		39	44	31	52	
H2.3.D	Number of health care workers who successfully completed an in-service training program within the reporting period	MVC	PSW	1030	206	233	407	0	101.16%
			PSW Supervisors*		35	47	114	0	
		HRH - CED	AKH	170	104#	0	66	104	161.1%
		HRH	BMAF	57	14	0	0	0	24.56%
		HRIS	CSSC	182	13	17	87	32	81.86%
		HRIS	UDSM/Intra Health	860	9	256	163	346	90%
PEPFAR COP 11 Targets for number of individuals participating in in-service training supported by THRP project				2300	593	851	1080	891	95.81%

* PSW Supervisors also attend PSW training

** The PSW training was conducted in collaboration with PACT

The 104 nurses trained by AKF in Oct-Dec 2011 was a carry-over activity using FY 2010/11 funds; the reason AKF reached well over 100% of its target for FY 2011/12.

VI. Program Management

Workplan Development. Local partners, and to a lesser degree IntraHealth International and the international organizational partners, struggled to meet strict financial parameters for the final year of activity. Work plans thus underwent two to three versions (depending on the partner) as partners progressively limited activities and cut back on staff time and operation costs to meet the financial parameters of the final year.

Annual TRHP Review and Planning Meeting. In August the THRP held its annual program review and planning meeting with stakeholders. The two-day meeting is designed to review program results and challenges and get feedback from key government counterparts on plans for the year to start October 1. The meeting replaces the regularly scheduled quarter partners meeting to review progress and facilitate coordination across projects. The priority focus was to engage government stakeholders on strategies and activities that will contribute to the sustainability of THRP initiatives as the project enters its final year of activity. THRP had participation from both the HR and SW Departments within the MOHSW, and from PMO-RALG and the MOH/Zanzibar. Next quarter the project will resume its internal program review meetings though not consistently on a quarterly basis.

USAID Partner Compliance and Oversight. IntraHealth and BMAF sent representatives to the open partner meeting sponsored by USAID to further brief and educate organizations partners on the fraud and misuse of USG funds and more importantly—ways to prevent it.

USAID Briefings. IntraHealth initiated a round of briefings for the new AOTR and Alternate AOTR (HSS Advisor) to orient them to the THRP overall and to each of the technical subcomponents. Early in the following quarter, IntraHealth facilitated more-in depth meetings with BMAF and the UDSM on the LGA district strengthening and HRIS support efforts.

THRP staff also attended a USG presentation of the new PEFPAR OVC guidance.

Collaborative Meetings. Members of the THRP consortia, particularly staff from IntraHealth, BMAF and CSSC are frequently called upon for general information, to provide guidance on overarching HRH issues, or discuss opportunities for collaboration. The following table indicates the meetings, conferences and workshops (beyond those understandably related to creative THRP program management) and advisory guidance which THRP members have been called upon by other implementing partners or interested organizations.

Table 5: Informational and advisory meetings in which THRP IntraHealth and partner staff participated

