

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. BMAF conducted HRM followup visits to 20 districts and is expanding HRM interventions to an additional 35 districts in five regions. THRP leadership participated in the Second Global Forum on Human Resources for Health in Bangkok at the end of January. THRP initiated the PSW program in Iringa; conducted PSW refresher training in Mwanza and initiated PSW program collaboration with PACT Tanzania. Fifteen (of 18) Enrolled Nurses graduated from AKF's upgrade course. THRP leadership met with the PMO-RALG management team and gained support for the many district-level activities. 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

- BMAF supported the MOHSW to advertise, recruit and post health workers to the districts. The GoT President's Office approved 7,471 employment permits for health workers for the 2010/11 fiscal year. By the end of March 6,230 new health workers (83.4%) out of 7,471 recruitment permit approved for 2010/11 were posted.
- BMAF conducted two sensitization meetings in Mwanza and Ruvuma to introduce the project to 35 new LGAs of Mwanza, Mara, Kagera, Musoma and Ruvuma.
- BMAF made followup and coaching visits in Mtwara, Lindi and Iringa. All 20 district councils have developed HRH action plans and identified HRM activities to be integrated into the CCHP. Many councils are now taking proactive measures to improve recruitment and HRM management including, for example, providing subsistence allowance to new health workers while payroll is processed and initiating work climate improvement activities.
- Fifteen out of 18 students completed the AKF program to upgrade enrolled nurse to registered nurses.
- AKF finalized the Continuing Education Program for strengthening nurses in Iringa. The curriculum has been approved by MOHSW and Chief Nursing Officer.
- BMAF distributed 28,000 copies of HRH news inserts (to raise the importance of HRH) through print media (Daily News and Mtanzania newspapers), PEPFAR HRH partners meeting, HRH working group sessions and THRP sensitization meetings in Mwanza and Ruvuma.

Establishing a Functional Comprehensive Human Resource Information System

- The generic public sector HRIS system was upgraded from version 4.0.6 to version 4.0.9/10 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>.
- UDSM programmers developed an inter-operability function that can link THRS with other HR systems in place and vice versa.
- CSSC has updated data for 64% (11,759 staff) of employees working in FBO facilities.
- CSSC conducted an HRIS requirement review with APHFTA and BAKWATA headquarters staff identifying HRIS hardware and software needs. CSSC is negotiating agreements with APHTA and BAKWATA to support HRIS implementation.

Development of a Cadre of Para-Social Workers

- IntraHealth in partnership with ISW trained 303 Para-Social Worker trainees (PSWT) and 38 PSW supervisors in Iringa region.
- The PSW partnership is collaborating with PACT Tanzania on expanding the cadre of PSW cadre in PACT targeted regions. A joint PSW training for 102 PSW and 18 PSW supervisors was conducted in Tandahimba district, Mtwara.
- IntraHealth conducted PSW followup training for 214 PSW and 48 PSW Supervisors in Mwanza region. The participants qualify as full PSWs upon successful completion of the refresher training.
- IntraHealth conducted stand-alone M&E training for 428 PSWs in Dodoma Region to improve data collection and its use for decision making.
- IntraHealth made in-depth follow up visits to six LGAs in Dodoma (Dodoma MC, Kongwa, Kondo, Mpwapwa, Bahi and Chamwino) to review the progress of PSW in providing services to MVC and local government support for MVCs and for PSW trainees in the districts.

Organizational Development and Capacity Building

- IntraHealth conducted gender training for THRP partner staff and ISW. Participants developed action plans to streamline the integration of gender within THRP programs.
- The THRP sponsored a second round of partner staff to workshops on USAID rules and regulations in Nairobi and in Dar es Salaam.
- BMAF is in the throes of restructuring the organization and its staff profile. During the quarter the Board of Directors approved a revised organizational structure expanding the number of staff, particularly senior management positions, and lines of reporting. BMAF also undertook a review process of every job position, realigned current job responsibilities and initiated recruitment for 12 key positions.

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. Starting this quarter, the challenges, opportunities and the way forward are now 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

During the quarter, the program primarily undertook central level activities aiming to support MOHSW to strengthen recruitment of new health workers, revising the national staffing level guideline and facilitating the activities of the HRH working group. At the request of the MOHSW, BMAF entered into agreements with Dr. Bjarne Jensen and Dr. Kasale to continue their advisory roles with the Human Resources Department (HRD).

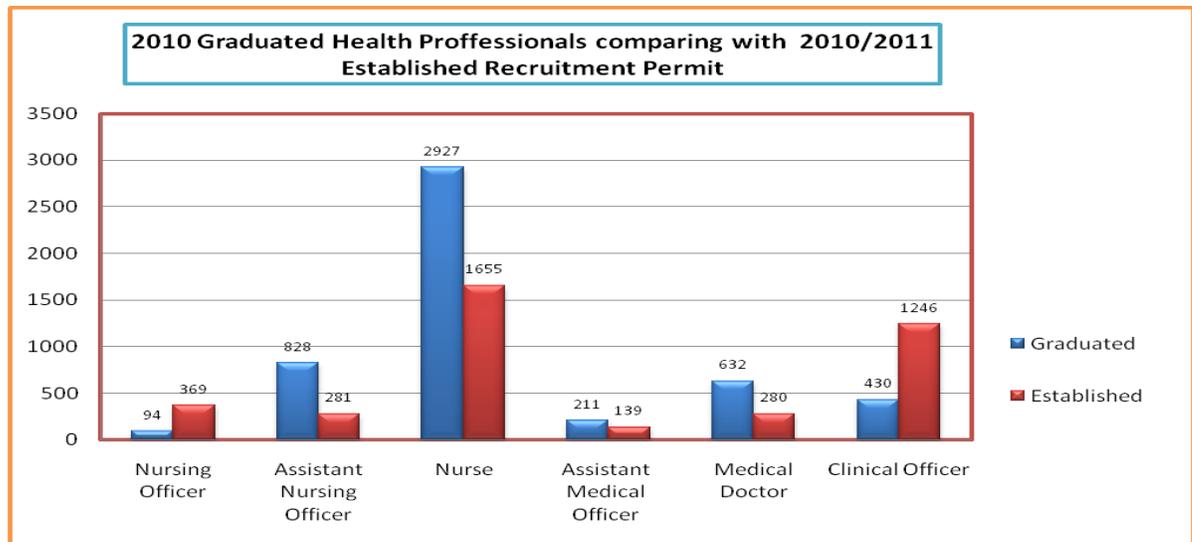
Support for MOHSW annual recruitment of health care workers. BMAF continued to support MOHSW efforts to track the recruitment process for new health workers. A total of 6,230 new health workers (83.4%) out of 7,471 recruitment permit approved for 2010/11 fiscal year were posted. By March 2011, 630 health workers (76%) out of 831 recruitment permits approved were posted in Iringa, Mtwara and Lindi regions. 381 health workers (92% of approved posts) were posted in Iringa while only 127 health workers (52% of approved post) were posted in Mtwara region.

