

THE TANZANIA HUMAN RESOURCE CAPACITY PROJECT (THRP)

1.0 INTRODUCTION

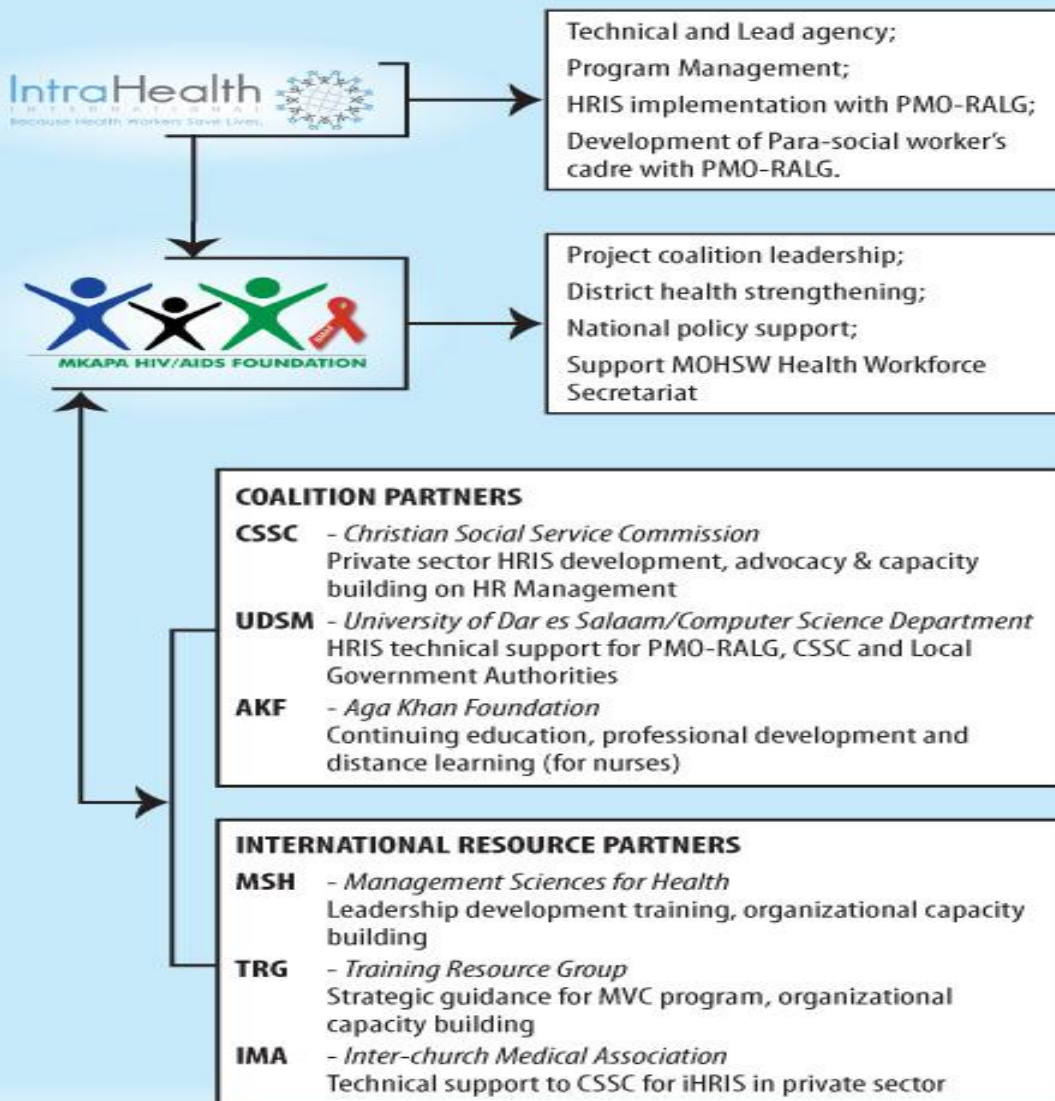
- 1.1. The Benjamin William Mkapa HIV/AIDS Foundation (BMAF) is collaborating with Intrahealth International under the funding from USAID to implement Tanzania Human Resource Capacity Project (THRP). The project is closely partnering with the Ministry of Health & Social Welfare (MOHSW) and Prime Minister's Office Regional Administration & Local Government (PMORALG) and has a common goal of improving the health and social welfare workforce of Tanzania. The project is working within the country's policy framework and through local institutions, promoting government ownership, and engaging with partners to improve the delivery of health and social services.

