

TANZANIA HUMAN RESOURCE CAPACITY PROJECT

Associate Cooperative Agreement No.621-A-00-09-00002-00

QUARTERLY PROGRESS REPORT

July – September, 2009

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INTRAH^EALTH
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TANZANIA HUMAN RESOURCE CAPACITY PROJECT PROGRAM HIGHLIGHTS

JULY-SEPTEMBER, 2009

The section below highlights major achievements of this quarter by program component:

Support to National Level Government

- In collaboration with Development partners (USAID, CDC, JICA, Irish Aid, WHO among others) and MOHSW drafted the Health Workforce Initiative structure which included defining roles and responsibilities of Health workforce Secretariat.
- Supported MOHSW and PMORALG staff participation in East Africa Regional HRH Technical Knowledge Sharing Workshop, Entebbe Uganda

District Strengthening Component

- Four District Executive Directors (DED) from Kilindi, Simanjiro, Kigoma and Iramba districts oriented on Human Resource Management (HRM)
- 20 district managers from Iramba, Kilindi, Simanjiro and Kigoma district (five staff from each district) were trained on Human Resource Management (HRM) I
- In collaboration with MSH conducted a participatory management review and planning workshop with 36 CSSC staff
- 20 enrolled nurses from Masasi district continued with training to become accredited registered nurses
- Six preceptors in Masasi districts were trained in coaching in supporting nurses students

Human Resource Information System Component

- Procured HRIS equipments (15 appliances, 6 Routers and 9 UPS) for UDSM and five CSSC zonal offices
- Finalized data collection tools and completed baseline survey for collecting HR data for health workers in Zanzibar
- In collaboration with PMORALG developed Terms of Reference and completed interviews for HRIS Manager to be seconded to PMORALG

MVC Program Component

- 387 Para-Social Workers trainees from Mpwapwa, Kongwa Bahi and Kondoa Districts trained to provide services to MVCS
- 73 social welfare workers from Mpwapwa, Kongwa, Bahi, Chamwino and Kondoa Districts were trained on supervision of Para-social workers.
- Assessed Local Government Support to MVCs and Para Social Workers in Dodoma Municipal and Chamwino, Bahi, Kondoa districts

A summary of international technical assistance during the quarter can be found in Table 1. Table 2 at the end of this report reports the status of activities against the 5-month workplan in a format similar to a Gantt chart.

INTRODUCTION

The Tanzania Human Resource Capacity Project (THRCP) is a four-year funded project 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 MOHSW to implement the HRH strategic plan
- building capacity of the health and social welfare workforce on provision of quality health care services and address the need of MVCs
- establishment of a comprehensive HRIS system to provide routine HR data for health workers to decision makers in public and private sectors
- development of comprehensive HRH strengthening program that will provide district managers with the needed tools, competence to identify and tackle their own HRH problems

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 with each of the project components presented accordingly. THRCP has four project components: 1) Support to National Level Government; 2) District HRH Strengthening and Development; 3) Most Vulnerable Children Program; and 4) Human Resource Information System.

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: TZHRCP is supporting MOHSW to establish a highly functional HRH Secretariat to support hands-on implementation and coordination of the HRH Strategic Plan. This quarter THRCP partner Mkapa Foundation drafted, in close collaboration with the MOHSW, the Health Workforce Initiative structure which included defining roles and responsibilities of Health workforce Secretariat. The structure was further discussed within the MOHSW management team and Health Workforce Steering Committee chaired by Permanent Secretary and revised by HRH working group.

Next quarter, the revised HRH structure will be presented to MOH Senior Management for final approval. THRCP will support MOH identification and orientation of HRH secretariat members on their role and responsibilities. The THRCP is prepared to second a staff member to the secretariat to facilitate ongoing commitments and activities.

East Africa Regional HRH Technical Knowledge Sharing Workshop: The Project supported four staff from Zanzibar MOHSW, PMORALG, Mkapa Foundation and Intrahealth to attend East Africa Regional HRH Technical Knowledge Sharing Workshop sponsored by the global Capacity Project. The workshop was conducted in Kampala Uganda on August 24 – 27, 2009. The workshop provided an opportunity for Tanzanian counterparts to share the lessons learned implementing and testing innovative HRH strategies with colleagues and partners, and expand the HRH strengthening options in the region.

