

# TANZANIA HUMAN RESOURCE CAPACITY PROJECT

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## QUARTERLY PROGRESS REPORT

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## **I. PROGRAM HIGHLIGHTS: JULY—SEPTEMBER 2010**

During the quarter, the project focused on implementation of activities within the HRH district strengthening, HRIS and MVC project components. The section below highlights major project activities of this quarter by program component:

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

- Finalized HRM training-of-trainers' (TOT) curriculum expanding on the HRH toolkit and incorporating adult learning methodologies
- Trained 21 trainers and local HRH experts, from Iringa, Lindi and Mtwara, and the Zonal Resource Centers in preparation for conducting HRM district strengthening interventions—a BMAF collaboration with TRG and MSH technical assistance.
- BMAF finalized the national orientation package for new staff at district level. A total of 190 district managers from Iringa, Mtwara and Lindi were oriented on the national orientation package.
- Orientated 158 district managers from Mtwara, Lindi and Iringa on the use of the revised national supervision guideline, focusing on the strengthened HRH component.
- Nineteen students from Mtwara region have consistently attended the distant learning sessions for upgrading enrolled nurses to become registered nurses.
- One hundred and seventy nurses (of all nursing cadres) attended continuing education in Iringa region.

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

- UDSM continued to customize the national HRIS system to meet the requirements of key HRH stakeholders and strengthen the ability of the system to link with other existing HRI systems. The system is currently being translated from English language to Kiswahili.
- Deployed iHRIS in four new districts, Makete, Iringa, Ludewa, and Njombe, in addition to the Kondo district and Mikocheni Mission Hospital sites deployed last quarter.
- Trained 45 members of PMO-RALG's HRIS Team and regional ICT staff on HRIS manage, system support and associated tools as part the THRP sustainability plan.
- IHRIS data entry exercise is underway at five CSSC zonal head offices (South-Mbeya, Lake-Mwanza, West-Tabora and North-Arusha, Eastern- Morogoro). A monitoring visit to two of the offices has indicated the numerous challenges related to incomplete data and quality of date entry.
- Oriented 154 staff from CSSC Northern, Lake and Southern Zones, BAKWATA and APHTA on use of iHRIS systems and associated tools.
- Trained 60 users from Zanzibar (30 from Ungula and 30 Pemba) on iHRIS manage and tools.
- Trained 65 users from Makete, Iringa, Njombe and Ludewa districts on iHRIS manage and associated tools.

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

- Trained 333 Para-Social Worker trainees (PSWT) from Geita and Ukerewe on provision of basic social welfare services to MVCs.
- Prepared 62 social welfare workers and other workers from Geita and Ukerewe as Supervisors of Para-social Workers.
- Conducted PSW follow up training for 265 PSW and 14 PSW Supervisors from Mpwapwa and Kondo Districts. Participants qualified as full PSWs upon successfully completing the refresher training.
- Finalized revision of PSW M&E training materials and tools.
- MVC baseline assessment was conducted in Geita and Ukerewe district to collect data for benchmarking program activities.
- Conducted followup visits in Dodoma Municipal, Bahi, and Chamwino, Mpwapwa, Kongwa and Kondo Districts to review local government support for MVCs and for PSW trainees in the districts. Kondo District has developed community fund for supporting MVC raising 600,000 Tshs in a fund-raising event. PSWs in Dodoma municipal have established a network of PSW called PASONET.

## **Capacity Building**

- MSH supported BMAF in a review its Strategic Plan. Twenty-one participants were oriented on the process of developing the Strategic Plan and its contents.
- MSH assisted CSSC to develop or revise 40 job descriptions.
- MSH supported CSSC in reformatting and editing versions of its Strategic Plan.
- Two BMAF staff members attended the two-week short course, *Strengthening Human Resources for Health*, at the Harvard School of Public Health.

## 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 that comprises 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 resource 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.

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.

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

This report also includes an update on the capacity building activities with key local organizations, including monitoring and evaluation activities, and a section on Program Management.

### III. QUARTERLY ACTIVITIES: BY STRATEGIC OBJECTIVE

#### **Objective 1: Assist the MOHSW and PMORALG to implement the HRH strategy and the HR components of the HSSP III, as requested by the MOHSW (A)**

##### **A.1. Support to National Level Government in HRH**

**HRH Advocacy through Media Personnel.** Following the workshop for media personnel last quarter, this quarter BMAF used trained media personnel to disseminate HRH information through local newspapers and television stations. The HRH articles were included in Mtanzania, Nipashe, Mwananchi and the East African. HRH issues were discussed on StarTV and Channel Ten. BMAF has appointed a focal person to oversee the implementation of media activities.

**HRH policy documents disseminated.** CSSC collected and distributed 163 copies of health policy documents including the MAMM policy to private health sector staff attending IHRIS workshops in Northern, Southern and Lake Zones. Strengthening access to national HRH policies and providing orientation to the documents has increased the knowledge of Health Management Team (HMT) on national guidelines on HRH issues. The HMT members are becoming more engaged in strengthening public private partnership.

BMAF has printed 600 copies of the National HRH strategic plan (2008 – 2013) to be distributed to the LGAs during district strengthening training in November 2010.

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

In this reporting period the HRIS work under project Objective One focused on developing a generic iHRIS system that can be adapted by all partners as well as used across all sectors.

**Functional HRIS generic system developed.** Consistent with the feedback gathered during HRH stakeholder workshops and user trainings conducted as part of HRIS installations (in Kondo, Iringa, Makete and Njombe—see discussion below), the UDSM team continued to customize the generic HRIS to capture all HR data managed at district level (including staff information from the education and agriculture sectors). This will increase usability and relevance of the system at the district level and strengthen the potential for integration. To accomplish this task, UDSM had consultations with HR officers as to their needs and entered baseline data for testing purposes. Also the team continued to configure other baseline data related to health sector as needs arise.

**iHRIS translation from English to Kiswahili:** As a way to improve user-friendliness of the system, the UDSM team is translating HRIS from English to Kiswahili. As user requirements evolved this is a continuing activity. The translation is done under close consultation with language experts. By the end of September, 44,325 words (65.38%) out of 67,797 English words have been translated to Kiswahili generating 4,433 additional Kiswahili words.

## **Discussions to bridge the data needs of the central ministries and the districts continue**

In August, IntraHealth met with the MOHSW to discuss the progress of implementing an HRIS, areas of collaboration, and progress towards inter-operability across systems. The overarching intent is to ensure that the LGAs work with one set of accurate HR data regardless of reporting requirements to central and sector ministries.

