THE UNITED REPUBLIC OF TANZANIA

Ministry of Health, Community Development, Gender, Elderly and Children

NATIONAL HEALTH WORKFORCE VOLUNTEERING GUIDELINES

JULY 2021

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TABLE OF CONTENTS

LIST OF ABBREVIATIONS

BEmoC	Basic Emergency Obstetric Care
BMF	Benjamin William Mkapa Foundation
CEmOC	Comprehensive Emergency Obstetric Care
COVID-19	Corona Virus Disease, 2019
CHMT	Council Health Management Team
CHWs	Community Health Workers
DPG	Development Partners Group
EmOC	Emergency Obstetric Care
FYDP II	Tanzania's Second Five year Development Plan
GoT	Government of Tanzania
HSSP	Health Sector Strategic Plan
HRH	Human Resources for Health
LGAs	Local Government Authorities
MDAs	Ministries, Independent Departments and Executive Agencies
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MTEF	Medium Term Expenditure Framework
NIMART	Nurse Initiated Management of ART
NHVG	National Health workforce Volunteering Guideline
NHIF	National Health Insurance Fund
NGO	Non-Governmental Organization
NEHCIP-Tz	National Essential Health Care Intervention Package – Tanzania
PO-PSMGG	President's Office Public Service Management and Good Governance
PO-RALG	President's Office - Regional Administration and Local Government
MoFP	Ministry of Finance and Planning
PMO-LYED	Prime Minister's Office- Labor, Youth, Employment, and Persons with Disability
PE	Personal Emolument
TWG	Technical Working Group
TOR	Terms Of Reference
RHMT	Regional Health Management Team
WAO Tool	Workforce Allocation Optimization Tool
WHO	World Health Organization
ZHRCs	Zonal Health Resource Centers

LIST OF TABLES

GLOSSARY

Volunteer	Individuals choose to freely commit their time and energy to support the work of the service, without receiving any financial benefit beyond reimbursement of expenses.
Incentive	Extra payment or other reward in addition to the basic salary made by the employer. It is paid/given to motivate an employee to deliver services effectively and efficiently.
Mentor	A qualifies person, with experience in the host facility who is assigned to ensure a smooth facilitation of the volunteer, leads and advises in the matching process between volunteer and the host facility, and who monitors the progress of the volunteer regularly
Incentive regime	A system of packages from which incentives are administered.
Job Evaluation	A Management technique that is used to establish relative value of different jobs in an organization for the purpose of ensuring that every job is paid according to its weight and relative value.
Motivation	A combination of current contractual and intangible rewards (monetary and non-monetary), as well as future expectations. Monetary reward is related to payment while non-monetary reward is related to job security, career prospects, improved management, meaningful job content, appreciation of work done and improved working conditions. Future expectations are items such as pension and re-employment after retirement.
Non-Incidental Allowances	Allowances that are paid on regular basis.
Pay	An amount of money paid on a regular basis to people in regular employment. Payment may be in the form of wages or a salary, in cash or by cheque or by bank transfer
Pension	Money paid periodically to an individual who retires from employment because of age, disability, or completion of a specified period of service.
Remuneration	The entire package of an employee's earnings. Generally, it includes a basic salary, bonuses, allowances, incentives, motivation, pension, health Insurance, etc.
Salary	A fixed regular payment, typically paid on a monthly basis but often expressed as an annual sum.
Wage	Fixed regular payment earned for work done or service rendered typically paid on a daily or weekly basis.
Employability	Refers to whether one has requisite competences to find a job in the labor market

FOREWORD

Human resource for health shortage in Tanzania primarily affects the quality of health service delivery, the attainment of universal health coverage and the achievement of desirable health outcomes. Countrywide, the human resource for health shortage disproportionately affects rural areas where over 70% of population lives while 74% of Medical Doctors are located in urban areas (MoHCDGEC-HRHIS 2018)

Despite the successes seen so far in addressing the critical shortage of health workforce through increased HRH production, recruitment and improved retention of available workforce, the human resource shortage is further exacerbated by an increase disease burden and expanded services in facilities as a deliberate effort to increase access and quality of service delivery to more Tanzanians.

On the other hand, majority of health workforce graduated from va rious training Institutions are not sufficiently absorbed into the government employment, private sector and faith based organizations due to limited government budget and few opportunities in the private sector and faith based facilities.

The National Health Workforce Volunteering strategy offer a new avenue to use available health workforce in the market to serve as volunteers to fill the gap in the health facilities as well as building workforce based skill training while awaiting employment opportunities or other engagement.

The National Health Workforce Volunteering Guideline is intended to formalize the health volunteering practice in Tanzania and provides a framework that guide and standardize health volunteering in the health sector. The accompanying st ructured implementation plan and the monitoring and evaluation plan will facil itate evidence based scale up of the guideline.

The Ministry will continue to explore and strengthen innovative ways of improving human resource for health in Tanzania in order to achieve desirable health outcome. It is my hope that this guideline will greatly assist the Health Sector to not only address the critical shortage of human resources but also provide hands on practical skills development for health workers available in the labor market

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Minister for Health, Community Development, Gender, Elderly and Children

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Prof. Abel N. Makubi

Permanent Secretary, Ministry of Health, Community Development, Gender, Elderly and Children

1.0 INTRODUCTION

1.1 BACKGROUND

The Government of Tanzania is committed to the equitable delivery of quality health services through strengthening health systems to better respond to health needs. This commitment is impeded by among other factors, the severe shortage of skilled human resources for health. The litany of health care workers confronting Tanzania includes inequalities in access to care, a clear disparity of HRH availability between rural and urban areas, inadequate health care equipment and inadequate staff development program.

The health workforce decline in absolute numbers was significant during the 1990's when the government of Tanzania (GoT) retrenched the public service workforce and imposed an employment freeze in all sectors, resulting in a loss of one third of the health workforce (Human Resource for Health Strategic Plan 2008 – 2013, p.18), although the production and recruitment of health workers has improved over the past 15 years, there is still shortage in the health workforce.

In 2018, the MoHCDGEC estimated that health facilities require approximately 209,603 health workers while the actual available health workers stand at about 99,684 (Health workforce requirement and recruitment plan for the Public Health Sector in Tanzania mainland 2018 – 2023, p. 1). This shortage is compromising the ability of the health systems to effectively deliver the National Essential Health Care Intervention Package – Tanzania (NEHCIP-Tz) and other health services. The human resource for health shortage is further exacerbated by an increased disease burden attributed to HIV, lifestyle – related diseases and expanded services in health facilities such as CEmOC, BEmOC and the occurrence of global epidemics and pandemics.

To address some of these challenges, on May 2019, the MoHCDGEC and Health Implementing Partners, including CSOs, convened a meeting that spearhead a new dialogue on HRH and to the planning of a HRH Multi-Sectoral High Level Meeting on November 2019. Among the key resolutions was to establish a mechanism for health graduates to volunteer in facilities that have critical shortage of HRH. The initiative aimed to partly address the HRH challenges at the same time provide opportunity for short-term on job training on lifelong skills for a career as a health professional.

1.2 GUIDELINE PREPARATION METHODOLODY

This document outlines mechanisms, policy statements and strategies that will shape engagement of unemployed skilled health workers in Tanzania. The document provides a framework of steps to move from the policy guideline to implementation; it outlines a monitoring and evaluation approach, roles and responsibilities of key government entities in implementing this guideline.

The process of developing this guideline was participatory: involving a wide number of stakeholders. Public Service Institutions includes President's Office – Public Service Management and Good Governance (PO-PSMGG), President's Office - Regional Administration and Local Government (PO-RALG), Prime Minister's Office- Labor, Youth, Employment, and Persons with Disability (PMO-LYED), Ministry of Education, Science and Technology (MoEST).