Support for MOHSW HRH mission to Kagera and Shinyanga (Meatu District) regions: The THRP provided the financial support for public (MOHSW) and private (BMAF) sector participation on the third government HRH field mission to collect data and perspectives on human resources, particularly in the most remote areas. The team met with regional staff and district authorities including the CHMTs and visited remote health centers, dispensaries and Health Training Institutions. The key findings were consolidated with information from the prior two missions and presented during the Joint Health Sector Technical Review.

Leadership and Management Training: In July MSH supported the final workshop of the LDP series to strengthen leadership skills of Directors and Assistant Directors in the MOHSW. During the quarter ten Assistant Directors from the MOHSW completed the program.

Printing Continuing Education/Continuing Professional Guide: During the quarter, 6500 copies of the Continuing Education/Professional Development Guide were printed and delivered to MOHSW. These copies will be distributed to health training institutions, hospitals, health centers, dispensaries, District Management Teams, Regional Health Management Teams, MOHSW central offices and all health partners.

Human Resource Information System Component

In this reporting period the HRIS work focused primarily on data collection efforts on Zanzibar, planning for HRIS activities on the mainland, procuring HRIS equipment, and establishing a common vision for HRIS among key HRIS stakeholders.

HRIS planning: Intrahealth assisted partners (PMO-RALG, CSSC, and UDSM) in the development of an annual work plan and budget for HRIS activities to be conducted between October 2009 and September 2010. Angela Self, HRIS Advisor, facilitated this effort to ensure consistency and coordination across partner plans. An MOU between Intrahealth and PMO-RALG has been drafted, revised and finalized with PMO-RALG for signature. The MOU is currently under review with the MOHSW.

HRIS procurement and support: To support government of Tanzania in establishing HRIS in private and public sectors the project procured and deployed 15 appliances, six routers and nine UPS devices for installation at CSSC and UDSM offices. The equipment will be used to install HRIS in six districts, five CSSC Zonal Offices and support an internal MVC database.

The project replaced a faulty HRIS appliance at CSSC central office with a new one. The faulty appliance was, in turn, sent to UDSM for repair and re-use as part of project efforts to enhance UDSM hardware resource capacity as part of HRIS local sustainability strategy.

HRIS advocacy: In September, the THRP project participated in initial meetings convened by PO-PSM with representatives of organizations supporting and/or implementing, piloting and testing human resource-related databases in Tanzania's health sector. Participants included representatives from USAID, CDC, PMO-RALG, MOHSW, MOFEA, UDSM, and I-Tech. During the first meeting it was agreed to 1) directly address concerns regarding the potential of duplicated and dispersed HRIS efforts and 2) to apply a sector approach to ensure smooth implementation of an inclusive HCMIS that takes district and LGA information requirements into account. During a second meeting, PO-PSM presented the Lawson (version 9) HCMIS system showing the system features. The system is a very comprehensive system to meet PO-PSM and line Ministries needs.

Subsequent meetings will focus on the other initiatives under development: an integrated HRIS for district-level human resource planning (PMO-RALG/IntraHealth), a MOHSW HRIS pilot (JICA/MOHSW) and Trainsmart (I-Tech). Also a technical review of each system is planned including the purpose, end-user requirements, customizations anticipated, areas of overlap and gaps in the potential for linking to the central HCMIS.

MVC Program Component

PSW Partnership and Advocacy: The MVC program met with its partners (the Tanzania Institute of Social Work, the Jane Addams College of Social Work and the American International Health Alliance) to provide activity updates, plan for the next quarter's activities and discuss future collaboration. JACSW shared an outline for a one-year certificate program for Social Welfare Assistants. The five-day curriculum for refresher training for Para-social workers will be completed in December 2009. The refresher training is the final step in the pre-service program following the initial eight-day training and six-month supervised practice. The partners agreed to facilitate PSW regional meeting where all stakeholders implementing PSW module regional wide were involved to share progress in implementing program activities and discuss areas for collaboration.