JICA has recently extended project support with the MOHSW to roll out the MOHSW HRHIS nationally over four years. During the discussion several district- level gaps were identified for further attention:

- Strengthening the quality of data entry and related quality of HR information,
- Building the capacity to use and analyze HR data by LGA officials, and
- Strengthening workforce planning skills at district level.

The THRP has the mandate to support the technical assistance and activities essential to build the capacity of district officials to successfully use HR data for decision making. It was agreed that MOHSW would take the lead in clarifying priorities among all the needs and to continue discussion through the forums of the HRH Strategic Objective teams.

## **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**

**HRM District Strengthening Training Package:** The HRH district strengthening training package was developed using a highly collaborative approach. MSH and TRG provided technical assistance during the curriculum development process drawing upon major contributions from BMAF to ensure relevancy with the Tanzanian context, policies and data. Following extensive review from IntraHealth, BMAF staff, MSH and TRG consultants, it was put to the test with 21 potential trainers. BMAF will lead the implementation of the training package at the district level.

The training package builds on the previous HRH toolkit and includes the following topics: Overview of Human Resource Management System in Tanzania, Introduction of the HAF and HR Management Systems, Workforce Planning, Recruitment and Deployment, New Staff Orientation, Performance Management, Professional Development, Working Environment, Health Worker Retention, Introduction to Leadership in HR context and Developing HR Planning for Improvement (district level action planning).

**Development of the district level HRH trainers and facilitators.** BMAF identified 21 potential trainers from among district and regional health management teams (Iringa, Lindi and Matwara), Zonal Resource Centers, private consultants and BMAF program staff to participate in a two-week TOT jointly facilitated by THR and MSH consultants. Using a very participatory approach, the training was to equip local experts with a common knowledge on Human Resource Management Systems and develop their skills as trainers of adult learners. The TOT emphasized building the capacity of participant knowledge, skills and HR practices; advocacy skills for appropriate HR strategies to tackle pressing district challenges; and development of a critical mass of HRH champions with the skills to address these challenges and coaching others on the issues.

Each team of participants developed an action plan for their new HRH facilitation role. The way forward includes engaging these newly trained experts in the first district strengthening trainings in November 2010, following the national elections. Post-training coaching will be a critical part of the rollout of this program to ensure continuous technical advice on HRM in the districts and implementation of HR action plans developed during district-level training.

**HRM Baseline Assessment Update.** A second version of the draft HRM baseline assessment will be finalized next quarter.

**Recruitment Bottleneck Update.** The final version of the In-depth Analysis of Recruitment Bottlenecks. The report has been translated into Kiswahili and is in the final stages of approval.

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

**IHRIS implementation in Zanzibar.** With HRIS successfully installed in Zanzibar, UDSM supported MOHSW Zanzibar to further customize the installed iHRIS to suit user reporting requirements. At the invitation of the MOHSW/Zanzibar UDSM trained 60 users (30 from Ungula and 30 Pemba) on use of the system to produce reports. The activity was a high priority within the MOHSW in Zanzibar as the absence of reliable HR information for planning and decision-making has been a major obstacle in the day to day work of the HRH division. IntraHealth supported the training in collaboration with DANIDA and facilitation from UDSM. The main focus for HRIS implementation in Zanzibar in the next financial year will be on utilizing the system and rolling out the system to the districts and Mnazi Mmoja hospital

### **Praise for the user training from the MOHSW/Zanzibar:**

“The training was technically supported by a very competent team of teachers and technical experts from the University of Dar es Salaam together with our own team of experts. We, at the MOHSW, are delighted to inform you that the training was considered one of the best the MOHSW has experienced. The factors that contributed to this excellent outcome were:

- A well designed course with a well balanced schedule of theory and practical sessions;
- A well prepared database *MOHSW and UDSM were active in the run up to the training to ensure the database was in a sufficient state of readiness for the training;*
- A subject that was of direct interest to participants ;
- Committed participants, stimulated by encouragement from facilitators *On Pemba island the training was conducted with full participation over the weekend;*
- An excellent facilitator/participant ratio (5 facilitators: 20participants) *Participants were not held up waiting for support from a facilitator);*
- Committed and very experienced technical expertise (MOHSW and UDSM);
- Well organized logistics allowing all participants to actively participate using the ‘on line’ database. *Accommodation, venue, IT, transport arrangements and refreshments allowed an uninterrupted schedule to be completed as planned;*
- Field visits to provide support in a ‘real life’ situation and to identify any potential obstacles for using the skills acquired during the training.

“The skills transferred to participants during the training will allow: the MOHSW to develop a strategic plan for HRH using up to date and readily accessible information on HRH; a training master plan to be finalized; an evidenced based (College of Health Sciences) Training Institute Strategic Plan to be developed; an evidenced based Continuing Education Strategic Plan to be developed; day to day training needs to be identified; deployment decisions to be made to enhance the ability of the MOHSW to meet the MDGS particularly MDG 4, 5 and 6.

**HRIS implementation in the LGAs.** UDSM in collaboration with PMORALG deployed four new iHRIS site in Makete, Iringa, Ludewa, and Njombe LGAs in addition to the Kondo and Mikocheni Hospital sites deployed last quarter. The installation in all sites involved designing a Local Area Network (LAN), building a server cabinet for the HRIS appliances and router, initiating the data entry process and system support. These installations went hand in hand with user training on the site to facilitate data entry and system use. UDSM trained 65 users from Makete, Iringa, Njombe and Ludewa.

Contributing to sustainability efforts, UDSM also trained 45 ICT staff from PMO-RALG's HRIS Team based in the regions on HRIS use manage and system support. The trained PMORALG team will provide technical support to the districts on IHRIS.

**HRIS implementation in the Private Sector.** This quarter HRIS implementation in private sector focused on entering HR data in the system, preventive maintenance of the system, training users on HRIS manage and tools and supportive supervision visits.

All five CSSC zones have started to enter HR data initially collected in 2007 into the system. 78% (12, 201 out of 15,523 records) of HR information from the 2007 mapping exercise have been entered in the system by trained data collectors. Concurrently, CSSC Zones are updating staff information for the facilities which have submitted data. CSSC contracted five ICT providers (one per each zone) to provide technical support and routine preventive maintenance for the installed equipment.