To ensure comprehensiveness and relevance, the guideline mobilized inputs from the following important source documents:

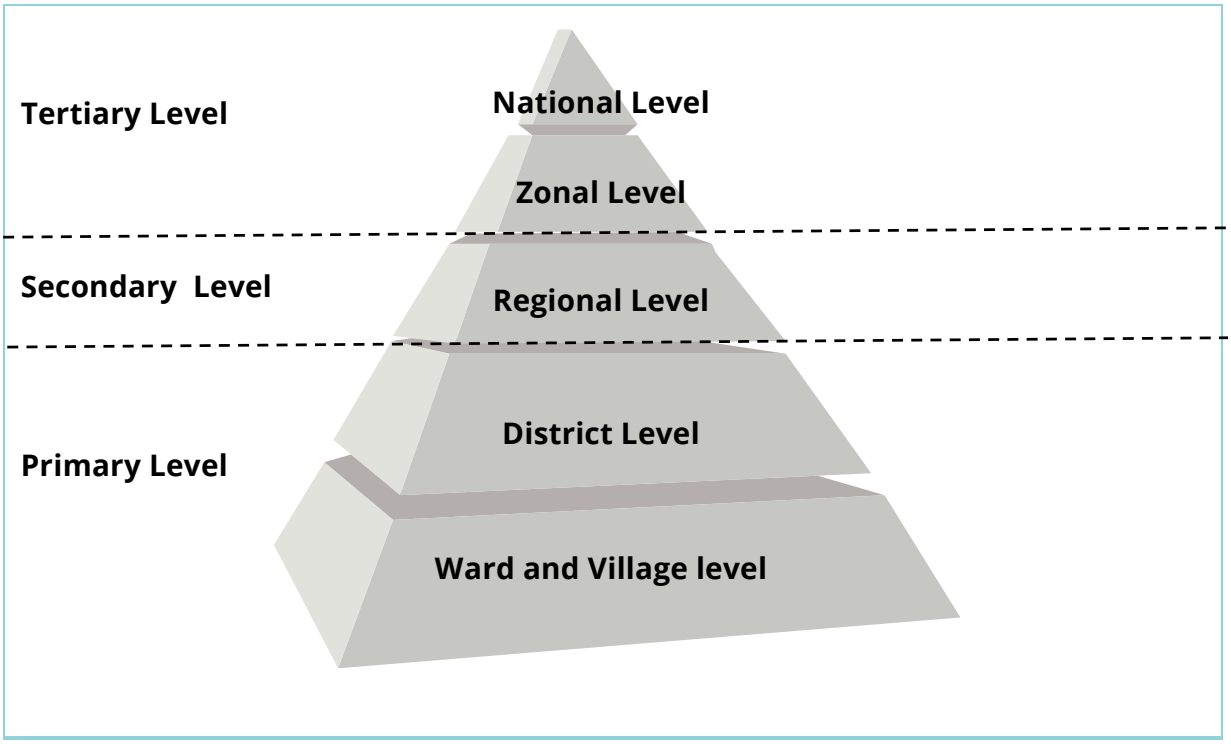
i. National Health Policy, 2007
ii. Tanzania's Second Five Year Development Plan 2016/7 – 2020/21
iii. Health Sector Strategic Plan IV, 2015-2020,
iv. National Skills Development Strategy, 2016/7- 2026/7
v. The Public Service Management and Employment Policy as revised in 2008,
vi. Public Service Pay and Incentive Policy, 2010,
vii. The Local Government Reform Policy (1998),
viii. The Public Service Act, 2002 (Cap.298)
ix. Standing Orders for the Public Service, 2009
x. The Tanzania Development Vision 2025,
xi. Employment and Labor Relations Act, (Cap. 366)
xii. National Health Sector Requirement and Recruitment Plan, 2018,
xiii. Tanzania Primary Health Services Development Program, 2007-2017,
xiv. Human Resources for Health Strategic Plan, 2014-2019,
xv. Staffing Levels for Ministry of Health and Social Welfare Departments, Health Service Facilities, Health Training Institutions, and Agencies, 2014-2019,
xvi. Human Resources for Health and Social Welfare Production Plan, 2014-2024.

In addition to the documents above, contributors consulted other sources including the schemes of service, job descriptions, National Essential Health Care Intervention Package (NEHCIP –TZ) and Human Resource for Health Information Systems (HRHIS) and Training Institutions Information Systems (TIIS)

1.3 HEALTH CARE DELIVERY IN TANZANIA

Tanzania's health care delivery system offers public health services provided by the central and/or local authorities and private services provided by non-governmental voluntary organizations, the private sector and the community, including traditional health practices and alternative healing systems. The private sector includes non-profit and for-profit medical providers, traditional medicine providers, community health workers, and drug dispensers. Public health care delivery is provided through a decentralized network with different levels of care, as illustrated by Figure 1.

Figure 1: Structure of Health Service Delivery Levels in Tanzania



(Source: United Republic of Tanzania, Ministry of Health, Community Development, Gender, Elderly and Children, 2016)

2.0 SITUATIONAL ANALYSIS

2.1 HEALTH WORKFORCE PRODUCTION

From year 2000, Tanzanian government implemented a strategy to enhance doubling of intake into the training network as an initial step toward closing HRH gap (Human Resources for Health Strategic Plan, 2008). In 2007, MOHCDGEC developed an implementation plan to increase the capacity of the national health worker training system, and tripled enrolment from 1,013 to over 3,500 trainees, bringing enrolment up from 16% to 54% of the goal of an annual intake of 6,450 students (Primary Health Services Development Plan, 2007). As shown in Table 1, averages of 7,000 mid- level cadres and 1,300 undergraduates exit the training institutes each year since 2014.

Table1: Health workforce production for selected cadres

DEGREE PROGRAM	GRADUATES						
	2013	2014	2015	2016	2017	2018	2019
Bachelor of Medical Laboratory Science	139	59	83	96	194	198	189
Bachelor of Pharmacy	366	108	96	74	143	157	164
Bachelor of Physiotherapy	17	8	23	14	23	27	31
Bachelor of Science in Environmental Health Sciences	28	38	10	18	45	52	63
Bachelor of Science in Nursing and Midwifery	685	246	158	208	387	401	452
Bachelor of Science in Radiation Therapy Technology	5	6	7	4	17	21	23
Doctor of Dental Surgery	53	17	18	22	32	41	39
Doctor of Medicine	1,825	633	724	772	896	911	981
Orthortist/Prosthetist	13	9	22	11	13	15	17
Diploma in Clinical Medicine	495	498	700	847	793	804	891
Diploma In Clinical Dentistry	51	52	47	53	48	54	59
Diploma In Environmental Health	122	164	136	81	58	62	71
Diploma In Optometry	13	16	11	11	13	14	17
Diploma In Physiotherapy	22	20	20	13	14	16	18
Diploma In Dental Laboratory	4	4	4	5	4	5	7
Diploma In Medical Laboratory	178	120	194	223	228	237	241
Diploma In Pharmaceutical	115	119	184	117	103	114	187
Certificate In Clinical Medicine	248	668	850	1290	1543	1654	1711
Certificate in Pharmaceutical	88	86	150	230	226	254	273
Diploma in Nursing	1,331	1291	1168	1359	1452	1566	1543
Certificate in Nursing	2,082	2566	2639	2190	2560	2641	2612
TOTAL	**7,847**	**6,728**	**7,244**	**7,638**	**8,792**	**9,244**	**9,589**

2.2 RECRUITMENT TRENDS

The increase in HRH production significantly led to the increase of health workforce recruitment permits for past ten years. Despite the increase of HRH production, there are certain cadres that were not produced sufficiently such as anesthesia, radiographers, physiotherapists, occupational physiotherapists, orthostatic and dental laboratory technologists hence the number of permits issued do not match with the health workforce available in the market.

With the current gap of over 186,925 health workers, reduction of vacancy rate to below 10% will take over 30 years based on the current trend[1]. Table 2, shows recruitment trends since 2005.