- 1.2. The project is a consortium of partners which is under the technical leadership of Intrahealth International comprises of the Benjamin William Mkapa HIV/AIDS Foundation (BMAF); Christian Social Service Commission (CSSC); Agakhan Foundation (AKF); Institute of Social Welfare (ISW) and University of Dar es Salaam – Computer Science (UDSM). Other partners in the project include MOHSW, PMORALG, Local Government Authorities, and Management Sciences for Health (MSH), Technical Resource Group (TRG), IMA and Jane Adams. Each partner brings into the project its comparative advantage it has vested on Human Resource for Health (HRH) related matters.



Tanzania Human Resource Capacity Project (THRP)

Consortium of Partners under the joint leadership of BMAF and IntraHealth International to support the implementation of the National Health Sector Strategic Plan III and National HRH Strategic Plan



1.3. The project goal is to support and capacitate the public and private sectors to build and maintain an effective workforce and Human Resource (HR) management systems for Tanzania's health and social welfare services.

The project four strategic objectives are:

- 1) 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.
- 2) To strengthen the capacity of the national and local government authorities to predict, plan for, and recruit the health and social welfare workforce.
- 3) To improve the deployment, utilization, management, and retention of the health and social welfare workforce; and
- 4) 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.

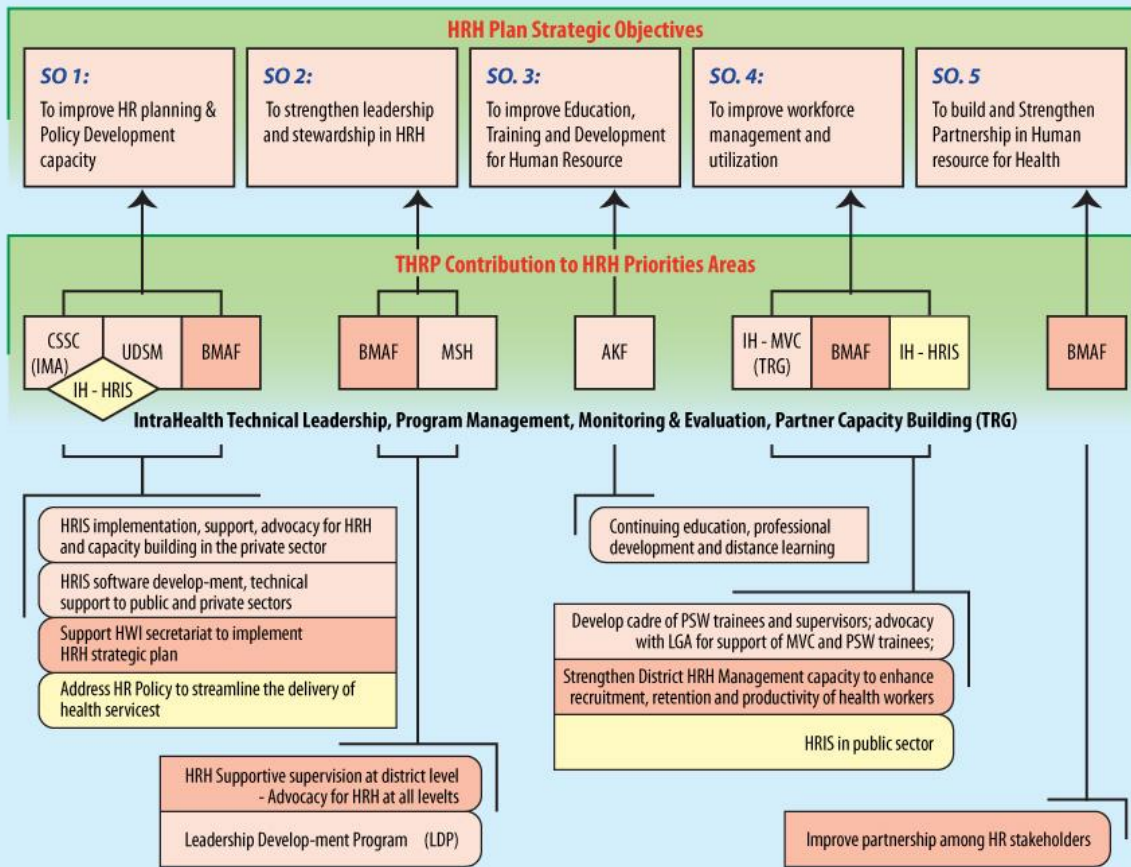
THRCP implementing partners

- **IntraHealth International (prime partner),**
- **Benjamin Mkapa AIDS Foundation (BMAF)**
- **Christian Social Services Commission (CSSC)**
- **University of Dar es Salaam (UDSM)**
- **Aga Khan Foundation (AKF)**
- **Management Sciences for Health (MSH)**
- **Training Resources Group (TRG)**
- **Inter-church Medical Association (IMA)**



Tanzania Human Resource Capacity Project Contributions to HRH Strategic Plan 2008-13

GOAL → To guide the health and social welfare sector in planning, training and development, management and utilization of human resource



CSSC - Christian Social Service Commission
UDSM - University of Dar es Salaam

TRG - Training Resource Group
BMAF - Benjamin Mkapa AIDS Foundation
AKF - Aga Khan Foundation

