

# TANZANIA HUMAN RESOURCE CAPACITY PROJECT

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## QUARTERLY PROGRESS REPORT

October – December, 2009

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## **TANZANIA HUMAN RESOURCE CAPACITY PROJECT: PROGRAM HIGHLIGHTS**

**October—December 2009**

During the quarter, the project focused on key start-up activities within the HRH district strengthening and HRIS project components essential to identify needs and developing interventions. The section below highlights major project activities of this quarter by program component:

### **District HRH Strengthening and Support**

- Conducted follow up visits in four districts trained on the HRM toolkit to assess progress made in implementing actions identified in HRH action plan and advocate for inclusion of HRH activities in FY 2009/2010 CCHP.
- Completed the review of existing national orientation package and assessment of orientation practices in health sector. The proposed draft national orientation package and orientation practices assessment report is being finalized.
- Agakhan University conducted semester examinations of the course to upgrade enrolled nurses to registered nurses in Masasi district. 18 out of 19 students passed.

### **Human Resource Information System Component**

- Facilitated HRIS stakeholders meeting aimed at strengthening an understanding of ongoing HRIS initiatives and establishing a common HRIS vision and collaboration in line with national needs.
- Completed HRIS needs assessment at Makete District.
- Finalized the establishment of a routine data collection process into the HRIS at the MOHSW in Zanzibar, in collaboration with DANIDA.
- Completed installation and customization of iHRIS system at CSSC head office.
- Built capacity for HRIS software implementation through training 21 programmers from MOHSW (mainland and Zanzibar) CSSC, and UDSM on Free and Open Source (FOSS) HRIS installation, customization and system administration

### **MVC Program Component**

- Trained 196 Para-social Workers from Mwanza city council on providing basic social welfare services to MVCs.
- Trained 25 Para-social Worker supervisors from Mwanza city council on supervision of Para-social workers.
- Assessed the quality of service data collected by PSWs and ability of the LGA system to support collecting quality data in Dodoma Municipal, Bahi and Kondoa Districts

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

## QUARTERLY ACTIVITIES: HIGHLIGHTS 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

**Establishment of HRH Secretariat:** THRP is supporting the MOHSW to establish a HRH Secretariat to support hands-on implementation and coordination of the HRH Strategic Plan. The revised Health Workforce Initiative structure which included defined roles and responsibilities of the HRH Secretariat was presented to MOH Senior Management for final approval. In addition, THRP implementing partner, Mkapa Foundation, provided the leadership to two Strategic Objective teams in developing action plans and budgets.

Next quarter, following approval of the HRH Secretariat terms of reference and structure, THRCPC will support MOHSW identification and orientation of HRH secretariat members on their role and responsibilities. The THRCPC is prepared to second a staff member to the secretariat to facilitate ongoing commitments and activities should the MOHSW request it.

**Introduction of THRP to key national stakeholders:** During the Mkapa Foundation's second annual stakeholders meeting in November, the Mkapa Foundation BMAF CEO and THRP Country Director introduced the project to key health sector stakeholders. The meeting was attended by representatives of development partners, NGOs, regional, district and national-level government officials including the Vice President of Tanzania, Dr. Ali Mohammed Shein, and the Former President of Tanzania, Benjamin William Mkapa, and the Minister for Health and Social Welfare, Prof. David Homeli Mwakyusa.

**Policy table discussion with MOHSW:** In December, the Mkapa Foundation held a policy discussion with senior MOHSW policy makers including the Permanent Secretary, the Chief Medical Officer (CMO), and Department Directors and Assistant Directors. The participants identified the following areas as priority for implementing established policy to improve staff recruitment: employment of retired health workers; motivation and retention strategies; payroll management for new health care workers in public sector; and strengthening the leadership and management capacity of district health managers. These areas will be discussed further in subsequent policy discussion forums to reach consensus on reinforcement actions to be undertaken by MOHSW.

During the meeting, BMAF presented lessons learned from the BMAF Emergency Hire and Mkapa Fellows. Some of lessons learned include:

- Retired staff recruited under BMAF program were fully committed and experienced in providing healthcare services and they have strong potential for mentoring young professionals.
- All staff under the Mkapa Fellows program accepted job offers with attractive incentives and reported to remote districts.
- Staff are concerned about need for long term training; a few employees dropped from program due to lack of professional career development plan.
- BMAF installed internet in 19 districts, renovated three staff houses and purchased a solar power system in one district to support efforts to strengthen the working environment.
- BMAF introduced the exit interview process for staff leaving the program. Some of the reasons for most staff leaving the program included inadequate remuneration package compared with market demand, weak leadership and management practices at the districts, difficult working environment and lack of basic facilities, lack of long term career plan.
- Presence of skilled program staff have significantly contributed to increase in the establishment of Care and Treatment Clinics and client enrollment on care and treatment.