Table 2: Health Workers Recruitment Trends 2005/2006 – 2018/2019

Year	Recruitment Permit	# of health workers posted	Total %
2005/2006	1,677	983	59
2006/2007	3,890	3,669	94
2007/2008	6,437	4,812	75
2008/2009	5,241	3,010	57
2009/2010	6,257	4,090	65
2010/2011	7,471	5,704	76
2011/2012	9,347	7,028	75
2012/2013	6,471	6,471	100
2013/2014	10,940	10,014	92
2014/2015	8,345	8,345	100
2015/2016	0	0	0
2016/2017	3,152	3,152	100
2017/2018	0	0	0
2018/2019	7,680	7,680	100
2019/2020	1,000	1,000	100
Total	76,908	64,958	78

2.3 NATIONAL HRH PROJECTIONS

Ministry of Health, Community Development, Gender, Elderly, and Children (MoHCDGEC). developed the five-year Requirement and Recruitment Plan that analyzes data to project future health care employment needs, including current and future vacancies, and created the five-year recruitment and staffing plan. This plan provided information about projected trends in health care employment to help health facilities, educators, policymakers, and other stakeholders had better understand the current and future demand for health workers over the next decade and strategies to address that demand so they could appropriately budget and plan to fill necessary positions and improve the quality of health care.

2.4 STRATEGIES TO ADDRESS HRH SHORTAGES

There are several mechanisms that the GoT is taking to address the critical shortage of HRH at all levels. The efforts include: -

i. Expanding scope of practice for available health workforce at the primary level health facilities through the ongoing task sharing and NIMART initiatives;

ii. Improved retention of health workforce through local incentive packages at all levels of service delivery;

Deployment of health workers through short term contracts in underserved facilities through various projects such as Mkapa Fellows, Emergence hiring or other donor/NGO support; Facility initiative to hire health workforce through their own sources of funds or mobilizing volunteers in anticipation of being transitioned to the government system.

1 Tanzania National Health Sector Requirement and Recruitment Plan, 2018 p. 1, MoHCDGEC

3.0 RATIONALE, OBJECTIVE, AND SCOPE

3.1 RATIONALE

3.1.1. The capacity of the government to recruit health care workers in general and to fill critical gaps in the health care workforce is limited due to budget. Currently, Tanzania has 2,311 medical doctors providing services in public and private health facilities. This figure translates to a doctor-to-population ratio of 1:20,000 population, which is far, less than the WHO recommended ratio of 23: 10,000 population

3.1.2 Countrywide, the human resources for health shortage disproportionately affects rural areas where over 70% of the population lives while 74% of medical doctors in Tanzania serve in urban areas (MOCDGEC, 2014). The human resources for health shortage is also more pronounced among mid-level health care workers such as nurses, associate clinicians, midwives, dental therapists, health officers, and pharmaceutical and laboratory technicians (MoHCDGEC, 2016).

3.1.3 The current HRH recruitment plan projects a 57% increase in the health care workforce throughout the five-year period which would reduce the vacancy rate to 30% by 2022-2023. Due to this fact, staffing in most facilities will remain difficult, even where there is funding allocated to those positions, as many health care workers prefer urban areas where living and working conditions are typically better.

3.1.4 HRH implementing Partners through various projects devoted to fill the gap by deploying temporary health workforce in areas that are highly underserved. Pull factors to attract health sector professionals to rural areas are still inadequate. There is also a problem of poor working conditions, uncompetitive remuneration, shortage of equipment, housing etc which work as push factors to make personnel in remote rural areas to request transfers from the rural to urban areas.

3.1.5 The use of skilled health personnel volunteers in health facilities in the country is not new. There have been sporadic initiatives across service levels and country to engage them in a bid to mitigate the impact of HRH shortages. Currently there are numbers of volunteers working in public, private and faith based health facilities. However, this practice is largely informal, it lacks standards, uniformity of the practice across facilities in terms of remuneration, source of funding to pay, rights, obligation of the parties and accountability.

3.1.6 The implementation of the National Health Workforce Volunteering Guideline will lead to the following:

i. Improvement of access and quality of health services in areas that are highly underserved
ii. Coordination of health volunteers to reduce confusion and improve productivity within the health workforce of Tanzania
iii. Effective use and allocation of resources to maintain sustainability of Human Resource for health activities
iv. Make use of all skilled HRH while chances to transitioning to the GoT is worked on
v. Lower costs to the health system, as emoluments and incentives for health volunteers are significantly lower
vi. Increased accessibility to technical hand on skills to health graduates
vii. Provision avenue to health graduates to develop or maintain skills and experience

3.2 OBJECTIVES

3.2.1 The general objective of this guideline is to formalize and standardize health volunteer practices in Tanzania.

3.2.2 The Specific Objectives of this Guideline are:

i. To rationalize and harmonize pay and management of health volunteers across public health facilities.

ii. To set out the roles and responsibilities of all stakeholders in implementing health volunteering program

iii. To provide hands on practical skills development for health workers available in the market

iv. To enhance the capacity of the public health facilities to attract train, motivate and retain personnel throughout contract tenure. .

v. To reduce service delivery burden caused by existing critical shortage of health workers at all levels of service delivery

vi. To put in place accountability mechanism on management of health volunteers

vii. To promote performance and productivity of health volunteers engaged in health facilities.

viii. To enhance access and quality of services in facilities that have critical shortage of health workers

ix. Ensure effective implementation through a rigorous monitoring and evaluation plan.

4.0 SCOPE

4.1. The scope of the Guideline is to provide a framework at different health facility levels, community, Program and project. The categorization of levels has focused on the administrative setup, the population size and the number of health facilities in a particular locality. The detail for each level is described below:

4.1.1 Hamlet level (Community Level)

This is the administrative level at which Community Health Workers (CHWs) operate. It is the lowest in the hierarchy of health services organization. Community-based care approaches target this level, providing mainly preventive and health promotion services. Palliative Care and basic lifesaving curative services. The Ministry in 2014 provided a policy directive requiring the presence and recognition of Community Health Workers as from the administrative level of a hamlet[2].

4.1.2 Village level (Dispensary Level)

At this administrative level, preventive and health promotion services, outpatient curative health services, and outreach care and community supportive services are provided under a facility at a service level of a dispensary, set to serve 6,000 to 10,000 people.

4.1.3 Ward level (Health Center Level)

A ward is usually made up of several villages, and is set to provide health care at the service level of a Health Centre, targeting a population of approximately 50,000 people. A Health Centre provides preventive and health promotion services, outpatient services, curative services, maternity services, inpatient services, emergency surgery, blood transfusion services, and laboratory services.

4.1.4 District level (District Hospital Level)

The district provides both technical and administrative support to all primary care level services within its administrative boundaries, targeting a population of approximately 500,000 people. The corresponding service facility for the district is the District Hospital, which provides all services offered at the Health Centers and Dispensaries in addition to other general services. District Hospitals also provide in-service training, consultation and research to community-based health care programs.

4.1.5 Regional level (Regional Referral Hospital Level)

This is the referral level for all primary care services. The service center for this level is the Regional Referral Hospital, which is set to serve a population of 1 million people or more. In addition to services offered at the district hospital, Regional Referral Hospitals have specialists in various fields. Such services include psychiatry; ear, nose, and throat (ENT); ophthalmology; dentistry; intensive care; gynecology and obstetrics; radiology; pathology; and higher-level surgical and medical services.

4.1.6 Zonal Referral Hospital and National level

These services are centrally coordinated through the Ministry. The service centers for this level are the Zonal, Specialized, Consultant, and National Hospitals. These facilities provide comprehensive specialist services, teaching, and research. The hospitals are Muhimbili National Hospital, KCMC hospital, Bugando hospital, Mbeya Referral Hospital, Muhimbili

2 A village is made up of several hamlets, each of which has 10 or more households.

Orthopedic Institute (MOI), Ocean Road Cancer institute (ORCI), Mirembe Mental Health Hospital, Kibong'oto Hospital, Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) and Lugalo Military Hospitals.

4.1.7 Health Training Institutions

MoHCDGEC manages training institutions through the Zonal Health Resource Centers (ZHRI) The training institutions are responsible for: provision of pre-service and continuing professional development (CPIv. training; research on health related issues and; consultancy services to the MoHCDGEC, Local Government Authorities, Development Partners, NGOs and Private Sector.