Table 1. Approved permits against posted health workers in Iringa, Lindi and Mtwara Regions

Regions	Approved Recruitment permits (2010/11)	Staff Posted by March 2010	% of staff posted against approved permit
Iringa	413	381	92%
Lindi	174	122	70%
Mtwara	244	127	52%
Total	831	630	76%

The data obtained from MOHSW indicates that the number of health workers who graduated in 2010 is large enough to fill all advertised positions in the public sector if graduates are willing to apply with the exception of Nursing Officers (degree holders) and Clinical Officers as indicated in Figure 1 below.

Figure 1. Number of 2010 health graduates compared with approved recruitment permits for 2010/11



BMAF is working with the Zonal Health Resource Centres (ZHRC) to track the new health workers posted in all districts of Tanzania. Preliminary findings of the tracking exercise from 20 districts in Morogoro, Pwani, Dar and Arusha show that 736 health workers out of 865 posted reported. 616 (84%) of health workers posted were retained in the districts and 115 (16%) left. BMAF plans to undertake further analysis to determine what cadre of health worker left the district and how soon following posting. The information to date is supporting MOHSW efforts to increase health worker recruitment to the districts. BMAF will share the final tracking report next quarter.

Revising the national staffing norms. The THRP continued to support MOHSW efforts to revise the 1999 health sector staffing guideline. BMAF has engaged a consultant to work directly with the HRD of the MOHSW. During the quarter the consultant completed a literature review and determined the overall approach. Stakeholders decided on a combination of the Workload Indicators Staff Need and Target Setting Approaches and revised staffing levels for all levels of health facility (hospitals, health enters and dispensaries). The proposed staffing levels were validated in 12 sampled facilities representing different levels and settings. The findings from the validation interviews were used for improving the recommended staffing level guidelines. Currently the consultant is finalizing the staffing levels for Health Training Institutions. Visits to the field to further validate the norms and extensive consultations with stakeholders are planned for next quarter.

HRH advocacy through local media. BMAF continued disseminating HRH information through local newspapers and stakeholders meetings. During the quarter, it produced of 30,000 copies of a HRM news insert focusing on recruitment: 20,000 copies were inserted in the Daily News and Mwanza newspapers and 8000 copies were distributed to key stakeholder meetings included the PEPFAR meeting held at Mlimani city, HRH Working Group and THRP sensitization meetings conducted in Mwanza and Ruvuma.

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

During this reporting period the HRIS work under THRP Objective One focused on national advocacy (PMORALG and MOHSW) in support of HRIS implementation at district level. The generic THRS was configured a bit to add functions that will enable the system to aggregate data at district, region and national level and link with the MOHSW's HRHIS and POPSM's HCMIS. The major challenge during the quarter continues to be the dynamic of three 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. The main HRIS developments and achievements at national level this quarter are highlighted below.

THRIS Advocacy and Coordination with PMO-RALG. The UDSM —THRP successfully demonstrated to the leadership of PMO-RALG's Department of Information and Communication Technology (DICT) features of the system to accommodate recommendations for improvement from previous THRIS followup and assessment. The team demonstrated the THRIS interoperability feature to show how the PMO-RALG system can link to the PO-PSM system. The DICT indicated that system was ready for showcasing and demonstration to the PMO-RALG management committee.

The THRP team (IH, BMAF and UDSM) was invited to present the overall project scope and demonstrate the THRIS system to the PMO-RALG Management Team in March. The focus of the THRIS demonstration was to show what reports the system is able to generate and to show how it can meet POPSM reporting requirements. The meeting increased awareness by members of the PMO-RALG Management Team on THRP activities overall committed its support for project interventions in the district.

THRP leadership also met with USAID and JICA representatives to continue to coordinate HRIS efforts across multiple ministries in Tanzania. A draft data flow chart was developed to demonstrate how health sector HR data would be collected at the district by the DMO or his staff and entered into the MOHSW's HRHIS; data would then be exported electronically to both the RMO and to district HR Officers who manage the PMO-RALG's THRIS. Next quarter the data flow chart will be revised to show how the private sector HR data will flow into the system.

Coordination with MOHSW HRHIS and with POPSM HCMIS. THRP coordinated a joint visit with representatives from IH, UDSM POPSM, MOHSW, BMAF to Kisarawe district where two HR systems (POPSM—HCMIS and the MOHSW—HRHIS), but not the THRIS, are deployed. The purpose was to explore how the systems are operating and challenges that district staff are encountering in implementing multiple HR systems and identify solutions for harmonizing potentially three HR systems in place.

The findings from the visits showed PO-PSM ICT staffs are facing challenges in customization of HCMIS to meet LGAs' dynamic payroll and HR management needs. HCMIS as a payroll and HR

management system is more suitable for central level use as it requires a sophisticated operating environment in terms of computing resources, support and connectivity which are not available at district level. Furthermore, the HCMIS version for LGA focuses on new recruitments and does not meet LGA operational and HR management needs. Since LGAs are working under PMORALG, the proposed way forward was to develop functionality for linking THRIS to HCMIS.

THRIS generic system development. To accommodate the PMO-RALG recommendations from previous THRIS followup and assessment the UDSM – THRP team completed several modifications to THRIS. UDSM upgraded the THRIS from version 4.0.6 to version 4.0.9/10, a more stable version with capabilities for generating reports to meet PMO-RALG requirements. UDSM included a number of advances already introduced in the lower version such as field names, reports configuration and data entry template in use.

The three-level architecture is still being tested to ensure that the system is able to aggregate district information at the regional level and, in turn, aggregate regional information to national level. Consistency in standard information from the system is also a focus of the testing. UDSM programmers developed a function that can link THRIS information with other HR systems in place. THRIS inter-operability was tested to establish an electronic link between the HCMIS residing at the PO-PSM and THRIS. UDSM customized a data sheet, based on HCMIS reports and data sheet, to produce the same information in the same format which can then be uploaded easily into the HCMIS. Testing the uploading function of the generated data sheet is still in progress. THRP have requested permission from POPSM to access HCMIS.

The THRIS system can be accessed in English and Kiswahili using the following link:
<http://www.thrp.udsm.ac.tz/manage>.

Building a pool of Tanzanian experts in HRIS. UDSM oriented a new class of ten students to the THRP and UDSM's role in particular, identifying the key technical support provided through UDSM for supporting the THRIS rollout. Each student was attached to a UDSM—THRP team member so that they can learn and develop interest on THRIS. Similar to last year, UDSM anticipates the students to work on solutions to specific technical problems identified during project implementation.

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 was to introduce the HR management component of the THRP project to 35 new districts of Mwanza, Shinyanga, Kagera, Mara and Ruvuma Regions and conduct followup coaching visits to the 20 districts of Iringa, Mtwara and Lindi to support implementation HRM activities.