MSH - Management Sciences for Health
IMA - Inter-church Medical Association

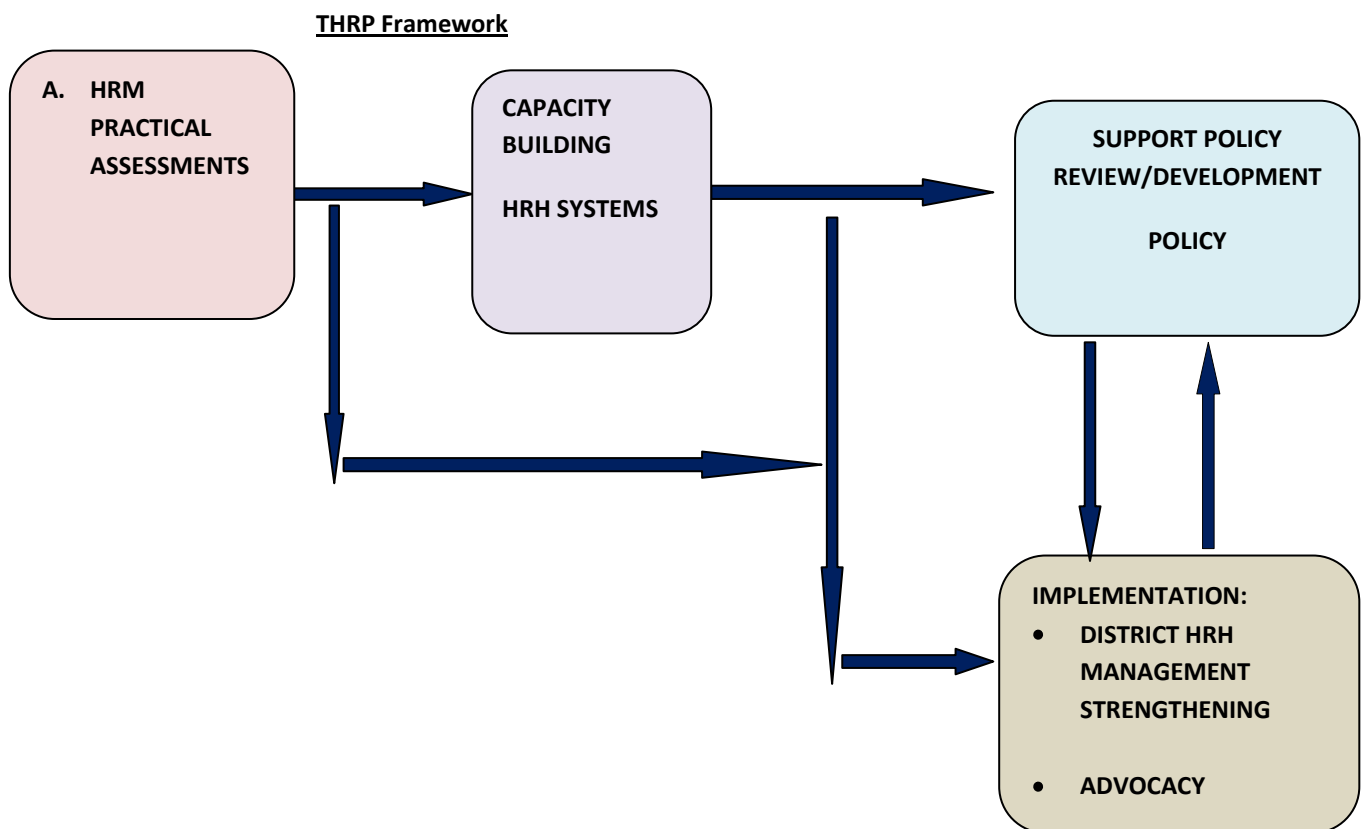


1.4. THRP is an initiative which is taking forward the challenges noted in HRH policies, systems and practices as documented by Mkapa Foundation during the implementation of its two innovative projects of Mkapa Fellows Programme and Emergency Hiring Project.

1.5. THRP provides direct support to all districts (20) located in 3 regions of Mtwara, Lindi and Iringa. Nevertheless, through the project support at the national level, it is expected that there will be ripple effects on improving HRH situation to the other remaining 113 district councils of Tanzania

Strategies applied by the project to reach its goals ranges from:

- ✓ Effective integration of the interventions within the existing health system and structures;
- ✓ Providing evidence based information for decision making;
- ✓ Capacity building of local experts and district health managers on Human Resource Management (HRM);
- ✓ Working in collaboration or through the Zonal Health Resource Centers
- ✓ Networking and partnership with professional associations, media and local partners.



The implementation of THRP is divided into four major categories that are interlinked and interdependent as follows;

- A. **Human Resource Practical and HRH practices** will be assessed on the real practice at the districts level and the results will either lead to capacity building due to the gap identified during the assessment or might lead to developing and action plan and implementing the activities

- B. **Capacity Building and HRH System** – This is another category which depends on the results from assessment conducted and will input into the implementation block and will also influence policy makers through policy table discussion and knowledge sharing forum
- C. **Policy Development** will results from the results of the assessments and capacity building where in long run will contribute into smooth implementation of different activities in the THRP
