

# TANZANIA HUMAN RESOURCE CAPACITY PROJECT

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## QUARTERLY PROGRESS REPORT

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## **I. PROGRAM HIGHLIGHTS: OCTOBER— DECEMBER 2010**

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 and District HRH Strengthening and Development**

- THRP with technical assistance from the Liverpool Associates in Tropical Health (LATH) conducted a short course in HRH Planning and Management to build the capacity of 29 senior officials from MOHSW and PMO-RALG.
- A review of the 2009/10 CCHP for the districts supported by RTHRP to suggest that LGAs of Iringa and Mtwara region have allocated budget for HRM activity
- BMAF conducted supportive supervision training to 46 RHMT members and 271 CHMT members from Ruvuma and the Lake Zone regions.
- BMAF finalize the orientation package for new health worker ready to be used during HRM trainings for the HRM expansion to 35 districts next quarter.
- AKF conducted Continued Professional Education to 61 nurses in Iringa Region.

### **Establishing a Functional Comprehensive Human Resource Information System**

- The Principal Secretary of PMO-RALG has expressed his appreciation for the THRP and is leveraging additional support to expand the national HRIS, now renamed to the *Local Government HRIS (LGHRIS)*.
- THRP in collaboration with PMORALG deployed HRIS to 12 new LGAs to reach 21 LGAs installed with HRIS to date.
- The generic public sector HRIS system was upgraded from version 4.0.6 to version 4.0.10 which is more stable and has more capabilities generating customized reports. The system can be accessed in English and Kiswahili via: <http://www.thrp.udsm.ac.tz/manage>.
- CSSC has updated data for 73% (11,759 staff) of employees working in FBO facilities. CSSC is currently developing data utilization plans for the zones that will be implemented next quarter.
- CSSC procured equipments for HRIS installation in the new expansion sites for yr 2 ( 4 APHFTA sites, BAKWATA HQ and 15 CSSC facilities
- THRP procured new computers and accessories to support HRIS utilization in 24 LGAs and Zanzibar HRIS sites.
- MOHSW Zanzibar has successfully used HRIS data to advocate for increased health worker recruitment, and an increase in the production of general nurses. This resulted to increase number of new health workers recruited from 76 in FY 2009/10 to 302 in FY 2010/11.

## **Development of a Cadre of Para-Social Workers**

- IntraHealth conducted PSW follow-up training for 396 PSW and 76 PSW Supervisors in Mwanza region. Upon completion of the refresher training, the participants qualify as full PSWs.
- IntraHealth conducted stand-alone M&E training for 65 PSWs in Kongwa district Dodoma Region to improve data collection and its use for decision making.
- IntraHealth made in-depth follow up visits to four LGAs in Mwanza ((Magu, Misungwi, Kwimba and Ukerewe) review the progress of PSW in providing services to MVC and local government support for MVCs and for PSW trainees in the districts.
- IntraHealth conducted a baseline assessment in three districts in Iringa prior to initiating program activities.

## **Organizational Development and Capacity Building**

- MSH supported CSSC in developing an Operations Manual for Zonal Offices, It also supported Procurement Policies and Guidelines and editorial support for CSSC annual report.
- The THRP supported travel by Dr. Adeline Kimamabo to attend the Global Health Conference in Washington, D.C, and meet with other faith-based organizations with the CapacityPlus project. The purpose was to raise the visibility of CSSC and advocate on behalf of the role of FBOs in managing the HRH crisis
- MSH invited IntraHealth and BMAF and staff to participate in a training to strengthen coaching and mentoring activities.
- MSH supported BMAF in developing ICT guidelines

## 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.

### **THRCP implementing partners**

IntraHealth International (prime partner),  
Benjamin Mkapa AIDS Foundation (BMAF)  
Christian Social Services Commission (CSSC)  
University of Dar es Salaam (UDSM)  
Agakhan 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. The challenges, opportunities and the way forward are discussed by objective in Section III below.

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

**HRM training at national level.** At the request by Permanent Secretary of the Ministry of Health and Social Welfare (MOHSW), the THRP conducted a short course on human resources for health (HRH) for senior staff from the MOHSW. The purpose was to build skills in key areas of human resource planning and management including analytical skills necessary for workforce projections. Tim Martineau, a Senior Lecturer at the Liverpool School of Tropical Medicine (LSTM), was contracted through Liverpool Associates in Tropical Health (LATH) to deliver the course. Notably, a good mix of key HRH stakeholders attended including participants from several departments from the MOHSW, and representation from the MOHSW/Zanzibar, PMORALG and THRP partners.

Though some participants had prior HR skills and experience, several new skills and information were introduced. The majority of participants stated that the learning outcomes were relevant to their needs. An important focus of the course was on developing HR strategies based on problem analyses and combining these into a coherent strategic plan. The MOHSW/Zanzibar is about to start the process of developing its own HRH strategic plan and the Department of Social Welfare of the MOHSW is about to undertake a similar exercise for the Social Welfare Workforce. Thus participation in the course was timely.

**Revising the national staffing norms.** A local continued to support the MOHSW efforts to revise the 1999 health sector staffing guideline. MOHSW teams conducted field visits to several districts, visiting 41 facilities, to validate proposed staffing levels by type of facility. The consultant is incorporating the recommendations from field visits and plans to share the revised report for internal review in the MOHSW during next quarter.

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

During this reporting period, activities focused on national advocacy (PMORALG and MOHSW) for HRIS implementation at district level, support HRIS implementation at national level in main land and Zanzibar. PMO-RALG has officially renamed the *THRIS* to the *Local Government HRIS*. UDMSM provided technical assistance to the Tanzania Nursing and Midwife Council (TNMC) to initiate a new register to meet its needs.

The major challenge continues to be the dynamic of parallel HR information system initiatives, each affiliated with a different GoT ministry, and designed to collect HR data from the LGAs. Another main challenge also continues to be the limited number of IT staff to support the national rollout out of the HRIS in both the public and private sectors.

IntraHealth will continue to work with PMO-RALG, the LGAs and the private FBO sector to address connectivity, infrastructure and personnel challenges in HRIS implementation. From next quarter, the project will shift efforts to generating HR reports at district-level where the HRIS has been installed. The reports will be shared with PMORALG, LGAs, POPSM and FBO stakeholders to facilitate data use in decision making.

**Local Government Human Resource Information System (LGHRIS).** UDSM with international technical support from IH upgraded the THRIS from version 4.0.6 to version 4.0.10, a more stable version. They installed a central server dedicated to the THRIS central server and successfully aggregated data from six districts (the original six from the PMO-RALG pilot). Central PMO-RALG officials now have access to the central system.

PMORALG officials have acknowledged the importance and potential for success of the system, witness the renaming of THRIS to Local Government Human Resource Information System (LGHRIS). From next quarter, THRP will focus will be on support PMORALG in generating reports using the data to inform decision making process.

**Advocacy and Coordination with PMO-RALG.** The PMO-RALG Permanent Secretary (PS) invited the THRP HRIS team to brief him and his two deputies on planned project implementation and strengthen the collaboration. The team presented a project overview and provided a system demonstration with aggregated data and reports from 18 LGAs. The PMO-RALG management team was positive and expressed its support of the project.