Assessment of LGA support of MVC services in Dodoma: During this quarter, MVC team conducted an assessment in Dodoma Municipal, Chamwino, Bahi and Kondoa districts of Dodoma region. The assessment focused on local government support for MVCs and for PSW trainees in the districts, the availability of MVC incorporated in local government plans, and PSW attrition since initial training. In total 596 key participants participated in focus group discussions. The initial findings from the assessment include:

- 70% of PSW trainees provide psycho-social support (PSS) and service referrals to MVC and their caregivers;
- In all wards surveyed, except one, stakeholders were unanimous in reflecting a positive perspective regarding the work of PSW trainees;

- Only Dodoma Municipality has allocated a budget line in their district budget to obligate funds for MVC;
- None of the four LGAs surveyed have budget lines in their district budgets to support PSW trainees or their supervisors; and
- Except in one instance, all PSW trainees are receiving in-kind support from ward and village leaders, including organization of meetings, provision of stationeries, and more.

The assessment found multiple “*Success Stories*” of PSW trainees having positive impact in their communities and working effectively with MVC and with local government. Examples include:

- Success cited in linking MVC to educational resources;
- Success cited in linking MVC to health resources;
- Success seen in inspiring village and ward leaders to establish “community funds” to support work on behalf of MVC;
- Success in co-creating work plans in at least six wards, crafted by ward officials and PSW trainees, for working collaboratively in the provision of social welfare services;
- Success reflected by PSW participation in WDC meetings and working with MVCC committees; and
- Success in PSW trainees liaising effectively with other OVC/MVC actors in the district, both NGO volunteers as well as village and ward leadership.

And the assessment found **key challenges**:

- Some PSWTs are interested in becoming fully-fledged social workers, but school fees remain a barrier;
- LGAs have not allocated budgets to support PSW trainees, though MVC funds are designated in other community/social budgets (mostly small amounts to support schools fees);
- 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;
- There is still a belief in some communities that it is the responsibility of NGOs to support MVC; therefore, efforts need to be made to raise community awareness in this matter;
- In some communities, MVCs are grouped based on from which organizational they are affiliated, which creates confusion in data management (possible double counting, for example);

The preliminary assessment findings were disseminated in a one-day workshop conducted in Dar es Salaam. Thirty participants included representation from six LGAs in Dodoma, PMO-RALG, MOHSW, DSW, PACT and AFRICARE. The participants discussed key challenges in supporting the needs of MVCs and providing support to volunteer PSW trainees. They provided recommendation to address the challenges. MVC program have include specific activities to support LGAS to address the challenges observed in the assessment in October 2009 – September 2010 work plan.

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

Human Resource Information System Component

HRIS Implementation in Zanzibar: THRP continued to support MOHSW in Zanzibar in setting up HRIS system in Zanzibar. The project, in collaboration with DANIDA and Zanzibar MOHSW, finalized HRIS data collection tools and conducted baseline survey for collecting HR data for health workers in Zanzibar. By early October 90% of data has been collected and preliminary reports were prepared for the Annual Joint Health Sector Meeting. Preliminary reports indicate 3000 health

personnel in contrast to 2003 headcount that established 3500 health staff. Records for 500-- individual gap found and validated. The immediate plan is to return to the districts to meet with the District Management Team's (DMT) to review the data findings and seek to fill gaps which is considered part of the data cleansing process.

Some of associated challenges include much disorganized data and difficulty in data collection at hospitals and health facilities including Mnazi Mmoja Central Hospital. The team is working to finalize the hospital data. They have to identify training activities, services needed at the hospital, what specialties are needed, and what manpower is needed pending the exercise completion. When data is complete they will develop the 5-year health training master plan – expect to have this sometime in 2010. WHO is poised to help Mnazi Mmoja training needs but wants a report on what is most needed.

Next quarter the project will support final data collection efforts in Pemba and M; and consultant time to import and clean the data. IntraHealth has had ongoing discussions with I-tech as to the feasibility to collaborate on linking the two database systems. Although discussions focus on Zanzibar the mostly likely way forward will be on the mainland.