- D. **Implementation & District Follow up's and Advocacy** might result from policy development or direct implementation of activity.

2.0 CURRENT UPDATES/ACHIEVEMENTS:

Until recent, the project has been able to register some key achievements that include:

Collecting of the HRH baseline data from 20 THRP districts was done. BMAF conducted a baseline survey in 13 districts of Mtwara, Lindi and Iringa and Ruvuma Regions to collect data to provide a benchmark for HRH implementation, determine specific initiatives for each district and to build BMAF capacity in undertaking such an assessment. The preliminary findings of the baseline showed that:

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

However, in supporting the Ministry of Health and Social Welfare in the implementation of the HRH strategic plan, THRP project has been able to assist the development of the structure, roles and responsibilities of the HR Workforce Secretariat. The secretariat is currently in place and will be trained on HRM and Monitoring and Evaluation as to effectively carry out its duties.

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

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

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

Orientation and planning sessions among Project Coalition partners has been attained whereby BMAF further developed a project work-plan and budgets for 5 months (April – September 2009) and 12 months (October 2009 – September 2010); policy table discussion was held with the MOHSW key officials. 20 media personnel from TVs, Radio and Newspapers trained on HRH issues. The main objective was to build capacity on HRM themes. The broad purpose is to lay the groundwork for further advocacy for an improved HRH management system for the Tanzanian health workforce to increase job attractiveness, motivation and staff retention. BMAF has been working with the media in implementing these action plans in last and the coming quarters.