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

In this reporting period the HRIS work under project Objective One focused primarily on negotiating implementing partner agreements, establishing a common vision for HRIS among key HRIS stakeholders and identifying HRIS needs at regional, district and facility levels.

**HRIS Planning:** IntraHealth continued follow up with PMORALG on approving an MOU between IntraHealth and PMO-RALG drafted last quarter. The MOU is currently caught up in approval processes internal to PMO-RALG and the MOHSW causing an initial delay in planned activities within PMO-RALG including documenting health worker routine system parameters, job code structure and assessment of infrastructure needs and recruitment of the HRIS Advisor. Although the MOU is still not signed, implementation is proceeding. Followup communication is currently between ministries.

**Establishment of CSSC project coordinating committee:** CSSC established an internal project coordinating committee that will follow closely the implementation of the activities. The committee consists of three CSSC senior staff, three APHFTA senior staff and three Bakwata senior staff. The chairperson of the committee will rotate annually among the three organizations. Also CSSC conducted a sensitization workshop to introduce THRP project objectives to 46 participants from CSSC, BAKWATA and APHFTA.

**HRIS advocacy:** In collaboration with USAID, THRP assisted in the ongoing HRIS stakeholders' meeting, convened by POPSM, aimed at reviewing existing HRIS initiatives across ministries, establishing a common HRIS vision and fostering collaboration. During several meetings in October, representatives from POP-SM presented an overview the Lawson human capital investment system; UDSM discussed the development and testing of the HRIS developed for MOHSW with JICA support; and IntraHealth presented the open source HRIS designated for district-level functionality. Participants include representatives from USAID, CDC, PMO-RALG, MOHSW, UDSM, JICA, PO-PSM, WHO and CSSC. The latter two HRIS systems overlap and efforts need be taken to integrate and harmonize the systems to meet the needs of designated users.

It was agreed that: 1) technical representatives from UDSM, THRP, PMO-RALG, and PO-PSM should meet and recommend how iHRIS and HRIS (district level) would link up with the HCMIS (central level) and with each other, and 2) PO-PSM will develop a data protocol that outlines what field properties would be required for the linking fields (e.g. the number of characters allowed in a name or the date format). In subsequent meetings, participants will discuss the technical team report (from district level needs information assessment –below) and decide how the system(s) move forward in what capacity

**District Level HRIS Needs Assessment:** THRP coordinated and lead the HRIS needs assessment in Makete District to better understand the specific needs at district-level for HRIS use and functionality and to determine how best to link with national HRIS systems. The assessment focused on HRH information requirements that district-level managers need to report to regional, zonal and central authorities (both MOHSW & PO-PSM) as well as information of use for local decision making. The assessment team interviewed 66 district staff from 28 public and private health facilities and offices. Preliminary findings from the study showed:

- Infrastructure necessary to support HRIS activities is available with potential sustainability within regional and district authorities. However, government-owned facilities had markedly poorer infrastructure as compared to privately-owned FBO facilities.
- The majority of interviewees were not well aware of the potential use of an HRIS such as :
  - Predictive modeling to project HRH resources into the future;
  - Mapping HRH resources against needs to assist decision-makers with determining interventions to close the gaps between projected resources and projected needs;
  - Capturing information about health professionals by cadre from the point of entry (from pre-service) through registration or certification and licensure;

- Tracking continuing education attained by health workers; and
- Out migration requests.

The assessment recommendations include: i) establishment of standard HR reporting templates; ii) the incorporation of the various data elements (from PO-PSM, MOHSW and PMO-RALG) into the personal data template so that LGAs are able to efficiently meet varied reporting requirements; iii) eliminate any restrictions in the number of installations and support so that LGAs can acquire and organize their support mechanisms; and iv) include import and export features to facilitate integration with existing and planned systems including MTUHA.

The final study findings and recommendations will be presented to a wider HRIS partners group next quarter so that they can chart out the way forward for establishing a functioning HRIS for LGAs.