HRIS Manager seconded to PMORALG: THRCP project is supporting PMORALG to recruit skilled staff for supporting HRIS implementation at district and central levels by hiring and deploying HRIS Manager in PMORALG This quarter, HRIS team in collaboration with PMORALG developed the Scope of Work and Terms of Reference for PMO-RALG HRIS Manager and completed interviews for the position. Currently HRIS team and PMO-RALG are finalizing the process for hiring HRIS Manager.

District HRH Strengthening and Development Component

Orientation workshop for District Executive Directors: With the Mkapa Foundation leadership, the project conducted an orientation on HRH/HRM for four District Executive Directors from the districts of Kilindi, Simanjiro, Kigoma and Iramba. The purpose of the workshop was to orient and build the knowledge of District Executive Directors on Human Resource for Health with the aim of creating ownership and sustainability of the HRH issues in their respective districts. The main topics of the workshop included learning of new HRH concepts, sharing experiences and discussing issues related to HRH in respective districts. By the end of the orientation, each district developed a two years vision on HRH. The visions were shared with the respective districts during the development of HRM action plans.

Training on HRM toolkit for district health managers: Following the DED orientation, the THRP conducted an HRM training providing tools and strengthening the skills for district managers to identify and tackle their own HRH problems. During the quarter, 20 managers from Iramba, Kilindi, Simanjiro and Kigoma district (5 from each district) were trained. The main objective of the training was to build the knowledge, understanding and skills on Human Resource Management (HRM) to District Health Managers to enable them plan and manage the implementation of the HRH activities efficiently and effectively in respective districts.

The main components of the training included; The HRM component covering recruitment, learning and development, performance development, remuneration and rewards and finally exits. Participants were also taken through the HRM toolkit that comprised of assessment on HRH issues and root causes, identification of priority interventions, development of HRM action plans, follow-up of the action plans and monitoring and evaluation. The evaluation of the training showed the training was useful and all participants appreciated the training. Each district came up with HRM action plan. The HRM plan will be integrated into the respective Comprehensive Council Health Plans (CCHP) for effective implementation.

Next quarter, THRC team will conduct a supportive supervision visit to each district to review the progress in integrating HRH activities in CCHP, provide guidance on HRH challenges and mentor district staff in the implementation of HRM action plans.

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

District HRH Strengthening and Development

Harmonizing HRM toolkit and Leadership Development Program (LDP) trainings: This quarter, Intrahealth, BMAF and MSH held a two day meeting to harmonize the methodology for conducting Leadership Development Program (LDP) and HRH toolkit trainings for district manager. The methodology for conducting LDP and HRH toolkit training and harmonized training plan was developed. Further discussions and plans on conducting LDP and HRM training to facilitators and district managers will be done next quarter

Support the upgrading of enrolled nurses to registered nurses in Masasi district: The project continued to support the Masasi district by funding training for twenty nurses to become registered nurses. Two face-to-face sessions were held in August and September. Seventeen nurses attended the training sessions. Subjects covered include; Fundamentals of nursing, Child Health Nursing, Health assessment, Nursing informatics, Developmental psychology, Reproductive & Maternal Health including the practical experiences.

Improving coaching and support to Masasi Students: THRP continued to develop systems to improve quality of continuing education program for nurses in Masasi district. This quarter eight preceptors from Mkomaindo and Ndanda hospitals (Masasi District), Ligula Hospital (Mtwara) and Sokoine Hospital were selected for preceptor training. Six preceptors were trained on coaching and supporting students. Two preceptors from Sokoine Regional hospital did not attend the training due to communication difficulties at the hospital. Plans are underway to train these two preceptors through one-to-one support from Faculty on the specific clinical modules to support the students in the workplace.

Providing learning resources to students: The Clinical Officers Training College (COTC) in Mtwara is the designated resource center and continues to be used for all the classroom teaching and exams. This quarter, THRP supported the college with 27 text books with modules for semester two courses. THRP also supported Mkomaindo nursing college with 28 text books.

