

TANZANIA HUMAN RESOURCE CAPACITY PROJECT

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QUARTERLY PROGRESS REPORT

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I. PROGRAM HIGHLIGHTS: JANUARY—MARCH 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 Support

- BMAF assisted MOHSW to incorporate HRH priority areas, targets and indicators into the national revised national guideline for the Comprehensive Council Health Plan (CCHP);
- Trained 15 media personnel on advocating for HRH support using media channels;
- Oriented 53 participants from Bakwata, APHFTA and CSSC northern zone on national HRH policies and MAMM thus completing policy dissemination to all five CSSC zones;
- Twenty-eight nurses (all cadres) attended the first session of continuing education training in Iringa region;
- Conducted baseline HRM assessment of 13 districts selected from Iringa, Mtwara and Lindi and from Ruvuma (as control)
- Finalized HRH training-of -trainers' curriculum. The project will use individuals based at the MOHSW Zonal Resource Centres to train district managers on HRM;
- Developed the orientation package for new staff at district level. The package will be finalized next quarter following testing with 20 districts in Iringa, Mtwara and Lindi.

Human Resource Information System Component

- Completed iHRIS deployment in Zanzibar. The system is currently accessible from any point in MOHSW LAN, and from internet connection via the following link www.zanhealth.info/zanzibar-central;
- UDSM completed customization of generic HRIS system to meet the requirements of key HRH stakeholders and strengthened ability of the system to link with other existing HRI systems. The system is currently pilot tested in Kondoa district and at Mikocheni Hospital;
- IHRIS data entry exercise is underway at five CSSC zonal head offices (South-Mbeya, Lake-Mwanza, West-Tabora and North-Arusha, Eastern- Morogoro);
- Oriented 83 staff from CSSC Western and Eastern Zones on use of iHRIS systems and associated tools;
- Trained 34 trainers and programmers from CSSC, UDSM, MOHSW, PMO-RALG and Kondoa District Council on iHRIS manage and tools.

MVC Program Component

- Trained 202 Para-Social Worker trainees from Misungwi and Sengerema districts in Mwanza on provision of basic social welfare services to MVCs;

- Trained 37 social welfare workers and other workers from Misungwi and Sengerema on supervision of Para-social Workers;
- Conducted PSW follow up training for 241 PSW (trainees) and 68 PSW supervisors from Dodoma Municipal, Chamwino and Kongwa districts. Participants qualified as full PSWs upon successfully completing the refresher training.
- Conducted MVC outcome assessment in Kongwa and Mpwapwa districts to measure progress of implementation of MVC programs and LGA support for PSWs.

II. INTRODUCTION

The Tanzania Human Resource Capacity Project (THRCP) 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 health and 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)
 Aghakan 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.

The 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.1. Support to National Level Government in HRH

HRH incorporated into the national guideline for the Comprehensive Council Health Plans (CCHP). A BMAF consultant reviewed HRH policy documents (HRHSP, MKUKUTA II, HSSP III, MDGs) and recommended HRH interventions, targets and indicators to be included in the revised national guideline for CCHPs. The proposed HRH inputs were pretested at Kondo District Council, Kinondoni Municipal Council, Kibaha Town Council and Kibaha District Council and their input was incorporated. The recommended changes were forwarded to the MOHSW for final review and ministerial approval. The proposed HRH inputs to the CCHP guidance focus on the following areas:

- **HRH interventions:** Personal Emolument, Staffing level standard (to be done at national level), professional development, Retention for health workers, Staff productivity, Working environment, availability of housing, water, etc and Staff safety. Human Resource Information System
- A new priority area: Strengthen HRH management capacity for improved health services delivery
- Proposed HRH Targets:
 - At least 30 percent of the HRH gap is budgeted in Personal Emolument
 - All councils to prioritize HRH gaps and forward request to POPSM
 - Skilled staff increased by number from current level by at least 10%
 - Seventy percent of the health facilities have at least 30 of total number of mix skilled staff required
 - All new and 50 percent of promoted staff at all levels are oriented on their roles and responsibilities

- Fifty percent of staff undertake on-the-job training to address identified skills gap
 - At least five percent of budget allocation is used for short- and long-term training to address skills gaps
 - Develop incentive package to attract and retain skilled staff
 - At least 20 percent of facilities implement performance appraisal system to all staff
 - Personnel information is updated electronically at least quarterly and used from a functional computerized HRIS or data base
 - Increase skilled staff on preventive services e.g. Health Officers by at least 10%.
- Human Resource Requirement: Five tables (Tables 11 - 15) for reporting staffing levels were proposed.

HRH Advocacy through Media Personnel. BMAF conducted a four-day workshop for media personnel from television, radio and print media. The main objective was to build capacity on HRM themes. The broad purpose is to lay the groundwork for further advocacy for an improved HRH management system for the Tanzanian health workforce to increase job attractiveness, motivation and staff retention.

The workshop covered:

- HRH challenges in Tanzania including staff shortage, staff attrition, poor working environment, poor HR data for decision making;
- Overview of three innovative programs (Mkapa fellows programme, the Emergency Hiring Project of the MOHSW and the Tanzania Human Resource Capacity Project (THRP)) supporting the government to address HRH challenges in Tanzania;
- The role of media in advocating for an improved HRH management system for the Tanzanian health workforce that attracts, motivates and retains staff; and
- The roles and strategies used by PMORALG in HRH management.