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

This quarter, MVC program activities under project Objective One focused on expanding the program into Mwanza region, initiating PSW and PSW supervisors' trainings in Mwanza, continuing advocacy with LGAs in Dodoma for support of PSWs and MVCs and finalizing the five-day refresher training curriculum.

**Awareness and advocacy:** The THRP in collaboration with the Department of Social Welfare, the Tanzania Institute of Social Work (ISW) and PMO-RALG conducted a sensitization training in Mwanza with representatives from the region and the five districts in Mwanza Region namely Mwanza city, Magu, Kwimba, Misungwi and Sengerama.

The meeting was to create awareness of the project approach to meeting the psycho-social needs of MVCs through the development of a cadre of para-social workers, project activities, implementation strategies and the LGA commitment necessary to ensure activities are implemented and ultimately that the PSW and PSW supervisor are effectively supported through the LGA infrastructure. Thirty six participants from the five Mwanza districts included members from the Mwanza Regional Commissioner's office, District Executive Directors, District Planning Officers, Human Resource Officers, District Community Development Officer and District Social Welfare Officers. Also present were District Council Chairperson and District Commissioners.

The following challenges were recognized during the meeting:

- Currently, the district authorities experience a contradiction between the placement of social welfare responsibilities at national and LGA levels. Responsibilities at the national level are with the MOHSW whereas at the LGA—level these responsibilities are under Community Development.
- Participants advocated that the social welfare sector be a separate and independent department as its scope is quite deferent distinct from that of community development.
- Advocacy for budget allocations for MVC needs is still not strong as the Social Welfare Office is not a member of most of the district councils but represented by the Community Development Department.

**LGA support of MVC services in Dodoma:** IntraHealth staff conducted follow up visits to Mpwapwa and Kongwe districts in Dodoma, to determine local government support for MVCs and for PSW trainees, whether the needs of MVC are incorporated in local government plans, and to track PSW attrition since initial training. The findings of the visits showed:

- 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.
- LGAs have yet to allocate budget from their own source of revenue in support of MVC services and the PSW volunteers.

- All PSW trainees are receiving in-kind support from ward and village leaders such as support for the organization of meeting and the provision of stationeries;
- Two villages have initiated community funds in of MVCs.

Challenges:

- PSWs drop out or are inactive due to lack of incentives to continue their support;
- PSW trainees are increasingly curious in becoming fully-fledged social worker assistants but funds are not readily available to support them in pursuit of the required one-year certificate;
- 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.

**MVC program planning:** Program partners, the ISW, the Jane Addams College of Social Work (JACSW) and the American International Health Alliance (AIHA) finalized the five-day curriculum for refresher training for Para-social Workers. A joint activity plan for October 2009 to September 2010 was developed. This include plans for PSW and PSW supervisors training in Mwanza, piloting the PSW refresher training, implementing the refresher training in Dodoma and for quarterly partner meetings.

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

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

The HRIS activities under project Objective Two focused on HRIS implementation in Zanzibar and in the private sector, procurement of HRIS equipments, training programmers on iHRIS setup and customization, and recruiting an HRIS advisor for PMO-RALG.

**HRIS Implementation in Zanzibar:** THRP continued to support MOHSW in Zanzibar in establishing the HRIS system. The project, in collaboration with DANIDA and Zanzibar MOHSW, finalized the processes of routine data collection, cleansing, and system updates to ensure collection of quality data. The routine data collection process will include three steps: i) print facility reports from database; ii) send to each facility requesting updates/changes, and iii) return information to central level for entry into database. This process is repeated monthly thereby comprising a routine, albeit centralized, system

The MOHSW Zanzibar imported baseline HR data into the HRIS at central level. Next quarter the project will support MOHSW to analyze data for planning and decision making.

**HRIS implementation in private sector:** CSSC have completed installation and customization of iHRIS system at CSSC head office. Next quarter, CSSC will start importing HR data on the system and setting up HRIS at zonal level after putting the hardware in place.

**HRIS procurement for private sector:** IntraHealth directly procured equipment for CSSC and UDSM to set their HRIS infrastructure. CSSC conducted a mini-needs assessment to identify hardware required for establishing HRIS in the five CSSC zonal offices. Table 1 below summarizes the assessment findings. Next quarter, CSSC collaborating with IntraHealth will procure the equipment needed to install HRIS at zonal level.