The PS expressed his appreciation in the investment to assist PMO-RALG in improving HR management. He noted that he is taking a special interest to see it succeed. He called on all directorates to support the project and engage in the PMO-RALG project team. He asked the project team to speed up the deployment process and incorporate the Regional Secretariat. He also acknowledged the LGA deployment challenges including inadequate ICT infrastructure, lack of computers, inadequate data entry personnel and data incompleteness. He commitment PMO-RALG's management team support to confront these challenges.

**IHRIS implementation in Zanzibar.** UDSM continues to provide technical support to the MOH/Zanzibar for data importation and customization of reports to meet HR reporting needs. A joint UDSM-IntraHealth team conducted an extensive monitoring visit to both Unguja and Pemba islands to assess: system requirements, data quality and data use for decision making. The visit included MOH offices on both islands, the district offices (Mkoani and Chakechake DHMTs) and key facilities (Mnazi Mmoja Hospital, Mkoani Hospital and Chakechake Hospital). A number of issues were identified as follows:

**Infrastructure.** Necessary computer infrastructure is limited to fully operationalize HRIS. Each district had a shared computer for the data entry. The current server houses two databases (HRIS and HMIS); the limited ram capacity (2GB only) makes the system operate very slowly. In all the sites visited, the internet, where available, operates very slowly. Positively, it was noted that in all the sites visited at least one staff was trained to managedata entry and that 90% of staff details have been captured by the system.

District officials interviewed referred to the HRIS system as a bit “heavy” due to the length of time it takes to execute some commands. It was noted that the system does not cache information automatically and that the automatic backup logs did not cover all the information

available on the database. MOHSW technical support is not on a full time basis and the individuals still need some technical training especially in PHP language and open source software. The team documented the requirements for followup action by UDSM including the need to develop standard reports, procuring a 2GB of additional RAM for the server as well as defining user privileges for the system.

**Data Quality.** MOH has not deployed a standard data collection tool for capturing data on new staff and changes during employment; the information entered on the system was captured through two prior surveys. The second survey was used to verify and correct data collected during the first survey. Despite this situation, the MOH has urged each facility to verify and update data, an activity in progress. The demand for data, automatic analysis and presentation was quite limited due to the lack of standard reports. Most of the analysis is conducted using data exported to excel by a few staff with the expertise.

**Data utilization.** Despite the resource and technical staff limitations the HRIS data has been used to great impact. The staff of the HR Department developed a report with data extracted from HRIS for the MOHSW to make a strong argument to parliament to secure permits for health workers. A total of 302 new health workers were recruited in FY 2010/11 compared to 76 health workers recruited in FY 2009/10. The team noted that the HRIS data is used in assessing the staffing needs of 34 PHU centers which have been upgraded to PHCU+ status. Many of the HRD decision makers requested extensive training on HRIS data utilization for decision making.

The team concluded that despite several successes, several steps are needed to ensure HRIS data is of good quality and utilized at district level for staff planning, leave planning, training plans. Key recommendations include increasing financial support dedicated to HRIS activities in Zanzibar, increase IntraHealth and UDSM technical assistance and build capacity of the MOH in data use in decision making.

Following the monitoring visit a UDSM team with visiting technical assistance provided by IntraHealth, (Carl Leitner) manage to address a majority of the systems challenges. The team agreed to specifically address data quality issues and system utilization in next year's THRP workplan. In addition, THRP procured 11 desktops, 11 printers and 11 UPS for HRIS sites in Zanzibar's districts to replace old and outdated computers.

**Support for the Tanzania Nursing and Midwife Council (TNMC).** Under THRP collaboration, UDSM provided technical support to the professional TNMC to determine its requirements for an updated registry system and provide a system solution to meet its activities. UDSM first documented the user, system and technical requirements for discussion and feedback. It proceeded to identify the HRIS Quality system with its capacity to print certificates and customized the system to meet TNMC needs. Testing the system is still in progress. TNMC is looking to leverage support from other donors to upgrade its computer infrastructure to manage a new registry system.

## **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. District HRH Strengthening and Development**

The major focus in the quarter include the reviewing Human Resource Management (HRM) training manual, preparation for HRM trainings in 35 districts in five new regions and review of 2010/11 CCHP documents of the THRP targeted districts to determine budget allocations for HRM activities.

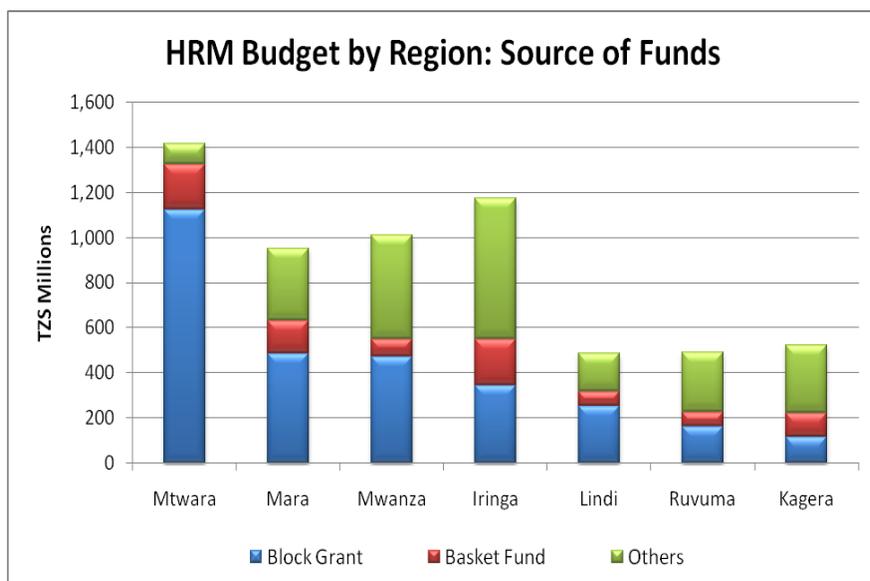
**Review of HRM Training Materials.** BMAF, with MSH technical assistance (William Kiarie), led a week long workshop with the current national HRH expert trainers to review the HRM training program, make the needed changes, and identify and address skills gaps among the trainers. Seventeen participants took part in the workshop, April 4-8, outside of Dar. Objectives of the workshop were for participants to:

- Reach a common understanding of the status of the district HRH capacity building effort, including the extent of roll out to the districts, key milestones and successes achieved, and significant challenges faced by the national HRM trainers or the district HRH teams;
- Review, revise and finalize the HRM District Training Manual based on experiences and feedback to date as well as new inputs generated during the workshop;
- Review, clarify, revise and finalize the Coaching and Mentoring Guidelines to reflect experiences and feedback to date, new inputs, and further changes necessitated by modifications to the training manual;
- Identify knowledge and skills gaps among the trainers and based on these gaps, further build the HRM skills, knowledge and competencies of the workshop participants through an intensive, two-day refresher training;
- Propose ways of evaluating and documenting the program's impact; and
- Discuss major planned activities for the next six months including follow-up activities for initial districts and roll-out plans to additional districts.

BMAF has used the results of this meeting to prepare for the next round of training, which has been postponed to September.