The COTC will also be assisted with an internet modem connection to enhance the student's utilization of the internet for their proficiency in computer and Nursing Informatics. In addition, the Mkomaindo nursing college in Masasi will have two desktop computers, printer and internet connection to upgrade the resource centre. More books with electronic copies relevant to the remaining semesters will be distributed to Ndanda hospital nursing training school for the students' ease in access.

MVC Program Component

Development a cadre of Para-Social Workers (PSWs) and their Supervisors: This quarter, the THRP in partnership with the Tanzania Institute of Social Work, the Jane Addams College of Social Work and the American International Health Alliance trained a total of 387 Para-Social Worker trainees from Mpwapwa, Kongwa Bahi and Kondoa Districts. 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. After the training, PSW trainees with support from Local Government

Authorities and intrahealth will provide basic social welfare services to MVCs in their village for six months before attending a follow up training to become a certified Para-Social Worker.

As supervision is a key to ensure the PSW trainees provide quality service to MVCs in their community and report quality data, THRP program trained 73 para-social worker supervisors from Pawpaw, Konawa, Bahia ,Cham wino and Condo Districts.

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

Zanzibar Health Worker Productivity Study

The THRP forwarded a draft version of the final report of the Zanzibar Health Worker Productivity Study to the MOHSW Zanzibar. With funding under the global Capacity Project, IntraHealth conducted a followup study of health worker productivity in pilot facilities following a series of interventions that had been in place for six months. The study assesses whether any measurable improvement in health worker time use could be found. The results are suggestive that the implemented interventions had some effects on the time-use of the health workers in the pilot districts, including a substantial reduction in the amount of time spent waiting for patients. However, further improvements are still desirable, in particular, improvements which will lead to an increase in time spent in patient care and outreach. Interviews and observation in the facilities and district offices suggest that the management training that has been received is being taken very seriously. Also of note, most of the staff in the observed facilities have been in their facilities for quite a long time—an average of 15 years, with a low of three years and a high of 38 years. This is in contrast to district and zonal level leadership which has had some significant turnover in recent years.

The global Capacity Project intends to finalize the report during the next quarter.

Monitoring and Evaluation

Developed Project M&E System: This quarter, the project's M&E activities included development of four M&E documents which stipulate how the project activities will be monitored and evaluated. The M&E system consists of:

- Performance Management Plan (PMP) which outlines how the project will be monitored including expected results, indicators to measure the results, source of data and targets for each project objective;
- Performance Management Plan (PMP) Monitoring tool, created in excel format to permit the monitoring of results and activities on an ongoing basis and to ensure a shared understanding among staff of how PMP indicators are defined, calculated and reported;
- The Tanzania Human Resources Capacity Project (THRCP) M&E Operational Plan, designed to guide and organize M&E activities and inform project staff how M&E activities will be conducted and results utilized to inform project decision-making.
- M&E workplan, an operational document listing M&E activities, timelines, responsible individuals and expected outcomes.

Assisting Partners to develop M&E System: This quarter, Intrahealth assisted partners (BMAF, CSSC, UDSM, MSH and AKF) to draft Performance Evaluation Plans (PMP) and M&E annual work plans for the activities they will be implementing from October 2009 –September 2010. Next quarter, Intrahealth will continue to build the capacity of partners of M&E by conducting M&E workshop to familiarize partners with project M&E expectations, orient the partners with and data collection and

reporting tools and assist partners to finalize their PMP, PMP monitoring tool and data dissemination and use plan.

Annual and quarterly indicator performance data is presented in Table 1

	Indicator	Achievements		Targets Oct 08 - Sept 09	Annual % Achievement	Program Area
		July - Sept 09	Oct 08 - Sept 09			
1	Number of Para Social Worker Trainees trained	387				MVC
2	Number of Para Social Worker Trainees Supervisors trained	73				
3	PEPFAR 8.2 Number of individual trained on MVC	460	749			
4	Number of District Executive Directors oriented on Human Resource Management	4				Other: Policy Analysis and System Strengthening
5	Number of District Managers trained on Human Resource Management	20				
	Number of individual participating in nurse preceptor training	6				
6	PEPFAR 14.4 Number of individuals trained on institutional capacity building	30	254	300	85%	
7	PEPFAR 14.2 Name of organization provided with technical assistance for HIV-related institutional capacity-building	5	35	20	175%	
8	HIV Peer education Training	30				
9	PEPFAR 14.5 Number of individual trained on stigma and discrimination reduction	30	374	350	125%	

