

TANZANIA HUMAN RESOURCE CAPACITY PROJECT

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QUARTERLY PROGRESS REPORT

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TABLE OF CONTENTS

I. Program Highlights	1
II. Introduction	3
III. Quarterly Activities: by Strategic Objective	6
A. Objective 1.	6
B. Objective 2.	7
C. Objective 3.	9
D. Objective 4.	13
IV. Monitoring and Evaluation.....	13
V. Program Challenges	16
VI. Organizational Development of Partners	17
VII Program Management	18
VIII. Planned Activities April—June 2010	20

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

- CSSC conducted national workshop and four regional workshops to disseminate national HRH policies.
- BMAF conducted a series of literature and policy reviews to inform national and district-level stakeholders on the status of key HRH system components, including:
 - A review of the current national orientation package and assessment of orientation practices in health sector;
 - An in-depth analysis of recruitment bottleneck assessment and
 - An assessment of OPRAS implementation at district level.
- Aga Khan completed a needs assessment for Continuing Professional Education (CPE) program for nurses in Iringa district
- Aga Khan renovated the training centre in Iringa for CPE for nurses and procured IT equipment

Human Resource Information System Component

- Complete 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.
- Installed customized iHRIS system at four CSSC zonal head offices (South-Mbeya, Lake-Mwanza, West-Tabora and North-Arusha).
- Conducted preliminary training on iHRIS in the four CSSC zones where iHRIS was installed.
- Recruited data entry clerk for all five zones ((South-Mbeya, Lake-Mwanza, West-Tabora and North-Arusha, East-Morogoro) to support HRIS data collection and entry exercise

MVC Program Component

- Trained 398 Para-Social Workers trainees from Mwanza city Magu and Kwimba and Misungwi on provision of basic social welfare services to MVCs
- Trained 73 social welfare workers and other workers from Mwanza city Magu and Kwimba and Misungwi councils on supervision of Para-social workers.
- Conducted PSW follow up training in Dodoma region. A total of 88 PSW qualified as full PSW after successfully completing the training
- Conducted MVC baseline in Mwanza city council, Magu, Kwimba and Misungwi to collect data for benchmark to measuring progress in implementation of MVC program in future assessments.

II. INTRODUCTION

The Tanzania Human Resource Capacity Project (THRP) is a four-year project funded by the U.S. Agency for International Development (USAID). The project supports government efforts to address the challenges that Tanzania faces in developing an adequate health and social welfare workforce 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.

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.

Support to National Level Government in HRH

Active participation in the HRH Working Group. IntraHealth and BMAF staff participated consistently in the monthly HRH working Group meetings at the MOHSW. BMAF has also advocated with the senior MOHSW management team to confirm the structure of the Health Workforce Initiative and approve the Terms of Reference for Health Workforce Secretariat. BMAF is a member of the Task Shifting (TS) taskforce which presented the current reality of TS practices in Tanzania to the MOHSW management team. The taskforce is will work with NIMRI on a commissioned study of TS and inform the HRH working Group accordingly.

HRH incorporated into the national guideline for the Comprehensive Council Health Plans (CCHP). BMAF was the only private sector organization represented during a review of the current CCHP guide to incorporate HRH targets and indicators (Iringa, 15-20 February). In collaboration with the Assistant Director, HRD, they successfully advocated for including HRH as a priority within the CCHP guide; the draft document was subsequently shared with all key HRH organizational partners for comment. Next quarter, BMAF will support a working session to incorporate final HRH inputs into the guide including HRH performance indicators. The THRP will facilitate testing these performance indicators with the initial HRIS implementation in Kondo district.

National policy dissemination workshop. CSSC conducted a workshop to disseminate HRH guidelines and policies for 46 participants attended from across the private and public sectors. The focus was to raise awareness among the FBO community of the several national health policy documents and the implications for human resources for health and public-private partnerships. Through presentations and group discussion, participants identified next steps to further disseminate the policies.

CSSC conducted four additional dissemination workshops in each of four CSSC zones in March (East, South, Lake and West). A total of 282 participants from different institutions including the Anglican Diocese, Bakwata and Aphfta attended. The workshops were officiated by MOHSW representatives and Bishops from each of the four zones. Similar to the national workshop in January, participants were oriented on HRH policy documents and guidelines (including HRH Strategic Plan 2008-13, HSSP III documents, MAMM and National Health Policy document) through presentations and group discussion. Electronic copies of HRH guidelines and policy documents collected from MOHSW were distributed. Participants committed to: 1) Print the documents (provided soft copies) as a source of reference and place it in their facility resource centre; and 2) Disseminate the documents, starting with facility staff as the key actors and involvement to every stakeholder/key actor to ensure success in utilization of the documents in HRH planning and decision making.

Potential HRH Policy Forum. BMAF has had discussions with POPSM, PMO-RALG and the MOHSW on initiating a regular Policy Forum dedicated to themes of HRH. BMAF is preparing a concept document for presentation to the Chief Medical Officer.