**CCHP Review for HRM budget allocation.** BMAF, with technical assistance from a local consultant (Omar Basar) analyzed the 2010/11 CCHPs of the 55 districts supported by THRP. The review was to determine if the councils had allocated budget to implement HRM activities. The analysis shows that the 2010/11 CCHPs from the 20 districts of Iringa, Mtwara and Lindi had included a budget allocation for some HRM activities. Before the THRP interventions in these regions, the HRM component was not the priority area of CCHP document. The figure below shows two of the three regions allocated the highest budget for HRM activities for 2010/11. Mtwara district allocated 1,400 million Tsh, followed by Iringa district with 1,173 million Tsh. Lindi District allocated the lowest budget of 484 million Tsh. The findings suggest that HRM

training and project interventions have contributed to increased budget for HRM activities in majority of the districts trained in HRM. Next quarter, BMAF will support all the councils to implement planned HRM activities through mentoring and coaching activities.



## B.2. Establishing a Functional Comprehensive Human Resource Information System

The HRIS implementation in public sector focused on providing technical support to Zanzibar in HRIS implementation, planning for HRIS deployment in 16 LGAs of Mtwara, Lindi and Iringa (three remaining districts from 2010 deployment).

HRIS implementation in the FBO sector focused on customizing the HRIS to meet FBO users' data requirements, supporting CSSC zones in data entry and utilization, developing training material for users and system administrators, and identifying HRIS hardware and software requirements for APHFITA and BAKWATA sites.

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, data accuracy and capacity to analyze and relate generated HR reports for decision making. Unreliable electricity in Tanzania is also hampering smooth implementation of HRIS. The project is working with PMORALG and CSSC Zonal offices in addressing these challenges. The sections below highlights key HRIS major activities and achievements for this quarter

**LHRIS deployment to the Districts.** At district level, the UDSM team focused on expanding HRIS installation in Mtwara and Lindi. Twelve LGAs were installed with HRIS versions 4.0.10 during the quarter. The installation went hand in hand with onsite training of 12 users to support the data entry process at each new LGAs. To ensure local capacity and sustainability with the LGAs the exercise was conducted in collaboration of PMO–RALG regional ICT officers. This bring the total of HRIS deployed to 21 LGAs in Iringa, Mtwara and Lindi. In addition, THRP procured 24 new desktops, 24 printers and scanners for all LGAs with HRIS installed to replace

old and outdated computers. The project focus from next quarter is to support the LGA to enter quality data and use the LHRIS data for decision making.

**HRIS Implementation in the Private Sector.** The THRIS networking and hardware systems established in 2009 in CSSC sites are currently functioning well and data is being exchanged between the five zonal offices and HQ. This quarter, Intrahealth delivered the hardware for THRIS expansion to 15 CSSC hospitals, four APHFTA's zonal offices (including HQ), and the BAKWATA-HQ office. The procurement included two laptops and 27 desktops, 27 UPS, 27 printers, 12 scanners and flash drives. CSSC will install the equipment and conduct systems training in late July.

CSSC completed the HRIS customization for the new sites. In addition, CSSC in collaboration with technical assistance from IMA (Scott Todd) and IntraHealth (Carl Leitner) conducted a data monitoring visit to CSSC's northern zone office in Arusha. The team also visited APHTA's northern zone office in Moshi to understand APHTA zonal office functions, and document requirements for HRIS deployment in terms of hardware, software and HRIS support. CSSC with IMA developed a data utilization model to guide report generation for HR decision making at various levels. The sections below highlight major achievements in this quarter.

**HRIS customization.** The CSSC with IntraHealth technical support customized and upgraded IHRIS manage software to version 4.0.15. The CSSC THRIS added three modules:

- The employment ID defines Check No and Person File No
- The Facility category now includes Voluntary Agency Hospital (VAH), District Designated Hospital (DDH), Council Designated Hospital (CDH)
- Facility Status, Leave and Date of confirmation have been added to the Service module. The facility status defines the number of beds approved, delivery beds, and neonatal beds per hospital; Leave is used to enter the leave information; and Date of confirmation is the date the employee is confirmed to the job.

**Data Utilization.** To date 18,272 employee records from all five CSSC zones have been entered into the system. 13,273 (73%) of these employee records have been updated with accurate information. The primary need at CSSC is to start generating reports from data in the systems to inform HR decision-making. CSSC with IMA support developed a data utilization model (included in Annex 1) to address the complexity of the various stakeholder levels and organizations within the faith-based system of services. The following describes the model in words:

- The first level of reporting originates at health facilities. In the CSSC context, health facilities report to diocesan FBO owners (Type 1-A), the MoHSW via the DMOs at district levels (Type 1-B), and locally to Health Governing Committees at the hospital, village or ward levels (Type 1-C).
- At the second level, data coming from health facilities through the zonal THRIS system and then into the CSSC-HQ data base is also reported internally within the CSSC administrative and programmatic structure (Types 2-A through 2-D). This second level CSSC information is then reported on through to the church-level FBO Ownership structure (Type 2-E) and/or through to the Public/Governance structure (Type 2-F).

- At the third level, reporting occurs within the higher level FBO Ownership and Public/Governance structures to support administrative purposes, as well as for adjusting policy, planning and other HRH interventions.

At all levels of reporting, feedback, guidance and support back to individual health facilities is also indicated as one of the essentials of data utilization. While this Data Utilization Model reflects the CSSC context for reporting, other models also need to be developed to reflect the similar contexts for APHFTA and BAKWATA. The Data Utilization model is currently being used to support the discussions required for defining the parameters of specific reports under various report types at various system levels. Next quarter, CSSC with support from IMA will support the management team in various levels in generating the reports and utilization of data for decision making.

**HRIS in CSSC Northern Zone.** A THRP team including CSSC staff, IntraHealth and IMA visited CSSC Northern Zone office located in Arusha to assess HRIS implementation progress, status of iHRIS Manage (THRIS) systems, data content/quality and data utilization. The CSSC northern zonal office is involved in supporting, advocating, coordinating and partnering with faith-based organizations that provide health and education services. Specific to THRIS implementation and data collection, zonal staff coordinate either directly with health facilities, and/or through diocesan offices and lead agents. A great strength of this structure is that the CSSC zonal representatives are well connected with, and have a clear understanding of the assets and needs of the communities they serve.

**Hardware status.** Some equipment needs upgrading and frequent power outages have severely limited continuous operations this year. One outage corrupted the iHRIS database, which was fortunately restored from the CSSC-HQ system with only the loss of data from two days.

**Data quality status.** The northern zone data is ahead of schedule, with good data quality and quantity. Accuracy tests indicated that 26 out of 28 data elements were captured accuracy, 93%. However, consistency problems persist. For example, two data elements are routinely not completed, Registration Number and Registration Authority, most likely due to health workers are either not registered or misinformed about the registration process. The major inconsistency issues are related to four data elements Cadre, Job Designation, Position Type and Department.

**Data utilization.** CSSC's northern zone office has started generating reports on staffing level by cadre to be presented in zonal policy forums. However, the zone has not determined reporting requirements for different reporting level. The zonal staff requested training on data analysis and utilization.