Fifteen participants completed the media workshop. The participants each developed an action plan for the activities that will be implemented by their medium to advocate for HRH. Sample activities proposed included: developing HRH articles, HRH news bulletin and radio or TV programs to discuss HRH issues. BMAF will work with the media in implementing these action plans next quarter and beyond.

HRH policy documents disseminated. CSSC conducted its final zonal workshop to disseminate national HRH policies in April. Fifty-one participants from the Diocese, Bakwata and Aphfta from within CSSCS's Northern Zone attended. The workshop was officiated by MOHSW and the Bishop from North Zone. Through presentations and group discussion the participants better understood the content and importance of the policy documents.

Participants agreed to reprint the policy documents (provided soft copies) as references for each facility resource centre; and actively disseminate the policy content with facility staff to reinforce that they are taken into consideration in HRH planning and decision making.

In addition, CSSC collected 2000 copies of HRH guidelines produced by "Elimu ya Afya kwa Umma" under guidance from MOHSW and distributed copies to CSSC staff attending HRIS

workshops in the Eastern and Western 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 positive in strengthening Public Private Partnership.

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. UDSM completed the customization of a generic HRIS system to meet diverse local and ministerial reporting requirements. The customization includes the ability to interlink with other existing HRI systems. The system captures 54 out of 56 data elements recommended by key HRH stakeholders from all levels of the public sector. There is still a debate on whether the system should capture data on the tribe and religion of staff members.

UDSM is taking several initiatives to increase usage, access, and functions of HRIS system, for example:

- Developing HRIS User training materials. Adraft user training manual has been developed and was pretested during TOT training organized by CSSC in May. UDSM is currently incorporating the comments from the participants. The manual will be finalized next quarter.
- Translating the iHRIS software into Kiswahili which will not only reduce the language barrier but will potentially increase use of HRIS in remote locations.
- A UDSM computer science student developed a Mobile Module of the system to enable access of the system from a remote location. Efforts to integrate the module within the iHRIS system are underway. The project received highest marks from the Department committee.

While several training workshops (described under Objective 2 below) were successful in terms of preparing participants for collecting assessment information and addressing implementation issues related to future iHRIS Manage deployment, another common systems concern has been raised. In general, many higher level health administrators are very interested in implementing the iHRIS Manage solution, however some still have concerns related to the security of personal information on health workers. Given the need in integrating this information at the national level is in serious discussion, the question and clearer resolution of how security provisions are being implemented needs to be addressed more broadly to the larger body of stakeholders in order to promote large scale buy-in.

HRIS Pilot testing of HRIS. The generic HRIS system was piloted in Kondo district and Michocheni Hospital involving a review of data and hardware requirements, system installation, data entry, system testing and support.

In Kondoa the installation involved designing a Local Area Network (LAN), installing a wood data cabinet (locally made), purchasing a power supply stabilizer and internet connectivity devices, and installing and testing the appliance (modem, D-Link Router, Power Stabilizer and UPS – APC 650) and the system. Five district staff (four HR Officers and the district statistician) had two days of training on the use of the installed system. The focus was on database administration, managing the human resources necessary for data entry, viewing reports, and searching the system for key data. Data entry has started. Kondoa has 290 files for health staff to enter. Upon completing data entry, the system is expected to guide district managers in managing and planning of their HR needs and meet external reporting requirements.

The challenges observed during installation include:

- Insufficient hardware infrastructure. The existing structural cabling required an extension to facilitate installation of the HRIS appliances.
- Poor Quality of HR data. Most of the existing paper-based personnel files contain outdated and incomplete data.
- Inadequate number of computers. The Council has allocated only one computer for all HR operations. The computer is outdated yet in much in demand for numerous HR functions competing with the data entry process.
- Lack of IT Personnel. The LGA does not have ICT staff and relies on PMO-RALG head office in Dodoma for ICT support.

Despite the challenges observed, there is high level of enthusiasm by the DED, HRO, CHMT and other district council officials to develop a functional HRIS. The project will support the district in addressing the challenges observed to make HRIS functional and used to inform decision making process.

The HRIS appliances and software was successfully installed in Mikocheni Hospital. Preparations are under way to train users on system and start data entry.

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.1. District HRH Strengthening and Development

Development of TOT Curriculum. With technical assistance from the Training Resource Group and MSH, BMAF developed HRM materials for developing local HRH experts and consultants early next quarter. The topics to be covered in TOT training include:

- Components of an HRM system, their functions, and their interrelated nature;
- Systems necessary to support good HRM practices;
- Importance of using data for decision making;
- Priority areas for improvement in HR management at district level;
- Plans for improvement of identified priority areas (drawn from HRM toolkit).

The curriculum also includes principles of adult learning, experiential methodologies and opportunities for practice teaching. A total of 25 potential trainers have been identified from the Iringa and Mtwara Zonal Resource Centers and respective RHMTs who meet the criteria for future HRM training at district level.