Project Expansion to Five Additional Regions. The THRP project is expanding the HRM interventions to 35 new districts in Mwanza, Shinyanga, Mara, Kagera and Ruvuma Regions. Two

DC has incorporated specific actions into the draft CCHP. The remaining councils are still working on the integration of HRM priorities into their CCHPs. THRP will continue to provide close follow-up with all the councils to ensure the HRH action plans are integrated in the CCHP and are implemented for the year 2010/11

- All districts are conducting orientation for new staff. Most commonly mentioned orientation topics covered included a site tour, plans for salary advances, review of generic job descriptions and temporary accommodation. Seventy-five percent (15) of the districts visited were not fully applying the components of the proposed orientation package. Only Iringa DC has developed a proper orientation program from the guidance provided in the orientation package. The coaching teams discussed the importance of fully utilizing the developed orientation package in order to cover all aspects of an orientation for new staff. The districts committed to use the orientation package in future. THRP will continue regular coaching to support the district in doing proper orientation program for new health workers in order to increase retention

The coaching team observed that all councils were taking initiative to improve recruitment, orientation and retention of staff after attending HRM training. A few anecdotes observed during the visits:

Iringa, DC, Iringa Region

- The DMO approached 40 graduates from health training institutions, which were later posted by MoHSW and all reported.
- The district has developed an orientation program for new staff based on the proposed national orientation package. The district plans to conduct proper orientation program for all new staff

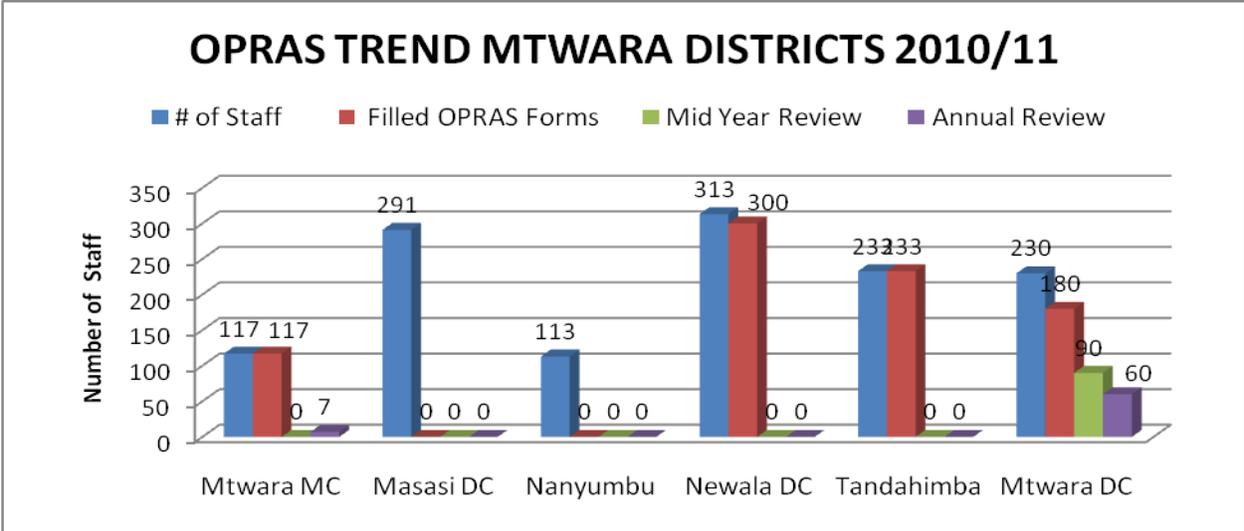
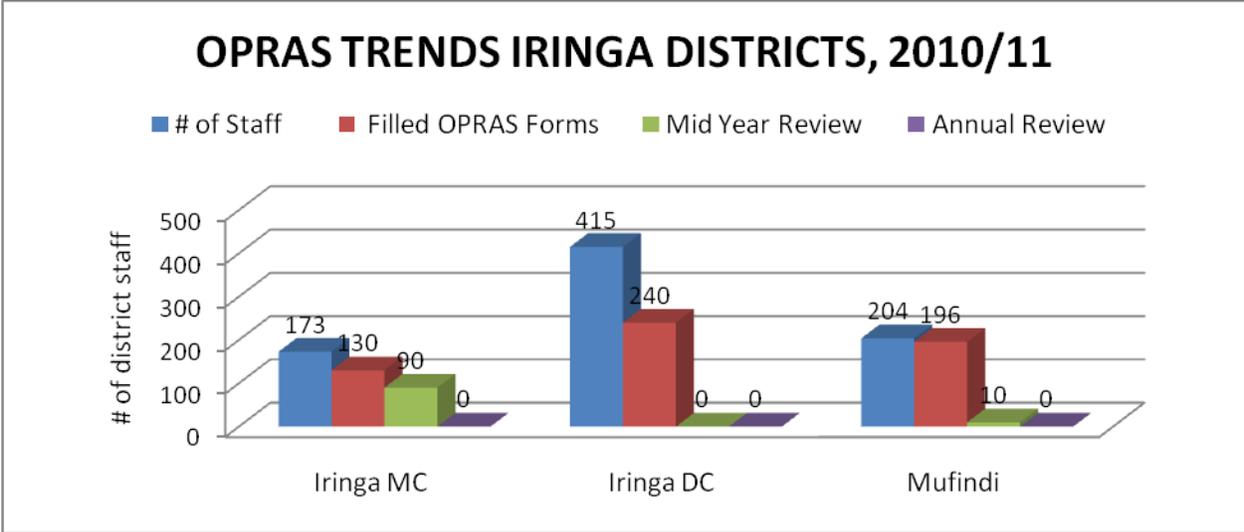
Tandahimba DC, Mtwara Region

- The DMO approached 20 graduates from health institutions to work in the district. He obtained an approval from the MOH to recruit them. All 20 graduates are now working in the district.
- The district has allocated two houses for new staff to stay while searching for permanent housing. Also CHMT members offered to host new staff until they could get own houses.
- The district completed the data sheet for payroll by the 5th of the month for new staff; these staff received their salaries the same month.

Other Councils

- The CHMT team from Masasi organized a financial package for new staff including advance salaries for two months (CHAI supported the package)
- New staff in Nanyumbu District since November 2010, received a subsistence allowance, and were provided with temporary housing immediately on arrival. The new staff is also attached to different departments for orientation before posted to respective health facilities. The district used OC funds for salaries as loans
- In Newala district council, the DED provided two houses to be used for new staff on temporary basis. Salary was advanced using OC funds.

- All councils are conducting supportive supervision in the health facilities. However, the supervision is not routine due to limited funds, lack of transport and competing priorities of required personnel. The coaching teams found the councils are not using the proposed national HRM supportive supervision checklist provided during the supportive supervision training in 2010. Instead most councils are using the Regional Supportive Supervision Tool which contains very few items or areas for HRM. The district managers also indicated the proposed HRM supportive supervision checklist was difficult to use due to language barrier; the tool has not been translated into Kiswahili. Based on these findings, BMAF is reviewing HRM supportive supervision tool to harmonize it with other MOHSW supportive supervision tools available in the districts.
- The OPRAS system is not fully functioning and is not used properly to evaluate staff performance. The coaching teams found that most of the councils were attempting to complete the first step of the OPRAS forms, however they observed that the form was filled improperly. As the majority of health workers do not have specific job descriptions it was difficult to set performance targets. In most cases managers did not conduct the midterm term or annual review nor regular performance appraisals. See trends in the use of OPRAS from districts in Iringa and Mtwara below:



District recommendations to strengthen OPRAS were:

- BMAF should assist councils in printing orientation guidelines and OPRAS forms;
 - BMAF should strengthen the capacity of district managers to provide job descriptions and set performance targets through ongoing coaching;
 - THRP should revise the OPRAS training methodology in HRM trainings to include interactive sessions to strengthen district manager understanding of the process performance evaluation, performance targets and the OPRAS forms.
- All districts demonstrated an understanding of the importance of improving the work environment. The coaching teams identified a few initiatives to improve the work climate following the initial HRM training, however, most councils reported limited funds to implement work climate initiatives and requested project support. For example, some WCI initiatives observed were:
 - Masasi district placed fans in the Nursing Officers' offices and in the Resource Centre
 - The Iringa Municipal Council is constructing new staff toilets with 4 holes. The council has budgeted to construct staff houses at Nduli and Njiapanda dispensaries and requested further BMAF support for this initiative.
 - Mtwara Municipal is using MMAM funds to construct a health centre to decongest RCH services at the Regional Hospital. The municipality is also renovating the Mikindani dispensary.