### **Recommendations:**

- Need to identify a different broadband internet provider for reliable access;
- Deploy new desktop computer and other components (already purchased);
- Implement additional data management practices to track incoming and outgoing HR data forms from all facilities;
- Establish procedures for monthly data verification and cross-check;

- Redefine all new data elements (or existing if not coded) that refer to prescribed MoHSW policy and/or health system structure to allow only coded value data entry;
- Designate and train data entry focal personnel on new data collection; tools, systems and procedures at the three hospitals scheduled for Yr-2 deployment;
- CSSC in collaboration with IMA should build the capacity of the staff in data utilization.

### **APHFTA - Northern Zonal Office Visit (Moshi)**

The THRP team members also visited the APHFTA Northern Zone office and a local private dispensary in Moshi. The primary objectives were to improve THRP team understanding of APHFTA zonal level scope and functions; assess THRIS deployment requirements; inform local APHFTA representatives about the THRIS; and reinforce dialog/coordination between CSSC and APHFTA northern zone offices. APHFTA's Northern Zone Office supervises and coordinates technical support for 54 member health facilities and 12 private facilities that are not yet members throughout the regions of Arusha, Kilimanjaro, Tanga and Manyara. The office has a functional computer and a printer but no LAN. Internet access via TTCL as an ISP has not been functioning for the past three months; the office staff use a nearby Internet café for email. Moshi has been experiencing the same frequent power outage problems as Arusha and there is currently no UPS or other back-up power supply in place, nor any back-up devices for data storage.

Very little HR data is currently being collected. APHTA currently maintains a log of health facilities with contact names and phone numbers which serves as record from quarterly visits made to each facility. APHFTA has some program oriented information tools to support data collection on diabetes and HIV/AIDS. Next quarter, CSSC will deploy HRIS and train the staff on utilization of the system.

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

### **C.1. District HRH Strengthening and Development**

**Finalized National Orientation Package.** The national orientation package has been finalized and formatted consistent with government and Intrahealth requirement. The package is one of the project efforts to support MOHSW to improve retention of newly recruited staff. The package provides step by step guidance to how to conduct orientation of new staff and make the staff feel welcome in the workplace. The document has been submitted to Chapel Hill for approval and will be submitted to MOHSW Permanent Secretary for endorsement next quarter. The document will be used in HRM training for CHMTs of Mwanza, Kagera, Musoma and Ruvuma regions next quarter.

**Incentive package for health workers.** A BMAF consultant shared the draft report on the proposed incentive package for health workers. The report recommended an approach to determine hard to reach areas and proposed generic financial and non-financial incentives that can be adopted by the district to motivate and eventual retain the health workers. The document is in the process of review and comment.

**Tracking of new health workers.** BMAF, in collaboration with the MOHSW Health Workforce Secretariat, supported the Zonal Health Resource Centres to track the new health workers posted in all districts on the mainland in FY 2008/9. The preliminary findings indicate that 5,159 (43%) of 11,912 posted in 2008/2009 staff were confirmed reported to their duty stations. BMAF has put forward several reasons as to the high number of posted staff who did not report to their duty station including: those who attended long term trainings may be counted as new graduates when posted, new staff not willing to work in hard to reach areas; and districts declining new staff posted to duty facilities where their professions are of not a priority (Medical Attendants).

Further analysis indicates only 13% (670) of the staff who reported in 2008/9 left. Several reasons behind this figure include: delays to clear allowance claims; poor duty station working environment; poor infrastructure especially, lack of essential social services; poor management support; and social and family reasons such as marriage. The next step will be to disseminate the information from 2008/09 and 2009/2010 to relevant stakeholders. BMAF will facilitate the mainstreaming of the tool into the HMIS within the MOHSW.

**Continuing Education Program (CEP) for nurses.** The Aga Khan Health Services (AKHS) have commenced the second year of in-Service training activities for nurses in Iringa region. The AKHS Primary Medical Centre Coordinator held meetings with representatives of Iringa district and regional management teams in June to provide progress and plan for the coming in-service training for nurses. The Iringa RHMT showed visible interest and commitment to ensure the continuation of the trainings. They expressed their opinion on increasing levels of skills and motivation of nurses as key benefits of the training and agreed to continue effective coordination on the project progress and follow-up of nurses in their health facilities.

Following the approval of the training curriculum in the second quarter and strong support from Iringa regional and district management, four nurse facilitators attended a training of trainers' course in Aga Khan Hospital Dar es Salaam. The focus of the TOT was on:

- Reinforcing the candidates with fundamental principles of conducting training sessions;
- Nursing ethics and etiquette including professionalism and communication skills;
- Nursing skills to focus on: patient assessment, history taking and documentation; HIV and Malaria medication management and safety (focus on commonly used drugs); basic life support;
- Reinforce important components of maternal, newborn and child health packages;
- Diverse teaching methodologies; and
- Infection Prevention and Control (IPC)

During the quarter, AKHS conducted two separate courses for nurse attendants and trained nurses by the local trainers. The new trainers trained 61 nurses (31 nurse attendants and 30 trained nurses - EN / RN / Midwives). Topics included: Ethics, Communication and gender; Infection Prevention and Control; Nursing Skills and Maternal Newborn and Child Health. Several teaching methods were used including lectures, discussion, brainstorming, role plays, demonstration and re-demonstration of the skills. The participants were divided in groups for demonstration and re-demonstration of the skills learnt in the class room.

Post training evaluation showed a progressive increase in the level of knowledge among nurses in both classes. In the nurse attendant class, the pre and post test showed 12 participants scored more than 45% out of which 1 participant score 65% (highest score) and two participants scored 20%. Post test results shows improvement in knowledge level as the highest score was raised from

65% to 90%: six participants scored more than 70%, five participant score 80% and one participant score 90%.

Among the Trained Nurses (enrolled, registered and Nurse Midwives), the results show consistent improvement in knowledge. The results showed incredible improvement for Enrolled Nurses from 37% in pretest to 94% in post test whilst Registered Nurses showed good improvement from average 62% in pre test to 96% in post test. Similarly trained nurse midwives also showed improvement from 42% in pre test to 98% in post test. The highest score in pre test was 80% where as highest score in post test was 98%.

**Upgrading enrolled nurses to registered nurses.** The Aga Khan University – Tanzania Institute of Higher Education, Advanced Nursing Studies (AKU-TIHE (ANS) continued to provide a course for enrolled nurses (EN) to upgrade to registered nurses (RN) through a four semester work-study program. Fifteen student completed the course on March 2011 and 13 became registered nurses in the same month. Three students, who failed their final examination, took them again in June and passed. They are expecting to sit this July for Ministry of Health examinations.

In light of the inadequate numbers of nurses eligible to enroll in the EN to RN upgrade course, an enrichment programme was designed to upgrade Form IV qualifications for enrolled nurses. The enrichment programme commenced in June and is to be conducted over five days in a month for 15 months. AKU recruited a teacher coordinator and three teachers from Mtwara Technical Secondary school. Twenty-six students (22 from mtwara and four from Lindi) have started. The acceptance date for students has been extended to August 30<sup>th</sup>. The enrichment program is expected to include 40 students.