HRM Baseline Assessment. BMAF conducted a baseline survey in 13 districts of Mtwara, Lindi and Iringa and Ruvuma Regions to collect data to provide a benchmark for HRH implementation, determine specific initiatives for each district and to build BMAF capacity in undertaking such an assessment. The preliminary findings of the baseline shows:

- All Council Comprehensive Health Plans (CCHP) include a plan for health staff however, a review of the documents show that the HRH plan lacks specific detail for informing HRH activities and is more useful for developing budget.
- All districts reported limited funds to support HRH activities. However, the allocation of funds is irregular and not sustainable.
- HR data is collected using paper based system. No electronic HRIS system was observed in any of the districts.
- All districts reported shortage of professional staff. Due to this situation, Medical Attendants provided the majority of RCH services, drug prescriptions, and deliveries in health centres and dispensaries. Medical Attendants are also the majority of ‘In-charge’ responsible for dispensaries although the generic job description limits their tasks to cleaning and non-medical tasks.
- The districts do not have a formal incentive package for district staff. However, some districts did have financial and non-financial incentives in place, depending on the availability of funds, such as extra duty allowances, tea and snacks, in- service training by MOH (not based on the need) and Best Worker Award.
- All district and facility staff currently receives salary on time; new staff averaged between two and three months to receive their first salary.
- All districts reported that the OPRAS is not functioning. OPRAS is completed as a formality and not used for evaluating staff performance.
- All districts reported availability of opportunities for in-service training every year. However, training is not based on facility needs assessments. The majority of Medical Attendants (who provide services in practice) informed the assessment team they are not selected for in service trainings because they do not meet the basic criteria of not having completed form four education.

Recruitment Bottleneck Update. A BMAF consultant shared the second version of the draft recruitment bottleneck report after incorporating inputs from PMO-PRALG, MOHSW, and POPSM . The consultant is formatting the document in a word version for final review and translating the report into Kiswahili. The report will be finalized for use as reference document, during policy for a, in identifying interventions to address recruitment challenges next quarter.

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

iHRIS implementation in Zanzibar. The MOHSW Zanzibar has completed iHRIS deployment centrally. The system was tested and can be accessed within the Ministry and Mnazi Mmoja Hospital. The system is currently accessible from any point within the MOHSW LAN, and from internet connection via the following link www.zanhealth.info/zanzibar-central.

HRIS implementation in the private sector. This quarter HRIS implementation in private sector focused on completing HRIS installation at CSSC's five zonal offices, entering HR data in the system and training users and programmers on HRIS manage and tools. The final zonal office, Eastern zonal, had HRIS installed in April. The project also provided 16 batteries and an inverter system for CSSC offices in Dar es Salaam to stabilize power and provide regular internet access. All five CSSC zones have started to enter HR data into the system. 5000 staff records (out of 15,523 staff members) have been entered in the system by trained data collectors. Concurrently, CSSC is in the process of updating its staff information. Data collection forms have been submitted to all health facilities working under the CSSC umbrella.

Challenges and lessons learned during the HRIS installation process include:

- Establishing a public Internet Protocol (IP) address, to enable remote access to the system, takes longer than anticipated as the process involves formal requests through TTCL regional offices which in turn have to communicate with TTCL head office in Dar es Salaam.
- Need to identify who will provide ongoing support as there isn't a technical person within the zonal office to provide hardware and software support;
- Current desktop computers are out of date. The operating system is not easily upgraded and the internet card needs to be replaced frequently.
- Air conditioning is essential to cool the system especially in Lake and Western Zone.

Next quarter, CSSC efforts will focus on addressing the above challenges to ensure that data entered is accurate and full utilization of HRIS data in decision making.

Training on HRIS. During the quarter the project conducted a number of orientations and trainings to focus on staff using the installed systems and strengthening the potential for using the HRIS for HR data management and decision making.

With technical assistance from IMA, CSSC facilitated a TOT training in Morogoro for personnel involved in iHRIS Manage implementation and roll-out. The main purpose of training was to orient participants on the iHRIS Manage system and tools primarily for key CSSC staff (Zonal Secretaries and Zonal Data Assistants) responsible for iHRIS Manage implementation in the five CSSC zonal offices and surrounding regions. Representatives from both Zanzibar and Pemba MOHSW (who have connections to Bakwata), the private Mikocheni Hospital (linked with APHTA), PMO-RALG, Kondo District Council, and teachers and students from UDSM also attended. Participants received hands-on experience with the system components and application functionality at the CSSC Eastern zonal office and guidance for performing site assessments (inventory and data collection) for future installations.

CSSC, with UDSM support, conducted similar workshops in Singida and Dodoma for 83 CSSC staff from their Western and Eastern zones.

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

C.1. District HRH Strengthening and Development

OPRAS Implementation Report. BMAF received comments on draft OPRAS report from MOHSW management and IntraHealth and will finalize the report next quarter.

Orientation framework. BMAF developed a draft orientation framework for new health workers around five stages of new employment: the start of employment, the first day, first week, first month and first quarter. The orientation package consists of several tools and a checklist that can be used to guide the orientation process of new employees posted to the district. Following review by MOHSW, PMO-RALG, and district, the package will be finalized for roll out next quarter.

Continuing Education Program (CEP) for nurses. The AKHS continued its efforts to establish a continuing education program for nurses in Iringa. Through a series of meetings the AKHS Primary Medical Centre team has strengthened its relationship with all members of the RHMT, particularly with the Nurse-in-charge of the regional hospital, and with the DHMT. The regional and district officials are very supportive of the program, engaged in participant selection and committed to follow-up.

The first session was conducted in the Aga Khan primary health care center for 28 nurses from Iringa including: including five registered nurses, 11 enrolled nurses and 12 health auxiliary nurses.