CSSC conducted three one-day workshops in Iringa, Arusha and Kagera on iHRIS manage system and tools. A total of 154 participants from CSSC Northern, Lake and Southern Zones, BAKWATA and APHTA attended the workshops. The participants were given an overview of IHRIS manage system and online demonstration on use of the system in managing and reporting staff data for HR planning purposes. Following the training the participants are to provide feedback to CSSC management on potential of HRIS use for HR data management and decision making and to for their organization to install IHRIS for HR data management.

Regular supportive supervision is important to ensure HRIS is fully functioning and operational. CSSC conducted supportive supervision visits to the Eastern and Northern Zones offices in Morogoro and Mbeya to examine HRIS functionality and progress made in entering HR data in HRIS. The finding from the visits shows:

- *System Functionality:*
  - IHRIS hardware and software in both zones are working properly
  - The computers with IHRIS are outdated and very slow
  - There is no AC in either zonal office increasing the risk of damaging iHRIS appliance
  
- *Progress in HR data entry and update*

Overall there is good progress in entering basic HR data into the system, however progress in updating the data is slow. Eastern zone have updated 24% of staff data and southern zone have not yet started updating staff data. Furthermore, only 5% of facilities in both zones have submitted updated HR data for their staff.

**Table 1: Status in data entry process in CSSC Eastern and Southern Zones**

Name	# of 2007 staff data available (A)	# of 2007 staff data entered in iHRIS (B)	# of staff data updated in 2009 (C)	% of 2007 staff data entered in iHRIS (B/A)	% of staff data updated in 2009 (C/A)
Eastern Zone (Morogoro)	1600	1150	384	72%	24%
Southern Zone (Mbeya)	3340	793	0	24%	0%

- Major challenges facing the zones include:
  - Old and outdated computers slows the data entry process
  - Lack of AC in the zonal offices which will increase the risk of damage to IHRIS appliances and computers
  - Lack of a dedicated person at each facility responsible for updating HR data delays submission of forms and affects the quality of data submitted..
  - The data collection form does not have definition of items to be collected. As a result, more time is used to clarify the definition of the items to be collected.
  - Facilities with a large coverage area and poor infrastructure are challenged in collecting staff updates.

Next quarter, CSSC efforts will focus on addressing the challenges to improve data collection process to ensure the data entered in the system is accurate.

### **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.** BMAF has finalized a national orientation package with inputs from POPSM, PMORALG, IH and MOHSW. The document is now formatted as per government requirements and will be submitted to MOHSW for final approval and signature next quarter.

**Orientation Package Training.** A total of 190 district officials from Mtwara (55), Lindi (60) and Iringa (75) districts were trained on the developed national orientation package to ensure effective implementation of the orientation program for the new health workers in the districts. Some of the discussion during the training included:

- Orientation activities are not implemented to the LGAs
- Effective orientation practices at the LGAs requires coordination between the recruitment and posting authority (MOHSW) and the employment authority (LGAs)
- Orientation of new health workers using the developed package increase the potential for retaining and improving productivity of health workers in the LGAs
- Reference documents such as schemes of service, professional codes, job descriptions, organization structure should be prepared before new health workers report

- The successful implementation of an orientation program will depend on commitment and accountability and HRM capacity of the health managers
- Empowering facility managers and supervisors (especially at the lower level facilities) is critical to reducing HRH challenges.

The district managers developed pre-orientation action plans for new health workers who will be reporting in their councils. BMAF will follow up on the implementation of orientation practices in Iringa, Mtwara and Lindi as part of coaching and mentoring sessions for the health managers through its district strengthening intervention.

**Advocacy for Students to Enter the Health Profession.** BMAF collaborated with the Medical Women Association of Tanzania (MEWATA) and other health profession associations to conduct a series of advocacy activities in Lindi and Mtwara to attract secondary students to join the health profession. They met with 227 students from 40 schools. Highlights of the advocacy activity include:

- Students have little knowledge about the health profession and guidance on what subjects to pursue to become health professional
- Misconceptions about the medical and health fields prevail including some culture norms prohibiting certain individuals from pursuing science subjects
- Schools have inadequate number of science teachers
- Schools lack laboratories for performing practical sessions
- There is no motivation for better performing science students.

During the advocacy events, students were encouraged to join science streams or medical/health schools. Interestingly, a majority of the students showed an interest in joining the health professions and gave their names to project team for follow up on progress in pursuing science subjects. However, few students were inclined to join medical schools. The advocacy activities have raised awareness of many students on opportunities in the health sector and are recommended to be conducted national wide.

**OPRAS assessment update:** A second version of the draft report is under review. It will be finalized and submitted to the MOHSW Permanent Secretary for signature next quarter.

**Incentive package for Health Workers:** The development of the data collection protocol, criteria for defining underserved areas, and proposed incentive package for underserved areas are underway and will be finalized next quarter.

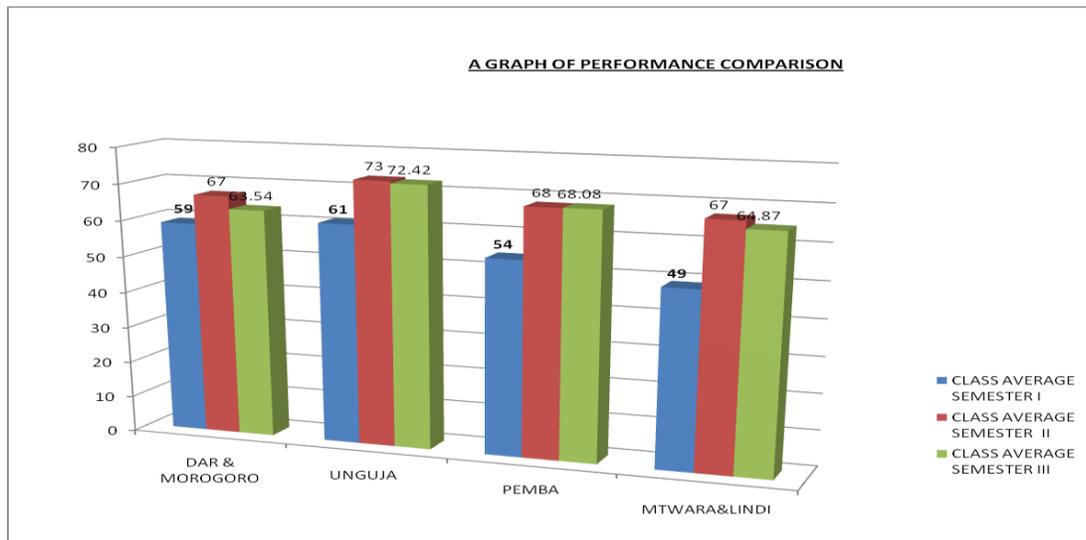
**Continuing Education Program (CEP) for nurses.** The AKHS continued its efforts to establish a continuing education program for nurses in Iringa. The Iringa Regional Health Management Team has expressed interest and commitment to ensure supervision and monitoring of nurses to improve their practice based on the knowledge and skills acquired during training. The Matron emphasized the need to improve some key weak areas in nursing in the region notably ethics, maternal and child health and infection prevention practices in the health facilities. These topics were included in the curriculum and covered during the trainings.