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

**PSW program advocacy and PSW curriculum review.** IntraHealth participated in a five day curriculum review organized by ISW and JACSW. Both the PSW and PSW supervisor curricula were under review. The key areas addressed included:

- Gender issues; that gender not only to be considered during selection of PSW but during service provision and work relations;
- Need to add a session for economic strengthening and improve resource mobilization skills;
- Incorporate monitoring and evaluation as part of the curriculum instead of addressing it as a program issue only;
- Strengthen significance of child protection and enable PSW to identify risk and plan for intervention;
- Improve curriculum follow-up tools;
- Focus supervision skills to reflect the reality at ward and village level;
- Add material on community entry, PSW work guide, joint work plan for PSW and Supervisors; and
- Improve the session on Supervisor roles and duties and where to get support.

**Para-social Worker refresher training.** This quarter, the THRP and its partners conducted a the five-day follow-up training to 396 PSW (92 from Ukerewe, 85 from Sengerema, and 219 from

Geita) and 76 PSW Supervisors from the same districts. Apart from imparting new knowledge to PSWs, the sessions included opportunities to share experiences and advise each other.

**PSW Program Advocacy and Monitoring in Mwanza.** IntraHealth conducted a joint advocacy and monitoring follow-up visit with ISW and PACT staff to four LGAs (Magu, Misungwi, Kwimba and Ukerewe) of Mwanza to assess PSW progress in providing services to MVC. IntraHealth, ISW staff and district representatives also visited 80 Para-Social workers from 30 wards in Dodoma.

The PSW dropout rate in Mwanza ranged from 20% in Magu to 0% in Ukerewe. The dropout rate for Mwanza is within the acceptable range and lower compared to Dodoma. The lower average dropout rates in Mwanza (10.7%) compared to Dodoma (30%) may be attributed to the fact Mwanza program started in 2010 while in Dodoma activities were initiated in 2009. Other reasons could be PSW in Mwanza are more likely to be engaged in income generation activities compared to PSW in Dodoma, as there are more income generation opportunities in Mwanza compared to Dodoma.

Table1. PSW Status Mwanza

District Name	# (Wards Visited)	# of trained PSW	# of drop outs	% of Drop out
Ukerewe	7 wards (Bwiro,Bukindo,Murutunguru, Bukiko,Bukungu,Kagunguli,Nakatunguru, Kagera)	21	0	0%
Magu	8 wards (Lutale,Mkula,Ng'haya,Nyanguge,Kiloleli, Kitongosima,Mwamanyili )	29	6	20%
Misungwi	7 wards (Koromije, Misungwi,Misasi, Kanyelege,Kasololo,Sumbugu,Mbarika)	31	3	10%
Kwimba	8 wards (Fukalo, Malya, Ngudu, Mhande, Wala, Kikubiji, Lyoma and Mwamala)	40	4	10%
<b>Total</b>	30 wards	121	13	10.7%

Source; Field Data, June 2011

Despite the difficult working environment, Para-social Workers have had a number of successes. Examples include linking children with different resources especially to continue their schooling when parents were unable to pay for secondary education. Other children were linked to religious and community based organizations like HISA groups (Popular in Misungwi) where they obtained support for school materials.

District-level achievements include efforts to raise funds to support MVC. For instance in Kwimba, the district has raised approximately 3,170,000.Tshs. Advocacy teams have reached some wards though limited subsequent follow. Kwimba district have employed three Social Welfare Officers though the individuals were trained as sociologists and community development

officer. Numerous case examples are compiled in ward specific success stories; a few of these are highlighted in Annex 2 at the end of this report. .

The major challenges observed were:

- Poor cooperation from some families and village leaders expecting material support from PSWs;
- Inadequate understanding by ward/village leaders and MVCC committees on their role in supporting PSW and MVC. Most leaders see this as an NGO role.
- Lack of incentives and transport facilities for PSW;
- Lack of government employed PSW supervisor in some ward who can link PSW to service providers and village/ward leaders.
- Lack of consistent follow up and mentoring of PSW at LGA level ;
- No budget lines for supporting MVC in most of ward and villages/Mitaa;
- No sources for generating funds for community funds in most of the villages/wards;
- Limited services, resources or NGOs for providing direct support to MVC;
- No functioning MVCCs in some villages; and
- A few villages without trained PSWs.

In order to improve the working conditions for PSW, THRP seeks to address these challenges. The MVC program needs to consider how to:

- Provide transport facilities and stationeries for PSW;
- Identify key NGOs supporting MVC;
- Implement co-funding strategies with Districts via a signed memorandum of understanding;
- Educate village/ward leaders on their role to support MVCs and working with community to increase their awareness on their responsibilities to support MVCs;
- Establish and implement guidelines for implementing MVC community funding schemes;
- Use Regional Social Welfare Officer for continuous follow-up and mentoring and coaching for supervisors at district level;
- Facilitate that District Social Welfare Officers spearhead and sensitize Para social workers to join PASONET;
- Facilitate PSWs to use PASONET and existing structures to initiate Psycho-social support clubs;
- Improve communication and support between PSW advocacy teams and village/ward leaders;
- Inform key leaders and request support for MVC in the respective areas;
- Strengthen advocacy team and PSW ability to sensitize communities on formulating MVC committee and raising funds to support to MVC;
- Use PASONET to explore other external source of resources.

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

### **D.1. District HRH Strengthening and Support**

**National supportive supervision tool:** BMAF and MOHSW revised the HR supportive supervision guideline to reflect the findings from mentoring and coaching visits (in February) which showed only 1 out of 20 districts trained in supportive supervision used the supportive supervision tool. Challenges including language, tool length, and other national supportive supervision tools contributed to its low usage. The revised guideline was used in the supportive supervision TOT training for Regional Health Management Team members from Mwanza, Mara, Shinyanga, Kagera and Ruvuma. Forty-six RHMT members attended the TOT training to gain facilitation skills for conducting supportive supervision training for district staff. Following the TOT, the RHMT member's oriented 271 CHMT members from the 34 targeted CHMTS specifically on the HR component of Supportive supervision tool. As part of supportive supervision training, the CHMTs developed action plans for conducting Supportive Supervision at facility level. BMAF will continue to support the districts in developing effective supportive supervision as part of ongoing mentoring and coaching activities.

**Working Climate Initiatives.** BMAF and IntraHealth have initiated planning for interventions to improve working climate in the districts. BMAF has developed a gap analysis tool for conducting WCI needs assessments. BMAF and IntraHealth plan to use this tool to draw out specific WC needs which will inform the development of interventions at selected facilities. THRP will focus on supporting the districts that have initiated WCI interventions in their HRM action plan. The assessment and WCI intervention are planned in next quarter.

## **IV. ORGANIZATIONAL DEVELOPMENT AND CAPACITY BUILDING**

**MSH support in organization capacity building.** Following discussions with both CSSC and BMAF, MSH launched a few capacity building activities towards the end of this quarter. Most will be completed next quarter, as described below.