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 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 APHFTA 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

IHRIS implementation in Zanzibar. UDSM continues to provide ongoing support to the MOHSW in Zanzibar for HRIS system customization, data importation and customization of reports to meet HR reporting needs. There is still considerable work to be done in strengthening the accuracy of the data entering into the system.

HRIS implementation in the LGAs. The THRP through PMORALG has successfully deployed the HRIS at nine HRIS sites. This quarter, UDSM trained 68 ICT and HR officers on FOSS tools

and THRIS to equip them with sufficient skills for THRIS support. The PMO-RALG project team spent considerable effort in planning for THRIS deployment in 16 LGAs of Iringa, Lindi & Mtwara next quarter. The deployment activities will involve training system users (HROs, Health Secretaries and select LGAs officers), hardware and software installation, hardware connectivity and data entry. The PMO-RALG project team will lead the exercise including conducting awareness and technical sessions with HROs, ICT officers, Health Secretaries and other select LGAs officials. PMO-RALG appointed 11 staff to the THRIS project team to oversee the implementation of THRIS activities. This is consistent with PMO-RALG's commitment to ensure sustainability of THRIS implementation beyond the project period.

HRIS Implementation in the Private Sector. This quarter HRIS implementation in the private sector focused on further customizing the HRIS, entering HR data in HRIS at zonal level, developing a roadmap with BAKWATA and APHTA (HQ level) including identifying BAKWATA and APHTA data requirements and planning for HRIS implementation at their sites. IMA is planning a field visit in Tanzania in May 2011 to review the status of zonal data update and systems customization progress and provide TA to CSSC to address challenges in HRIS implementation.

HRIS customization. CSSC, with IMA technical assistance, customized and updated iHRIS Manage software to version 4.0.10. Upgrades to current modules include demographic information and renaming of elements for gender (to sex), next of kin, number of dependants, spouse name and birth date, pension scheme, date of first appointment, and others. Internal reporting is also possible from these modules and others, including information on facilities, age distribution, and staff entered into system. The module for tracking Standard Establishment requirement is currently a priority under development, and is nearly complete. The most recent fully customized update has been uploaded:

http://open.intrahealth.org/mediawiki/Installing_the_CSSC_zonal_deployment. Additionally, the recent 4.0.12 version has been downloaded and CSSC plans to upgrade with current customizations.

HRIS data entry Status: To date 18,272 employee records from all five CSSC zones have been entered in the system. This is 2,749 staff more than the staff data (15,523) collected by CSSC in the mapping exercise conducted in 2009. 11,759 (64%) of these employee records have been updated with accurate information. The status of zonal data is presented in the table below.

Table 2. Data entry progress

<i>No</i>	<i>Zone</i>	<i>Total employees updated</i>	<i>Employees with Accurate Position Designated</i>	<i>Facilities Completed</i>	<i>Facilities remaining</i>
1	Eastern	3200	2500	13	4
2	Western	1422	1422	12	0
3	Northern	4373	3130	15	2
4	Lake	4899	2383	7	16
5	Southern	4378	2324	15	11
Total		18,272	11,759	62	33

IHRIS implementation with BAKWATA and APHFTA. CSSC is in final discussions with APHFTA and BAKWATA on HRIS implementation, technical assistance, budget allocation and funds management. An MOU with BAKWATA and APHTA will be signed next quarter. This quarter, CSSC and UDSM conducted a review of HRIS requirements with APHFTA and BAKWATA to identify their HRIS hardware and software needs. The following table summarizes the findings.

Table 3.HRIS Hardware and Software Requirements for BAKWATA and APHFTA

Item Reviewed	BAKWATA HQ	APHFTA (HQ / ZONES)
Hardware Infrastructure	<ul style="list-style-type: none"> • 4 Computers at the home office, one UPS and generator. • The Local area Network (LAN) is functioning. • Internet is available using mobile modem 	<ul style="list-style-type: none"> • 18 computers: 14 computers at home office, 2 computers at Southern (Mbeya), 1 Computer at northern (Moshi) and 1 at Lake Zone (Mwanza). • All computers are connected to UPS. • Local Area Network (LAN) is functioning but there is no generator at all sites. • Internet connectivity through SELCOM ISP provider at HQ level but in the zones the internet connectivity is through mobile modem.
HMIS/HRIS software	No health information system at any level	No HRIS or HMIS system available
Data Collection Tools and Process	The data for HRIS will be obtained from health facilities. Currently, there is no tool for collecting HR data.	<ul style="list-style-type: none"> • The data for HRIS will be obtained from private health providers. • Although no data collection tool basing on HRIS, APHTA has a paper-based tool which is used to collect data from health facilities and training institutions under APHTA umbrella. • The HR data that have already been collected by APHTA using paper based tool is very accurate and can be used in HRIS.
Availability of IT Staff and Data entry clerk	<ul style="list-style-type: none"> • No IT person at HQ. Hiring external technical assistance—on call system • No data entry clerk 	<ul style="list-style-type: none"> • Two IT staff members(IT technician and IT Manager) who provide IT support at HQ and 4 Zones • No data entry clerk

During the review CSSC and BAKWATA and APHTA agreed on the following for successful HRIS implementation:

- APHTA and BAKWATA will recruit one data entry clerk who will collect data from facilities and enter the data in the system.
- UDSM and CSSC will maintain the HRIS system and provide technical support in BAKWATA sites were HRIS will be installed.
- UDSM, CSSC and APHTA IT Manager will maintain HRIS system and provide technical support in APHTA sites were HRIS will be installed.
- BAKWATA data entry clerk will provide feedback on HRIS implementation status.
- APHFTA IT Manager and Program Officer will provide feedback on HRIS implementation and use status.

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

C.1. District HRH Strengthening and Development

Finalized National Orientation Package. The national orientation package has now been finalized and formatted consistent with government and Intrahealth requirement. The document will be submitted to Chapel Hill for approval and then will be submitted to USAID and MOHSW for final approval and signature next quarter.

Continuing Education Program (CEP) for nurses. The AKHS finalized the continuing education program for strengthening nurses. The curriculum was reviewed and approved by the Chief Nursing Officer and MOHSW. Four local facilitators who will be facilitating the CEP sessions will receive training at Aga Khan Hospital next quarter.

Additionally, AKHS met with Regional and District Management team members including the Nurse in Charge of Iringa Regional Hospital and the DMO to share the progress of strengthening continuing education for nurses and planning for next capacity building sessions. The trainings will be conducted from next quarter.