**Table 1: HRIS infrastructure and hardware assessment in five CSSC zones**

Zone	Connectivity	Equipments(PC & UPS)	Status	Suggestion
Northern Zone	Internet is Available	1 Compaq PC, 1 Laptop, No Licensed Anti Virus	The internet is stable, computers have standard specifications	The Licensed Anti Virus will be solved on quarterly basis
Lake Zone	Internet is available but not stable	1 HP PC, 1 hp Compaq Laptop, No Licensed Anti Virus	The internet needs LAN. The computers works properly	The structure of LAN will be worked upon including Anti Virus
Southern Zone	No internet	1 Dell PC, 1 Compaq Evo D310 and No Licensed Anti Virus	All computers are working properly but need License Anti Virus.	The Internet should be connected
Eastern Zone	No internet	1 Compaq PC, 1 Dell PC and Licensed Anti Virus for one pc only	All equipments are working properly except UPS	The internet connection is on process
Western Zone	Internet is available	1 Dell Laptop, 1 Compaq PC, APC 650 UPS and Licensed Anti Virus	Equipments working properly	The equipments need to be upgraded.

**IHRIS programmers training:** UDSM conducted a hands-on programmers training for 21 participants from HRIS partners, UDSM.CSD, PMO-RALG, MOHSW (mainland) and Zanzibar MOHSW. The purpose was to build capacity of programmers' on HRIS system installation, customization and Open Source System to support iHRIS system administration.

**HRIS Advisor Secondment to PMORALG:** The THRP worked with PMORALG to recruit a skilled professional to support HRIS implementation at district and central levels. Once recruited, IntraHealth will hire and deploy an HRIS Advisor in Dodoma with the MIS Department of PMORALG. Last quarter, the identified candidate declined to accept the position necessitating that the position be readvertised this quarter. Four shortlisted candidates were interviewed in December. The final candidates will be interviewed by a joint IntraHealth and PMO-RALG panel in January.

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

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

**HRM Follow up visits:** In the last quarter, THRP conducted training on Human Resources Management (HRM) for 20 district health managers from four districts: Kigoma, Simanjiro, Kilindi, and Iramba. This quarter, IntraHealth and Mkapa Foundation staff did a series of follow-up visits to the districts to provide support for the implementation of the HRM work-plan and to advocate for the integration of identified HRH actions into the relevant CCHP. The followup teams met with four Council Health Management Teams (CHMTs) together reviewed each HRM action plans and made recommendations to strengthen the practicality of identified actions to improve their potential for inclusion in the CCHP.

The follow up visits revealed:

- All districts shared their draft HRH work plan with CHMT members and other district stakeholders, however the district authorities did not review the draft action plans critically due to competing priorities;
- Kigoma and Simanjiro translated the HRH action plans into Kiswahili before dissemination to stakeholders;
- All districts are planning to include key HRH activities in the FY 2010/2011 CCHP such as:

- Development of a staff attraction and retention strategy;
  - Mechanisms to improve recruitment;
  - Development of incentive packages;
  - Improving working environment such as renovation/building staff houses, solar power, or communication;
  - Development of plans for staff career development;
  - Tracking mechanism for health staff;
  - Development of induction package;
  - Staff development in supervisory skills (supportive supervision);
- Many activities identified were not within the district span of control and the followup teams assisted the districts to revise the action plans to be more realistic.

Recommendations to improve HRM district strengthening include:

- A strategic review of the training strategy around the HRM toolkit to strengthen the quality and practicality of the HRM action plans developed and further strengthen the understanding of HRH issues among stake holders; including
  - Development of a facilitator's guide to strengthen the quality and consistency of the HRM toolkit and training and strengthening the quality of training and trainers' knowledge of HRH.
- Develop and expand the pool of trainers and/or consultants available who are familiar with district-level HRH issues able to also provide ongoing followup and support;
- Conduct followup activities within one to two months after the training;
- Need to orient the CHMT members on HRH to improve their knowledge and ability to critically analyze HRM action plans for the support of the HRM action plans and hence its approval and integrated into the CCHP.

**Orientation practices and development of a standard orientation package:** The project is in the final stages of developing a draft orientation package for new healthcare workers. The proposed orientation package has been developed through review of the national orientation package and assessment of orientation practices in three districts. Next quarter the proposed orientation package and assessment report will be disseminated to key stakeholders for review and finalization.