Establishing a Functional Comprehensive Human Resource Information System

In this reporting period the HRIS work under project Objective One focused primarily on developing a roadmap for developing a generic iHRIS system that can be adapted by all partners as well as for multisector use.

HRIS Planning. Although the draft MOU between PMO-RALG and IntraHealth is currently caught up in approval processes internal to PMO-RALG and the MOHSW, planned activities within PMO-RALG proceeded including documenting health worker routine system parameters and job code structure, strengthening PMO-RALG MIS infrastructure and hiring and placement of the HRIS Advisor.

Developing a generic HRIS system. UDSM and PMO-RALG conducted a workshop in Dodoma to compile the requirements for a generic standard system that can be easily adapted by all partners as well as be ready for multi-sectoral use. The activity involved compilation of HRIS specifications; understanding commonly used vocabularies; performing data coding and data compatibilities, data import and export possibilities; scripts development, reports explorations and comparison with the current PMO-RALG Excel based systems –TANGE (LGAs staff seniority list) and IKAMA (Approved budgetary expenditures).

The compilation of requirements will be completed in April 2010 after which HRIS customization into a local generic system will start and finalized by June. The generic system is perceived as a blueprint system meeting the diverse local level and ministerial reporting requirements with the ability to interlink with other existing HRI systems.

Discussions with donor community also supporting HRIS in Tanzania. IntraHealth participated in several meetings with JICA and USAID to clarify support for specific HRIS program activities. A draft agreement to be signed by the two donor agencies is under review. It addresses the potential duplication of support directly and clarifies program focus of supported implementation. A meeting among USAID, Development Partner Group and IntraHealth representatives addressed a similar concern regarding potential duplication of support to PMO-RALG. It was determined that the secondments postings were complimentary.

Development of a Cadre of Para-social Workers

PSW Program Partnership and Advocacy. Staff from the Tanzania Institute of Social Work, the Jane Addams College of Social Work and THRP met in Dodoma to update each other on program developments. The planning discussion included: how to capture and followup with PSWs trained in 2008, UNICEF's plan to include PSWs in training for child rights, THRP plan for rolling out activities in Kwanza, and the status of the one-year curriculum for the Social Welfare Assistant Certificate.

Assessment of LGA support of MVC services in Dodoma. IntraHealth assessed local government support for MVCs and for PSW trainees in the six districts of the Dodoma Region. Highlights from the findings include:

- PSW trainees continue to provide psycho-social support (PSS) and service referrals to MVC and their caregivers as well as linking MVCs to service providers;
- Continued advocacy with LGA leaders, especially political leaders, is critical to reinforce the importance of allocating budget from district sources of revenue for MVC services and PSW support;

- PSW trainees are receiving in-kind support from ward and village leaders such as support for organization of meetings and provision of stationeries;
- The LGAs have been going through the planning and budgeting process for 2010/2011. Most LGAs visited promised to allocate resources for MVC support.

The program challenges continue:

- Drop out of PSWs or inactive PSWs is due to lack of motivation;
- The interest of PSWs in becoming fully-fledged social workers is increasing but funds are not available to support them;
- Lack of transportation and funds for transport as well as stationeries for documentation of cases and reports;
- High community expectations of PSWs to have commodities or something available to give out;
- Data and information flow from the village to the district level is inadequate and irregular. One reason is inconsistent supervision from the districts, due to lack of transport;
- At times, PSWs have poor cooperation from the local government leaders.

Objective 2: Strengthen the capacity of the national and local government authorities to predict, plan for and recruit the health and social welfare workforce.

District HRH Strengthening and Development

Update of Recruitment Bottleneck Analysis. A BMAF consultant reviewed current health worker recruitment and placement practices as a basis for revising policies and practices to enable the health sector to bridge the staffing gaps. The review updates a pilot assessment of recruitment bottlenecks conducted in early 2009. The previous assessment, despite determining numerous health worker recruitment and retention challenges, was limited by minimal stakeholder involvement and was undertaken when health worker recruitment was decentralised to the LGA as opposed to the current centralized arrangement. The consultant combined a literature review with face-to-face structured interviews and focus group discussions with key informants.

Preliminary findings indicate numerous practical constraints in recruitment and retention strategies and processes. The identified constraints fall into several categories: HRH demand and supply, economic factors; budgetary, legal and regulatory framework; hiring and payroll processes; political influences; and conditions of health facilities.

In the light of the findings, the following key recommendations will assist decision-makers to make evidence-based decisions to close or minimize recruitment and retention gaps in the districts. Beyond disseminating the findings and recommendations, BMAF will actively engage government counterparts in bringing about change in the system.