The workshop covered:

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

Review of the CCHP documents to incorporate HRH indicators: BMAF consultant reviewed HRH policy documents (HRHSP, MKUKUTA II, HSSP III, and MDGs) and recommended HRH interventions, targets and indicators to be included in the revised national guideline for CCHPs. The proposed HRH inputs were pretested at Kondo District Council, Kinondoni Municipal Council, Kibaha Town Council and Kibaha District Council and their input were incorporated. The recommended changes were forwarded to the MOHSW for final review and ministerial approval. The proposed HRH inputs to the CCHP guidance focus on the following areas: HRH interventions: Personal Emolument, Staffing level standard (to be done at national level), professional development, Retention for health workers, Staff productivity, working environment, availability of housing, water, etc. A new priority area: Strengthen HRH management capacity for improved health services delivery has been included.

The project has also been able to complete the assessments on HRH (in depth recruitment bottleneck; OPRAS practices and induction/Orientation practices of newly employed health workers.

The project is intending to link production of health workers (supply) from training institutions to the recruitment system (demand) hence assessment on structural, system and operational linkages is being conducted. The purpose is to establish 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 labour markets through different methods such as conducting Job fairs.

As we recognize that there is no standard incentive package to be applied by LGAs to support the retention of Health workforce especially in remote and rural districts, the project is supporting a review for developing a multisectoral criteria to define underserved areas which will contribute to development of a draft guide for an incentive package for the health sector, which can be applied by the Local Government Authorities.

Orientation guide/framework: BMAF developed a draft orientation framework for new health workers around five stages of new employment: the start of employment, the first day, first week, first month and first quarter. The orientation package consists of several tools and a checklist that can be used to guide the orientation process of new employees posted to the district. The project has disseminated the findings of the 3 assessments to Government and HRH WG members, developed National Orientation package for newly recruited health staff, trained 210 district officials on the developed National Orientation package (Iringa, Lindi & Mtwara), developed facilitators guide for TOT on National HRH Supportive Supervision Guideline 18 TOT (from Mtwara, Lindi & Iringa, 4 ZHRC personnel) identified and trained on National HRH Supportive Supervision guide.

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

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

The participants practiced with the checklist at Morogoro Regional Hospital, Mzingu Hospital and Mazimbu Solidarity Hospital. Areas that need improvement include developing a facility-level HR annual plan, implementing OPRAS and pay for performance. Each region developed an action plan and budget for implementing supportive supervision training in their region. Next quarter, BMAF will support RHMT to conduct supervision with CHMT members.

Supporting the Ministry of health and Social Welfare in conducting the tracking of health workers exercise in the Districts:

The Benjamin William Mkapa HIV/AIDS foundation is complementing government efforts in addressing human resource shortage in the country by implementing Tanzania Human Resource Capacity Project funded by USAID.

Of recent, the Benjamin William Mkapa HIV/AIDS Foundation under the technical backstopping of the Tanzania Human Resource Capacity Project (THRP), decided to support the MOHSW on tracking of the posted health staff. The aim of conducting a tracking exercise is to provide information of the exact situation of the posted staff. The prime intention is to track new hires so as to feed the MOHSW on progress.

The MOHSW has noted a serious and increasing shortage of skilled health workers at all levels, which is compromising the ability of the health system to deliver quality health services to its people. This shortage is more severe in rural and hardships areas and among mid-level health workers such as nurses, clinicians, midwives, pharmaceutical and laboratory technicians, and health officers and administrators. The HRH crisis is attributed to various related causes, including problems in pre-service training, recruitment, fielding and retention of health sector staff, and a weak capacity at all levels for HRH planning and management

It has been noted that there has been unconfirmed reports that some of the posted staff have not reported to the districts they were assigned. Some reported but absconded immediately or after staying for few months. No knowledge of the most affected districts. Therefore, there is a need of conducting a tracking exercise which will provide information of the exact situation of the posted staff. The analysis of information will pave the way to policy interventions that attract health staff to underserved areas. Therefore key objectives are to track recently hired health staff and put in place a permanent tracking system, determine the number of posted candidates per district, determine what was the proportion of candidates who reported, determine proportion of reported candidates who are still there, determine the number of staff who left after reporting, determine the factor this made staff to remain, determine the factors that makes new employees to leave, determine districts which are mostly affected.