**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. Two face-to-face sessions were held in October and November. Nineteen nurses attended the training sessions; the project provided materials textbooks 15 students. All students passed their final exams and practical examinations for the semester with one exception; one student who will resit her exams in January. One student dropped out of the programme as she joined a full-time course at Mirembe in Dodoma. 19 students remain in the programme.

**Improving coaching and support to Masasi Students:** THRP continued to develop systems to improve quality of continuing education program for nurses in Masasi district. The six preceptors trained on coaching and supporting students last quarter continued to supervise students for three hours per week in their respective hospitals.

**Piloting Continuing Education Program for Nurses in Iringa:** This quarter the project through AKF conducted an initial meeting with key stakeholders in Iringa to gather information for planning a pilot of a continuing education courses for nurses in the region at the AKHS Primary Medical Centre based in Iringa Town.

Next quarter, the project will conduct training needs assessment, develop curriculum for the training and recruit the training participants.

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

**Development a cadre of Para-social Workers (PSWs) and their Supervisors:** 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. In November the project conducted the first round of training of 196 PSW trainees and 25 PSW supervisors from Mwanza City Council district. The PSW trainees were equipped with skills to identify MVCs, conduct outreach activities and provide basic social welfare services to MVCs and their care givers.

Prior to the training, the project worked closely with the district level and the ward level Social Welfare Officers (SWO) if in place, as well as the Community Development Officers (CDO) from all five districts to identify individuals who meet the criteria for training.

**LGA advocacy:** The project team conducted an initial round of advocacy with Mwanza City Council, Magu, Kwimba, Misungwi and Sengerema. The main agenda for this round was to reconnect with the LGAs since the MVC Awareness training in early November, and more specifically to solicit feedback and progress on the commitments made during that training. The majority of the districts did not implement their respective MVC plans because the commitments were not reflected in the previous year budget; however, they have indicated their intent to include the stated commitments in this year's budget which is expected to be approved by April 2010.

Next quarter the project will conduct a baseline study in four of the new districts in Mwanza in order to use as a benchmark against which progress will be measured.



Learning through role plays: PSW performing a role play during the PSW training in Mwanza

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

No activity was implemented under this objective during the quarter.

## MONITORING AND EVALUATION

This quarter M&E activities focused on finalizing project M&E documents, training coalition partners on M&E tools and assessing the quality of data collected by PSW trainees in the MVC program in Dodoma and providing M&E technical assistance to coalition partners.

**Developed Project M&E System:** Project M&E documents including the Performance Management Plan (PMP), Performance Management Plan monitoring tool and standard data collection and reporting tools were finalized.

**Capacity Building in M&E:** IntraHealth conducted a two-day M&E workshop for coalition partners (M&E and project staff) with the purpose of strengthening their ability to meet project M&E expectations, better understand standard data collection tools and the level of detail expected for monthly and quarterly reports; and review data quality controls. Eight staff representing all local partners attended the workshop. In addition

to reviewing the standard data collection tools and data reporting requirements and deadlines, each partner completed its specific PMP, drafted its data flow diagrams and determined quality control mechanisms to facilitate collection of quality data. The project will continue with its effort to improve M&E capacity of partners on data utilization for decision making through onsite technical support.

**Data Quality Assessment:** THRCP MVC program conducted a Routine Data Quality Assessment (RDQA) in November to assess the quality of data reported by Para-social Workers on basic social welfare services provided to MVCs in their communities. The purpose of the RDQA was to assess the quality of routine data recorded and reported to MVC Program by Para-social Workers and their supervisors at Dodoma Municipality, Chamwino and Bahi Districts.

The specific objectives of the RDQA were:

- To review the existing system for routine data recording and reporting within the MVC program with LGA Social Welfare Officers, Para-social Worker and their supervisors;
- To assess the quality of routine data recorded and reported by Para-social Workers to their supervisors and the program team in terms of validity, reliability, system integrity and accuracy, using standard data quality audit tools (developed by MEASURE);
- To provide recommendations in light of findings on how to better improve systems for reporting and for reporting high quality data; and
- Develop a plan of action with District Social Welfare Officers (DSWO), Para-social Workers and their supervisors to improve data quality.