5.0 HEALTH VOLUNTEER MANAGEMENT GUIDELINE

5.1 VOLUNTEER MANAGEMENT

The overall goal of this section is to assist health facilities, community, Institutions, Programs and implementing partners to improve the design, implementation, performance and management of health volunteers contributing to the progressive realization of health outcomes. The specific provisions are presented in table 3 below:

Table 3: Volunteer Management Procedures

Focus area	Procedure
Engagement limitations	i. The total number of volunteers should not exceed 20% of number of employee required in the facility as per the Staffing Guideline. Health Volunteers should not replace regular employees (Available employev. in the facility. ii. Depending on the need and availability, facilities Institutions, Programs can hire volunteers above the 20% threshold upon approval to relevant appoint authority and depend on financial capacity.
Engagement procedures	i. Determine the vacancy through reviewing the wider requirement (Identification of employee gape and priority) of the facility, Institutions, Programs and the competencies required for the job ii. Sourcing Candidates through advertising the position externally using media of wider circulation, Health Training Institutions and MoHCDGEC or PO-RALG recruitment Portal iii. Screening, short-listing of applicants and selection/interview based on the set criteria iv. Verification of certificates and professional licenses should be conducted v. Provide a written agreement specifying role and responsibilities, working conditions, remuneration and volunteers' rights vi. Conduct medical examination to ensure all volunteers are in good health vii. Contracts with volunteer for a specific period of time must be not less than 12 months and not above three years
Management and accountability	i. Conduct orientation and induction of the selected volunteers as per developed Guideline ii. Volunteers must be evaluated quarterly to maintain an active status at the workplace iii. Trained by their departmental supervisor or designated staff to successfully complete assigned tasks. iv. Ensure Volunteers meet commitments to their scheduled service hours, proper tracking mechanism will be determined by facilities e.g. time sheets v. Invite volunteers to take part in their job implementation process to give a clear understanding of goals. vi. Provide adequate and honest feedback during assessment of their work while commending, encouraging and rewarding accomplishments.
Supportive Supervision	i. Supervisors will ensure easy and timely access to knowledge, information and other tools in relation to the volunteers' assignments. ii. Facilitate coaching and mentorship program to the volunteers

5.2 PRINCIPLES OF HEALTH VOLUNTEERING PRACTISE

The following principles shall govern Health Volunteering Services Guideline in Tanzania: -

i. **Demand driven:** Health volunteers shall operate on demand driven basis. Health facilities/training institutions or programs should accommodate health volunteers as per available vacancies position originate from service demands.

ii. **Continuous Professional Development:** Volunteers should be given an opportunity for on the job training where there is service gap depending on the available finances during their tenure of service.

iii. **Equity and non-discrimination:** The program should be fair and open to all Tanzanian health workforce on the market irrespective of gender, ethnicity, and disability. However, candidates will be acquired based on merit.

iv. **Decent work environment:** Health volunteers shall enjoy selected 'Decent Work' that is applicable as per national labor laws that include among others safe work environment to ensure Occupational Safety and Health at Work (DPMO – LYED, 2017).

v. **Mentorship and Coaching:** Facilities and other implementers should prepare mentorship and coaching programs to ensure volunteers acquire relevant practical skills for their professional and career development.

vi. **Adherence to organization policy, guidelines and rules:** The health volunteers shall adhere to the existing organizational rules, guidelines and regulations governing Public Service Code of Conduct and Public Health Professionalism including professional ethics set by Professional Councils and Boards.

vii. **Dispute settlement mechanism:** Settling of disputes between volunteers and employer shall be handled in accordance with the existing Public Service Laws, Rules, and Regulations. In case the internal mechanism fails to settle the dispute, each party to the conflict may refer the case to the National Health Volunteering Committee, beyond which the national legislation and regulations shall apply.

viii. **Confidentiality and Anonymity:** Volunteers must hold information confidential and anonymous as well as ensuring that clients' rights are upheld during health service delivery.

i) **Impartiality:** Duly comply with political restrictions in conducting political activities during official hours and or at work premises.

5.3 VOLUNTEER ALLOWANCE

Volunteer allowance will be based on compensating costs in the course of delivering volunteering services. However, where a need arise the volunteers may be paid other incentives such as Extra Duty Allowance, On call allowance, Post Mortem Allowance and Periderm as per Policies, Regulations, and Guidelines governing Public Service.

Table 4 below provides a guide of compensation packages for volunteers working at the secondary and tertiary level of health facilities while Table 5 provides for the details of incentive packages for volunteers working at the primary level health facilities.

Table 4: Remuneration package for health volunteers at the Tertiary level facilities (Zonal Referral Hospitals and National Hospital)

Service delivery Level	Salary category	Incentive Package
National Level MDAs	Respective Salary Scale	50%
Zonal Referral Hospitals	Tanzania Government Health Scale (TGHS)	50%

Table 5: Remuneration package for health volunteers at the Secondary level facilities (Regional Referral Hospitals and Specialized Hospitals)

Service delivery Level	Salary category	Package
Regional Referral Hospitals	Tanzania Government Health Scale (TGHS)	50%
Specialized Hospitals	Tanzania Government Health Scale (TGHS)	50%

Table 6: Incentive Guidelines for health volunteers at the primary level facilities (District Hospital, Health Centers, Dispensary, Community interventions)

Service delivery Level	Salary category	Package
District Hospital	Tanzania Government Health Scale (TGHS)	50%
Health Centre	Tanzania Government Health Scale (TGHS)	50%
Dispensary	Tanzania Government Health Scale (TGHS)	50%
Community Level	Tanzania Government Health Scale (TGHS) and Tanzania Government Scale related cadre	30%

5.4 SOURCES OF FUNDS

Health and Non Health Volunteers program may be funded from the following:

i. Cost Sharing through returns from National Health Insurance Fund (NHIF), Community Health Fund (CHF) and, User fees

ii. Government Budget (OC budget) through CCHP and MTEF

iii. Development Partners budget support or through projects implemented in various health facilities

iv. Projects funded by Non-Governmental Organizations (NGO)

v. Other income generated

5.5 ELIGIBILITY CRITERIA FOR HEALTH VOLUNTEERS

Health volunteers must adhere to the procedures and regulations governing recruitment and selection of public servants. Upon accomplishment of recruitment process, the selected volunteer should adhere to similar facility regulations and existing professional code of ethics and conducts.

The minimum criteria for a Health volunteer are as follows;

i. Should be a Tanzanian Citizen with a valid National Identification Card;

ii. Should be a graduate from a recognized and accredited training institution with qualifications stipulated in the Scheme of Service for Health Cadres of 2009 and other health professional cadres as deemed necessary for the administration of the facility. Moreover, candidates from foreign universities must have their certificates accredited by TCU/, NACTE;

iii. Should be registered by a Professional Council or Board (where applicablv. and holds a valid professional license

iv. Should be deemed fit physically and mentally to perform the specified duties.

v. Should be of 18 years old or older but not more than 60 years of age

vi. Should be Committed to serve in any health facility or program in Tanzania

vii. Should not have any criminal records.

6. THE LEGAL AND INSTITUTIONAL FRAMEWORK

6.1 LEGAL FRAMEWORK

Implementation of this guideline will entail harmonization of different legal and regulatory frameworks and standards for compensation in the public service, which includes Public Service Act, (Cap 298), Employment and Labor Relations Act, (Cap 366) and related Regulations, Government Circulars issued from time to time and the Public Service Standing Orders, 2009. However, effective realization of Guideline will depend on two main preconditions: Formulation of the implementation strategy/plan of these Guideline and Integration of provisions proposed strategies and activities into facility plans and budget.

7. INSTITUTIONAL ARRANGEMENT

The successful implementation of the National Health Workforce Volunteering Guideline in Tanzania is dependent on the active participation of multiple stakeholders including: The President's Office - Public Service Management and Good Governance(PO-PSMGG); Ministry of Finance and Planning (MOFP); President's Office - Regional Administration and Local Government(PO-RALG); Ministry of Education, Science and Technology (MoEST); Prime Minister's Office - Labour, Youth, Employment and Persons with Disability(PMO-LYED); Regional Secretariat, Local Government Authorities(LGA) and Health Facilities. Other important actors include Development Partners, Non -Governmental Organizations (NGOs), Professional Bodies and Councils, Regulatory Authorities and Associations. The roles of these stakeholders are as follow:-

7.1 President's Office, Public Service Management and Good Governance

The roles of PO-PSMGG will be to;-

i. ensure National Human Resource for Health optimal numbers are reached through approval of recruitment permit to transition eligible volunteers into public service employment as per established recruitment processes.

ii. integrate Health Volunteers system with the Human Capital Management Information Systems (HCMIS).