Upgrading enrolled nurses to registered nurses. The Aga Khan Health Services (AKHS) Tanzania completed the first course to upgrade enrolled nurses (EN) to registered nurses (RN) through a work-study program for students from Mtwara and Lindi Regions. Fifteen out of 18 students who completed the course, passed their fourth semester examinations and graduated. Three students failed the examinations; they will revise and sit for the University Examinations in June 2011. Thirteen students passed the national nursing examinations at the end of February and received their diploma. Two students who successfully completed the program could not graduate nor sit for the examinations, because they were unable to produce Form IV certificates; they had been admitted provisionally to provide the certificates before completion of the program.

AKHS has not initiated the next upgrade course as they have been unable to recruit students who meet the basic criteria for application. Nine out of 46 applicants did not have sufficient Form IV passing grades in the physical and biological sciences. Sixteen students who were expected to be in the pool are waiting for Form IV results. AKF is exploring cost efficient ways to conduct an enrichment or bridging program in science subjects and English for students who did meet the entry grades. This will enable the interested students to gain the criteria to join the program.

Also, AKHST conducted a meeting with Nurse Trainers on curriculum design and development. The team discussed the plans to start training of local Nurse Trainers/facilitators at Aga Khan Hospital in Dar es Salaam, so as to develop local capacity of trainers to facilitate future trainings and discussed ways of improving the quality of trainings. They also discussed project implementation plans and communication strategy among stakeholders. It was agreed that Aga Khan Hospital Trainers should continue supervising and mentoring the local facilitators during the course of the training to enhance the quality of training through professional methodology.

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

PSW program advocacy and rollout with new MVC Implementing Partners. IntraHealth and the Institute of Social Work (ISW) initiated discussions with three of the four USAID OVC Implementing Partners (IP) which are to incorporate the PSW program into their programs. For the initial rollout with PACT in Tandahimba (Mtwara Region), the team agreed to provide the technical leadership for training a new group of village-level PSWs and for advocating with the LGAs to support MVC and PSW from district resources. In addition, PACT and IntraHealth harmonized their respective M&E tools to enable PSW to use the same tools to report their progress to PACT and the LGAs. PACT provided the resources for participation in the training and materials production. Together they conducted a successful awareness meeting with Tandahimba district authorities soon followed by PSW training in March.

Currently, discussions are underway with Africare and WEI on areas for collaboration and technical support for implementing PSW program in each of their targeted regions. The relationship and nature of collaboration will vary with each IP due to whether PSWs are already trained and operating in the region, level of IP commitment to village-level PSWs, commitment to development of ward-level supervisors, availability of funds and, to some degree, understanding of social welfare services.

Sensitization meeting in Iringa Region. This quarter, THRP expanded the PSW program activities to Iringa region. IntraHealth and ISW, in collaboration with the Department of Social Welfare (DSW) and PMO-RALG, conducted a two-day awareness meeting in Iringa to introduce the program and advocate with Local Government authorities' (LGAs) to realize their responsibility in providing social welfare services to most vulnerable children (MVC). PMORALG highlighted the role of LGAs within PMO-RALG's structure and their importance in delivering social welfare services to MVC. The THRP partnership shared the progress of the PSW program to date and discussed how THRP can support the LGA's to achieve its mandate of serving MVC in the villages through a cadre of Para-Social Workers and Para-Social Worker Supervisors. The LGAs councils developed action plans to support MVC. The key activities included in most action plans were:

- Allocate budget for supporting MVC;
- Recruit Social Welfare Officers;
- Develop Social Welfare department and sub-sections;
- Update MVC data;
- Monitor the support provided to MVC; and
- Coordinate MVC implementing partners in the district.

The district council managers committed to implement the developed plan. As part of regular followup, the PSW program advocacy team will encourage implementation of the developed action plans.

Para-social Workers and PSW Supervisors training. During quarter, the project in partnership with ISW trained 308 Para-social Worker trainees (PSWT) from Iringa region (123 from Kilolo District and 180 from Iringa MC) to equip them with skills to identify MVCs, conduct outreach activities and provide basic social welfare services to MVCs and their care givers. After the training, PSW trainees with support from the LGA and THRP will provide basic social welfare services to MVCs in their village for six months before attending a follow up training to become a certified Para-social Worker. THRP trained 38 PSW Supervisors (22 from Kilolo District and 16

from Iringa MC), a key component to ensure the PSW trainees provide quality service to MVCs in their community and report quality data.

In collaboration with PACT, the THRP trained 102 PSW and 18 PSW supervisors in Tandahimba District. The project provided technical support to PACT in identifying PSW and conducting the training. THRP and PACT harmonized the M&E system and the project will continue to work with PACT in monitoring the progress of PSW in providing basic social welfare services to MVC.

Para-social Worker refresher training. For PSW trainees to become a full fledged Para-social Worker they attend a five-day followup or refresher training with an additional day of supervisory skills for PSW supervisors. This quarter, the THRP and its partners conducted a followup training to 214 PSW (63 from Sengerema, 100 from Misungwi, 30 from Kwimba and 21 from Magu) and 48 PSW Supervisors (13 from Sengerema, 26 from Misungwi, 4 from Kwimba and 5 from Magu). Apart from imparting new knowledge to PSWs, the sessions include opportunities to share experiences and advise each other.

Advocacy for LGA to support MVC and Para-social Workers. The MVC program continued advocacy efforts to the LGA and ward-level leaders to support MVC and PSWs through the established advocacy teams in 13 LGAs of Mwanza and Dodoma. A success to note is that Dodoma Municipality has now employed six new Social Welfare Officers (SWO) who are deployed to ward level. THRP will continue to advocate for the development of a Social Welfare department at district level.

Success – Dodoma Municipal recruited six new Social Welfare Officers (SWO)

Local advocacy meeting were conducted at the districts and at the wards to increase awareness and commitments from LGA, village and ward leadership to support MVC. Most LGAs promised to allocate budget to support MVC and PSW in the 2011/12 fiscal year. The DED of Bahi district committed to buy five bicycles for PSW. Mpwapwa district staff contributed 300,000 TSH to support MVC in their district.

After intensifying advocacy activities more wards are now initiating funds to support MVC. For example, 10 out of 21 (50%) wards visited in Bahi, Chamwino and Dodoma MC have initiated community funds to support MVC. THRP is developing guidelines for the use of community funds to assist the district, wards and villages to develop income generation activities to support MVC and encourage transparency in how they are used.

Para-social Workers network. THRP conducted a two-day workshop in Dodoma with the Para-Social Workers Network (PASONET) to develop its strategic plan. Thirty PSWs (five from each council in Dodoma region) attended. PASONET's vision is "to become a local strong organization, taking the lead for resource mobilization in care and support of MVC". The network will coordinate PSW activities in Dodoma region. More specifically, the network will mobilize resources for supporting PSW capacity building activities and providing services MVC. In addition, this network will provide an avenue for PSWs to share information. Eleven PASONET leaders at regional level were elected during the workshop. The leaders were assigned the responsibilities of registering PASONET, opening a PASONET bank account, introducing PASONET to each of the six LGAs of Dodoma, finding office space/equipments and mobilizing resources for supporting PSW work such transport and incentives.