Major challenges encountered that affected the quality of data included:

- Inconsistency between reported data against verified data at district, ward and village levels.
- The PSWs and their supervisors poorly understand indicators definitions, data collection tools and reporting requirements;
- Irregular supply of data collection forms in all levels affected quality of data; and
- Inadequate follow up and supervision of PSWs due to lack of transport from district to ward and village levels.

Major programmatic challenges observed were:

- Few resources are designated to replicate M&E forms, provide supplies or motivate PSWs and PSW supervisors to complete the data tools;
- Collaboration among MVC volunteers supported by different organization need to be strengthened to avoid confusion and duplication of data;
- Need to strengthen guidance for establishing community funds and income generation. The RDQA team encountered a few wards that had managed to establish community funds by close collaboration with village leaders. However, PSWs need clearer guidance and support on how to establish community funds and generate enough funding to support MVCs and their caregivers;
- Weak collaboration between the village MVC committees and Africare volunteers to ensure MVCs identified by PSWs are included in the village MVC Identification Registers.

Based on the RDQA findings, the M&E unit is revising data collection tools and will strategize on how best to train PSWs and their supervisors on M&E requirements and the aggregation of data to use for planning. The MVC program will continue efforts to advocate that the LGAs allocate resources to support PSW and their supervisors. The program is planning a series of PSW refresher training in the Dodoma districts to provide more guidance in program implementation.

**Performance Indicators:** Table 2 shows 23% of pre-service training targets were reached and the project is in on track to meet the set targets. Only two percent of in service training targets have been reached as no district-level trainings were conducted. During the quarter, the project focused on key start-up activities within the HRH district strengthening and HRIS project components essential to identify needs and developing interventions.

**Table 2: Performance – Indicators (quantitative) and Results, October 09 – December 2009**

	Indicator	Achievements	Targets	% Achieved	Program Area
		Oct 09 – Dec 09	Oct 09 - Sept 09	based on annual targets	
1	Number of Para-social Worker Trainees trained	196			MVC
2	Number of Para-social Worker Supervisors Trained	25			
PEPFAR # 2.2D. Number of community health and Para social workers who successfully completed a pre-service training program		233	1000	23%	
3	Number of People Trained on HRIS programming and Open Source Language	21			HRH & HRIS
PEPFAR # H2.3. D Number of health care workers who successfully completed an in-service training program within the reporting period		21	1328	2%	

## PROGRAM CHALLENGES

### Establishing a Functional Comprehensive Human Resource Information System

- The last minute drop-out of the selected HRIS Advisor secondment to PMO-RALG meant restarting the time-consuming recruitment and hiring process. Not having a secondment in place slowed some project activities.
- Delayed approval of the MOU between PMO-RALG and IntraHealth initially resulted in delayed project activities slated with PMO-RALG for the quarter. The delay is due to MOHSW administrative processes (PMO-RALG sent the MOU as an inter-ministerial courtesy) and thus outside IntraHealth's span of control. The program will continue to followup with the document as IntraHealth and PMO-RALG strategizes on the best way to proceed according to the HRIS implementation plan.
- Tanzania has multiple ongoing efforts to develop national HRIS systems with potential for duplication of effort and wasteful use of donor resources. The project is aware of two major initiatives, JICA/MOHSW and PO-PSM, which parallel, though not necessarily duplicate, the HRIS sub-project. The JICA/MOHSW and PO-PSM initiatives, are working with UDSM/University Computer Centre and UDSM/Computer Sciences Department respectively, to develop new systems for use by central and local authorities. The project will continue to advocate for regular inter-ministerial discussions among all the key stakeholders to integrate and harmonize these efforts.
- Local programmers have inadequate knowledge on HRH issues necessary for customizing HRIS in line with local HRH needs.

## **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
- Initial district strengthening activities are dependent on consultants. The local market has a limited pool of expert free-lance consultants. Also, coalition partners have had to become familiar with standard recruitment and hiring procedures to meet project and donor compliance requirements. Project partners are moving forward with a much better understanding of the consultant procedures and regulations.
- Public hospitals have limited facilities and resources, leading to inadequate practical experiences for students. Preceptors have been trained regularly to ensure that they give quality supervision and support to students in the workplace.
- Distance learning is a challenge as self-directed learning is a new concept, and needs to be done well to avoid compromising on quality. AKU have sought to address this by increasing the amount of time (number of days) spent with students in face-to-face sessions.