- Redefine and harmonize the roles of the many government institutions including MOHSW, PMO-RALG, POPSM as well as the Employment Secretariat, the Council Health Management Teams (CHMTs) and Employment Boards;
- Decongest the responsibilities of the District Human Resource Officers (DHRO) by passing some HR responsibilities for the health sector, for example, to Health Secretaries (HS);

- Enhance HRH planning, by mainstream HRH planning within the overall Opportunity and Obstacles Development (O&OD) framework which will enable communities to take an active role in addressing recruitment and retention barriers at their level;
- Harmonize HRH forecasting methodology and adopt mechanisms for effective distribution and re-distribution of health workers;
- LGAs should consider introducing special incentives, over and above those described in public service rules and regulations in order to attract health workers;
- Encourage and institute local initiatives to address numerous constraints instead of solely relying on central government procedures for recruitment and retention of health workers in districts.

The review exercise revealed the need for a sound mechanism that can easily inform the interventions within the THRP purview. BMAF will share the draft report with the MOHSW and other HRH stakeholders in April and finalize during the quarter prior to full dissemination in the districts.

Establishing a Functional Comprehensive Human Resource Information System

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

In addition, the project supported an exchange visit by five MOHSW Zanzibar staff with MOHSW on the mainland to discuss the development of training guidelines. Following the visit, the Zanzibar team has drafted Training Guidelines which are due for approval in April 2010.

HRIS implementation within CSSC zonal offices. CSSC installed iHRIS at four CSSC zonal offices (South-Mbeya, Lake-Mwanza, West-Tabora and North-Arusha). The installation process was in close collaboration with partners from UDSM and PMO-RALG. Each zone was installed with an iHRIS appliance and system, TTCL Data modem, D-link router, Power stabilizer and UPS – APC 650.

Challenges observed during the HRIS installation include:

- Establishing a public Internet Protocol (IP) address, to enable remote access to the system, takes longer than anticipated as the process involves requests through TTCL regional offices which in turn send the requests to the 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 as the operating system is not easily upgraded and the internet card needs to be replaced frequently. Limited internet connectivity will reduce system use;
- The iHRIS installation needs more time compared to what was planned;
- Air conditioning is essential to sustain the system because it is getting too hot especially in Lake and Western Zone.

Recommendations in response to the challenges:

- iHRIS manual needs to be in the same scenario to all partner;
- Prepare standard tools to map the needed data in each zone to update the CSSC - HRH mapped data in 2007;
- Provide preventive maintenance for outdated desktop computers ;
- Ensure the system is in use and reports executed.

The iHRIS will be installed at CSSC East (Morogoro) zonal office during the next quarter.

Preliminary training of iHRIS at four CSSC Zones: CSSC conducted preliminary training on iHRIS in the four CSSC zones where iHRIS was installed. A total of 12 staff participated in the training. The training addressed the areas of system access, database administration, records search, and report generation. However, the training needs more time to adequately cover the material.

HRH data collection and analysis at CSSC zones. All five CSSC zonal offices have hired a data entry clerk; four of whom have received preliminary iHRIS training and have started to enter data into the system. The exercise of collecting data from different source will take place April to May 2010.

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

District HRH strengthening and development

District HRH Capacity Building. MSH, through LMS project funding, took the lead in bringing together project stakeholders from BMAF, CSSC and MOHSW to think through, both strategically and operationally, an approach for building district HRH capacity. Working closely with a Training Resources Group consultant, MSH convened a one-day meeting in February and facilitated a very useful discussion on how to approach the district work. Extensive follow up after the meeting has helped further structure the approach. Next quarter will see the development of training materials to strengthen local HRH consultants or facilitators who will be deployed subsequently to districts to build HRH capacity.

Review of OPRAS Implementation. A BMAF consultant conducted an in-depth analysis of previous OPRAS studies to identify operational and policy-related challenges in implementing the performance system. The purpose was to develop practical and cost effective recommendations to address these challenges. The consultant undertook a desk review of related documents and interviewed 10 key informants. Preliminary findings of the analysis shows noted gaps in three areas: implementation, policy and form structure.

Gaps in implementing OPRAS include:

- Insufficient preparation, training, or integrated planning of the OPRAS system and the OPRA form;
- Failure to follow all the steps stipulated for performance planning process;
- The quality of the completed forms is poor;
- Supervisors and supervisees do not meet regularly to discuss performance;
- Lack of clarity in view of reporting lines (i.e. who reports to whom?)
- The OPRA form is not readily available;
- Where employees were trained in the system, reference materials were not provided, making it difficult for those to guide themselves as needed.

Policy gaps include:

- Employees spend a substantial amount of time on reports, instead of delivering on their core responsibilities such as customer care;
- Good performance is not differentiated from bad performance by the way of rewards (i.e. good performance is not rewarded);
- Poor HR management processes contribute to poor labor forecasting and promotions;
- The sector is challenged in terms of capacity in finance and human resources.

OPRAS structural gaps include:

- The form is too long, and therefore time consuming. The argument seems to be, because of its length, employees get discouraged to process it.