Table 1: Performance Monitoring Plan with indicator data for October 08 – Sept 09

Program Challenges

- The IntraHealth MOU with PMO-RALG has been caught in PMO-RALG/MOHSW administrative processes which has delayed secondment of the HRIS Advisor initially slated for October 1, 2009. The MOU is subject to inter-ministerial communication and beyond IntraHealth control at this stage. We will continue to closely follow up each of the ministries.
- The JICA/MOHSW HRIS implementation potentially overlaps with the THRP HRIS sub-project-through with UDSM. The JICA/MOHSW team is developing a scratch HRIS system for use at the central and local authorities, which parallels efforts of the THRP HRIS activity with PMO-RALG. IntraHealth is actively engaged in the inter-ministerial discussions, sponsored by POPSM, to integrate and harmonize all efforts.
- Due to multiple delays and travel of principal staff, the MOHSW has yet to forward the Country Director's permit and exemption certificate paperwork to the President's Office. IntraHealth is monitoring the situation closely and drawing upon key counterparts to advocate on Country Director's behalf.
- The project is challenged by the need to use trainers and facilitators for para-social worker training. These individuals have a scarce credential in that they are trained by the Institute of Social Welfare as PSW trainers. Those who are ISW faculty are effectively government employees. IntraHealth is exploring the possibility of an MOU with ISW to cover the use of key personnel essential for program scale up.

- The THRP needs to invest in developing a broad strategy to manage expected scale up of strengthening districts' ability to plan for, recruit, hire and manage health personnel. The strategy must include investment in developing trainers familiar with district-level HRM issues, the development of a facilitator's guide and work with zonal training facilities and facilitators.

Program Management

Coalition Partner Meetings

The project held three partner meetings during the quarter. The first focused on developing a common understanding of the THRP across all partners and across the many project components including understanding USAID's vision for this project; a review of project goals, objectives and expected results; partner contributions and setting the stage for workplan development, monitoring and evaluations systems and project management structure.

During the second meeting in July, partners shared a first draft of their 12-month workplans and solicited feedback from colleagues. From that point partners developed more specific and more detailed workplans. By the end of the quarter the THRP had a consolidated document for submission to USAID.

Under the leadership of the Mkapa Foundation, the coalition partners met to develop a project presentation to be presented at the weekly MOHSW management committee meeting. Each partner mapped its technical contribution within the THRP to each of five of the eight Strategic Objectives of the MOHSW national HRH Strategic Plan. The work is one result of an increasingly holistic view of the project by the local partners.

Staffing

- Bakari Ally, HRIS Specialist, joined the team, 1 July.
- Dr. Swai returned to the Human Resources Department of the MOHSW effective 31 August.

Financial Status

Total obligations through 30 June 2009:	\$ 2,472,000
Total Expenditures through 30 Sept 2009 (expenditures started 1 May 2009)	\$ 1,268,781
Pipeline as of 1 October 2009	\$ 1,891,221

Through September 30 2009, the project has expended 40 percent of its FY08 obligation, \$2.472 m. In September 2009, USAID notified IntraHealth of planned FY09 obligations for a total of \$4,691,259. IntraHealth anticipates submitting a formal request to USAID in November to obligate the FY09 funds once October actual expenditures have been reviewed.

Planned Activities for October through December 2009

HRIS

- PHP training conducted by UDSM, at Open University and Kibaha 28—31 Oct (Seleman from Zanzibar to co-facilitate);

- Finalize data import and cleaning to strengthen data quality from data collection exercise in Zanzibar;
- District assessment in Iringa for HRIS led by PMO-RALG, 16—20 November ;
- Second an HRIS Specialist to PMO-RALG, Yusuph Kalyufa will start with IntraHealth, 1 Dec;
- HRIS stakeholders meeting to review district findings.