### **Support for Christian Social Services Commission (CSSC).**

**Operations Manual for Zonal Offices:** CSSC maintains offices in five zones across the country, and is making efforts to develop the capacity of each Zonal office in preparation for a larger and more independent role in program development and implementation. The Zonal Offices are at present quite small, with only a handful of full-time staff. To build their capacity, and to ensure a degree of uniformity across the five offices, CSSC asked MSH to help develop an Operations Manual that would lay out personnel, administrative and financial procedures in a straightforward manner. MSH engaged a local consultant, Prof. John Kessy, who had worked previously with CSSC to develop similar products for CSSC HQ, and he began his assignment in early June. The consultant and CSSC outlined the rationale for the manual and to identify key areas requiring further development. The consultant will visit three of the five Zonal Offices in order to understand their needs and issues, meet with the local Bishops, and begin drafting the Manual. CSSC will review the draft and finalization will take place in July.

**Procurement Policies and Guidelines.** CSSC is undergoing a period of significant programmatic and financial growth which, while desirable, does place strain on key systems that were initially designed and made operational under different conditions. CSSC requested MSH support for a review and likely revision of organizational procurement. MSH identified a procurement expert with experience in both public sector organizations as well as the NGO sector who will begin working on this assignment, in close collaboration with the CSSC director of Finance and Administration, in mid July.

**Editorial Support for key documents.** CSSC requested MSH support to review, edit, and improve formatting and presentation of the organization's annual report. A first draft has been produced, but the final draft awaits further input from CSSC in certain sections. MSH also provided editorial assistance to improve the presentation and readability of a lengthy document covering the organization's ICT policy and strategy. MSH will support the printing costs for this document in the coming quarter.

### **Support for Benjamin Mkapa HIV/AIDS Foundation (BMAF).**

**Finalization of ICT Policies and Guidelines:** MSH assisted BMAF to develop draft ICT policies and guidelines in 2010; a delayed internal review by BMAF extended into the period of time in which MSH had no further funds to support activities. With approval of the new work plan and budget, MSH re-engaged the previous consultant in order to incorporate BMAF feedback and, importantly, to use the occasion to work with BMAF's new ICT director who began work in late June. The MSH consultant has met several times with the new ICT director, briefed him on the policy and guideline document, and will work with him to modify the previous draft in order to make sure that it meets the needs and desires of BMAF. This work will reach conclusion in July.

**Coaching and Mentoring TOT.** There is increasing recognition that structured coaching and mentoring is an effective intervention to support and sustain new skills and interventions. As mentioned above, MSH organized a four-day Training of Trainers in Coaching and Mentoring in Tanzania in May with CDC funds. It opened up participation to four participants from THRP—BMAF, IntraHealth, and Regional Secretaries from Lindi and Mtwara. The workshop was highly participative and covered the following modules:

- Module 1: Conversational Skills and Coaching
- Module 2: ORID conversations method (refers to Objective Data, Reflective Data, Interpretive data, and Decisional Data)
- Module 3: Coaching conversation skills
- Module 4: Observing, asking and listening
- Module 5: The art of providing feed-back and reaching agreement
- Module 6: Managing Promises

There may be further opportunities for collaboration across these and other projects. This training was highly appreciated by BMAF and IntraHealth staff who participated. The skill gained during the training will be adopted in the district-level Mentoring and Coaching work which will become more intense in the coming months.

## V. MONITORING AND EVALUATION

Three key monitoring activities of the quarter have been discussed above, specifically the MVC program follow-up and advocacy visits in Mwanza; the HRIS follow up visits in Zanzibar and CSSC Northern zone in Arusha. In addition:

**Capacity building in M&E—PSW program.** The THRP oriented 65 PSWs and their supervisors from Kongwa district in Dodoma to the newly revised data collection and reporting tools. The orientation emphasized the importance of collecting quality data and using the data to make decision. Data reporting requirements and reporting deadlines were also discussed. The PSWs had the opportunity to practice on the revised tools. The evaluation results indicated that PSWs found the revised tools simple and easy to use. Each PSW was given enough copies of the forms; they committed to submit monthly progress reports to their supervisors. To increase ownership of M&E processes and use data for decision making, the participants recommended the district to conduct quarterly review meetings. In addition, it was agreed that District Social Welfare officers will present their district progress in supporting MVC during the annual PSW program review meeting. The project will continue to build capacity of PSWs and district officials in monitoring and evaluation.

**HRM baseline Assessment in Iringa.** Intrahealth's MVC program with technical support from Dr. Katia Peterson initiated its baseline study in three districts in Iringa to collect data and information on the existing situation of social welfare service delivery to MVC in prior to project intervention.

The specific purpose of baseline study was to 1) Assess LGA budget allocation for social welfare services to MVC in the district to date; 2) To assess the perception of MVC key stakeholders regarding social welfare service delivery in their area; 3) To assess the number of Social Welfare Officers who are currently employed or under recruitment process in each district and their support to MVC; and 4) To assess the type of incentives and motivation that is being provided to community volunteers by the LGAs and other organizations in the district to date.

The assessment tools with questions to address the above objectives were developed and reviewed with key MVC stakeholders during a one-day stakeholder meeting in Iringa in June. Eight District Social Welfare Officers, 17 representatives from MVC implementing organizations in Iringa and the Regional Social Welfare Officer attended. Five data collectors who are also PSW facilitators were trained on qualitative data collection methods including conducting in-depth interview and Focus Group Discussion. After the training, the assessment tools were pretested in Njombe district council and revised. The data collection was undertaken in Ludewa, Makete and Njombe MC in July. The baseline report will be completed by the end of August 2011.

**Performance Indicators:** A summary of project results against its quantitative targets can be found in Table 2 below. The project reached 90% percent of its target for health worker pre service trainings in training institution (H2.1 D), 42% of pre service training program (H2.2 D) and 112% of in-service training across all project components this quarter. More capacity building activities have been planned for next quarter to meet all the targets.

**Table 2: Performance – PEPFAR Indicators and Results, October 2010 – June 2011**

#	Indicator	Program Area	Partner	PEPFAR Targets (Oct 10 - Sept 11)	Achievements (Oct -Dec 10)	Achievements (Jan -Mar 11)	Achievements (Apr -June 11)	Achievements (Jul –Sep 11)	% Achieved (Oct 10 – Sep11)
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	20	0	15	3		90%
H2.2.D	Number of community health and Para-social workers who successfully completed a pre-service training program.	MVC	PSW	1000	0	416	0		42%
			PSW Supervisors*		0	56	0		
H2.3.D	Number of health care workers who successfully completed an in-service training program within the reporting period	MVC	PSW	800	436	206	396		130%
			PSW Supervisors*		56	42	76		
		HRH -CED	AKH	170	0	0	61		36%
		HRH	BMAF	1180	148	0	317		39%
		HRH		92	0	0	0		
		HRIS	CSSC	100	0	0	0		0%
		HRIS	UDSM	90	0	68	12		89%
		M&E	M&E – IntraHealth	500	15	463	65		109%
<b>PEPFAR COP 11 Targets for number of individuals participating in in-service training supported by THRP project</b>				<b>2100</b>	<b>655</b>	<b>779</b>	<b>927</b>		<b>112%</b>

\* PSW Supervisors also attended PSW training

## V11. PROGRAM MANAGEMENT

**Subagreements with Local Partners.** With one exception IntraHealth renewed subagreements with local partners through the end of September. The agreement with the Aga Khan Foundation continues on a month-to-month basis without increased obligation while the organization retires outstanding advances.