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

- The volunteer PSW experiences low morale due to lack of incentive. The program has ongoing advocacy to encourage the LGAs to develop an incentive package for PSWs but most LGAs have very limited resources and the cadre of PSW volunteers is not seen as a priority concern.
- Data flow from the lower levels of the district is a challenge. The PSW supervisor has no reliable means of transport for both collecting information from PSW or for moving these data to the district.
- With the MVC program expanding to Mwanza and to other districts, the LGA advocacy effort needs more attention and support. The team will strategize on how to manage the strain on existing staff and expand capacity.

## **PROGRAM MANAGEMENT**

**MOU with the MOHSW:** The MOU between IntraHealth International and the MOHSW was finalized and signed 21 December 2009. The MOU covers both IntraHealth projects in Tanzania: the USAID-funded Tanzania Human Resources for Health Project and the CDC-funded Provider Initiated Counseling and Testing program.

**Sub agreement negotiations:** IntraHealth provided technical assistance to IntraHealth field office staff and coalition partners to build capacity on USAID compliance and oversight of sub agreement management. A visiting contracts and grants team met with each of the four local partner organizations to review the terms of the draft sub agreement including reporting requirements, procurement procedures, communications protocols and other compliance and grants management issues. The team also conducted an overall USAID training for coalition partner and IntraHealth staff and had a separate session on sub recipient monitoring for IntraHealth THRP staff.

The partners have a primary role in program leadership and implementation. A challenge identified early is that each partner sub agreement includes a Year 1 budget that is significantly higher than in the original proposal. Very close monitoring of each sub recipient will be essential to the overall program's success. By the end of the quarter, UDSM/Computer Sciences Department and CSSC had signed subagreements in place.

### **Project staffing:**

- IntraHealth hired a Finance and Grants Officer, Rose Otaru, who joined the team 1 November 2009.

- IntraHealth recruited and interviewed four candidates for HRIS Advisor to be seconded to PMO-RALG. Two final candidates will meet with a PMO-RALG/IntraHealth panel in Dodoma in January.
- IntraHealth recruited and interviewed five candidates for position of Director of Finance and Administration; two final candidates interviewed by phone with IntraHealth home office. Final candidate will join the team next quarter.
- BMAF expanded its staff in support of the project to include Dr. Sidney Ndeki, Director of Programmes; Desderi Wengaa M&E Officer and Horest Alphonse, Finance Officer.

**Office move:** IntraHealth moved project offices from Dar es Salaam city centre to the neighborhood of Mikocheni. The new offices accommodate an expanding staff and provide larger meeting space. And contributing to staff morale, the offices are located much more conveniently outside the worst of the city’s congested traffic patterns.

**Project financial status:** Through December 2009, the project had expended 82 percent of its initial obligation, \$2.472 m. In December IntraHealth submitted to USAID a formal request to obligate the FY09 funds. At the time of this writing, USAID/Tanzania sent IntraHealth the first modification to the Cooperative Agreement indicating intent to provide incremental funding, \$4,991,259 to the project.

**Table 3: Financial Status of the Tanzania Human Resources Capacity Project**

Total obligations through 31 December 2009:	<b>\$ 2,472,000</b>
Expenditures through prior quarter (through Sept 2009)	\$1,268,781
Expenditures this quarter (Oct—Dec 2009)	\$749,633
Total Expenditures through 31 December 2009 (expenditures started 1 May 2009)	<b>\$ 2,018,414</b>
Pipeline as of 1 January 2010	<b>\$ 453,586</b>

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

## **PLANNED ACTIVITIES, JANUARY—MARCH 2010**

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

- Organize the first HRIS implementation strategy workshop pulling all key HRIS stakeholders in collaboration with BMAF and MOHSW, March
- Continue to advocate for PO-PSM led inter-ministerial discussions on integrating and harmonizing efforts for implementation of a comprehensive and functional HRIS
- Ongoing participation in HRH Working Group and SO teams
- Work with MOHSW to confirm structure and responsibilities of HRH secretariat. Once in place, conduct orientation to HRH secretariat members on their roles and responsibility, and support the MOHSW in prioritizing and sequencing HRH activities
- Conduct HRH policy dissemination workshop at national level, (a CSSC activity), January