Recommendations for OPRAS to be effective in the health sector include: to review and update job descriptions, develop a recruitment strategy, design an orientation strategy, improve supervisory skills and empower employees. The analysis also noted that the sector needs to develop and embrace a culture of performance. Cultural issues are always difficult, but once accepted, they make a big difference in the way people behave. Furthermore, the report suggests the need by the sector to adopt a more simplified approach to training in OPRAS. The lack of skilled personnel and time has been a challenge to training public health employees in how to use the system. One recommendation is for the development of a series of guides that can help workers to understand the system on their own, use visual and audio technology and upload instructions on how to use the system from websites. The OPRA form could be simplified by removing information that is not necessary.

BMAF will finalize the OPRAS report next quarter after incorporating the comments from THRP staff and MOHSW.

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 by the district to guide the orientation process. The proposed package is being reviewed and customized to reflect to the specific environment for new employees of the MOHSW and district. During the next quarter, BMAF will share the second draft of the package with technical personnel responsible for recruitment at the MOHSW, PMORALG and PO-PSM and other HRH stakeholders for further inputs the next quarter. The package is planned to be finalized by mid-May for rollout during the recruitments in July for the FY 2010/2011 plans.

HRH sensitization meetings in Iringa and Mtwara/Lindi . BMAF convened regional and district representatives for two two-day sensitization meeting in Iringa and Mtwara regions at the end of March. The meetings were developed to introduce project plans to strengthen HRH planning and management to key HRH stakeholders in the targeted intervention districts in Mtwara , Lindi and Iringa.



Training Needs Assessment for Continuing Education for Nurses.

Aga Khan Health Services (AKHS) conducted an assessment to identify weaknesses among practicing enrolled nurses working at the various health facilities in Iringa municipal so as to determine topics for training to improve their skills and performance for improved patient outcomes. The preliminary assessment findings showed:

- 80% of respondents are aware of the top ten health issues in Iringa whilst the remaining 20% were not sure of all the issues;
- 50% of respondents related nursing problems to limited opportunities to refresh their knowledge and lack of support to nurses whilst the other 50% have varying reasons ranging from attitude of nurses towards patients, ethics, and lack of motivation for nurses;

- 90% of the doctors felt that nurses are weak and cannot make proper decisions and effective and need training. Only 10% opined that supervision from authorities is weak and nurses have little support;
- Generally all the respondents agreed that patient feedback on nurses is good with regards to medications but doctors do most of the activities because they felt nurses are weak in competencies;
- All the respondents felt that resources for nurses are inadequate for effective nursing care and that attention should be given accordingly;
- All the nurses expect continued refresher trainings to upgrade their skills, motivation from the government and supervision. They related continuing nursing education to future promotions and career development;
- 75% of the respondents are fully aware of the medications prescribed by doctors whilst the remaining 25% are not conversant due to areas of working and some are new and need time to understand them;
- Apart from the three nursing programs – Red Cross, Tosa and Municipality Nursing programs - 100% of the respondents confirmed that there is no other provision for Continuing Education for Nurses;
- 80% of the respondents felt that after the training, nurses will be motivated and promoted, will improve quality of care and patients will be happier. 20% relate this to department of health's motivation especially if local facilitator is trained to improve coordination and supervision to support nurses.
- All the respondents felt that a system developed to ensure regular nursing forum to discuss issues and improvement, develop monitoring guidelines and improvement in health indicators;
- 60% of the respondents regard nursing staff as doing their best, cooperative and sacrificing for the patients because most of their colleagues have migrated to big cities and need encouragement and support; 40% felt that some nurses are weak and can do more to improve health care if the resources and support is provided

Continuing Education Program for nurses. The AKHS Primary Medical Centre team visited the pilot continuing education site in Iringa in January and met with key stakeholders including the Regional Health Management Team and Nurse in-charge of the regional hospital; the District Medical Officer and the Primary Medical Centre staff. The stakeholders were briefed on the project, its objectives and implementation plans. The local MOHSW officials applauded the project and shared their views and opinions on health services in Iringa and the needs of nurses. Among their views was for nurses to be trained in basic nursing care procedures, health education, infection control and prevention, professionalism nursing ethics.

The team held separate meetings with both the municipality matron at ministry of health and head nurse in Iringa regional hospital to develop a list of nurses to attend the training. A tentative list of nurses who will participate in the training was developed and will be finalized two weeks before the training to ensure participants are well informed before time and the health facilities make arrangements to cover the duties of nurses to attend the training.

The lessons learnt during the meeting include:

- There are training plans for nurses in the region, however, due to funding issues and lack of qualified nurse trainers; nurses in the region barely benefit from in-service training. Therefore, continuing education will go a long way in supporting the development of nurses;
- The excitement shown by the nurse leaders indicated the grave need for training and motivation for nurses in the region
- The agreement that the training will conducted over week-end will support the continuity of nursing services at the various health facilities and ensure good attendance

AKHS renovated and equipped the training center located in AKHS primary medical center in preparation for the implementation phase of the project. Internet connectivity was established through the support of AKST in February 2010.

Next quarter, Aga Khan Hospital Nursing department with its dedicated nurse training team will finalize the training curriculum to start off the training.