Based on the assessment findings, the curriculum included:

1. Health assessment: Systemic review
2. Basic nursing skills review
3. Identification and management of common medical emergencies
4. Common diagnosis and specific nursing care
5. Infection control practices in patient care
6. Maternal and child health care
7. Review of pharmacology for common drugs and related nursing care

The registered nurses showed tremendous improvement, from 46 percent pretest to 88 percent post test, as did enrolled nurses scoring from 31 percent pretest to 70 percent posttest. However, very marginal improvement was observed among the allied health staff/auxiliary staff participants who scored from 25 percent to 50 percent. The results suggest that the level of

education affects the knowledge gained. The project will use these results to 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. Three face-to-face sessions were held at the COTC in Mtwara; practical sessions were held at Ligula Hospital. Six preceptors continued supervising the students in their respective hospitals. Of the third semester examinations conducted, ten out of the 19 enrolled students passed. Nine students will have remedial classes and sit for supplementary exam in July.

The project equipped the Mkomaindo resource center with two desktop computers, two UPS, one printer and internet modem. This is one of project effort to provide conducive studying environment for the students.

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

PSW Partnership. The THRP works in partnership with the Institute of Social Work (ISW), the Jane Addams College of Social Work (JACSW), and the American International Health Alliance (AIHA) in support of Tanzania's commitment to strengthen social welfare services for OVCs. Tanzania's program to develop a cadre of PSWs has received considerable attention. With USAID, the team finalized the submission for a PSW concept note for a planned PEPFAR conference in South Africa on the Social Welfare Workforce.

The partnership has also engaged in a series of discussions with the Department of Social Welfare MOHSW, with USAID and with four new USG OVC implementing partners (WEI, PACT, FHI, and AfriCare) to discuss deployment of PSW training, specifically in regards to maintaining standards and with an eye towards sustainability. It was an opportunity to brief the new OVC implementing partners on the PSW program. Several issues have emerged that need critical consideration as efforts to scale up the development of a cadre of PSWs:

- Each of the four new OVC implementing partners wrote their proposals for PSW training at the ward level, not the village level; there was no inclusion of either supervisory training or PSW follow-up training; nor was LGA advocacy work included to mainstream PSW and PSW supervisors into the local government infrastructure.
- Each partner has a different understanding of expectations of program quality as established by the ISW for example if selected participants do not meet the minimum requirements in regards to education, background, etc., they should not be trained or called PSWs;
- A new cadre potentially called Community Volunteer will dilute the work of the PSW and of social welfare services; (along these lines the Chief Medical Officer at the MoHSW has been sharing views on the role of the PSW that do not align with DSW's vision nor of PMO-RALG);
- Paying stipends to PSWs (and even Community Volunteers who work with PSWs who have been streamlined into the LGAs) undermines the advocacy with LGAs to support the current social welfare workforce plan.

The THRP is committed to engage with each new partner to develop a shared approach around the standards and quality of training, sharing best practices and by coaching and/or mentoring on LGA advocacy to foster and ownership of the program by the government and respective LGAs. It plans to convene a stakeholder meeting next quarter with MoHSW, DSW and PMORALG representation to iron many of these challenges and optimize this opportunity for scale-up of the PSW program.

Para-social Workers and PSW Supervisors training. Building on the experience of the collaborative PSW training in Dodoma, the program is now being replicated in Mwanza. This quarter, 202 Para-social Worker trainees from Misungwi and Sengerema were equipped 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.

As supervision is a key to ensure the PSW trainees provide quality service to MVCs in their community and report quality data, THRP program trained 37 PSW Supervisors from Misungwi and Sengerema districts.

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 241 PSWs and 68 PSW supervisors from Dodoma Municipal, Chamwino and Kongwa districts. Apart from imparting new knowledge to PSWs, sessions including opportunities to share field experience and advise each other.

Advocacy for LGA to support MVC and Para Social Workers. This quarter advocacy activities were conducted in three districts (Dodoma Municipal, Bahi, and Chamwino) of Dodoma region and four districts (Mwanza City, Magu, Misungwi and Kwimba) of Mwanza Region. The major purpose of the advocacy was to emphasize local government support for MVCs and for PSW trainees in the districts, as well as advocate for the allocation of resources for MVC and PSW in the local government plans. The advocacy activities have resulted in increase planned support for MVC and PSW in some LGA plans. For example:

- Dodoma Municipal has allocated 3,500,000 Tshs per quarter in its 2009/10 budget (1,215,000 for stationeries, 1,925,000 for PSW and PSW supervisor quarterly meetings and 360,000 for follow up visits);
- Kongwa District set 30,000,000 Tshs in its 2009/10 budget from its own revenue collection to support MVC and PSW activities;
- Several ward and village leaders are supporting PSW trainees through in-kind activities such as organizing meetings, stationeries and allowances from activities, such as bednet distribution.
- PSWs in Dodoma have proactively established the Para-Social Workers Network (PASONET) and developed network constitution and strategic plan.

During the next opportunity THRP will followup with the LGAs to confirm whether these budget items were expended. Challenges observed during advocacy meeting include:

- Lack of LGA funds to support PSW allowances and stationeries for documenting PSW activities;
- High community expectations in term of material support;
- Data and information flow from the village to the district level is inadequate and irregular. This is caused by lack of transport, irregular supervision of PSW activities and irregular supply of reporting forms.
- Lack of funds to support the activities of the newly established Para-Social workers Network (PASONET) the network

MVC Outcome Assessment in Dodoma. THRP conducted an outcome assessment in 10 wards of Kongwa and 14 wards of Mpwapwa districts to assess activities implemented by Para-Social workers (PSWs) and PSW supervisors in the delivery of basic social services for orphans and vulnerable children/most vulnerable children (OVC/MVC) at the village level. The assessment also examined progress made in building and mainstreaming a system of support and supervision for Para-social worker trainees within the Local Government Authorities (LGAs) structure. Data collection consisted of focus group discussions, checklist forms, an in-depth interview and formal and informal discussions with a number of key OVC/MC stakeholders e.g. government officials, MVCCs, OVC/MVC care givers and service providers (organizations and volunteers) to capture qualitative and quantitative data.