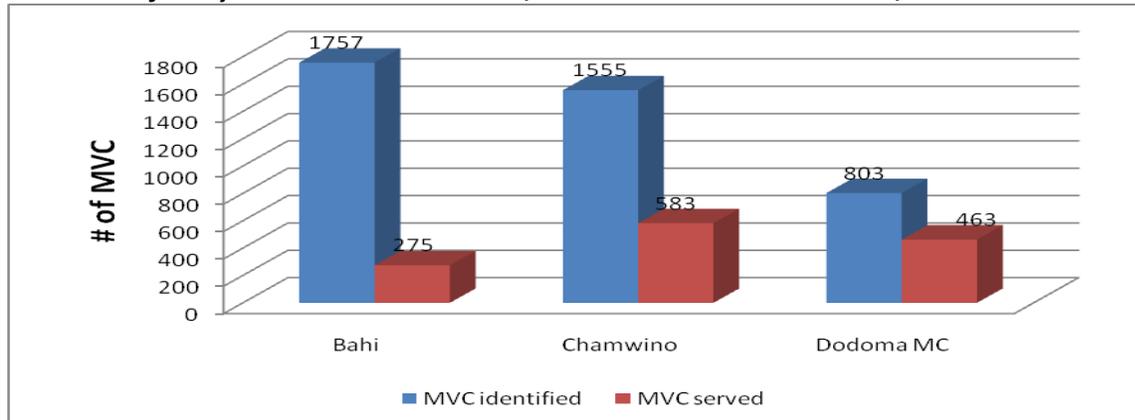
During the workshop, the participants contributed 360,000 shilling for processing PASONET registration. PASONET elected leaders successfully registered the network gaining formal permission from the government to operate in Tanzania. Currently, PASONET leaders are looking for sponsors to support PASONET programs and approaches. THRP will continue support the network to achieve its objectives.

PSW Program Monitoring in Dodoma. IntraHealth and ISW conducted followup visits to three LGAs (Dodoma MC, Chamwino, Bahi,) of Dodoma to assess PSW progress in providing services to MVC. IntraHealth and ISW staff and Dodoma district representatives visited 36 Para-Social workers from 23 wards (30% of wards of the three councils); 64% (23 PSW) of PSW interviewed were male.

Key Findings:

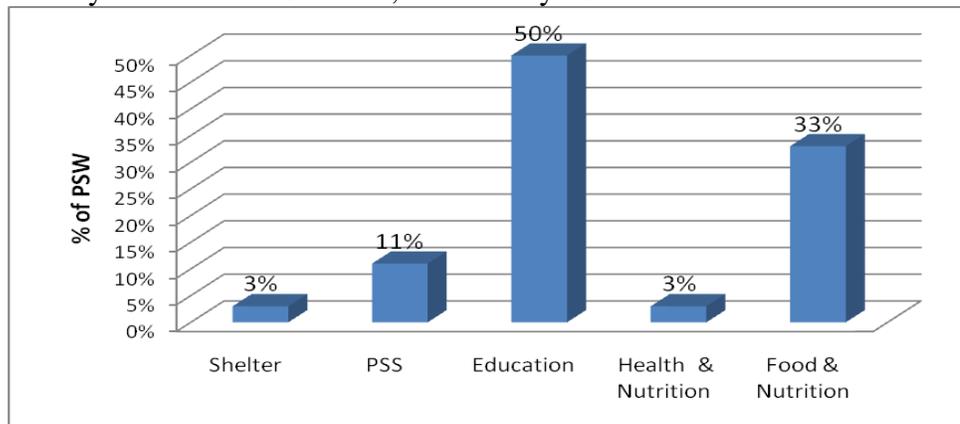
- 1321 out of 4115 (30%) of the MVC identified by PSW interviewed in their community received services as indicated in the figure below

MVCs identified by PSW and Served in Bahi, Chamwino and Dodoma MCV, Mar 2009- Jan 2011



- Less than half of PSWs interviewed (42%) said they have developed service plan for their clients.
- More than half of PSWs interviewed said they are not using ECOMAP or the Psychosocial Assessment tool for assessing resources and psychosocial needs of their clients because it is time consuming to complete these tools for each client. In addition, they don't have resources to purchase notebooks for recording the assessment results.
- Majority of PSWs indicated that education and food are major needs of their client as shown in the figure below.

Priority needs of MVC clients, as stated by PSWs



- Overall, PSW are receiving limited resources for supporting MVCs from stakeholders. Eighty percent of PSWs interviewed said were able to obtain education support for some MVCs from NGOs working in the district and 58% of PSWs reported they were able to receive food support. Very few PSW reported receiving resources to provide other services to MVC such as health or housing support.
- Seventy-four percent of PSW reported having adequate knowledgeable to support single orphans and family members, however, more than a third of PSWs interviewed (66%) said they need more knowledge to support MVCs with special needs, particularly MVC who are HIV positive and MVC affected by HIV.
- The majority of PSWs (91%) said they have a PSW supervisor. However, 56% of the PSWs said they meet with their supervisors on monthly basis; 11% of PSW said they meet their supervisors on regular basis; and 17% of PSWs interviewed said they never meet their supervisors. The majority of PSW said they receive support from their supervisors in MVC identification, assignments, problem solving and completing the tools.

Main challenges

The challenges facing PSW program continues to be:

- Lack of government-employed PSW supervisor at ward level in many ward who can link PSW to service provider and village and ward leaders.
- Inadequate knowledge of key ward and village leaders and MVCC committee members on their role in supporting PSW and MVC.
- Lack of consistent follow up and mentoring of PSW
- No budget items for supporting MVC in most of ward and villages/street
- No transparency and sources for generating funds for community funds in most villages/wards.
- High PSW attrition PSW in some wards; attrition ranges from 22% in rural wards to as high as 46% in urban areas. Attrition across all three districts visited was 40%, 22 out of 55 PSWs trained.
- High expectation for free material support from family members.
- Lack of transport facilities for PSW.
- Limited services/ resources and NGOs for providing direct support to MVC.

Despite the challenges the teams encountered numerous successes during monitoring visits.

A chicken farm project for supporting MVC established through contributions of community members and ward government. The farm has more than 200 chickens. The MVC care givers are taking care of the chickens and expect to start selling the chicken in May 2011. The money obtained from this project will be used to support MVC in Mundemu Ward, Bahi district in Dodoma.



From left, Mundemu Ward Executive Director, Para social Worker, Intrahealth M&E Officer, Mundemu Village Leader and MVC Care



More than 700,000 shillings have been generated for supporting MVC through a water project generating income generation developed by Para Social Workers in collaboration with the MVCC committee in Majengo Ward at Dodoma Municipal. More than ten MVC have received education support through this activity.

From Left, ISW program Officer, IH staff, Most Vulnerable Committee(MVCC) Member, Para Social Worker, MVC Caregiver and District Social Officer.

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

D.1. District HRH Strengthening and Support

National supportive supervision tool: BMAF in collaboration with MOHSW is doing a second round of revisions of the national supporting supervision tool (HRH component). It is incorporating inputs from IntraHealth and recommendations from the coaching visits in Iringa, Mtwara and Lindi. The revisions will focus on harmonizing the tool with other central initiatives and supportive supervision tools already existing in the district.