AKHS conducted five one-day trainings for continuing education for nurses in Iringa at the Aga Khan primary health care center in Iringa. A total of 131 nurses including 37 registered nurses, 60 enrolled nurses and 34 health auxiliary/attendant nurses attended. The nursing themes covered in the trainings were management of common medical emergencies, common diagnosis and specific nursing care, infection control practices in patients care, maternal and child health care and review of pharmacology for common drugs and related nursing care.

The analysis of pre and post tests shows an overall knowledge gain from a range of 5% to 27%. The registered and enrolled nurses showed significant knowledge gained. However, marginal improvement was observed among the allied health staff and auxiliary staff participants. The results suggest that the level of education affects the knowledge gained. The project will use these results to further modify the curriculum to ensure the content is suitable for each staff category.

**Upgrading enrolled nurses to registered nurses in Masasi district.** The project continued to fund the training for 19 enrolled nurses to become registered nurses. Seven face to face sessions were held at Mtwara COTC. Nineteen students have consistently attended the face to face sessions at Mtwara COTC and practical instructions at Ligula Hospital. The midterm examination and assessments of students on Leadership/Management and Community Health Nursing were conducted this quarter. The students are also writing research proposals for small projects in their work environment. AKU provided 31 books on community health nursing to the Mtwara COTC library for the students. The books cover different topics covered in third semester

Student performance improved greatly in second and third semesters compared to the first semester and competing equally with their counterparts from Dar es Salaam and other regional centers as shown in figure 1 below.



**Analysis of selected Health Training Institutions on IT.** CSSC in collaboration with Intrahealth visited three colleges (laboratory, clinical officers and nursing) in Mvumi (Dodoma) and Mbalizi Nursing College near Mbeya to examine if the training curriculums have incorporated topics on Health Management Information System, Computer Applications and Human Resource Management. CSSC conducted Focused Group Discussions (FGDs) with a total of eight teachers and seven students. Preliminary findings of situation analysis showed:



FGD with Mvumi Laboratory School Teachers

- The clinical officer and nursing curricula includes computer application, HR management and MTUHA. The curricula are standardized and used by all schools in the country.
- The curricula for clinical officer, nursing and laboratory were revised in 2009/10. There was unanimous agreement in all schools that the content for computer application, MTUHA and HR Management courses is more practical oriented and prepares the student to the tasks to be undertaken in the facilities. However, the teachers have not been prepared to implement the revised curriculum and computers are inadequate for practical training.
- Student get opportunity to practice filling patient record forms and MTUHA forms in the hospitals after in class training. They also get the opportunity to use the forms in the facilities during field work.
- 50% of the position for new students in Mvumi schools is allocated for students coming from Dodoma Region. Majority of students coming from Dodoma are employed in Local Government Authorities of Dodoma Region after completing their course.

Major challenges in implementing the courses:

- The four schools are facing a shortage of full time staff for implementing the curriculum as per establishment.
- The schools have insufficient computer equipment and tutors for training computer courses. The three health institutions in Mvumi have made arrangements for students to do computer training in Mvumi Secondary Schools. Mbalizi nursing school borrows computers for one month from an Internet café and uses a part-time tutor to train basic computer skills once a year. The students do not have the opportunity to practice on computer after the computers have been returned.
- The schools also indicated that the teachers are not prepared well to implement computer application and HR management courses using the revised national curricula.

The situation analysis report will be finalized next quarter and CSSC will determine select areas for supporting health training institutions on information system management (most likely outside THRP funding).

### **C.3. Development of a Cadre of Para-social Workers (PSW)**

**PSW Partnership.** The program to develop a cadre of village-level PSWs and advocate for local government ownership of the program will be well represented at the PEPFAR conference on Strengthening the Social Welfare Workforce in Capetown in November 2010. During the quarter IntraHealth and the PSW partnership (with ISW, AIHA and the JACSW) worked closely with USAID/Tanzania to determine the team composition, prepare program background and suggest presentation themes and topics.

**Para-social Workers and PSW Supervisors training.** During quarter, the project in partnership with ISW trained 333 Para-Social Worker trainees (PSWT) from Geita and Ukerewe in Mwanza region 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 62 PSW Supervisors from Geita and Ukerewe, a key component to ensure the PSW trainees provide quality service to MVCs in their community and report quality data.

**Para-social Worker refresher training.** For PSW trainees to become a full fledged Para-social Worker they attend a five-day follow up or refresher training, and for PSW supervisors an additional day of supervisory skills. This quarter, the THRP and its partners conducted a follow up training to 265 PSW and 14 PSW Supervisors from Mpwapwa and Kondoa Districts in Dodoma Region. Apart from imparting new knowledge to PSWs, the sessions include opportunities to share field experience and advise each other.

**Advocacy for LGA to support MVC and Para Social Workers.** IntraHealth staff visited Dodoma Municipal, Bahi, and Chamwino, Mpwapwa, Kongwa and Kondoa districts to advocate with the LGAs for support for MVCs and for PSW trainees in their districts and discuss the possibility of initiating a community fund for MVC and PSW support. Some of successes encountered during the advocacy visits include:

- Community initiatives to support of MVC and PSW have been initiated. Mlowa Bwawani village in Chamwino district raised 100,000/= for its MVC fund. Kondoa district organized a fund raising event to initiate district MVC funds raising 600,000/= in personal contributions encouraged by a pledge of 5,000,000 Tshs from the DED from the district budget.
- PSW trainees continue to provide psycho-social support and service referrals to MVC and their caregivers, as well as playing a part in linking MVCs to service providers.
- The newly established Para-Social Workers Network (PASONET) in Dodoma now has almost 30 members each paying a small fee for membership. The Dodoma Municipal authority has offered an office to the network in one of its Municipal Buildings. The network is actively seeking grants for supporting MVC from Civil Society Foundation.