The preliminary results of the assessment indicate that 4565 OVC/MVC in Kongwa district and 3246 OVC/MVC in Mpwapwa district were served by PSW since program inception and 80 percent of PSW trainees in Kongwa and Mpwapwa region were still providing these.

The final report and recommendations will be disseminated to key MVC stakeholders during the annual M&E dissemination meeting next quarter.

Follow up to Mwanza City and Magu Districts. The THRP conducted a follow up visit to assess progress of PSWT in supporting MVCs. The work of PSWs has been highly appreciated and has proven useful in linking to household economic initiatives, protecting OVC/MVC rights, linking OVC/MVC to services and with local NGOs. Some of the successes observed:

- A PSW in Mwanza assisted two single parents to obtain a loan to establish a food vending business from Promotion of Rural Initiative and Development Enterprises Limited (PRIDE Tanzania) and BRAC Tanzani;
- A PSW in Mwanza city prevented the selling of a house were five MVC where staying by linking the MVC he is supporting to LGA officials;
- The Magu District Social Welfare Office (DSWO) linked five MVC to Calvary Church after attending PSW training. The church identified five women who were willing to take a child as one of their family members. Each woman was given one child and the church has offered employment to the women to enable them supporting the MVC.

- The Department of Social Welfare in Mwanza City Council is undertaking initiatives to ensure that PSWTs are utilized by local NGO support MVC in the city. The council connected ten PSWTs to local NGO called ADILISHA. ADILISHA supports the well being of children, youth development and family preservation through creating and promoting sustainable ways for positive growth and development of the children and families. The Mwanza City Council also facilitated a joint proposal on “*Integrated Response for Street Children in Mwanza Region*” in collaboration with five local NGOs (ADILISHA, KULEANA, Amani Home Girls, Fonelisco and TAYF) to support OVC/MVC. PSWTs will be key program implementers of the activities indicated in the proposal.

Key challenges observed during the visits included lack of transport facilities for PSW activities and supervision; irregular data flow from village to district; incomplete data collection forms; and no financial support, such as allowances, for PSWs.

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

D.1. District HRH Strengthening and Support

Training TOT on HRH supervision guideline. BMAF in collaboration with MOHSW conducted a three-day training on the use of the revised national supervision guideline (HRH component) to 20 RHMT members from Mtwara, Lindi and Iringa in Morogoro region. The key components of the training were:

- Areas for HRH supportive supervision including infrastructure and resources, leadership, management, and support functions;
- Qualities of a good supervisor and methods of supervision;
- Barriers and challenges in supervision;
- Orientation on five components of the HRH supervision checklist including 1) organizational structure; HR planning; recruitment, retention and development; staff motivation and satisfaction; productivity and performance.

The participants practiced with the checklist at Morogoro Regional Hospital, Mzinga Hospital and Mazimbu Solidarity Hospital. While at the facilities, participants observed supervision activities in practice: availability of generic job description, review meetings, training opportunities for staff. Areas that need improvement include developing a facility-level HR annual plan, implementing OPRAS and pay for performance. Each region developed an action plan and budget for implementing supportive supervision training in their region. Next quarter, BMAF will support RHMT to conduct supervision with CHMT members.

IV. ORGANIZATIONAL DEVELOPMENT AND CAPACITY BUILDING

The project has increasingly identified a serious need for a simple orientation to the concepts and principles of HR management for personnel working on various project components regardless of their role or technical specialty. The project needs to consider how to roll out a series of HRM

sessions for CSSC zonal staff, HRIS programmers, and data managers, among other individuals in order to inform and educate HR Managers in how to better manage human resources, how to best utilize the HR management tools provided through HRIS, and ensure linkages with other HRM district strengthening efforts.

Computer Sciences Department, UDSM. The CSD continues its emphasis on building a sustainable team to support HRIS rollout nationally. The project procured eight laptops, four external hard disks, a projector, a wireless router, a tape recorder, a digital camera, and other accessories to support the team members in customizing the iHRIS software. Notable accomplishments this quarter are:

- As part of a special projects exercise, students developed a mobile module that will enable access to HRIS from remote areas and a module for tracking in service training courses. These modules will be integrated in IHRIS system.
- To increase number of students interested in the HRIS project, UDSM conducted an orientation workshop for new students exploring possible research topics. During the workshop, eight departing students shared their experiences with the HRIS project; 16 students showed interest in joining the team and develop case studies that will further upgrade the system.

MSH Technical Assistance. This quarter, MSH engaged actively with CSSC and BMAF to address different organizational challenges as identified through the MOST assessment, a participatory management assessment processes. Activities were funded through remaining LMS project monies.

MSH assisted CSSC in:

- Developing of a simplified, user-friendly Accounting and Financial Regulations Handbook. The handbook has been printed and submitted to CSSC for use by all staff.
- Reviewing and updating CSSC ICT policy and strategies. The revised guidance has been submitted to CSSC for review and will be finalized next quarter.