IV. ORGANIZATIONAL DEVELOPMENT AND CAPACITY BUILDING

Gender and HRH Orientation. Ms. Newman from Intrahealth Chapel facilitated a four day Gender and HRH orientation for 16 participants from THRP partner organizations including IntraHealth, BMAF, CSSC and AKF. Three faculty from ISW also participated. Invited representatives from TUCTA and the Ministry of Gender and Community Development presented the *Tanzania Employment and Labor Relations Act (ELRA)* and the development of Tanzania's gender policy respectively. The first two days of the Gender and HRH Orientation consisted of skills building and strengthening knowledge in gender; gender equality in the workforce; recognizing forms of gender discrimination and workplace violence; and the protections provided in international labor standards and the Tanzania ELRA against gender discrimination. The third day of the orientation consisted of an Open Space Meeting on the theme, "*Challenges, issues and opportunities to integrate gender equality in THRCP*". Participants created their agenda of five topics, held discussions and posted reports, which were later discussed in depth. Participants felt that the Open Space meeting increased their sense of confidence as well as the applicability of new learning. The fourth day consisted of planning for gender integration in the THRCP workplan. The THRP teams implementing HRIS, HRM, MVC and M&E developed first drafts integrating gender into their program plans.

Overall, participants evaluated the Gender Equality in HRH Orientation very highly. A senior BMAF participant asked for a "Part II" of this orientation, signaling a desire to go into more depth on gender issues in the workforce. As in other countries in which this Gender and HRH module was tested (Zambia and Uganda), the topics of sexual harassment and affirmative action brought out quite varied perceptions and degrees of resistance. These topics require more time and perhaps even a different approach (for example, following focus group principles of mixed sex group discussions, it might be more productive and impactful to have concurrent sessions for women and for men, before mixed sex sessions).

USAID Rules and Regulations Training. The THRP sponsored a number of participants to attend training on USAID rules and regulations in Nairobi or in Dar es Salaam. IH, BMAF, CSSC, UDSM/CSD and AKF all sent key financial and program staff to strengthen their understanding of managing a USAID-funded project.

BMAF Organizational Review and staff rationalization activities. BMAF is in the throes of restructuring the organization and its staff profile. During the quarter the Board of Directors approved a revised organizational structure expanding the number of staff, particularly senior

management positions, and lines of reporting. The Foundation contracted a professional HR consultant, Zuhura Muro, to undertake the second phase of the staff rationalization exercise which entailed a review of all BMAF staff positions, benchmarking salaries and review the organization's salary structure. BMAF has since realigned current job responsibilities with the new structure and new positions. It initiated recruitment for 12 key positions with plans for interviews in April and the posts filled by mid-May through early June. A second phase of recruitment, for 13 posts, will begin next quarter.

V. MONITORING AND EVALUATION

Two key monitoring activities of the quarter have been discussed above, specifically the MVC program follow up and advocacy visits in Dodoma, and the HRM coaching visits in Iringa, Lindi and Mtwara. In addition:

Analysis of Comprehensive Council Health Plans. BMAF collected staff information from 53 selected districts through a review of 2009/10 CCHP. The data provides baseline values for one THRP indicator, “the percentage of job positions that are vacant in public sector health facilities in 53 districts”. This indicator is used to measure project progress in supporting the district to reduce staff shortage. This indicator will be reported USAID on annual basis. The preliminary analysis of the data collected indicates, 43% position in the 19 councils of Iringa, Mtwara and Lindi were vacant in the 2009/10 fiscal year, as indicated in the table below. THRP will finalize the analysis of vacant position in 53 district councils next quarter and enter the data in T-MEMS database.

Table 4. Staffing levels for 2009/10 in 19 councils of Iringa, Mtwara and Lindi districts

Region	# of Required staff *	# of Available Staff	% of Vacant Position
Iringa (8 councils)	2743	1526	44%
Mtwara (6 councils)	1668	970	42%
Lindi (5 councils)	920	558	39%
Total	5331	3054	43%

*required staff based on 1999 staffing level guidelines

Capacity building in M&E—PSW program. The THRP projected oriented 468 PSWs and their supervisors from five LGAs in Dodoma (Dodoma MC, Chamwino, Bahi, Kondoa and Mpwapwa) 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 opportunity to practice on the revised tools. Overall, the training evaluation results indicated that PSWs found the revised tools are 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.

Performance Indicators: A summary of project results against its quantitative targets can be found in Table 3 below. The project reached 75% percent of its target for health worker pre service trainings in training institution (H2.1 D), 31% of pre service training program (H2.2 D) and 43% of in-service training across all project components this quarter. More capacity building activities have been planned for next quarter.

Table 5: Performance – PEPFAR Indicators and Results, October 2010 – March 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			75%
H2.2 .D	Number of community health and Para-social workers who successfully completed a pre-service training program.	MVC	PSW	1000	0	308			31%
			PSW Supervisors*	201	0	38			
H2.3 .D	Number of health care workers who successfully completed an in-service training program within the reporting period	MVC	PSW	800	380	214			74%
			PSW Supervisors*		56	48			
		HRH - CED	AKH	170	0	0			0%
		HRH	BMAF	1180	148	0			13%
		HRH	CSSC	264	0	0			0%
		HRIS			0	0			
		HRIS	UDSM		0	68			
		M&E	M&E – IntraHealth	15	15				100%
Total number of individuals participating in in-service training supported by THRP project				2150	599	330			43%

* PSW Supervisors also attended PSW training

V11. PROGRAM MANAGEMENT

Subagreements with Local Partners. IntraHealth extended its subagreements with its local partners and with the international resource organizations on a month-to-month basis through the second quarter, due to delay in arrival of incremental project funds from USAID. Once funds appeared in its letter of credit, IntraHealth requested all partners to update and revise their Year 2 workplan and budgets to review commitments for the year and plan for remaining subagreement obligations through the end of September 2011. During the next quarter IntraHealth will renew all partner subagreements through the end of September.

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) in which THRP members have participated with other implementing partners or interested organizations.

Table 6: Informational and advisory meetings in which THRP partner staff participated

Date	Designation/Visitor	Purpose
1 Feb	Victoria Erwin Touch Foundation	Orientation to Touch Foundation (and McKinsey) program activities in Tanzania
15 Feb	Dr. Dorothy Power School of Nursing, Duke University Dr. John Chacha City of Hope	Facilitated meetings with key USG implementing partners involved in pre service nursing education and with USAID to explore potential for developing a Nurse Practitioner cadre in Tanzania and working with City of Hope as a site for supervised practical experience.
28 Feb	Mary Stephenson, PEPFAR/Tanzania consultant	Extensive preparation culminating in the meeting to review FY2010 in service training, related cost data and FY2011 in service indicators
1 March	PEPFAR MVC Review (Implementing partner meeting with external team)	Review results and progress to date of PEPFAR's investment in OVC programming
8 March	PEPFAR/Tanzania Implementing Partners Meeting	Orientation and review of 2009-2013 Tanzania Partnership Framework
16 March	Prof. Mark Jones, Director of the Global Health Alliance Western Australia Patricia Schwertzel, Senior Health Consultant, ETC Crystal	Discussion of ongoing HRH developments in Tanzania, contributions from different organizations and gap areas where GHAWA could be of support—in preparing for a GHAWA proposal (with AusAID funding) that will support HRH in Tanzania

Project staffing:

- By the end of the quarter, IntraHealth had recruited and hired two new members of the MVC Program team: Kaijage Justinian was promoted to Program Manager and Norah Kayaa was hired as the M&E Officer. Due to the internal promotion, IntraHealth advertised for the vacant Advocacy Officer position with the anticipation that it will be filled next quarter.
- IntraHealth and PMO-RALG continue to strategize on how best to fill the seconded position to the Department of Communications and Information Technology in Dodoma.
- BMAF has advertised and interviewed for 12 new positions. The posts should be filled next quarter. It will also begin a second round of recruitment for a further 13 new posts.