In the next opportunity THRP will follow-up with the LGAs to confirm whether these budget items were expended. Challenges observed during advocacy meetings include:

- Limited funds for transport limiting the flow information from village to wards and to the district level;
- Lack of LGA funds to support PSW allowances and stationeries for documenting PSW activities;
- High community expectations from PSWs consistently need to be managed;
- Poor cooperation from the local government leaders in some areas still exists;
- For the PASONET, the main challenge is resources for operations and ongoing need for technical assistance in strategic planning and forging strategic linkages.

**Follow up to Magu and Kwimba Districts.** The THRP conducted a follow up visit to assess progress of PSWT in supporting MVCs. Majority of PSWTs are providing support to MVC such as psychosocial support, linking MVC to service providers and raising funds for supporting MVC in their community.

**Baseline Assessment in Geita and Ukerewe:** Baseline assessments was conducted in Geita and Ukerewe to document the current situation of social welfare service delivery provided to the MVC and collecting data for benchmarking that will be used to measuring progress in implementation of program activities in the regions during midterm and end of project evaluations.

Specifically the baseline assessment collected MVC data; availability of District Social Welfare Officers; budget allocated and services offered to MVC by the LGAs; availability of community funds and other village initiatives to support MVC; and participation of Community MVC Volunteers in various development forums in the districts such as the Ward Development Committees meetings (WDCs). The findings showed:

- The social welfare coordination and support to OVC/MVC in each district authority is mainly done by the District Social Welfare Officers and Community Development Officers under the department of Community Development and Social Welfare in each district council. Geita has employed two Social Welfare Officers and Ukerewe has employed one social welfare officer.
- Both districts allocated funds to support MVC using their own sources in the past two years. Geita district council allocated Tshs. 3,000,000 and 30,000,000 to support OVC/MVC school fees in 2008/9 and 2009/10, respectively, while Ukerewe district allocated Tshs. 1,000,000 to support MVC in 2009/10.
- Geita and Ukerewe districts are provided support for MVC with funds from other governmental bodies including TACAIDS, TASAF or Basket Funds.
- Numerous Civil Society Organizations (NGOs, FBOs and CBOs) provide direct support including school materials, health products, medicines psychosocial support to MVCs. Organisations working in Geita include Plan International, NELICO, PACT Tanzania in collaboration with Evangelical Lutheran Church of Tanzania, Moyo wa Huruma, and LELEA Orphanage Centre. Organizations supporting MVC in Ukerewe district are Catholic Relief Services (CRS), Diaconia and Kimadeu.

**Annual MVC Dissemination Meeting.** THRP conducted an annual review of the MVC program meeting in Dodoma this quarter with the purpose to share implementation progress and discuss challenges from assessment findings and advocacy visits. Participants included government officials from Dodoma and Mwanza, PMO-RALG, AfriCare, and several Para-social Workers.

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

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

**CHMT training on HRH Supportive supervision guideline.** BMAF orientated 158 CHMT members from Mtwara, Lindi and Iringa on the use of the HRH component of the revised national supervision guideline. The training was facilitated by a team of facilitators from the respective Regional Health Management Team and Zonal Health Resource Centre's who attended a TOT in Morogoro last quarter.

The district-level training covered the following topics:

- An overview of National Supportive Supervision to effect quality of health care services;
- Orientation on five components of the HRH supervision checklist including organizational structure; HR planning; recruitment, retention and development; staff motivation and satisfaction; productivity and performance

Lessons learned during training were: 1) CHMT members had inadequate knowledge and skills to construct an organogram for their organizations; 2) Completing the OPRAS forms is a major problem to the majority of health workers; 3) CHMTs lack knowledge and skills to conduct supportive supervision; 4) Specific duties and tasks are not known to most staff at all levels apart from those described in generic job descriptions; and supportive supervision if done properly, improves quality of health care delivery.

Common challenges observed in health facilities during the practice sessions were:

- Facility staff are not familiar with OPRAS;
- Facilities do not have operational plans;
- Severe health worker shortages;
- Inadequate orientation of the new staff;
- Lack of HRIS in the hospitals;
- No Pay for Performance in facilities;
- No incentives to health workers;
- Lack of adherence to the professional code of conduct;
- No Continuous Professional Development Plan; and
- No follow up of a newly posted employee.

During the training each CHMT developed their organogram and action plan for implementing supportive supervision activities in their districts. BMAF will follow up implementation of action plans developed as part of coaching and mentoring activity under the district strengthening program.

## IV. ORGANIZATIONAL DEVELOPMENT AND CAPACITY BUILDING

**MSH Technical Assistance.** MSH engaged actively with CSSC and BMAF to address different organizational challenges as identified through the MOST assessment.

**Assistance to CSSC:** To date, MSH has assisted CSSC to develop HR Manual, ICT Policy and its Strategic Plan. This quarter, MSH supported CSSC to develop or revise job descriptions for staff and a repackage of the organizational Strategic Plan to enable it to be used as a marketing tool.

- MSH consultant helped CSSC to develop or revise 40 job descriptions. The consultant worked closely with staff from CSSC to help them gain skills in job analysis, job description development, and overall harmonization and alignment.
- MSH supported CSSC in reformatting and editing its Strategic Plan. CSSC now has two versions of Strategic Plan: one is a full-length document with extensive supporting documentation, the other a shorter condensed version that could be used to promote CSSC to potential donors. A U.S.-based editor is currently editing and formatting the final documents.

**Assistance to BMAF:** In the previous quarter, MSH supported BMAF in developing an ICT Policy and Strategic Plan and Training Needs Assessment for ICT. MSH also provided a consultant to help BMAF overcome challenges in bringing its accounting software, ACCPAC, online. In this quarter, MSH support included ongoing efforts to support use of ACCPAC, development of ICT policies and a participatory workshop to review and revise the five-year Strategic Plan of BMAF.

- An MSH local consultant facilitated a workshop with BMAF staff and stakeholders to orient new BMAF staff to the Strategic Plan (as only two of all current BMAF staff had participated in the development of the original plan) and, having reached the mid-point of the SP, to conduct a thorough review with inputs from stakeholders. Participants indicated several aspects of the process that they appreciated, including enhancing the ownership of the SP by BMAF staff, learning more clearly one's roles in BMAF, and the review approach itself which encouraged critical thinking and learning.
- BMAF continues to prepare the organizational ICT policy and strategies for printing but the IT training needed as per the needs assessment has progressed slowly due to competing demands on staff time.
- MSH supported BMAF in the preparation of the chart of accounts and participated in meetings involving BMAF and the accounting software vendor to resolve longstanding issues. However the ACCPAC system is still not operational. Some features of ACCPAC (for example, control systems) are still not in place. BMAF is in the process of soliciting technical support from a different local company.