Support the upgrading of enrolled nurses to registered nurses in Masasi district. The project continued to fund the training for twenty nurses to become registered nurses. Semester three started in February 2010 and the modules will be completed by end of May 2010. Three face-to-face sessions have been conducted in the reporting period (15-19 February, 1-5 and 15-19 March). The clinical instructions on Mental and Adult Health nursing were provided by the Faculty from Dar es Salaam at Ligula hospital.

All 19 students received text books for relevant modules for the current semester. Text books for two modules will be issued by April 2010. Preceptors continue to provide supervision in the respective hospitals. The final practical and semester examination will be conducted next quarter. Furthermore, the project purchased one laptop and LCD projector for faculty members and two desktop computers and one printer will be installed at Mkomaindo hospital next quarter.

Development of a Cadre of Para-social Workers

Para-social Workers (PSWs) and their Supervisors training: Building on the success of the (ISW, JACSW, AIHA, and the THRP) collaborative Para-Social Worker (PSW) training in Dodoma, the program is now being replicated in Mwanza. This quarter, a total of 398 Para-Social Worker trainees from Mwanza city council, Magu, Kwimba and Misungwi 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 Local Government Authority and IntraHealth will provide basic social welfare services to MVCs in their village for six month 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 73 Para-social worker supervisors from Mwanza city council, Magu, Kwimba and Misungwi districts.

Para-social Workers follow up training: For PSW trainees to become a full fledged Para-social Worker they need to attend a five-day follow up or refresher training, and for PSW supervisors an additional day of supervisory skills. IntraHealth and its partners conducted a follow up training to 88 PSWs and 29 PSW supervisors in this quarter. The trainees were from Dodoma Municipal and Chamwino districts. Apart from imparting new knowledge to PSWs, sessions including opportunities to share field experience and advise each other. During these discussions the participants came up with a list of things which went well and some challenges.

Things that went well for PSW and their in supporting MVCs since first training

- The community organized themselves and provided shelter for the MVCs
- PSWs and PSW Supervisor have been recognized by the community
- PSWs and PSW Supervisor have good relationship with other organizations and work with them with children, such as Africare, Compassion, etc.

- PSWs and PSW Supervisor have good cooperation with the MVCs as well as the local government leaders such as ward/village leaders
- PSWs and PSW Supervisor were able to collect data on MVCs in their communities
- PSWs and PSW Supervisor have gained experience concerning working on children issues within the community
- MVCs within the community are now well known
- There are plans in place focusing on MVCs
- There are community funds initiated specifically for MVCs

Challenges PSW and their supervisors are facing in working with MVCs:

- Lack of working tools such as stationary
- Sometimes poor cooperation from the local government leaders, e.g. street leavers.
- Misunderstanding between service providers (Para-social workers) with providers from other agencies
- Lack of motivation to the MVCs as well as the service providers
- Not being able to provide support on the child's needs in time
- Lack of identity cards for the Para-social worker
- Lack of transportation and funds for transport
- Lack of allowance
- Different challenges from community members such as abusive language
- Large number of MVCs living in the communities

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

No activity was implemented under this objective during the quarter.

IV. MONITORING AND EVALUATION

This quarter M&E activities focused on conducting the MVC baseline assessment in Mwanza, revising MVC data collection tools, designing HRH baseline study and providing M&E technical assistance to coalition partners.

MVC Baseline Assessment. In January, the project's MVC program conducted a baseline study in five districts (Ilemela and Nyamagana (Mwanza City Council), Kwimba, Magu and Misungwi) of Mwanza to examine the existing situation of social welfare services delivery to OVC/MVC in the districts. The finding of the baseline assessment will be used for benchmarking and measuring progress in future.

Preliminary findings of the baseline assessment show:

- Social welfare coordination and support to OVC/MVC in each district authority is done by District Social Welfare Officers and Community Development Officers under the department of Community Development and Social Welfare department;
- There are 14 Social Welfare Officers (SWO) in Mwanza region: 10 SWO are in Mwanza City, two SWO in Magu district, one SWO in Kwimba district and one in Misungwi district.

- None of the four councils has allocated a specific budget line to support OVC/MVC or PSW volunteers from their own sources. At district levels, allocation of resources for the past two fiscal years i.e. 2008/09 and 2009/10 to support OVC/MVC is through development partners, e.g. TACAIDS, TASAF, Central Government and UNICEF;
- There are NGOs, FBOs and CBOs that support OVC/MVC in the districts providing direct support such as school materials, health products, medicines and psychosocial support to MVCs.

The final assessment report will be disseminated to key HRH stakeholders next quarter.