MSH assisted BMAF in:

- Resolving IT problems that hindered effective utilization of SAGE ACCPAC, a financial management package. The installation of the ACCPAC software is in progress with support from a local consultant to assist BMAF in transferring all transactions and reports into new system.
- Developing ICT policy and strategies. A draft ICT policy that incorporated input from BMAF key personnel has been submitted to BMAF for review and will be finalized next quarter.

Strengthening Project Management. The project contracted ESAMI for a five-day project management workshop for BMAF and IntraHealth staff. The purpose was to build the competence and capabilities in more effective program management with a focus on results and how to plan for and monitor them. Although considered too brief, the training was timely and relevant as the THRP embarked on preparations for developing its second-year workplan and budget. Developing the Terms of reference for a program evaluation was considered particularly useful as the project anticipates mid-term and end-of-program evaluations. The THRP will

explore with ESAMI the possibility of a follow-on workshop to further build program management and planning skills among project staff.

Human Resource Management Lectures. At the request of USAID, the THRP facilitated participation in a series of lectures for the Human Resource Management component of the MPH course on health policy and planning for the School of Public Health and Social Services, Muhimbili University of Health and Allied Sciences. IntraHealth, BMAF and CSSC leadership delivered lectures specific to their HR work and contributions to Tanzania. The project also gathered numerous resource documents and created a CD for distribution to the students and professors with an overview of leading reports and articles on HR.

V. MONITORING AND EVALUATION

Many monitoring activities have been discussed above as they relate to specific program implementation including the HRM baseline assessment in 13 districts; PSW outcome assessment in Dodoma and the findings from follow-up visits to Mwanza City and Magu Districts.

Harmonization MVC data collection tools. The THRP provided the technical assistance to the MVC Partnership to harmonize data collection for monitoring PSW activities. Three tools have been drafted and will be finalized for use in monitoring PSW activities next quarter.

- Activity tracking tools. These tools will be used to tracking routine activities by PSW and their supervisor's: PSW service tracking, PSW monthly summary, PSW supervisor's quarterly summary and District Social Welfare Officers (DSO) quarterly summary.
- Follow up visit tool: This checklist is to be used to assess progress of PSW in implementation of program activities during follow up visits every six months
- Outcome assessment tool: This tool will be used to assess the outcome of the project in mid-term and end of project outcome assessments.

Performance Indicators: A summary of project results against its quantitative targets can be found in Table 2 below. The project has reached 93 percent of its target for preservice training and only 50 percent of its target for inservice training across all project components. The number of PSWs and PSW supervisors receiving refresher courses, however, has exceeded expectations.

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

≠	Indicator	Program Area	Partner	PEPFAR Targets (Oct 09 -Sept 10)	Achievements (Oct 09 -Mar 10)	Achievements (Apr -June 10)	Total (Oct 09 -June 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	201	933	93%
			PSW Supervisors		98	37		
H2.3.D	Number of health care workers who successfully completed an in-service training program within the reporting period	MVC	PSW	260	88	241	329	164%
			PSW Supervisors*		29	68	97	
		HRH -CED	AKH	170	0	28	28	16%
		HRH - Districts	BMAF	517	0	35	35	7%
		HRH**	CSSC	315	328	52	380	45%
		HRIS		285	12	117	129	
		HRIS-Districts	UDSM	99	28	5	33	28%
		M&E	M&E - THRP		8	0	8	100%
Total number of individuals participating in in-service training supported by THRP project				1331	165	494	659	50%

* PSW supervisors also attended PSW training

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

VI. PROGRAM CHALLENGES

District HRH Strengthening and Development

- National level project activities have had a slow start due to delay in MOHSW confirming the terms of reference and responsibilities of the HRH secretariat
- Consultants have not adhere to the agreed conditions set by the project to finalize activities in time
- Lack of clear understanding of HRH issues by the District Health Officials
- Excessive shortage of the staff at facility level and hence CHMTs perform multiple functions
- Interdependency of activities, such as initiating the baseline assessment, delayed implementation of program activities
- Public hospitals have limited facilities and resources, leading to inadequate practical experiences for students attending upgrade course
- Preceptors trained to support students in the distance learning have not consistently given quality supervision and support to students in the workplace. The faculty therefore is conducting most of the clinical instructions themselves at the regional hospital.

Opportunities:

- The current policy environment favors project interventions on HRH issues
- Existing collaboration with other health partners at the central and district level
- Presence of the MFP fellows and EHP staff available in the districts supports and influences activities conducted by the project. For example during the sensitization in Mtwara, Lindi and Iringa the project received a lot of support from MFP and EFP fellows who have been streamlined into government infrastructure
- Utilizing Zonal Resource Centers to support HRH capacity building activities at the districts

Establishing a Functional Comprehensive Human Resource Information System

- JICA/MOHSW HRIS implementation overlaps with the project's HRIS sub-project. UDSM-CSD, PMO-RALG and MOHSW HRIS discussions are ongoing to integrate and harmonize these efforts.
- 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 equipments from hot weather in Lake and Western Zone.
- Delays in procurement of IHRIS devices
- Insufficient ICT hardware infrastructure in term of local area network and computers at district level.
- Most of personnel files at the district contains outdated and incomplete data
- Lack of IT personnel to provide ICT support at the district

Opportunities:

- Good collaboration between Intrahealth and Danida in implementing HRIS in Zanzibar
- Strong support from district leaders and PMORALG on implementation of HRIS
- Strong commitments from BAKWATA and APHFTA to support implementation of HRIS