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

- Second an HRIS Advisor to PMO-RALG, February
- Finalize Makete District HRIS needs assessment report and disseminate findings to HRIS inter-ministerial group and MOHSW HRH working group among others
- Follow up on PMO-RALG MOU currently under review by the MOHSW
- TOT, with IMA technical assistance, for key CSSC zonal staff in preparation for deployment of HRIS to CSSC's five zones, March
- Install HRIS system and tools in each of CSSC five zones
- Plan for and support Zanzibar HRIS district-level deployment and utilization
- Facilitate exchange between MOHSW Zanzibar with MOHSW counterparts on the mainland to orient on the process and content of developing training guidelines, February

## **District HRH Strengthening and Development**

- Conduct up to three orientation/sensitization meetings with 20 District and Regions Officials from Mtwara, Lindi and Iringa as to ensure ownership and sustainability of program efforts
- Develop comprehensive strategy for district-level HRH strengthening efforts that encompass private and public sector needs, with MSH and TRG technical assistance, February
- Develop ten local ten experts on HRH familiar with the national HRH strategies and policies to provide guidance and support for district-level initiatives
- Organize a policy discussion with key policy makers to influence enforcement on HRH policies on employment of retired health workers, incentive package for the underserved and payroll.
- Disseminate HRH news periodically for public awareness support towards the national HRH agenda.
- Disseminate the findings of the analyses of recruitment bottlenecks, OPRAS implementation, and staff induction and develop action plans to address recommendations from the studies
- Develop criteria for definition of 'under-served' regions
- Review and finalize national orientation package with key stakeholders
- Assess structural, system and operational and linkages of three Zonal Resource Centres with a purpose of identifying mechanisms to strengthen district HRH knowledge and skills through use of Zonal Resource Centers

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

- Coordinate pilot five-day refresher training for PSWs and their supervisors previously trained in Dodoma, February
- Organize eight advocacy visits (four-days per district) for district and community level follow up and advocacy to two districts in Mwanza and six districts in Dodoma
- Develop MOU for potential matching grants with two LGAs in Dodoma to support council and community initiatives to provide non-financial incentives for PSW volunteers
- Support planning for and participate in MVC IPG retreat in Morogoro, February
- Train approximately 400 PSWs from Magu and Kwimba districts in Mwanza, January and March
- Train approximately 100 PSW supervisors from Magu and Kwimba districts in Mwanza, January and March

## **Monitoring and Evaluation**

- Train PSW and PSW supervisors on revised data collection tools and data use, February
- Conduct a baseline survey in 20 districts of Iringa, Mtwara and Lindi to ascertain the HRM status prior to program interventions, February
- Conduct a baseline MVC survey in five remaining districts in Mwanza to obtain data on existing systems for supporting MVCs prior to THRP interventions, January
- Develop standard project data quality control guidelines and procedures
- Ongoing M&E technical support to partners

## **Program Management**

- Coordinate first Partner Coalition meeting, January
- Conduct first Project Leadership meeting, develop terms of reference and identify priorities for discussion, January
- Finalize Tanzania field operations manual for local staff, January
- Final subagreements with the Mkapa Foundation and Aga Khan Foundation negotiated and signed, February
- Upgrade office computer system and Internet access, February
- Procure computer equipment and furniture for UDSM/CSD, February
- Support cabling for LAN in MIS offices of PMO-RALG, February
- Orient two new IntraHealth staff members, HRIS Advisor secondment to PMO-RALG and Director of Finance and Operations, February and March

**Table 4: International Technical Assistance, October—December 2009**

<b>Visitor</b> <b>IntraHealth Staff</b> ( <i>unless otherwise indicated</i> )	<b>Dates In-Country</b>	<b>Source of funding</b>	<b>Abbreviated Purpose of Visit</b>	<b>Focal Partner Organization/s for Visitor Support</b>
<b>Angela Self</b> <b>HRIS Advisor</b>	Oct 17 Oct 27	Travel funded with global Capacity project core funds	Plan for completion of iHRIS training module in Zanzibar; support for HRIS implementation with CSSC, PMO-RALG and UDSM	CSSC, UDSM, MOHSW of Zanzibar
<b>Tammy Forrester</b> <b>Sr. Contracts &amp; Grants Manager</b>	Oct 20 Oct 27	Travel and LOE funded by IntraHealth overhead funds	Technical assistance to build capacity of IntraHealth staff and local organizational partners in management and compliance with US government funding	BMAF, CSSC, UDSM, Aga Khan Foundation
<b>Michelle Mathewson</b> <b>Contracts &amp; Grants Officer</b>	Oct 20 Nov 3			