HRM Baseline Assessment. The HRM baseline survey exercise will be conducted in nine districts of Mtwara, Lindi and Iringa Regions (three districts per region). The purpose of the assessment is to collect data for benchmarking, determination of interventions and learning purposes. Extensive preparations for the HRM baseline survey and related capacity building were undertaken during the quarter. Data collection tools, study design, and assessment protocol are complete with technical assistance from IntraHealth Chapel Hill as well as a stakeholder review. In addition, the data collectors were identified and oriented on data collection process and tools. The baseline will be conducted in April 2010

Revising MVC data collection tools: The project revised the tools used by PSW and their supervisors to collect data to address the challenges observed during data quality assessment conducted in Dodoma last quarter. The tool revision involved clarifying definition of the indicators, simplifying the tools and developing data reporting requirements. The revised data tools consist of four tools: PSW service tracking, PSW monthly summary, PSW supervisor's quarterly summary and District Social Welfare Officers (DSO) quarterly summary. The tools were pretested during a two-day stakeholders meeting. The meeting was attended by 40 participants including PSWs, PSW supervisors, SWOs. Next quarter, PSWs and their supervisors will receive orientation on the revised tools.

Table 2: Performance – Indicators (quantitative) and Results, October 09 – March 2010

PEPFAR Indicator	Program Area	Partner	Targets (Oct 09 -Sept 10)	Achievements (Oct 09 -Mar 10)	% Achieved by partner (Oct 09 -Mar 10)
H2.2.D. Number of community health and Para-social workers who successfully completed a pre-service training program.	MVC	IH	1000	695*	70%
H2.3.D. Number of health care workers who successfully completed an in-service training program within the reporting period	MVC	IH	260	88	0%
				29	
	HRH -CED	AKH	170	0	0%
	HRH -Districts	BMAF	517	0	0%
	HRH	CSSC	315	328	104%
	HRIS		285	12	4%
	HRIS	UDSM	99	28	28%
	M&E	M&E - THRP		8	100%
Total number of individuals participating in in-service training supported by THRP project			1646	493	30%

* PSW supervisors also attended PSW training

V. 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
- Lack of enough data for information to improve literature
- Failure by the consultants to adhere to the agreed conditions set by the project to finalize their activities.
- Lack of clear understanding of the HRH issues by the District Health Officials
- Excessive shortage of the staff at the facility level and hence multiple function of the CHMTs
- Interdependency of activities specifically starting with the assessments delays implementation of program activities
- Distance learning is a challenge: self-directed learning is a new concept that needs to be done well to avoid compromising on quality. AKU have sought to address this by increasing the number of days during the face-to-face sessions based on students' demands. However, this presents a challenge in itself with travel to and from the Zonal Resource Centre (Clinical Officers Training College (COTC)).
- Public hospitals have limited facilities and resources, leading to inadequate practical experiences for students attending upgrade course.
- Preceptors trained have not consistently given quality supervision and support to students in the workplace. It was discovered that some had gone for further training without AKU being informed. The Faculty therefore is conducting most of the clinical instructions themselves at the regional hospital.

Opportunities:

- The policy environment and current government policies favor project interventions on HRH issues
- Existing collaboration with the health partners both at the central and District level
- Presence of the MFP fellows and EHP staff available in the districts and influence of their activities conducted by the project. For example during the sensitization in Mtwara, Lindi & Iringa the project received a lot of support from MFP and EFP fellows who have been streamlined to government infrastructure.

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 going on to integrate and harmonize these efforts.
- Zanzibar faced power shortage in January through the end of February 2010 which limited many iHRIS activities including internal and external database access and its use immediately after completion of iHRIS deployment. With the power restored in March, HRIS utilization needs renewed emphasis at central and local levels including data use in decision making as well as completion of all planned remaining activities
- 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 system of mechanism to protect the equipments from hot weather in Lake and Western Zone, therefore AC is needed for sustainability

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 any priority.
- 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. This cause the district reports to have some gapes always.
- As the program expanding to Mwanza and other district LGA, therefore advocacy work need more man power.
- High community expectation for material support from PSWs. The PSWs are always compared to volunteers working with other organization who are providing direct support. If they do not provide material support this de-motivate the families to continue working with them.

Opportunities:

- A provision for matching grant to LGA could be used to stimulate the LGA allocate more resources for MVC
- As the THR Capacity Project is seconding a staff to PMORALG it is an opportunity for the program to use his for advocacy purposes work with the LGAs.
- The growing good relations with other actors and partners in the MVC area and specifically the interest in PSW module

VII. ORGANIZATIONAL DEVELOPMENT OF PARTNERS

MSH supports several aspects of the THRP funded through available LMS project monies. This quarter, MSH S engaged actively with CSSC and BMAF to address different organizational challenges as identified through participatory management assessment processes.

MSH facilitated local technical assistance to CSSC to

- continue development of a streamlined HR manual;
- review and update ICT policy and strategies; and
- develop a streamlined finance and accounting manual

The LMS project also organized a workshop on “*Participatory Management Review and Planning*” for BMAF staff. During the participatory assessment, the workshop participants identified several challenges and reached consensus on their top initial priorities for LMS support:

- Review and update the ICT policy and strategies for BMAF. This technical assistance will also solve the IT problems that hinder the SAGE ACCPAC system to function.
- Review and update the BMAF strategic plan
- Train BMAF staff on Management and Leadership to properly manage programs.

Immediately after the workshop, LMS and BMAF senior management met to agree on specific assignments and a timetable for support.