## V. MONITORING AND EVALUATION

Many monitoring activities have been discussed above as they relate to specific program implementation including findings from HRIS monitoring visits by CSSC in Morogoro and Mbeya; MVC follow up visits in Magu and Kwimba districts in Mwanza Region; and MVC baseline assessment in Geita and Ukerewe, MVC annual program review; and THRP annual review and planning meeting (discussed below). In addition:

**Updates on Harmonization of MVC data collection tools.** MVC Partnership finalized the data collection tools for routine tracking of PSW activity and follow up visit. Next quarter, the PSW will be oriented on the revised tools and the initial PSW curriculum will be adapted to include a stronger M&E component.

**In service Training Database.** The THRP has been in discussion with I-TECH on the potential of adapting the inservice training database, TRAINSMART, to capture HRIS and district health strengthening training. The database will eliminate the potential for double counting individuals trained more than one time in the same program area and enable the project to analyze data for decision making. THRP and I-TECH have customized the TRAINSMART database forms to meet THRP partner's requirements. Next quarter, I-TECH will facilitate training of all THRP partners on using TRAINSMART database.

**Performance Indicators:** A summary of project results against its quantitative targets can be found in Table 2 below. The project reached 113 percent of its target for preservice training and 143 percent of its target for in-service training across all project components as reported in the APR. The number of PSWs and PSW supervisors receiving refresher courses exceeded expectations and contributed to the high percentage achievement for inservice training.

**Table 2: Performance – Indicators (quantitative) and Results, October 2009 – September 2010**

≠	Indicator	Program Area	Partner	PEPFAR Targets (Oct 09 -Sept 10)	Achievements (Oct 09 -Mar 10)	Achievements (Apr -June 10)	Achievements (Jul -Sept 10)	Total (Oct 09 – Sep 10)	% Achieved (Oct 09 -Mar 10)
H2.2. D	Number of community health and Para-social workers who successfully completed a pre-service training program.	MVC	PSW	1000	597	202	333	1132	113%
			PSW Supervisors*	350**	98	37	62	197	56%
H2.3. D	Number of health care workers who successfully completed an in-service training program within the reporting period	MVC	PSW	260	88	235	265	588	226%
			PSW Supervisors*		29	26	87	142	
		HRH -CED	AKH	170	0	28	142	170	100%
		HRH - Districts	BMAF	517	0	36	369	405	78%
		HRH**	CSSC	315	328	52	0	380	120%
		HRIS		282	12	141	154	307	117%
		HRIS- Districts	UDSM	99	21	6	170	197	205%
		M&E	M&E – IntraHealth		8	0	0	8	100%
<b>Total number of individuals participating in in-service training supported by THRP project</b>				<b>1338</b>				<b>1901</b>	<b>143%</b>

\* PSW Supervisors also attended PSW training

\*\* The HRH targets were not included in PEPFAR targets. These achievements have not been counted.

## **VI. PROGRAM CHALLENGES**

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

- Lack of database to track ongoing activities especially the trainings in the districts as to avoid double counting of the participants
- Lack of clear understanding of HRH issues by the District Health Officials
- National election campaigns have delayed implementation of district strengthening activities. All district level HRH activities have been postponed to November 2010.
- Interdependency of activities, such as initiating the baseline assessment, delayed implementation of program activities

#### **Opportunities:**

- The current policy environment favors project interventions on HRH issues
- Existing collaboration with other health partners at the central and district level
- Utilization of health professional associations to support implementation of HRH activities at the districts
- Utilizing Zonal Resource Centers to support HRH capacity building activities at the districts;
- Agakhan University is now a member of MOHSW/AIHA and partners committee which will help to strengthen the relationships with the Ministry of Health, Nursing Council and other nursing development stakeholders

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

- Desktop computers in CSSC zones where iHRIS is installed are out of date and the operating system cannot be upgraded.
- The iHRIS system at CSSC zones need cooling systems to protect the equipment from hot weather in Lake and Western Zone.
- The flow of HR data from private health facilities is not well established. CSSC is in the process of improving the mechanism for data flow.

#### **Opportunities:**

- Good collaboration between IntraHealth and Danida in implementing HRIS in Zanzibar with potential for leveraging funds
- Strong support from district leaders and PMORALG on implementation of HRIS
- Strong commitments from BAKWATA and APHFTA to support implementation of HRIS
- Using existing PMO-RALG regional secretariat ICT structure for supporting the LGAs HRIS

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

- The LGAs have very limited sources of revenue, and many priorities, therefore setting budget to support MVCs always a challenge.

- Data flow from the lower levels to the district is a challenge because the PSW supervisors have no reliable means of transport for both collecting information from PSW and for moving these data to the district. The district reports are consistently incomplete with information gaps
- Low morale of work by PSW due to lack of incentive. Most LGAs have very limited resources and incentives to PSW are not given priority.
- Retaining PSWs: many PSWs have changed career such as joining training colleges or pursuing advanced secondary education, leaving a gap in their respective areas.
- As the program expands to Mwanza and Iringa with increased need for advocacy and M&E, the THRP need more human resources to maintain level of effort.
- High community expectation for material support from PSWs. The PSWs are always compared to volunteers working with other organization who provide direct support. If they do not provide material support this demotivate the families to continue working with them.

#### **Opportunities:**

- Increased collaboration with PMORALG in implementation of program activities.
- DSW have agreed to coordinate activities implemented by partners using PSW model in the country. This will help to maintain the quality of PSW trainings.
- The growing relationships with other USAID-funded implementing partners in the MVC arena specifically those interested in the PSW module
- Strong collaboration and support from LGAs in implanting program activities.

## **VII. PROGRAM MANAGEMENT**

**THRP Review and Planning Meeting.** Early in the quarter the THRP facilitated a meeting to review accomplishments of the project to date and review plans for the Project's Year 2 (Oct 2010—Sept 2011). The two-day meeting was timed to coincide with the routine quarterly partners' meeting following the end of each quarter. The focus was on the progress, challenges and lessons learned from the first full year of implementation and present plans for Year 2. For the first time the meeting included stakeholders from the MOHSW (DSW, DPP), PMO-RALG and professional associations in addition to representation from all four local partners, MSH and visiting IntraHealth senior staff from the US.