Project financial status. By the end of March 2011, the project had expended 62% of available obligated funding. USAID obligated FY10 and Partnership Framework funds at the end of January 2011; IntraHealth received them in early February.

Table 7: Financial Status of the Tanzania Human Resources Capacity Project

Total obligations through 31 March 2011:	\$13,729,518
Expenditures through prior quarter (through December 2010)	\$7,187,511
Expenditures this quarter (January—March 2011)	\$1,267,005
Total Expenditures through 31 March 2011 (expenditures started 1 May 2009)	\$8,454,516
Pipeline as of 1 April 2011	\$5,275,002

Technical assistance: A summary of international technical assistance during the quarter can be found in **Table 8** on the final page of this document.

VIII. PLANNED ACTIVITIES, APRIL—JUNE 2011

Support to National Level Government

HRH (BMAF and IntraHealth)

- Continue support MOHSW review of the 1999 staffing level guideline (staffing norms). Facilitate visits to the field to validate data and extensive consultations with stakeholders.
- Through LATH, hold six-day HRH short course for senior MOHSW staff, representatives from POSM and PMORALG and senior THRP partner staff
- 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

HRIS (IntraHealth, UDSM and CSSC))

- Continue to advocate for PO-PSM to lead inter-ministerial discussions on integrating and harmonizing efforts for implementation of a comprehensive and functional HRIS, ongoing
- Work with PMO-RALG and UDSM to plan and deploy THRS in 13 LGAs Lindi and Mtwara in addition to the nine LGAs where HRIS have been deployed to date
- Work 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.
- Through UDSM, adapt HRIS to replace the current POPSM's to determine appropriateness, funding, and linkages with other donors.
- Coordinate with CSSC to deploy HRIS in 6 APHTA zones and at BAKWATA headquarters.
- Joint monitoring visit to Zanzibar to assess data quality and data use of HRIS at central level and in the districts
- Follow up with UDSM on THRS Software System Documentation Review
- CSSC to initiate THRS implementation for APHTA & BAKWATA
- and from IntraHealth home office to PMO-RALG and UDSM

District HRH Strengthening and Development

BMAF

- Conduct at least one knowledge sharing forum with the key stakeholders at district and regional levels.
- Review the Government sponsorship policy for pre-service training among health workers(of all cadres)
- Present the Multisectoral definition of the underserved areas to HRH technical Working Group, MOHSW Management and POPSM to obtain inputs into the Multisectotal criteria.
- Finalize two operational assessments (Recruitment Bottleneck study and orientation in health sector)
- Develop HRH policy brief to be disseminated in the knowledge sharing forums and district strengthening trainings

- Conduct advocacy events through health professional associations to potential candidates to encourage interest in the health professions to build the supply of potential health workers from secondary schools, pre service education and the labor market in general
- Preliminary planning of the job fair through Tanzania HR society, Professional association(MEWATA) and other representatives for technical inputs on the Job fair activity

AKN (AKHS and AKU)

- Conduct revision classes for 3 students who failed semester four examinations
- Identification of nurses for year two training from both government and private sector in Iringa region
- Conduct TOT of four local trainers who will be facilitating CEP for nurses in Iringa
- Conduct the CEP for nurses in Iringa
- Upgrade the Iringa nursing training center for nurses with IT equipments.
- Conduct stakeholders meetings in Iringa and get their feedback on CEP implementation

Establishing a Functional Comprehensive Human Resource Information System

CSSC

- Conduct quarterly project committee meeting
- Technical assistance visit planned from IMA to CSSC
- Conduct follow up for disseminated policy and guidelines to Northern and Southern zone
- Monitoring visit to Northern Zone to assess data quality and use of data
- Conduct HRIS workshop to APHFTA facilities
- Install and Train of THRIS to BAKWATA & APHFTA Data Entry Clerks
- Train representative of HMT Hospital members on HRM to two zones (Lake and Southern) in collaboration with BMAF

UDSM

- Upgrade THRIS and data migration
- Translate THRIS into Kiswahili – HR Glossary Development
- HRIS Software Development – Reports Configuration, Indicators Configuration, Baseline Data Configuration
- Link THRIS to PO-PSM testing & reconfigurations
- Review HRIS software system documentation
- Deploy THRIS in additional 13 LGAs proposed for year 2
- Advocate for utilization HRIS software System at national and district levels
- Support HRIS implementation for APHTA & BAKWATA and Zanzibar
- Conduct M&E basic training for UDSM Team Members
- Supervise implementation of HRIS phase II

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

- Conduct MVC team building to ensure cohesion amongst the new team members
- Develop strategies for collaboration USAID OVC partners implementing PSW program to ensure quality PSW training are conducted
- Conduct meeting with MoHSW/DSW, FHI and USAID counterparts to advocate the agenda on quality standards for PSW training

- Begin initial work on clarifying goals and objectives for the MVC program in Year 3.
- Introduce PASONET to IPG
- Support PASONET to implement its strategic plan
- Continue with District advocacy teams follow-up in Dodoma and Mwanza
- Conduct follow up training for 200 PSW and PSW supervisors in Mwanza
- Conduct PSW and PSW supervisors training in Iringa (Kilolo and Iringa Rural districts)
- Liaise with TACAIDS insuring distribution of Essential HIV and AIDS planning package as it covers most of the key issues for MVC
- Initiate planning on support to PSW/PASONET to form psycho-social support and care clubs for MVCs in their areas.

Monitoring and Evaluation

- Conduct monitoring visit to assess progress in HRIS implementation and utilization in Zanzibar
- Ongoing M&E technical support to partners including review assessment planning documents and reports
- Conduct a baseline survey in Iringa prior to MVC intervention
- Conduct follow up visits in Dodoma assess progress of PSW in providing services to MVC
- Develop project quarterly progress report
- Conduct project quarterly review meeting
- Technical assistance visit from IntraHealth M&E Advisor

Capacity Building

- Partner staff participation in MSH-supported Coaching workshop (CDC funded)
- Provide ongoing support for BMAF leadership through Omar Balsara consultancy
- Support next stage of BMAF staff rationalization activities

Program Management

- Recruit and screen for LGA Advocacy Officer and HRIS Advisor (in close collaboration with PMO-RALG);
- Renew subagreements with all partners through September 30, 2011 following review of partners' revised Year 2 workplan and budgets

Table 8: International Technical Assistance, January—March 2011

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
Constance Newman	28 Feb—11 Mar	THRP	To prepare and facilitate an orientation on gender and HRH for staff of THRP partner organizations	BMAF, CSSC, UDSM/CSD, AKF and trainers from ISW