- The use of existing PMO-RALG's regional secretariat ICT structure for supporting the LGAs HRIS

Development of a Cadre of Para-Social Workers

- 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.
- Some PSWs have changed career, e.g. joining training colleges and few have also joined with advanced secondary education, leaving a gap in their respective areas.
- 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.
- As the program expands to Mwanza and other district LGAs, and therefore increased demand 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:

- Possible provision for matching grant to LGA could be used to stimulate the LGA allocate more resources for MVC
- The growing good relations with other actors and partners in the MVC area and specifically the interest in PSW module
- Strong collaboration and support from LGA. Three LGA have set budget to support PSW and MVC

VII. PROGRAM MANAGEMENT

Project presentation to MOHSW Management Team. During the quarter, IntraHealth Country Director and BMAF CEO presented the project during the MOHSW biweekly management team meeting. The MOHSW is very supportive of the initiative to meet Tanzania's HRH challenges. The CMO noted that the initial plan made by BMAF of sharing the project plans in August 2009 was a missed opportunity for MOHSW to provide guidance and input, however key issues can be agreed upon and effective implementation guided for the rest of the project. The following issues came up in discussion:

- The project must maintain close communication across several MOHSW departments including the DHR, DAP and DPP as the cuts across their departmental portfolios.
- It was agreed that there needs to be a better understanding of potential overlapping support for HRH by numerous development partners including CIDA, USAID, JICA and Global Funds. A meeting with all the key partners will assist in having such an overview. In the meantime, USAID is supporting a mapping of HRH activities and how and where they are budgeted.
- Sustainability of the project interventions, strategies and systems, need to be an integral part of project plans as it moves forward.

- Need to see how the project supports the mainstreaming of Social Welfare staff into the district councils. The district level will also have a Health and Social Welfare Department. The department role needs to be implemented as defined under the new scheme of service. In addition, the CMO advised the project to align the term for the cadre of Para-Social Worker cadre to common term used by MOHSW which is expected to be “Community Social Welfare”.
- The issue of retention was emphasized and need to see how the project supports the LGAs in retention of health and social welfare workforce.
- The Ministry also suggested that the project look into ways of building the capacity of the national level (MOHSW and PMORALG) on HR management and leadership. We were advised to harmonise and link with JICA-supported regional strengthening programme to avoid duplication in management activities. In addition, the scale up of district strengthening should be to all 131 councils in the next three years, whereby a clear schedule should be put in place so that MOHSW can be comfortable that all districts will be covered within a certain time frame.

The issues related to HRIS was advised to be reviewed in terms who plays what role (MOHSW/PMORALG); having common technical assistance from UDSM and customization of HRH information to be collected in the systems.

Project staffing:

- In May, IntraHealth terminated the HRIS Advisor secondment to the MIS Department of PMORALG. Although the individual was still on probation and was terminated for cause, he took the matter to the Court for Mediation and Arbitration. The mediation was successful as he dropped his request for settlement for wrongful termination.
- The team implementing the Para-social Worker cadre is back to full strength through an internal promotion and recruitment for the Training Coordinator position. Mr. Elias Hackee will join the team in July.

Project financial status: Through June 2010, the project had expended 55 percent of its available funding, an increase by 17 percent compared to the previous quarter as implementation continue to accelerate. We foresee an increase in burn rate in the coming quarter of July-September 2010 due to cumulative retirements from our local partners.

Table 2: Financial Status of the Tanzania Human Resources Capacity Project

Total obligations through 31 March 2010:	\$ 7,463,259
Expenditures through prior quarter (through Mar 2009)	\$ 2,846,014
Expenditures this quarter (April—June 2010)	\$ 1,297.689
Total Expenditures through 30 June 2010 (expenditures started 1 May 2009)	\$ 4,143,703
Pipeline as of 1 July 2010	\$ 3,319,556

Technical assistance: A summary of international technical assistance during the quarter can be found in Table 3 on the final page of this document.

VIII. PLANNED ACTIVITIES, JULY—SEPTEMBER 2010

Support to National Level Government

HRH (BMAF)

- Conduct a four-day orientation for seven HRH secretariat members on their developed roles and responsibilities
- Conduct a Policy table discussion with 10 key policy makers from MOHSW, MOFEA, MEVOT, LBH, POPSM, PMORALG to influence policy change and polity support on Employment of retired health workers, Scholarships for the underserved, incentive package for the underserved and payroll, May
- Disseminate HRH news periodically for public awareness support towards HRH agenda,
- Develop a team of 20 local HRH experts to provide sustainable technical assistance to the MOHSW & PMORALG to realize HRH component of HSSP III and HRSP and lead HRH district training in Lindi, Mtwara and Iringa

HRIS (IntraHealth):

- Organize the first HRIS implementation strategy workshop pulling all key HRIS stakeholders in collaboration with BMAF and MOHSW
- Continue to advocate for PO-PSM-led inter-ministerial discussions on integrating and harmonizing efforts for implementation of a comprehensive and functional HRIS, ongoing