Several cross-cutting issues and lessons learned emerged following the first day:

- Strengthen linkage between private and public sectors in scaling up HRH issues.
- Need full involvement of zonal training centers.
- Need for efficient and effective documentation and dissemination of processes, activities and outcomes for public awareness.
- Further strengthen of HRIS so as to enhance the use of data for decision making.
- Need to balance between the quality of services provided and the number of staff needed so as to maintain essential levels of service quality.
- Need to focus on sustainability of HRH initiatives. This is applicable to all programs and projects.
- THRP needs to incorporate more advocacy into its work so as to effectively influence public policies. This may involve having proper advocacy forums and dedicated personnel.

- Need for proper mechanisms to avoid delays in project implementation in Year 2
- Consider expanding the scope of successful projects to a national-wide coverage by involving more stakeholders, including government planning and implementation.

By the end of the meeting, partners had a number of considerations to incorporate into the Year 2 plans:

- Successful implementation of programs and planned activities is dependent on the human resources and organizational capacity of implementing partners. The project needs to address capacity issues for each partner and bridge the gaps.
- Need to clarify the rationale for and extent of media involvement among the program and activities consistent with communication guidelines.
- Consider including social workers as part of as part of advocacy for and reporting on HRH.
- Need to share reports amongst implementing partners and involve each other in various forums at district level such as DMOs meetings, etc
- Need to harmonize HRIS with existing/related systems such as the Lawson (POPSM), and others existing at MoHSW, UDSM (JICA), MoFEA, etc
- iHRIS –IntraHealth/UDSM to coordinate with PMO-RALG on where to roll out the system and to include in criteria harmonization with other THRP district work.
- Improve documentation to focus on outcomes and results of implemented activities not just on processes
- Need to clarify the role of Associations/Professional bodies within THRP implementation
- Consider involvement of national pool of HRH experts, utilization of ZRCs and those employed by FBOs for sustainability and cost effectiveness.

**Workplan development.** This year the development of the 12-month workplan was an extended consultative process culminating in the submission of a consolidated workplan to USAID in early September.

During the early draft development partners had focused meetings with government counterparts and received extensive assistance from IntraHealth staff and consultants. A third day was added to the Review and Planning meeting discussed above to allow for dedicated time and space for partners to incorporate comments into their final plans, consult among themselves, and with IntraHealth program and financial staff, to move quickly towards finalizing their workplans and budgets.

**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. A new feature of the quarterly report is to indicate the meetings, conferences and workshops (beyond those of THRP program management) in which THRP members have participated with other implementing partners or interested organizations. The following are selected key meetings during the quarter.

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

<b>Date</b>	<b>Designation/Visitor</b>	<b>Purpose</b>
June 29	International Labor Organization; UN Joint Program on Maternal and Newborn Mortality Reduction	Review of draft handbook of the current regulatory framework for working conditions of public health care workers in Tanzania
July 30	Mr. Malalinga, ABT Associates Consultant	Contribution to HSS survey conducted by ABT Associates; briefing on THRP engagement in HRH; discussion on major documents available as sources for HRH data
July 14	Joshua Levens USAID Consultant	Briefing on TRHP support for MOHSW. Mapping exercise to track donor funds and activities in support of MOHSW's HRH strategic plan.
July 14	Ibadat Singh Dhillan Aspen Institute	General briefing on HR issues in Tanzania
August 11	Dawne Walker, Country Director, Measure Evaluation	To clarify the role of Para social Workers in the village; their relationship with the MVCC; responsibility for service delivery to MVC and recording those services; issues of allowances and/or incentives; As a member of AfriCare's consortium, Measure is piloting a new tool for MVC programs that will assess whether services are being delivered to the MVC.
Sept 1	CSSC stakeholder meeting	Second in a series of FBO and civil society organizations to galvanize advocacy for HRH issues
August 16—20	Dykki Settle, <i>CapacityPlus</i> Dana Singleton, <i>CapacityPlus</i> Jessica rose, USAID	Facilitated meetings for USAID TDY consultant team from global <i>CapacityPlus</i> project and USAID discussing approaches to planning and monitoring the progress against the PEPFAR goal of expanding the health workforce by 140,000 new health workers.
1 Sept	CSSC Advocacy Meeting	CORDAID /BBO commitment to strengthen NGO, specifically faith based organizations within CSSC network, to develop an advocacy strategy and act on key HRH issues and challenges
6 Sept	Zanzibar Development Partners meeting	Quarterly information exchange among implementing partners in Zanzibar and initial preparation for JAHSR Zanzibar

**Project staffing:**

- IntraHealth has initiated the advertising and recruitment of an HRIS Advisor to be seconded to the Department of communications and Information Technology of PMO-RALG.

**Project financial status:** Through September 2010, the project had expended 77 percent of its available, obligated, funding. At the current monthly burn rate the project has sufficient funds through the end of 2010 (3 month pipeline). USAID has indicated its intent to obligate FY10 funds in

December; should the project modification be processed as planned this infusion of funds would be quite timely and consistent with current spending patterns.

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

Total obligations through 30 September 2010:	<b>\$ 7,463,259</b>
Expenditures through prior quarter (through June 2010)	\$4,112,481
Expenditures this quarter (July—September 2010)	\$1,620,083
Total Expenditures through 30 September 2010 (expenditures started 1 May 2009)	<b>\$5,732,564</b>
Pipeline as of 1 Oct 2010	<b>\$1,730,695</b>

**Technical assistance:** A summary of international technical assistance during the quarter can be found in Table 4 on the final page of this document.