Supporting the Ministry of Health and Social Welfare in updating, improve and produce staffing level in the health sector:

The staffing level review exercise is among the important tasks earmarked to be carried out in the effort to ensure the provision of quality health services is effective and accessible to all. The existing official staffing levels were developed in 1999 and it was meant to be applied for about 5 years and be reviewed in 2005. An attempt in this direction was made whereby a draft was developed. However the process was not completed. As a result, the Sector is still utilising the 1999 staff establishment which is outdated. Its applicability has been challenging to both Training Institutions and health service provision facilities at all levels leading to the demand for its review. In order to move this agenda forward, during the Joint Annual Health sector review meeting held in 2009, a milestone was set to review the staffing level of the health sector. Mkapu HIV/AIDS Foundation is supporting the MOHSW in conducting the manning level assignment by applying variety of approaches including the health care demand, health care needs approach, personnel to population and service targets approach. This is due to the known fact that there is lack of suitable staffing level to justify workforce requirement/demand for new staff, increased number of health facilities, new policies, emergency of new diseases, health care packages and introduction of new methodologies at training institutions due to change of curricula. The overall objective and its deliverable is to revise the 1999 staffing level guideline to meet the current workforce requirement and come out with a new updated staffing level document.

What BMAF records as went well in implementation of its year one activities include:

- Assessments: These have provided with enough information and evidence which have inputted into the capacity building block, policy and implementation as whole.
- Partnership coalition meetings were held as planned which assisted in identifying areas for improvement and adjustments and will continue in year two.
- Using of the zonal centers for project implementation of the activities.
- Integration of the HRM components into the national CCHP guideline

- Training of media personnel followed by periodic dissemination
- Selection of the 25 national experts which exceeded the previous number
- Training of the RHMTs on the National Supportive Supervision
- Internal project reviews led to change of scope and hence assisted in the expediting of activities.
- Early planning of the activities has also contributed to success in planning the activities.

Lessons Learned

- Use of the ZHRC in the implementation of the THRP activities may assist in expediting implementation hence BMAF will work with the zones to speed up implementation process. This will as well ensure sustainability.
- Use of the media personnel to disseminate HRH news periodically adds value into our implementation of the activities
- The local HRH experts are a nice entry point into implementation in reaching the Districts.
- Use of the Government organs necessitates implementation of activities. i.e. PMORALG,POPSM and MOHSWH lead to true buy in and fasten implementation
- BMAF experience on HRH as well as IH support assists in implementation

The project encourages evidence based information to be retrieved from further assessments or studies on Human resources issues that reviews HRH systems, practices and policies. To implement this objective, an in depth analysis of HRH recruitment bottlenecks as well as analysis on implementation of OPRAS in the Health sector were conducted whereby both studies focused on reviewing the systems, policies and institutional factors. These studies have been shared with key stakeholders and action plans are being developed for implementation and follow up.

In addition, analysis of the practises, systems and structures that are applied during Orientation or Induction of newly employed health workers was undertaken, leading to drafting an Orientation package which will be used by the LGAs for newly recruited health staff. This exercise is undertaken in close collaboration with respective HRH focused Ministries.

THE WAY FORWARD TOWARDS IMPLEMENTATION OF ACTIVITIES

Having implemented the activities in the first 20 districts, THRP is looking forward to scale up its activities in additional 35 districts and making a total of 55 districts as it begins its 2nd year of project (October 2010 – September 2011).The operational plans, budgets and performance monitoring plan have been developed for implementation of the project.