Date	Designation/Visitor	Purpose
9 July	African Strategies for Health (ASH); teleconference call	To brief ASH on work that the THRP might be doing to support health management training for health care workers at all levels; linked ASH staff to Touch Foundation representative.
19 July	Rebecca Patsikas, Peter Kilima Abt Associates	Key informant interview with THRP to provide feedback on direction, next steps of the Wajibika project and stakeholder partnerships.....
1 August	Venessa Canadian CIDA	Venessa--Canadian CIDA
7 August	Dana Singleton, Laura Guyer, Nathan Links CapacityPlus consultant team	Interview with THRP staff as part of incountry assessment of AIHA's Twinning program and its role in developing a cadre of Para-social Workers
14 Aug	Robert Ainslee COP, COMMITT Project	Meeting to explore commonalities in program activities
23 Aug	Specialized TA Working Group; quarterly meeting	Coordinate, exchange information among specialized TA providers engagement with and support to Pamoja Tuwalee partners
30-31 August	Zena Amury Advocacy Specialist IntraHealth	THRP participation in Community Worker Stakeholder meeting in Bagamoyo; to represent program efforts with village level volunteers, the PSW
6 Sept	Jennifer Macias Country Director IntraHealth	THRP participation to Wajibika Project/PMO-RALG Stakeholders meeting to provide input as Wajibika plans the transition and scaling up of its interventions
9—13 Sept	George Senyoni M&E Specialist IntraHealth	TRHP participation in DSW and MEASURE Project meeting to facilitate 12 components of a national MVC/M&E system assessment
10 Sept	Jennifer Macias Country Director IntraHealth	THRP participation in MOHSW/UNFPA HBCI+ assessment findings (midwifery workforce)—stakeholders meeting
14 Sept	Birgithe Lund-Henriksen Child Protection Specialist UNICEF	Briefing to learn of UNICEF's program to build Child Protection systems in Tanzania and ways to link with the PSW program
26 Sept	FHI360	FHI360 Systems Strengthening project closeout meeting

Project staffing and staff development.

- Mr. George Senyoni, M&E Specialist, started his position with IntraHealth on 2 July;

Project Financial Status. At the end of September, IntraHealth received incremental funding of \$1,200,000—the first of several anticipated modifications to add incremental funding due to the delay in the mission in receiving its FY12 HIV/AIDS monies.

By the end of the quarter the project had expended 91% of available funding. With a balance of \$ 1,848,997, a little more than a three month pipeline, the project has funds through December 2012. By January 2013, THRP monthly burn rate should substantially decrease as we implement the final year workplan developed within limited funding parameters and the inclusion of closeout planning. We are tracking project spending closely with the intent to minimally disrupt local partner commitments and the planned activities through March 2013. Given this scenario, however the project will need its next (and final) planned obligation of FY12 funding of \$2,151,823, to have funds in hand before the end of the year. The information in the following table is accurate through 30 September 2012.

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

Total obligations through 30 Sept 2012:	21,348,177
Expenditures through prior quarter (through June 2012)	18,109,541
Expenditures this quarter (July—September 2012)	1,389,639
Total Expenditures through 30 September 2012 (expenditures started 1 May 2009)	19,499,180
Pipeline as of 1 October 2012	1,848,997

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, October —December, 2012

Support to National Level Government

BMAF/IntraHealth

None

Establishing a Functional Comprehensive Human Resource Information System

HRIS (IntraHealth, UDSM and PMO-RALG)

- Finalize LGHRIS deployment/ data import to the remaining LGAS and Regional Secretariats
- Data sharing with MOHSW, PMO-RALG and other stakeholders of PMO-RALG
- Work on LGHRIS interoperability/data sharing with MOHSW & PO-PSM HR systems
- Work with M&E specialist to conduct follow-up visits to HRIS implementation sites (LGAs & CSSC, APHFTA & 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

- Document and share best practice for HRIS at zone and national level
- Conduct follow up visit to trained HRM performance at Eastern Zone (CSSC, APHFTA and BAKWATA)
- Train the use of Dash Board system to support data utilization
- Strengthen HRH data collection ,entry, analysis and utilization
- Install HRIS and train four BKAWATA staff, 20 APHFTA and 32 CSSC Hospitals
- Conduct forum meetings to promote the use of data among owners of the facilities and managers implementing HRIS
- Conduct preventive maintenance to support BAKWATA, CSSC and APHFTA