USAID Rules and Regulations course. Staff from IntraHealth, UDSM and CSSC attended the four-day course on USAID rules and regulations conducted by the Center for Public Management.

VIII. PROGRAM MANAGEMENT

First Quarterly Coalition Partners Meeting: In January the project held its first quarterly coalition partners meeting under the joint leadership of IntraHealth and BMAF. The first day focused on a review of program progress and challenges for the Oct—Dec period, clarifies direction in the short term and provides a forum for continued partner learning. Partners working on the HRIS subcomponent within CSSC and with PMO-RALG took the initiative to develop a joint presentation on HRIS developments rather than three individual presentations. Dr. Lungo of UDSM/CSD gave the presentation for the subgroup. There was good discussion following the partner presentations; BMAF quickly summarized the challenges and areas of common interest across all project components and activities for broad discussion. In sum, these are:

- Need for strong leadership and management of resources (community and district);
- Recruitment and retention of staff, students and PSW cuts across all project components;
- Influence of bureaucracy of GoT on implementation of activities;
- Inadequate knowledge and skills in understanding the complexities of HRH (staff, computer programmers, tutors, consultants);
- How to synchronize and coordinate activities;
- The impact of under-developed infrastructure in the districts;
- Budget and management of staff time and proportionate salary payments;
- Coordination of programs and finance, timely preparation and approvals;
- There are a lot of trainings/workshops but, do they really improve performance?
- Roles and opportunity for working with zonal resource centers;
- Lack of initial district strengthening strategy-need a common vision and strategy to guide partner coordination for district entry and implementation;
- Need for government buy-in and support from different Ministries;
- Struggles to balance of program expansion with quality

In response to a felt need to further strengthen partner understanding of the project goal and purpose and identify ways to harmonize disparate project components, the second day of the meeting was dedicated to drafting a project vision and identifying common areas of activity. The draft vision: “We envision a health management system that is fully staffed with committed and motivated staff providing quality health and social services.

First Project Leadership Committee Leadership meeting;

The Project Leadership Committee will advise the project on broad strategic direction, review trends in HRH, and recommend potential changes in direction. It will also identify opportunities for project engagement consistent within its mandate. The committee is to ensure that project strategies and activities are aligned both internally with staff and across partner organizations and externally with other HRH program initiatives and influencing or confounding factors. The committee is small, formed by the leadership of the three largest organizational project partners: The Mkapa Foundation, Christian Social Service Commission and IntraHealth International, namely the Chief Executive Officer, Director and Country Director of each organization respectively. The Terms of Reference were drafted.

During the first meeting it was agreed: 1) that national and district-level project activities going forward would incorporate both the public and the private sector voice and perspectives; 2) to become better acquainted with the scheme of service for social workers to assess whether to advocate with the Department of Social Welfare; and 3) that BMAF would call the HRIS stakeholders meeting with the MOHSW. The committee also recommended developing a HRH advocacy strategy that is not specific to one organization or to a project and should identify key issues to be prioritized for advocacy during the project period.

Partner Sub agreements:

By the end of the quarter, the Mkapa Foundation and the Aga Khan Foundation had fully executed agreements in place in addition to the agreements finalized with UDSM and CSSC by the end of the previous quarter.

Project staffing:

- IntraHealth hired the HRIS Advisor, Phesto Namayala, to be seconded with the MIS Department of PMO-RALG. He joined IntraHealth 1 February, and following a month of orientation in Dar es Salaam, relocated to Dodoma within PMO-RALG’s offices.
- IntraHealth hired the Director of Finance and Administration, Abdallah Mashausi, who joined the team 15 March 2010.
- The MVC program LGA Specialist resigned effective 17 February following an extended period of illness; IntraHealth is recruiting his replacement to bring the team implementing the Para-social Worker cadre back to full strength.
- Uche Ekenna, Program Manager joined IntraHealth in February. He leads the THRP support team based in Chapel Hill.

Project financial status: Through March 2010, the project had expended 38 percent of its available funding. USAID obligated, \$4,991,259, in January bringing the total project obligation to \$7,463,259 to date.

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 Dec 2009)	\$ 2,018,414
Expenditures this quarter (Jan—Mar 2010)	\$ 827,602
Total Expenditures through 31 March 2010 (expenditures started 1 May 2009)	\$ 2,846,016
Pipeline as of 1 April 2010	\$ 4,617,243

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

PLANNED ACTIVITIES, JANUARY—MARCH 2010

Support to National Level Government

HRH (BMAF)

- Build capacity of Media on HRH, April
- 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, May and June
- Conduct a four-day orientation for seven HRH secretariat members on their developed roles and responsibilities and carry out capacity building for the secretariat on HRM and M & E for effective implementation and monitoring of HRH component of strategic objective, June
- Develop sustainable national capacity team of local ten experts on HRH to provide sustainable technical assistance to the MOHSW & PMORALG to realize HRH component of HSSP III and HRSP, June
- Shared the prioritized HRH activities with MOHSW and stakeholders (via HRH working group and MOHSW management team), June