7.2 Ministry of Health, Community Development, Gender, Elderly and Children

The roles of MOHCDGEC will be to; -

i. formulate and review The National Health Workforce Volunteering Guideline.

ii. monitor and evaluate implementation of The National Health Workforce Volunteering Guideline;

iii. formulate and review implementation plans for The National Health Workforce Volunteering Guideline, including clear and detailed outlines of all tasks at different levels of the health delivery system;

iv. strengthen collaboration and coordination among The National Health Workforce Volunteering Guideline stakeholders and other sectors;

v. integrate The National Health Workforce Volunteering Guideline into Human Resource for Health Information System;

vi. facilitate transitioning of eligible health volunteers into the Public Service Permanent and Pensionable employment system;

vii. set up a clear program for engagement, deployment and retention of trained health volunteers in appropriate numbers and skills mix in the health sector; and

viii. conduct supervision and audit on the implementation of health volunteer programs.

7.3 President's Office, Regional Administration and Local Government The roles of PO-RALG will be to; -

i. oversee the implementation of The National Health Workforce Volunteering Guideline at the Primary Health Facilities;

ii. coordinate planning, engagement and management of health volunteers at the primary health facilities;

iii. coordinate stakeholders supporting health volunteering programs;

iv. conduct supervision and audit on the implementation of health volunteer programs;

v. facilitate Integration of National Health Workforce Volunteering Guideline' implementation plan into Districts Plans and Budget;

vi. improve working environment for health volunteers at primary level health facilities;

vii. strengthen human resource supportive supervision to ensure that the National Health Workforce Volunteering Guideline is implemented effectively; and

viii. set up a clear program for engagement, deployment and retention of trained health volunteers in appropriate numbers and skills mix at primary level health facilities.

7.4 Regional Secretariat

The role of Regional Secretariat will be to; -

i. follow up and provide feedback to PORALG on placement of volunteers;

ii. provide technical backstopping and supervision on the implementation of health volunteer program;

iii. conduct data quality assessment for volunteers and maintain records;

iv. provide technical supports on the management of volunteers across levels;

v. stakeholders' coordination in the Regions;

vi. translation of policies Guideline and standard procedures related to health Volunteering to facilities;

vii. volunteer reallocation from one LGA to another within the same region;

viii. coordinate capacity building programs to health volunteers; and

ix) coordination needs for volunteers and communicate to the PORALG and other stakeholders.

7.5 Local Government Authorities

The roles of LGAs will be to; -

i. provide motivation to volunteers;
ii. coordinate and manage service delivery by volunteers;
iii. supervise and report on performance of volunteers;
iv. conduct orientation to volunteers;
v. identify needs and communicate to RS and PORALG;
vi. carry out the recruitment and selection processes for volunteers;
vii. disciplinary authority;
viii. provide induction course to volunteers;
ix. supervise leadership and guidance CHWs at community level;
x. formulate by laws to manage volunteers; and
xi. supervise and monitor volunteer performance in the facilities through Health Facility Government Committee.

7.6 Health Facilities

The roles of Health Facilities will be to;

i. facilitate integration of Health Volunteer programs into facility Plans and Budget;

ii. provide conducive working environment for Volunteers together with appropriate working tools;

iii. supervise the day-to-day activities of the Volunteers including performance management and evaluation;

iv. oversee ethical conduct of health volunteering as per professional ethics and conduct;and

v. provide mentorship for skills building to Volunteers.

7.7 Development Partners

The roles of Development Partners will be to; -

i. provide technical and financial support to National Health Workforce Volunteering guideline activities according to national priorities;

ii. provide support in health services delivery systems strengthening like volunteers' skills enhancement, provision of short term training for quality service delivery; and

iii. assist in the implementation of specific aspects of the guideline in partnership with the government and stakeholders.

7.8 Non-state actors and Private Sector

The roles of NGOs and Private Sector will be to; -

i. establish partnership with the Government and other stakeholders to implement and share experiences regarding National Health Workforce Volunteering Scheme;

ii. Establish partnerships with the government and other stakeholders to implement and share experiences regarding National Health Workforce Volunteering Scheme;

iii. facilitate recruitment, allocation and provision of financial support to health volunteers;

iv. advocate integration of National Health Workforce Volunteering Guideline into health facility plans and budget; and

v. build capacity of health facilities at levels on business model to fund National Health Workforce Volunteering Scheme.

7.9 Professional Bodies and Councils

The roles of Professional Councils will be to; -

i. develop and/or update scope of practices for respective cadre involved in National Health Workforce Volunteering Scheme;

ii. ensure that recruited volunteer adhere to professional norms, codes of conduct and ethics, and scopes of practice; and

iii. support professional development initiatives to health volunteers.

7.10 Professional Associations

The roles of Professional Associations will be to; -

i. advocate on implementation of the National Health Workforce Volunteering guideline at all levels of service delivery; and

ii. provide feedback to the MoHCDGEC on the implementation of National Health Workforce Volunteering by their members.

7.11 Health Volunteer

The roles of Health Volunteer will be to; -

i. hold client and hospital information confidential and must sign a statement of confidentiality;

ii. adhering to professional code of conduct and practice;

iii. ensuring that clients' rights are upheld during health service delivery;

iv. record time served in the facilities through time sheet or Sign in when arriving and sign out when leaving workstation;

v. dress appropriately for assigned areas and tasks;

vi. shall not borrow or accept any money, gift, reward or compensation for his or her personal gains on course of the contract period;

vii. maintain in good condition all properties which may be entrusted to him or her for official use during the course of his or her fellowship and shall return all such properties prior to relinquishment of fellowship;

viii. deform duties diligently by maintaining the highest standards of discipline and disengage from any conduct which might impair work performance; and

ix) duly comply with political restrictions in conducting political activities during official hours and or at work premises.

7.12 National Health Volunteer Steering Committee

The National Health Volunteer Steering Committee shall be established to coordinate and monitor the implementation of the National Health Workforce Volunteering Guideline

7.12. 1. Membership

Members of the National Health Volunteer Steering Committee are Chief Executives and/or Senior Officials from the following Ministries/PHIs; -

i. Permanent Secretary, Ministry of Health, Community Development, Gender, Elderly and Children who is also a chair of the Steering Committee;

ii. President's Office – Public Service Management and Good Governance;

iii. President's Office – Regional Administration and Local Government Authorities;

iv. Ministry responsible for Education and Vocational Training;

v. Representative from Professional Council and Board;

vi. Representative from Professional Associations;

vii. Representative from Private Sector (APHFTI.;

viii. Representation from FBOs/NGOs.

7.12.2. Roles and Responsibilities of National Health Volunteer Steering Committee; -

i. provide technical advice on the implementation of the National Health Workforce Volunteering guideline;

ii. hold Quarterly/biannually meeting and make operational decisions on the implementation of this guideline;

iii. advocate for the National Health Workforce Volunteering practices in Tanzania including financing;

iv. coordinate Partners supporting Health Volunteering programs;

v. settle disputes that arise from the implementation of this Guideline and implementation of health volunteer programs at all levels of service delivery; and

vi. approve review/amendment of the National Health Workforce Volunteering Guideline.

7.12.3. Facility level Steering Committee.

The Facility level steering committees shall comprise facility in charge, officer responsible for Human Resource and Administration and two or three members of the facility management Team. The facility health volunteering steering committee has the following responsibilities; -

i. facilitate planning, engagement and management of health volunteer at the facility;

ii. settle disputes that arises from the implementation of this guideline and implementation of health volunteer programs at the facility level;

iii. provide conducive working environment for Volunteers together with appropriate working tools;

iv. supervise the day-to-day activities of the Volunteers including performance management and evaluation;

v. oversee ethical conducts of health volunteering as per professional ethics and conducts.