District HRH Strengthening and Development

BMAF

- Conduct coaching and mentoring to 54 districts – with focus on supportive supervision, orientation package, OPRAS and WCI
- Support MOHSW, Employment Secretariat & POPSM, and PMORALG to review posting letters of health workforce for effective recruitment process
- Conduct technical working session to input on the drafted incentive package for the underserved and finalize the document, print and disseminate the report
- Produce and disseminate periodically HRH news through different media channels
- Finalize the in-depth analysis of the recruitment bottleneck study taking into consideration the effective and result-oriented recruitment practices
- Print and distribute the developed national orientation package and HR components of National Supportive Supervision to all 134 LGA's and 21 RHMT's and translate the orientation package into Swahili for easy reference at lower level
- Facilitate HRH Supportive supervision in 54 districts using developed guide to improve HRM at district level
- Support five selected districts with identified Work Climate Initiative (WCI) to improve productivity

AKF (AKHS and AKU)

- Visit Iringa for stakeholders meetings for the year four trainings
- Conduct TOT for the facilitators from Makete and Ludewa districts
- Conduct teaching skills training in Iringa
- Implement activities according to the work plan for year four.

AKU-ANS:

- Initiate alumni survey, focusing on the EN- RN and their employers. This will be followed by analysis, documentation and reporting which will be completed by Q2 in Year 4.

Developing a Cadre of Para-Social Workers (IntraHealth)

- Facilitate development of SWW strategy (first draft and conduct second stakeholders meeting prior final draft and approval)
- Explore ways to have a joint supervisory committee with key stakeholders for PSW program
- Demonstrate the use of PSW data base with DSW and IPG meeting members
- Share and disseminate compiled data on the service provided/links made by PSW per domain
- Finalize program guide document Print and disseminate
- Make arrangement for co-funding bicycle procurement with at least two qualifying LGA
- Conduct Introductory meeting in Njombe region with new Government Officials for awareness raising and program acceptance.
- Re-Train Advocacy teams and review work plans and track progress and achievements in Iringa region and develop plan for sustainability (One day)
- Facilitate Organizational development for PASONET
- Roll out PSW follow up trainings for Mtwara Region on FY 2012/2013

Monitoring and Evaluation

- Review PMP indicators
- Data cleaning, verification and use as part of Iringa best practices activity
- Consolidate quarterly project report.
- M and E and advocacy follow up in Ludewa and Makete districts
- Follow up with DSWOs on M&E and Advocacy progress through a phone call (Dodoma, Mwanza, Iringa and Mtwara) and compile DSWOs progress report for the MVC program
- Hold quarterly review meeting to monitor and assess progress of the project (BMAF)
- Facilitate through Specific Objective meetings integration of tracking tool into the MOHSW HMIS to enable tracking of posted candidates at the district level
- Conduct field visits in districts to collect/verify progress data on THRP PMP indicators
- Design tool for data quality, data use and success story
- To coordinate data entry for Bio data collected from Nanyumbu and Masasi districts
- Track Social Welfare Officers turnover and concurrently track PSW drop-out/migration and link PSW dropped-out to relevant program where possible in Mwanza, Dodoma, Mtwara and Iringa

Capacity Building

MSH

- Finalize the development of the CSSC communication strategy.
- Review and finalize the development of the CSSC gender policy manual.
- Support THRP documentation efforts.
- Support CSSC M&E and data base system.

Table 7: International Technical Assistance, April—June 2012

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
James McMahan Sr. Program Manager	5—18 August	THRP*	To provide technical assistance during workplan development for THRP final year	IntraHealth International
Jeff Caiola Program Manager	9—17 August	THRP	To provide technical assistance during workplan development for THRP final year; facilitate budget discussions and development of close-out plan	IntraHealth International
William Kiarie MSH consultant	19—24 August	THRP	Facilitate BMAF institutional review of its Operational Plan of Action 2011/12 and use organizational capacity assessment tools to develop 2012/13 plans.	BMAF
Donald Hlahla HSS Consultant	26—30 August	THRP	To fill information gaps of the national Social Welfare Workforce assessment; facilitate first consultative meeting to develop a national SWW strategy; develop first draft of the SWW strategy	Department of Social Welfare, MOHSW

* Travel co-funded with program support to other countries in East Africa