HRIS (IH):

- Organize the first HRIS implementation strategy workshop pulling all key HRIS stakeholders in collaboration with BMAF and MOHSW, April
- 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

- Integrate the defined targets and indicators into the CCHP national guideline through working sessions with MOHSW officials, April
- Assess/consolidate the effectiveness of the existing district HRH management practices, develop indicators hence come up with a draft national HRH package as a reference document for district and regional planning, June
- Conduct TOT on the - National HRH Package, (to comprehensively include HRM through use of the HAF- with specific focus on national orientation for health workers, HRM Toolkit, and WCI), June
- Review the Government sponsorship policy for pre-service training among health workers(of all cadres), April
- Develop a multisectoral criteria for defining underserved areas in health sector as a basis for developing an incentive package for underserved areas, April and May
- Carry out an assessment on structural, system and operational, linkages of the three Zonal resource centres with a 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, April and May
- Conduct an assessment in payroll practices in three districts to be supported with revolving fund, May
- Conduct Rapid Assessment on the systemic and operational bottleneck associated to hiring retired officers and recommending on the existing policy
- Disseminate the findings of the in-depth analysis of recruitment bottleneck study and OPRAS and developing action plans by national and district levels by involving key HRH stakeholder and policy makers, May
- Review the drafted national orientation package with key stakeholder (national, Zonal and district levels) and finalization of national orientation package, May

- District on site orientation for 20 districts on the developed orientation package and capacity building for 8 Zonal Health Secretaries, district Health secretaries and Human resource Officers, May
- Printing and distribution the developed national orientation package, June
- Conduct workshop for 20 District councils on HRM toolkit & LDP to address issues of recruitment, retention and productivity in four sessions with 5 CHMT each, June
- Preliminary planning for a series of job fairs with the Tanzania HR society, Professional association (MEWATA) and other representatives for technical inputs on the Job fair activity, June

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, June

CSSC

- Produce 2000 copies of MAMM and National Health Policy
- Conduct and disseminate HRH workshop at Northern Zone

Establishing a Functional Comprehensive Human Resource Information System

IH:

- 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

- Procure and install inverters at CSSC
- Install iHRIS at Eastern Zone
- Collect HRH data and enter data into the system at CSSC zones where iHRIS has been installed
- Train ToT to support iHRIS software in collaboration with IMA and iHRIS Developer (Carl Leitner from IntraHealth)
- Conduct workshops on HRIS and tools at all five zones

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

IH –MVC

- Conduct quarterly partners meeting
- Organize one region strategic follow-up and advocacy meeting with combined key staff from the districts, region staff and PMORALG
- Organize one visit of 4 days per district for district and community level follow up and advocacy activity for 2 new and 6 old districts.

- Initiate MVC program co- funding arrangement with the LGAs to supported council and community initiatives with at least 2 district
- Organize one training session of PSW with 200 participants.
- Organize one training session of PSW supervisors with approximately 50 participants.
- Organize 2 training sessions for PSW II (follow up training) of 90 participants each.

Monitoring and Evaluation

- Train PSW and PSW supervisors on revised data collection tools
- Conduct a baseline survey in nine districts of Iringa, Mtwara and Lindi to ascertain the HRM status prior to program interventions, April
- Finalize Conduct a baseline MVC survey in shinyanga to obtain data on existing systems for supporting MVCs prior to THRP interventions, May
- Organize one visit of 3 days per district for district and community level visits to collect M&E data and feedback in 8 districts
- Ongoing M&E technical support to partners
- Follow up on Zanzibar HRIS Central and District level utilization

Program Management

- Coordinate Partner Coalition meeting, April
- Finalize Tanzania field operations manual for local staff, January
- Initiate routine financial and programmatic subagreements monitoring processes with local partners
- Review BMAF and UDSM agreements and management experiences to date, June
- Conduct internal financial systems update for IntraHealth staff

Table 3: International Technical Assistance, January—March 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
Barbara Stillwell Director, HRH and HSS	Jan 17 Jan 23	TRHP; travel co-funded with planned regional travel	Senior management visit; participation and co-facilitation of THRP Partners' Coalition Meeting	IntraHealth; all partners
Laura Guyer-Miller Training Resources Group Consultant	Jan 24 Feb 6	THRP; travel co-funded with planned regional travel	Technical assistance to the MVC program and with local partners	IntraHealth, ISW and JACSW
Uche Ekenna Program Manager	Feb 28 March 6	THRP; travel co-funded with planned regional travel	Overall orientation to THRP	IntraHealth, BMAF
Jeffrey Brown IT Specialist	Mar 3 Mar 19	IH overhead funds	Upgrade office IT infrastructure in collaboration with local IT support	N/A
Marylyn Keating Dir. of Human Resources Doris Youngs Dir. of Administration Cynthia Muerling Operations Manager	Mar 13 Mar 20	IH overhead funds	Review IH operations and administrative procedures; Update staff on key changes in new field personnel manual and institutional HR policies	N/A