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THE UNITED REPUBLIC OF TANZANIA

Ministry of Health, Community Development, Gender, Elderly and Children

NATIONAL HEALTH WORKFORCE VOLUNTEERING GUIDELINES

IMPLEMENTATION PLAN

JULY 2021

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Mji wa Serikali Mtumba, Barabara ya Afya,

40478 DODOMA, Tanzania

TABLE OF CONTENTS

LIST OF ABBREVIATIONS

BMF	Benjamin William Mkapa Foundation
CHMT	Council Health Management Team
CHWs	Community Health Workers
DPG	Development Partners Group
EmOC	Emergency Obstetric Care
FYDP II	Tanzania's Second Five year Development Plan
GoT	Government of Tanzania
HSSP	Health Sector Strategic Plan
HRH	Human Resources for Health
LGAs	Local Government Authorities
MDAs	Ministries, Independent Departments and Executive Agencies
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MTEF	Medium Term Expenditure Framework
NIMART	Nurse Initiated Management of ART
NHVG	National Health workforce Volunteerism Guidelines
NHIF	National Health Insurance Fund
NGO	Non-Governmental Organization
NEHCIP-Tz	National Essential Health Care Intervention Package – Tanzania
PO-PSMGG	President's Office Public Service Management and Good Governance
PO-RALG	President's Office - Regional Administration and Local Government
MoFP	Ministry of Finance and Planning
PMO-LYEP	Prime Minister's Office- Labor, Youth, Employment, and Person with Disability
MoHSW	Ministry of Health and Social Welfare
PE	Personal Emolument
TWG	Technical Working Group
TOR	Terms Of Reference
RHMT	Regional Health Management Team
WAO Tool	Workforce Allocation Optimization Tool
WHO	World Health Organization
ZHRCs	Zonal Health Resource Centers

LIST OF TABLES

1.0 INTRODUCTION

The demand for healthcare workers in Tanzania is at an all-time high, especially for Nurses, Clinicians, Pharmacy and laboratory Technicians, dental therapists and Health Assistants (at community level). The current vacancy rate is at 52 percent. Tanzania's health facilities require approximately 209,603 health workers while the actual available health workers stand at about 99,684. This shortage is compromising the ability of the health systems to effectively deliver the National Essential Health Care Intervention Package – Tanzania (NEHCIP) and other health services. The human resource for health shortage is further exacerbated by an increased disease burden attributed to HIV, lifestyle – related diseases and expanded services in health facilities such as CEmoc e.tc

On the other hand, the Government is improving its support to the supply side, with additional funding for grants and student loans, expanding training facilities and provide good environment for private sector and faith-based organization to invest on Health training facilities country wide. This effort has led to a strategic mismatch on demand and supply side due to limited government capacity to absorb all trained HRH in the country in the last two decades (Ibid). The private sector in health care is not well established and hence it can only absorb a small number of graduates.

2.0 HEALTH VOLUNTEER STRATEGY

Health Sector Strategic Plan IV Mid Term Review revealed a number of issues concerning HRH that need immediate attention. To address some of those challenges, On May 16th 2019 the MoHCDGEC and Health implementing partners, including CSOs, convened a meeting that spearheaded a new dialogue on HRH strategies and planning of a HRH Multi-sectoral High Level Meeting on November 15th 2019.Among the key resolution in that meeting was to establish a mechanism/framework for health graduate to volunteer in facilities that have critical shortage of HRH. The initiative aimed to partly address the HRH challenge at the same time provide opportunity for short-term on job training on lifelong skills for a career as a health professional.

3.0 NATIONAL HEALTH VOLUNTEERING GUIDELINES

The National health Sector Guidelines formalize and standardize health volunteer practices in Tanzania. The Specific Objectives of this Guidelines are:

i. To rationalize and harmonize pay and management of health volunteers across public health facilities.
ii. To set out the roles and responsibilities of all stakeholders in implementing health volunteering program
iii. To provide hands on practical skills development for health workers available in the market
iv. To enhance the capacity of the public health facilities to attract, retain through contract period and adequately motivate personnel with requisite skills.
v. To reduce service delivery burden caused by existing critical shortage of health workers at all levels of service delivery
vi. To put in place accountability mechanism on management of health volunteers
vii. To promote performance and productivity of health volunteers engaged in health facilities.
viii. To enhance access and quality of services in facilities that have critical shortage of health workers
ix) Ensure effective implementation through a rigorous monitoring and evaluation plan.

4.0 SCOPE

The National Health Sector Volunteering strategy is implemented at all levels of service delivery including Health Training Institutions. The levels includes:

i. Hamlet level (Community Level)
ii. Village level (Dispensary Level)
iii. Ward level (Health Center Level)
iv. District level (District Hospital Level)
v. Regional level (Regional Referral Hospital Level)
vi. Zonal Referral Hospital and National level
vii. Health Training Institutions

5.0 PRINCIPLES OF HEALTH VOLUNTEERING PRACTISE

The following principles govern Health Volunteering services in Tanzania

i. **Demand driven:** The Health volunteers services operates on demand driven basis. Health facilities/training institutions or programs should accommodate Health volunteers as per available vacancies or service demands. However, volunteers should be engaged as part of training where service gap is not available.

ii. **Equity and non-discrimination:** The program should be open to all Tanzanian health workers on the market irrespective of gender, age, ethnicity and disability

iii. **Decent work environment:** Health volunteers shall enjoy selected 'Decent Work' that are applicable as per national labor laws that include among others safe work environment to ensure occupational safety and health at work (PMO – LYEP, 2017)

iv. **Mentorship:** Facilities should prepare mentorship programs to ensure volunteers acquire relevant practical skills for their professional and career development

v. **Adherence to organisation policy and rules:** The health volunteers shall adhere to organizational rules and regulations including professional ethics set by Professional Councils and Boards

vi. **Dispute settlement mechanism:** The same procedures as established in the facility on management of human resources and administration shall apply to the Health Volunteers. In case the internal mechanism fails to settle the dispute, each party to the dispute, can refer the matter to the National Health Volunteering Committee, beyond which the national legislation and regulations shall apply

vii. **Confidentiality:** Volunteers must hold clients and hospital information confidential and ensuring that clients' rights are upheld during health service delivery.

viii. **Political neutrality:** Duly comply with political restrictions in conducting political activities during official hours and or at work premises.

6.0 IMPLEMENTATION PLAN

6.1 Purpose of the Plan

The implementation plan serves to describe all the steps and costs needed to implement the National Health Sector Volunteering Guidelines including strategies and interventions that will facilitate uptake of the volunteering strategy in Tanzania.

6.2 Implementation strategies

The government intends to employ a participatory approach involving multiple stakeholders and partners. The government will mobilize resources within the Ministry of health and seek the participation of health stakeholders including development partners in contributing financial resources and technical expertise in implementing these policy guidelines.

6.3 Financing the plan

This plan will be financed through efforts by both government and development partners who have a common interest in addressing the main public health issues in Tanzania. Development Partners with an interest in financing some specific aspects of this plan will be invited to declare their commitment and set aside such funds in their budgets. The government will allocate funds according to the approved budgets of the MoHCDGEC, PO-RALG, LGAs and other PHIs during the implementation years.

6.4 Management structure

The Ministry of Health Community Development Gender Elderly and Children shall manage the implementation of these guidelines through the Directorate of Human Resources Development as a coordinating department that shall work together with Directorates of Curative Services; Human Resources Development and; Administration and Human Resource Management. The other key actors are listed in the implementation matrix.

6.5 Supportive Supervision

Supervision and mentoring will follow the pre-existing supportive supervision structures and plans at national level and cascading to regional level (coordinated by the Regional Medical Officers) and District Levels (to be coordinated by District Medical Officers).