District HRH Strengthening and Development

BMAF

- Develop a multisectoral criteria for defining underserved areas in health sector as a basis for developing an incentive package for underserved areas
- Conduct orientation for 20 officials from 20 Districts in Lindi, Mtwara and Iringa on national orientation package
- Review the Government sponsorship policy for pre-service training among health workers(of all cadres)
- Conduct HRH strengthening workshops for 20 district councils to address issues of workforce planning, recruitment, retention and productivity (four five-day workshops five CHMT each)
- Understand the structural, system and operational opportunities of the three Zonal Resource Centres (from a review of other assessments) with the purpose of establishing a sustainable system of increasing the supply of the health workforce through sound systems, effective networking and awareness creation to the training institutions, students and surrounding labor markets
- Conduct advocacy events through health professional associations to potential candidates to join the health professional in order to establish a sustainable base of increase of health workforce supply from secondary schools, pre service and labour market
- Conduct orientation sessions for 20 CHMT representatives on the use of the revised national supervision guideline (HRH component)

- Printing and distribution the developed national orientation package
- 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

AKN (AKHS and AKU)

- Develop curriculum for Continue Professional Education (CPE) for nurses
- Conduct CPE training
- Conduct monthly face to face sessions for student in the training for upgrading enrolled nurses to become registered nurses
- Train four preceptors in Mtwara for supporting students in their working place
- Install IT equipment and internet modem for Mkomaindo Hospital resource center.
- Conduct faculty development workshop

CSSC

- Distribute produced copies of MAMM and National Health Policy to CSSC Northern Zone, Southern Zone and Lake Zone

Establishing a Functional Comprehensive Human Resource Information System

IntraHealth

- Conduct HRIS implementation strategy workshop pulling all key HRIS stakeholders in collaboration with BMAF/MOHSW
- Continue to pursue the HR stakeholders' inter-ministerial discussions to integrate/harmonize efforts for implementation of a comprehensive and functional HRIS.
- Finalize THRP documentation that aligns with PMO-RALG and reviewed MoU

CSSC

- Conduct quarterly project committee meeting
- Customize and update iHRIS manage
- Finalize data-entry into the iHRIS system in all five CSSC Zones
- Train CSSC-THRP Project staff on M&E
- Conduct workshops on HRIS use and tools at Northern Zone, Southern Zone and Lake Zone
- Organize follow up visit to sampled Training Institution to assess inclusion of HRIS topics in the curriculum

UDSM

- Complete pretesting of HRIS at Kondoa and Mikochehi Hospital
- Finalize development of generic HRIS System components
- Install iHRIS system at Wasso Hospital in Ngorongoro and train users on operating the system
- Finalizing iHRIS User training Manual
- Develop monitoring and evaluation tools, dataflow diagrams and indicators.
- Conduct a sensitization workshop to demonstrate HRIS system for participants from PO-PSM, PMO-RALG

- Conduct iHRIS Software and Open Source tools orientation workshop for PO-PSM, PMO-RALG and MOHSW staff
- Recruit two full-time programmers to support IHRIS system
- Test interoperability between iHRIS and MOHSW/JICA DHIS2 systems.

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

IntraHealth –MVC

- Conduct quarterly partnership meeting
- Organize regional strategic follow-up and advocacy meeting with key staff from the districts, regional staff and PMORALG
- Organize visit to Mwanza and Dodoma for district and community level follow up and advocacy
- Initiate MVC program co-funding arrangement with the LGAs to supported council and community initiatives with two districts
- Organize two PSW training sessions (200 participants in Ukerewe and 120 participants in Geita)
- Organize one PSW supervisor training session in Mwanza and Geita for 60 participants
- Organize two followup training sessions for PSW in Mpwapwa and Kondoa (300 participants).

Monitoring and Evaluation

- Organize follow up visits in Mwanza and Dodoma to assess progress of PSW in providing services to MVC.
- Conduct a baseline survey in Geita and Ukerewe districts of Mwanza prio MVC intervention
- Conduct a follow up visit to assess progress in HRIS implementation and utilization at CSSC zones, Zanzibar and district level.
- Ongoing M&E technical support to partners including review assessment planning documents and reports

Program Management

- Lead consultative workplanning process including two-day project review and project planning meeting with stakeholders
- Present project to PMO-RALG management meeting
- Submit project MOU with PMO-RALG to the Principle secretary
- Submit project workplan, budget and M&E plan for period, October 2011 through Sept 2011 to USAID

Table 3: International Technical Assistance, April—June 2010

Visitor IntraHealth Staff (<i>unless otherwise indicated</i>)	Dates In- Country	Source of funding	Abbreviated Purpose of Visit	Focal Partner Organization/s for Visitor Support
Angela Self HRIS Advisor	March 20— April 2	Capacity <i>Plus</i> Project	Explore promising practices in use of mobile technologies as a supervisory and productivity management tool for community health workers	IntraHealth (MVC program staff)
Scott Todd Glen Brubaker IMA World Health Consultants	April 28— May 12	THRP	Prepare for and conduct TOT with CSSC for HRIS implementation and rollout; Facilitate team meetings to plan for Year Two deployment and TA needs	CSSC
Carl Leitner Open Source Developer	April 24— May 14	THRP	Provide technical assistance to HRIS development and deployment teams from UDSM, PMO-RALG, CSSC and the MOHSW in Zanzibar	MOHSW Zanzibar, PMO-RALG, UDSM/Computer Sciences Department, and CSSC
Michelle Matthewson, Contracts and Grants Officer	June 9—18	IntraHealth Overhead funds	Review IntraHealth contract operations; Update staff on new institutional policies; Review status of subagreements with local organizational partners	IntraHealth, BMAF
Sitraka Randria-Manalina Negus Associates Consultant	June 14—18	IntraHealth Overhead funds	Conduct financial training for IntraHealth finance and operations staff	IntraHealth
Laura Guyer-Miller Training Resource Group Consultant	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