**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 of THRP program management) and advisory guidance which THRP members have been called upon by other implementing partners or interested organizations.

**Table 3: Informational and advisory meetings in which THRP partner staff participated**

Date	Designation/Visitor	Purpose
1 April	Albert Beeks, CSSC consultant from Nuffic project	Linking Training Institutions with HRIS
15 April	Allison Clark , D-Tree	Management guidance on establishing an office and employing local staff
22 April	CSSC	CSSC Semi-annual Meeting with HRH stakeholders
11 May	Colleen Green, DAI/IMAISHA	Management guidance on establishing an office and employing local staff
17-18 May	USAID/CDC/MOHSW	PMI consultative Meeting
14 June	Measure Evaluation Staff	Initiate DQA exercise

### **Project staffing:**

- Zena Amury, joined LGA Advocacy member of the MVC team. With this position filled the MVC team is complete.
- HRIS Advisor secondment. A strategy to invite applicants to similar positions with the University of Dar es Salaam has proved successful. One of the final applicants in that recruitment will be posted to Dodoma as an IntraHealth employee in the next quarter.

**Project Financial Status.** By the end of June 2011, the project had expended 78% of available obligated funding. USAID obligated FY10 and Partnership Framework funds at the end of January 2011; IntraHealth received these funds in early February. At the current rate of expenditure, IntraHealth has six month pipeline as of 1 July 2011.

**Table 4:** Financial Status of the Tanzania Human Resources Capacity Project

Total obligations through 30 June 2011:	<b>\$13,729,518</b>
Expenditures through prior quarter (through March 2011)	\$8,454,516
Expenditures this quarter (April—June 2011)	\$2,186,347
Total Expenditures through 30 June 2011 (expenditures started 1 May 2009)	<b>\$10,640,863</b>
Pipeline as of 1 July 2011	<b>\$3,088,655</b>

**Technical assistance:** A summary of international technical assistance during the quarter can be found in **Table 5** on the final page of this document.

## **VIII. PLANNED ACTIVITIES, JULY—SEPTEMBER 2011**

### **Support to National Level Government**

#### **HRH (BMAF and IntraHealth)**

- Continue support MOHSW review of the 1999 staffing level guideline (staffing norms). Work with MOHSW to conduct stakeholders review meeting for further input. Support an international consultant to conduct and external expert review.
- Support a dedicated HRH day during Technical Review meeting prior to Joint Annual Health Sector Review
- Develop policy brief and conduct one policy table discussion with key technical officers of MOHSW, MOFEA, POPSM, and PMORALG to discuss and deliberate on HRH issues.
- Disseminate HRH news periodically to increase public awareness support towards the national HRH agenda
- Facilitate discussion within MOHSW directorates and between ministries on various HRH issues.
- Technical assistance visit to conceptualize development of an HRH package to be a reference document for district and regional planning
- Support ZHRC to advertise and scrutinize of the approved post in the Fy 2010/11 for health workers to districts and regional hospitals
- Finalize the multisectoral criteria for defining the underserved area and incentive package draft report and obtain inputs from key HRH stakeholders through MOHSW HRH Working Groups, PMORALG and POPSM.
- Finalize the tracking report and facilitate the dissemination of the report to relevant stakeholders MOHSw, PMORALG, HRH working groups

#### **HRIS (IntraHealth, UDSM and CSSC))**

- Work with PMO-RALG and UDSM to plan and deploy LGHRIS in 11 districts in Coast and Dar es Salaam regions on top of the already 21 deployed LGAs
- Coordinate with CSSC to deploy HRIS to six APHTA zones and at BAKWATA headquarters.
- Work with M&E specialist to conduct follow-up visits to HRIS implementation sites in Iringa to evaluate system utilization, data use, and identify gaps in data and skills.
- Follow up with UDSM on THRIS Software System Documentation Review
- Follow up on Zanzibar HRIS Central and District level HRIS utilization
- Working with other HR systems such as HRHIS, DHIS, and POPSM's HCMIS to know where they are deployed and how to harmonize for LGA usage.

### **District HRH Strengthening and Development**

#### **BMAF**

- Support continuous coaching and mentoring of 20 trained CHMT (Team include 1 local expert, M & E team, 1 programme staff , 2 Field office staff )
- Conduct training of 34 Council teams with developed HRM training courses (2 CHMT per session) (combined with orientation of National orientation tool) to 34 CHMT's of Lake Zone and Ruvuma region
- Support Iringa in sharing HRH best practices through a knowledge sharing workshop and forum

- Support the districts to complete the tracking tool (three months after new Tanzania FY) and provide update report to the HQ
- Facilitate tracking of posted health workers for FY 2011/2012, develop and submit the report to HQ
- Preliminary planning of the job fair through Tanzania HR society, Professional association (MEWATA) and other representatives for technical inputs on the Job fair activity -( 1 meeting involving 15 participants)
- Conduct advocacy events through health professional associations to potential candidate to join health Professional in order to establish a sustainable base of increase of health workforce supply from secondary schools, pre service and labor market.
- Conduct Job fair events in the Lake zone in order to establish a sustainable base of increase of supply of health workforce both pre service and labor market and decrease internal and external brain drain-
- Coaching and mentoring of 20 CHMT on use of OPRAS as integral part of district strengthening strategy
- Support 8 CHMT's (of Iringa Region) to develop clear performance targets and indicators (2 CHMT per session) and conducting their performance appraisals as integral part of district strengthening
- Follow-up/support the 54 LGAs through the RHMT/CHMT and focal person to ensure they conduct HRM supportive supervision.
- Facilitate MOHSW endorsement of HR Component of the Supportive Supervision Guideline
- Support 5 selected districts with identified WCI initiative to improve productivity
- Finalize the uploading of Finances, HR and Payroll system into the electronic system of ACCPAC
- Initiate use of ACCPAC system for financial processing and reporting for both the THRP and Global Fund
- Finalize defining the programme methodologies of key interventions of BMAF

#### **AKN (AKHS and AKU)**

- Continue with in-service training for nurses in Iringa
- Conduct stakeholders meetings in Iringa and get their feedback on CEP
- Marketing in the private sector for inclusion of private nurses providing health care
- Conduct stakeholder meetings to obtain feedback on CEP
- Continue enrichment course classes

#### **Establishing a Functional Comprehensive Human Resource Information System (CSSC)**

- Conduct quarterly project committee meeting
- Recruit IT Technicians to all CSSC five Zones
- Train representative of HMT Hospital members on HRM to two zones (Lake and Southern) by MKAPA
- Conduct field visit to Western for THRIS
- Conduct training of system utilization at different levels e.g. IT Technicians and Data Clerks
- Install THRIS to 15 hospitals
- Verify collected data to the system by zones
- Install THRIS to BAKWATA
- Develop preventive maintenance plan and document THRIS support to BAKWATA, APHFTA and CSSC
- Conduct workshop on THRIS tool to APHFTA zones
- Install THRIS to APHFTA