## **VIII. PLANNED ACTIVITIES, OCTOBER—DECEMBER 2010**

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

#### **HRH (BMAF)**

- Facilitate the MOHSW in reviewing the 1999 staffing level guideline (staffing norms) including the preliminary planning and review of the initial work undertaken by the MOHSW and technical working group for developing the levels.
- 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 for Public awareness support towards HRH agenda
- Support ZHRC to advertise and scrutinize the approved post in 2010/11 for health workers to districts and regional hospitals
- Review the Government sponsorship policy for pre-service training among health workers( of all cadres)
- Support MOHSW in tracking of posted staff in the financial year 2009/2010
- Develop procedures for decentralization of recruitment using ZHRC as part of preparation for improving efficiency in the process of advertizing, selection and posting of candidates

#### **HRIS (IntraHealth):**

- Continue to advocate for PO-PSM-led inter-ministerial discussions on integrating and harmonizing efforts for implementation of a comprehensive and functional HRIS, ongoing

- Finalizing MOU with PMO-RALG
- Follow up on Zanzibar HRIS Central and District level HRIS utilization

## **District HRH Strengthening and Development**

### **BMAF**

- Finalization of District Strengthening - Participants Manual
- Initiate development a multisectoral criteria for defining underserved areas in health sector as a basis for the development to f an incentive package for the underserved
- Conduct assessment of structural, system and operational, linkages of the three Zonal resource centre ( under MOHSW) with a purpose of establishing a sustainable system of increasing the supply of the health workforce
- Preliminary planning for a series of job fairs with the Tanzania HR society, MEWATA and other association representatives for technical inputs on the Job fair activity
- 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 training of 35 CHMT by using the developed HRM training modules and support them in developing clear performance targets and indicators

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

- Conduct post-training followup to health facilities of nurses who attended CEP
- Develop second year curriculum for CEP for nurses training
- Upgrade the Iringa training center for CEP for nurses with additional IT equipments
- Conduct inservice training of nurses in Iringa
- Conduct monthly face to face sessions for student in the training for upgrading enrolled nurses to became registered nurses
- Conduct end and final semester examinations for the students in the training for upgrading enrolled nurses to registered nurses
- Recruit and screen applications for new students for the next cohort to be upgraded from enrolled nurses too registered nurses

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

### **CSSC**

- Develop and distribute newsletter and brochures of HRIS to national level and zone level
- Document and share best practices for HRIS at national level
- Conduct quarterly project committee meeting
- Conduct workshop on the use of HRIS tools at national level
- Review HRIS requirements needed for BAKWATA and APHFTA

- Procure HRIS equipments for CSSC HQ, 15 hospitals, 6 APHFTA zones and BAKWATA HQ
- Customize and update iHRIS manage at BAKWATA HQ, CSSC and APHFTA
- Host iHRIS site system for CSSC, BAKWATA and APHFTA
- Strengthen HRH data collection, data entry, utilization
- Conduct field visit to assess progress in data collection, data entry and utilization

## **UDSM**

- Translate iHRIS to Kiswahili – HR Glossary Development
- Customize iHRIS Software t – Reports , Indicators and Baseline Data Configurations
- Testing iHRIS Software System
- Develop and Review iHRIS Software System Manuals
- iHRIS software System Advocacy
- Conduct HR Needs Assessment for Professional Councils
- Assist CSSC in iHRIS implementation for APHTA & BAKWATA

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

- Introduce LGAs in Iringa Region to MVC program and identify potential PSW candidates
- Conduct PSW follow up training in Mwanza region
- Establish and support the region and district MVC advocacy teams and PSW Networks in Dodoma.

## **Monitoring and Evaluation**

- Conduct partners M&E training
- Finalize project Performance Monitoring Plan
- Orient PSW and PSW supervisors on the revised data collection tools
- Conduct follow up visits in Mwanza assess progress of PSW in providing services to MVC.
- Conduct a baseline survey in Geita and Ukerewe districts of Mwanza prior to MVC intervention
- Conduct a follow up visit to assess progress in HRIS implementation and utilization in Zanzibar and district level.
- Ongoing M&E technical support to partners including review assessment planning documents and reports
- Develop project quarterly progress report

## **Capacity building**

- Conduct Management Review of four local organizations following first year of subagreement with IntraHealth
- Conduct comprehensive organizational assessment of BMAF

## **Program Management**

- Submit revised project MOU with PMO-RALG to the Principle secretary
- Request an increase of the financial ceiling of project funding from USAID
- Project Briefing with new USAID Team Leaders for HIV/AIDS and Health offices
- Revise Workplan as necessary
- Recruit and screen (in close collaboartin with PMO-RALG) HRIS Advisor to be based in Dodoma

**Table 5: International Technical Assistance, July—September 2010**

<b>Visitor IntraHealth Staff (<i>unless otherwise indicated</i>)</b>	<b>Dates In- Country</b>	<b>Source of funding</b>	<b>Abbreviated Purpose of Visit</b>	<b>Focal Partner Organization/s for Visitor Support</b>
<b>Angela McCune HRIS Advisor</b>	June 21—July 3	THRP	Technical Assistance to HRIS program component and with local partners in development of annual workplan	IntraHealth (HRIS), PMO-RALG, UDSM, CSSC, MOHSW/Zanzibar
<b>Laura Guyer-Miller TRG Consultant</b>	June 21—July 2	THRP	Technical assistance to the MVC program and with local partners in development of annual workplan	IntraHealth (MVC team); ISW, AIHA and JACSW
<b>William Kiarie MSH Consultant</b>	June 27—July 2	THRP (costs shared with MSH LMS Project)	With TRG, further develop training materials for district HR strengthening TOT and follow-up (TA occurred in Washington, DC)	N/A
<b>Julie Spero Program Specialist Uche Ekenna Senior Program Manager</b>	July 17—27	TRHP (travel co-funded with other travel in the region)	Support development of and consolidation of annual workplan and budget	BMAF, CSSC, UDSM, AKF
	July 17—August 4			
<b>Margaret Morehouse, TRG Consultant, HRH Specialist William Kiarie MSH Consultant, HRH Specialist</b>	July 29 August 14	THRP	To co-facilitate TOT for district and regional HRH focal persons; convene with TOT participants to plan for the roll-out in the districts	BMAF
<b>Desderi Wengaa, M&amp;E Officer Rahel Sheiza, Program Manager (BMAF Staff)</b>	August 8—21	THRP (travel costs only)	Attend short course, <i>Strengthening Human Resources for Health</i> , at Harvard School of Public Health	N/A

<p><b>Laura Guyer-Miller</b>  <b>MVC Technical Advisor</b>  <b>Consultant (TRG)</b></p>	<p>Sept 4—17</p>	<p>THRP (travel co-funded with other travel in the region)</p>	<p>Assist with preparations and facilitation of MVC M&amp;E Dissemination meeting; TA to the MVA program and with local partners and the Department of Social Welfare</p>	<p>IntraHealth (MVC team); ISW, AIHA and JACSW</p>
<p><b>Rose Njoroge,</b>  <b>MSH Consultant,</b>  <b>HRH Specialist</b></p>	<p>September 12—24</p>	<p>THRP</p>	<p>Assist core team of HR staff at CSSC to review and modify existing job descriptions in light of organizational needs and new direction; draft JDs new positions</p>	<p>CSSC</p>