6.6 Objectives and associated Budget Summary

The cost projection for this 5 year implementantion plan is **TZS. 1,762,750,000**. The detail activities and budget are attached in Table 2 &3. The summary of budget for each objective is presented on the table below:

Table 1: Summary of objectives and budget

OBJECTIVE	Year 1	Year 2	Year 3	Year 4	Year 5
Facilitate the adoption and formalization of health Voluntarism in Tanzania	70,520,000	81,800,000	65,570,000	3,500,000	0
Facilitate engagement of health volunteers in health facilities and training institutions	78,080,000	90,920,000	75,740,000	12,720,000	12,720,000
Facilitate Management of Health Volunteers allocated at Health Facilities/ Training Institutions	59,920,000	43,800,000	43,800,000	43,800,000	43,800,000
Facilitate skills development for health volunteers	114,780,000	190,460,000	175,280,000	65,620,000	47,600,000
Monitor and evaluate implementantion of the National Health Sector Volunteering Guidelines	59,760,000	47,600,000	47,600,000	47,600,000	47,600,000
Implement knowledge translation on National Health Sector Volunteering strategy	14,680,000	34,360,000	34,360,000	50,040,000	58,720,000
GRAND TOTAL	**397,740,000**	**488,940,000**	**442,350,000**	**223,280,000**	**210,440,000**

7.0 MONITORING AND EVALUATION FRAMEWORK

This section describes the Monitoring and Evaluation Framework (M&EF) that will use to monitor, assess, evaluate, and report on the overall performance of the National Health Sector Volunteering strategy. The M&EF will be adjusted periodically to align with the agreed upon work plan and it will be updated from time to time to guide the implementantion of this strategy. The M&EF is a living document throughout the implementation of the this strategy as it will serve to document progress to date and guide management decision-making to ensure accomplishment of the objectives specified in the results framework below (See table 2).

In close collaboration with PO-RALG and Health facilities, the proposed indicators and figures for baseline and annual targets will be confirmed and/or established. MoHCDGEC will use routinely collected data (where appropriate), existing data systems including HRHIS, TIIS, DHIS2, and data specifically collected for this strategy to systematize performance monitoring. To continually keep track of progress and learn from day-to-day experiences, the MoHCDGEC team will conduct periodic internal assessments to review achievements and identify the factors which may have facilitated or inhibited progress towards achieving its overall goals and intended results. These reviews will include key staff and stakeholders including PO-RALG, Public Health Institutions (PHIs) and CSOs. During these reviews, the team will undertake a critical appraisal of the strategies and implementation approaches to determine continued relevance and appropriateness and make recommendations on the need for any modifications.

7.1 Purpose of the Monitoring and Evaluation framework

The information collected through M&EF will be used to make crucial management decisions and where applicable policy decisions related to provision of health services in resource-constrained settings. The monitoring of processes will help in finding out if the implementation is reaching the targeted motive outlined in the National Health Sector Volunteering Guidelines.

The evaluation of processes will assist implementers in ascertaining that the implementation is on track in terms of the activities outlined in this plan, and the timeframe. The monitoring of outcomes will assist in establishing whether the targets set in this plan are met. The evaluation of outcomes will provide information on the difference that the attainment of those targets is making in terms of improved service delivery to clients.

7.2 Monitoring and Evaluation Methods and Tools

For monitoring process, various methods will be used including observations, interviews, document reviews and secondary data analysis. Tools matching these methods will be developed.

For evaluation, direct data collections through interviews and observations will be supplemented with secondary data from the health management information system as recorded in the various databases. Evaluation findings will be reported to relevant stakeholders and will be made publicly available as per MoHCDGEC evaluation standards of practice.

Additionally, MoHCDGEC will systematize the use of evaluation findings to maximize continuous improvement and achievement of project period outcomes. In line with MoHCDGEC evaluation standards, evaluation findings will be used for:

i. Strategy improvement; to provide feedback to program implementers about how to make the strategy function more effectively and efficiently;

ii. Strategy accountability and transparency;

iii. Strategy scale-up to inform replication of similar approaches other health facilities in Tanzania.

To support continuous Quality Improvement, the M&EF will be used to: verify strategy achievements; facilitate course corrections when an approach is not meeting targets; identify effective strategies and activities to be scaled up and ineffective strategies to phase out; and inform strategy improvements related to GOT and PHI responsibility for activities. Quarterly summary sheets of project performance will provide visual summaries of selected project outcome indicators that can inform mid-course improvements.

MOHCDGEC and other PHIs will update the M&EF annually. MOHCDGEC, PHI's and other stakeholders will play an active role throughout the evaluation process by reviewing and refining evaluation questions, methods, and measurement tools; providing information during the data collection phase; assisting with the interpretation of findings, putting in perspective the relative contribution of the National Health Sector Volunteering strategy in addressing critical shortage of health workers

MOHCDGEC and other stakeholders will broadly disseminate information on progress and outcomes of health volunteerism strategy. Potential channels for disseminating results and evaluation findings will include technical working groups, national and international conferences, DHIS2 dashboards, and other existing platforms. Final evaluation findings will be used to develop a detailed sustainability plan that will include recommendations for strengthening this initiative.

TABLE 2: IMPLEMENTANTION PLAN MATRIX

S/N	Objective	Activities	Time frame*	Budget estimate	Responsible
1	Facilitate the adoption and formalization of health Voluntarism in Tanzania	Facilitate designing and Printing of the National Health Sector Volunteering Guidelines and the Implementation Plan	Year 1	TZS. 12,000,000	MoHCDGEC
		Facilitate establishment of Health Workforce volunteerism steering committees at National and facility levels	Year 1	LOE	MoHCDGEC, PO-RALG, HEALTH FACILITIES
		Dissemination of the approved National Health Sector Volunteering Guidelines	Year 1	LOE	
		Build capacity of health facilities on integration of the National Health Sector Volunteering guidelines into plans and budget	Year 1 - 3	TZS.116,870,000	MoHCDGEC, PO-RALG
		Upgrading of Human Resource for Health Information System to include health volunteers management	Year 1	TZS. 19,720,000	MoHCDGEC, PO-RALG
		Facilitate advocacy of the National Health Sector Volunteering guidelines at level of health delivery including Health Training Institutions	Year 1 - 3	TZS.58,800,000	MoHCDGEC, PO-RALG
		Facilitate resource mobilization and financing for effective implementation of National Health Sector Volunteering guidelines	Year 1- 4	TZS.14,000,000	MoHCDGEC, PO-RALG, DPs, CSOs
2.	Facilitate engagement of health volunteers in health facilities and training institutions	Develop health volunteer operational manual including engagement template	Year 1	TZS.13,440,000	MoHCDGEC, PO-RALG
		Facilitate integration of health volunteers in Human Resource for Health Information Systems, Training Institutions Information System and Health Workforce recruitment and allocation systems	Year 1	TZS.19,720,000	MoHCDGEC, PO-RALG
		Build capacity of health facilities and Training Institutions on the National Health Sector Volunteering Guidelines	Year 1 – 3	TZS.173,420,000	MoHCDGEC, PO-RALG
		Facilitate Health Volunteer recruitment costs (selection and allocation meetings)	Year 1 - 5	TZS.63.600,000	MoHCDGEC, PO-RALG