#### **UDSM**

- Year Three workplan development

- THRS Translation to Kiswahili – HR Glossary Development
- THRS Software Development – Reports Configuration & Gender Indicators Configuration
- Link to PO-PSM testing & reconfigurations
- THRS Software System Documentation Review
- THRS implementation for APHTA & BAKWATA
- Conduct M&E basic training for UDSM Team Members
- Supervision for THRS phase II implementation
- TNMCP Requirements Analysis, System Development and Installation

### **Developing a Cadre of Para-Social Workers (MVC Program)**

- Formulate regional and District teams for advocacy activities in Iringa region
- Support in linking Dodoma PASONET with Mwanza PASONET chapter Follow up of advocacy team activities in Dodoma and Mwanza
- Continue Supporting PASONET to implement its strategic plan
- Continue with District advocacy teams follow-up in Dodoma and Mwanza
- Continue supporting advocacy teams in Dodoma and Mwanza
- Participate in IPG meeting
- PSW identification in Iringa
- Finalize PSW and PSW supervisors training in Iringa
- Conduct informative meeting and strategic follow-up and advocacy meetings with combined key staff from DSW, Civil servant commission, regional SWO and PMORALG.
- Continue liaising with TACAIDS for distribution of Essential HIV and AIDS planning package as it covers most of the key issues for MVC
- Continue collaborating with Pact and WEI on using PSW Model in their Pamoja Tuwalee program regions

### **Monitoring and Evaluation**

- Conduct monitoring visit to assess progress in HRIS implementation and utilization in LGAs in collaboration with UDSM
- Conduct district strengthening midterm evaluation
- Conduct working climate and productivity baseline assessment in collaboration with BMAF
- Continue with Baseline data collection and Capturing Round One PSWs details in Iringa (Ludewa, Njombe, Makete)
- Ongoing M&E technical support to partners including review assessment planning documents and reports
- Continue with preparation for M&E annual data dissemination workshop.
- Work with Measure Evaluation to facilitate DQA exercise in Dodoma, Iringa and Mwanza.
- Develop project quarterly progress report
- Conduct project quarterly review meeting

### **Capacity Building**

- MSH Support to CSSC to develop internal procurement guidelines and procedures, finalization of an Operations Manual and development of an internal filing and record keeping system.
- Possible MSH support to CSSC to develop high level dashboards for improved monitoring and reporting;
- MSH support to BMAF to finalization of the ICT strategy and policy guidelines.

**Table 5: International Technical Assistance, April—June 2011**

<b>Visitor IntraHealth Staff (<i>unless otherwise indicated</i>)</b>	<b>Dates of Travel</b>	<b>Source of funding</b>	<b>Abbreviated Purpose of Visit</b>	<b>Focal Partner Organization/s for Visitor Support</b>
Scott Todd HRIS consultant (FBOs), IMA—World Health	1-14 May	THRP	Facilitate iHRIS data flow and data management discussion between CSSC and Bakwata and CSSC and APHFTA; TOT for implementing staff for iHRIS Manage deployment; Contribute to THRP data quality review of iHRIS in Northern Zone	CSSC
Laura Guyer-Miller TRG Consultant, MVC Specialist	15—28 May	THRP	Strategize on program collaboration and concrete implementation with USAID OVC Implementing Partners; Galvanize agenda with MoHSW/ DSW, FHI and USAID counterparts to develop quality standards for PSW training (standardized program approach); initiate clarifying goals and objectives for the MVC program in Year 3.	IntraHealth MVC Program
Katia Peterson* M&E Advisor	15—21 May	THRP	Provide technical assistance for PSW baseline assessment in Iringa; exploratory planning for HRH strengthening program component; interviews with program partners for regional HRIS stakeholder assessment	BMAF, IntraHealth MVC Program
Carl Leitner Open Source Developer	29 May—11 June	THRP	Work with HRIS partners to: test aggregated data from pilot and deployed sites to regional and central offices; improve HRIS data collection forms; map data collection forms to user workflow; and support HRIS technical issues.	IntraHealth, UDSM, CSSC, PMO-RALG, MOHSW/Zanzibar
Pam McQuide* Acting Director for HRH/HSS Programs	5—11 June	THRP	Review HRIS implementation modalities, management and leadership; Facilitate discussion with BMAF to conceptualize a national “HRH package.”	IntraHealth, BMAF
Tim Martineau Senior Lecturer in Human Resource Management LSTM	26 June—3 July	THRP	Facilitate Human Resources for Health short course for senior staff from the MOHSW, PMO-RALG and POPSM understanding of HR planning and management	MOHSW, BMAF

- Co-funded with Regional travel



**Annex 2. Selected PSW success Stories from follow up visits to wards in Magu, Misungwi and Kwimba Districts in Mwanza**

<b>WARD</b>	<b>Success Stories –Magu District Council Mwanza</b>
Mkula	Three MVC dropped-out from school for one year. PSWs encouraged the guardians to sell their cows to pay for school fees. The MVC are now back in school.
Lutale	In Kikundi sub-village , an MVC absconded from home. The PSW Rachel Masanya provided psycho-social support that enabled him to return home.
Nyanguge	A three-year old, living with her parents at Nyanguge village, was sexually abused by a 40 year old man. He was caught by the child’s neighbors at their home compound. The neighbor reported the incidence to PSW for Mkula village who also reported to the police station. The perpetrator was eventually caught and jailed for 3 month. The child was taken for medical examination.
Kiloleli	15 MVC liked back to school
Mwamanyili	A nine-year old orphan was not attending school as he was suffering from eye disease, The PSW sent him to hospital now he is okay. He was sent to primary school but due to his level of understanding was brought back to nursery school
<b>Wards</b>	<b>Success Stories –Misungwi District Council Mwanza</b>
Misungwi	Three MVC were linked to the inland church and were supported to go for secondary schools 36 MVC are benefiting from contribution of savings and credits groups commonly known as HISA Groups Through efforts of PSW, 10 children have been linked to the district t authorities and are supported to pay school fees
Kisololo	A PSW provided psychosocial support to an MVC forced by her blind grandmother to do commercial sex work so as to generate income. Through advice and counselling girl was rescued from being a commercial sex worker
Misasi	A PSW helped a 14-year old girl to return to secondary school. The child is now supported by the district council and is also linked to Pastor Mathias of A.G.T where she is getting spiritual counselling and support.
<b>WARD</b>	<b>Success Stories – Kwimba District Council Mwanza</b>

Lyoma	The PSW of Kimiza Ward helped a nine-year old orphaned girl to go to school. The girl was mistreated by her father and step mother and used to care for other siblings. The PSW advised the parents to take the child to school but they refused. The PSW reported the matter to the Village executive officer who ordered parents to make sure that they take the child school other wise legal actions would be taken against them. Parents obeyed and registered the girl to start Standard One.
Mwamala	The PSW of Mwalujo Village involved a supervisor and VEO to rescue a 16-year old girl who had passed her primary school exam but was forced by parents to get married. The team intervened and the girl was taken out of marriage and brought back to school. The girl is now in secondary school and seems to be very happy with her school life.
	The PSW of Shilembo helped two children with visual impairments causing learning and other difficulties by linking them to the District Special education coordinator who then linked the children with Mitindo special school where they are studying till now.
	A PSW advocated for mosquito nets for MVC. During the net distribution 37 households with MVC received an extra net.