Support to National-level Government

- Participation in Mkapa Foundation Annual Stakeholders Meeting, 18-19 Nov;
- Zanzibar Productivity Report finalized;
- Assessment of Recruitment challenges of health workers in Tanzania and implication on public health service delivery;
- Assessment of Performance Management System in the Tanzanian Health Sector;
- Assessment of the Staff Induction process and practice with the health sector in Tanzania;
- Assessment of the structural, operational and linkages of three zonal resource centres (MOHSW) with a purpose of establishing a sustainable system of increasing the supply of the health workforce.

District Strengthening

- Develop checklist and questionnaire for follow-up of HRM training;
- Conduct supportive supervision to four districts and followup of developed HRM action plans;
- 20 enrolled nurses in Masasi District embark on final year of training.
- Continue with monthly face to face sessions for the 20 enrolled nurses at COTC Mtwara

MVC Program

- PSW sensitization meeting in Mwanza, 6 Nov
- Volunteer PSW training, Ilemela and Nyamagana districts, 11-19 Nov
- PSW Supervisors Training, Ilemela and Nyamagana districts, 20-24 Nov
- LGA followup and advocacy, Dodoma, 5--15 Dec
- MVC baseline assessment, Ilemela, Nyagagana, Magu and Misungwi districts in Mwanza, 1-19 Dec

Monitoring and Evaluation

- Partner meeting to review data reporting requirements and tools, 3 Nov
- Data quality assessment of PSW trainee data in four districts: Dodoma Municipal, Chamwino, Bahi and Kondoia districts, 4—20 Nov
- Partner M&E workshop to review quarterly reports, data quality and M&E systems, 3-4 Dec

Management and Operations

- Partner subagreements negotiated (with TA from IntraHealth Contracts and Grants Office) and signed
- Partner Coalition Management Meetings
- Office move from Dar es Salaam city centre to Mikocheni
- COP 10 plan worksheets and budget submitted to USAID
- APR, ad hoc reporting questions and quarterly report submitted to USAID
- Project branding and marking plan drafted and submitted to USAID
- Recruit and hire Director of Finance and Administration and Subgrant Officer
- Request for FY09 funds obligation submitted to USAID

Table 1: International technical assistance, July—September 2009

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
Heather Douglas, Program Specialist	June 27 – July 22	THRCP	Support the development of comprehensive detailed 12 month budgets for IntraHealth and Partner organizations	BMAF, CSSC, UDSM, Aga Khan Foundation,
Jackie Lemlin, Senior Program Manager	July 3- 23	THRCP	Guide project direction consistent with commitments to USAID	BMAF, CSSC, UDSM, Aga Khan Foundation, ECSA, TRG, MSH
Liya Akililu, Monitoring, Evaluation, and Research Manager	July 4-24	THRCP	Assist the development of the Monitoring and Evaluation plan for the 12-month work plan	BMAF, CSSC, UDSM, Aga Khan Foundation,
Margaret Morehouse, Training Resources Group (TRG) Consultant	July 6-10	THRCP, Travel costs shared with regional travel	Support long-range planning and budgeting of HR district strengthening component for 12-month work plan	BMAF
Angela Self, HRIS Advisor	July 12-24	THRCP	Assist with developing the HRIS component of the 12-month work plan (central and district levels)	PMORALG, MOHSW, CSSC, UDSM, IMA
Laura Guyer-Miller, Training Resources Group (TRG) Consultant	July 24 – August 7	THRCP	Assist with developing MVC component of 12-month work plan	Tanzania ISW, DSW
Barbara Stillwell Director, Human Resources for Health & Health Systems Strengthening	Sept 14-16	Travel costs shared with regional travel	Senior management visit to review program status and CD performance	BMAF
Laura Guyer-Miller Training Resources Group (TRG) Consultant	Sept 28—Oct 8	Travel costs shared with regional travel	Assist with planning for MVC M&E Dissemination meeting; TA to the MVA program and with local partners	Tanzania ISW, DSW, JACSW, AIHA