3	Facilitate Management of Health Volunteers allocated at Health Facilities/Training Institutions	Facilitate orientation of health volunteers across the health facilities and Training Institutions	Year 1 - 5	LOE	MoHCDGEC, PO-RALG
		Develop health volunteer accountability framework	Year 1	TZS. 16,120,000	MoHCDGEC, PO-RALG
		Facilitate National health Volunteer Steering Committee's meetings	Year 1 – 5	TZS.35,000,000	MoHCDGEC, PO-RALG
		Conduct periodic support supervision to assess implementation of health volunteer and build capacity on the identified gaps	Year 1 – 5	TZS.120,400,000	MoHCDGEC, PO-RALG
		Facilitate integration of Health Volunteering strategy into the facility Perfomance Management System and tools	Year 1	LOE	MoHCDGEC, PO-RALG
		Facilitate Planning and budgeting of health volunteers into CCHP, CHOP and MTEF	Year 1 – 5	LOE	MoHCDGEC, PO-RALG
		Facilitate transitioning of eligible volunteers into public service employment	Year 1 - 5	TZS. 63,600,000	MoHCDGEC, PO-RALG
4	Facilitate skills development for health volunteers	Develop health volunteers mentorship tools	Year 1	TZS.16,960,000	MoHCDGEC, HTIs
		Facilitate integration of health volunteer programs into National Health Sector CPD programs (for accreditation and certification)	Year 1	TZS.18,020,000	MoHCDGEC, HTIs,
		Build capacity of facility managers on the developed mentorship tool	Year 1 – 3	TZS.110,400,000	MoHCDGEC, PO-RALG
		Facilitate periodic coaching visits to build capacity of health facilities on the mentorship tools	Year 1 – 5	TZS.230,000,000	MoHCDGEC, PO-RALG, HTIs
		Develop online/distance learning CPD modules for health volunteers mentorship programs	Year 2- 4	TZS.54,060,000	MoHCDGEC, HTIs
		Train Zonal Health Resource Centers and MoHCDGEC Centre for Distance Education (CDV. on the developed CPD modules	Year 2 – 3	TZS.93,280,000	MoHCDGEC, HTIs
5	Monitor and evaluate implementantion of the National Health Sector Volunteering Guidelines	Develop monitoring and evaluation tools for National Health Sector Volunteering strategy	Year 1	TZS.23,920,000	MoHCDGEC, PO-RALG
		Facilitate mapping of the health volunteers in facilities and training Institutions	Year 1	LOE	MoHCDGEC, PO-RALG, HTIs
		Integrate National Health Sector Volunteering strategy indicators into government reports systems and tools	Year 1	LOE	MoHCDGEC, PO-RALG
		Facilitate periodic site visits to assess the implementantion of the National Health Sector Volunteering Guidelines	Year 1 – 5	TZS.226,240,000	MoHCDGEC, PO-RALG
		Develop quarterly reports for implementantion of the National Health Sector Volunteering Guidelines	Year 1 – 5	LOE	MoHCDGEC, PO-RALG

6	Implement knowledge translation on National Health Sector Volunteering strategy	Facilitate operational research on the health volunteering strategy	Year 2 – 5	TZS.99,920,000	MoHCDGEC, HTIs
		Develop technical highlights, technical briefs and success stories on the health volunteering strategy	Year 1- 5	LOE	MoHCDGEC, PO-RALG, CSOs, HTIs
		Develop Information and communication strategy for health volunteering strategy	Year 1	TZS.14,680,000	MoHCDGEC
		Facilitate dissemination of research findings, technical highlights, technical briefs and success stories on the health volunteering strategy	Year 2 – 5	TZS.77,560,000	MoHCDGEC, PO-RALG
	BUDGET GRAND TOTAL FOR 5 YEARS			**TZS.1,762,750,000****	

TABLE 3: MONITORING AND EVALUATION MATRIX

Objectives	Indicator	Baseline (2020/21)	Year 5 Cumulative target	Year 1	Year 2	Year 3	Year 4	Year 5
Facilitate the adoption and formalization of health Voluntarism in Tanzania	Number of National Health Volunteering guidelines printed and disseminated to key stakeholders	**NA**	**6,000**	**3,000**	**3,000**	**0**	**0**	**0**
	Health Workforce volunteerism steering committees at National and facility levels in place	**NA**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**yes**
	Number of health facility HR managers trained on the National Health Sector Volunteering guidelines	**NA**	**277**	**70**	**170**	**137**	**0**	**0**
	National Health Sector Volunteering strategy integrated in the human Resource for Health Information System and other systems and tools	**NA**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**yes**
	Number of advocacy meetings of the National Health Sector Volunteering strategy at all levels of health delivery including Health Training Institutions	**NA**	**5**	**1**	**1**	**1**	**0**	**0**
	% increase of budget allocation to support National Health Sector Volunteering guidelines	**TBA**	**8%**	**NA**	**2%**	**2%**	**2%**	**2%**
Facilitate engagement of health volunteers in health facilities and training institutions	Health volunteer operational manual including engagement template in place	**NA**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
	Health Information Systems, Training Institutions Information System and Health Workforce recruitment and allocation systems with health volunteers interface	**NA**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
	Number of health facilities and Training Institutions trained on recruitment process for the Health Volunteer fellowship	**NA**	**277**	**70**	**170**	**137**	**0**	**0**
	% of eligible health volunteers transitioned to the government employment	**TBD**						

Objectives	Indicator	Baseline (2020/21)	Year 5 Cumulative target	Year 1	Year 2	Year 3	Year 4	Year 5
Facilitate Management of Health Volunteers allocated at Health Facilities/Training Institutions	Number of health volunteers orientated across the health facilities and Training Institutions	**NA**	**TBD**	**TBD**	**TBD**	**TBD**	**TBD**	**TBD**
	Health volunteer accountability framework in place	**NA**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
	Number of National health Volunteer Steering Committee's meetings	**NA**	**10**	**2**	**2**	**2**	**2**	**2**
	Number of support supervision visits to assess implementation of health volunteer and build capacity on the identified gaps	**NA**	**20**	**4**	**4**	**4**	**4**	**4**
	Number of health volunteers with Perfomance contracts and fairly evaluated through OPRAS	**NA**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
	Facilitate transitioning of eligible volunteers into public service employment	**NA**	**TBD**	**TBD**	**TBD**	**TBD**	**TBD**	**TBD**
Facilitate skills development for health volunteers	Health volunteers mentorship tools in place	**NA**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
	Number of facility managers on the trained on mentorship tools	**NA**	**277**	**70**	**170**	**137**	**0**	**0**
	Number of periodic coaching visits to build capacity of health facilities on the mentorship tools	**NA**	**20**	**4**	**4**	**4**	**4**	**4**
	Number of online/distance learning CPD modules for health volunteers mentorship programs	**NA**	**10**	**0**	**2**	**4**	**4**	**0**
	Number of tutors/instructors from Zonal Health Resource Centers and MoHCDGEC Centre for Distance Education (CDV. trained on the developed CPD modules	**NA**	**88**	**0**	**44**	**44**	**0**	**0**

Objectives	Indicator	Baseline (2020/21)	Year 5 Cumulative target	Year 1	Year 2	Year 3	Year 4	Year 5
Monitor and evaluate implementantion of the National Health Sector Volunteering Guidelines	Monitoring and evaluation tools for National Health Sector Volunteering strategy in place	**N/A**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
	Mapping of health volunteers finalized	**N/A**	**1**	**1**	**N/A**	**N/A**	**N/A**	**/NA**
	National Health Sector Volunteering strategy indicators integrated into government reports systems and tools	**N/A**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
	Number of site visits to assess the implementantion of the National Health Sector Volunteering conducted	**N/A**	**20**	**4**	**4**	**4**	**4**	**4**
	Number of quarterly reports for implementantion of the National Health Sector Volunteering Guidelines developed	**N/A**	**20**	**4**	**4**	**4**	**4**	**4**
Implement knowledge translation on National Health Sector Volunteering strategy	Number of operational research on the health volunteering strategy	**N/A**	**4**	**0**	**1**	**1**	**1**	**1**
	Number of technical highlights, technical briefs and success stories on the health volunteering strategy developed	**N/A**	**10**	**1**	**3**	**3**	**2**	**1**
	Information and communication strategy for health volunteering strategy in place	**N/A**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
	Number of dissemination meetings on research findings, technical highlights, technical briefs and success stories conducted	**N/A**	**5**	**0**	**1**	**1**	**1**	**2**

TABLE 4: COST BUDGET PROJECTIONS

S/N	Item	Year 1				Year 2				Year 3				Year 4				Year 5			
		Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total
1.0	Facilitate designing and Printing of the National Health Sector Volunteering Guidelines and the Implementation Plan																				
1000	Designing and printing	3000	2000	1	6,000,000	3000	2000	1	6,000,000												
	Sub total				**6,000,000**				**6,000,000**												
1.2	**Facilitate establishment of Health Workforce volunteerism steering committees at National and facility levels**																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
1001	NA																				
1.3	Dissemination of the approved National Health Sector Volunteering Guidelines																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
1002	NA																				
1.4	Build capacity of health facilities on integration of the National Health Sector Volunteering guidelines into plans and budget																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
1003	Perdiem for government officials	**70**	**120,000**	**2**	**16,800,000**	170	**120,000**	**2**	**40,800,000**	137	**120,000**	**2**	**32,880,000**								
1004	Conference package	70	30,000	**1**	**2,100,000**	170	30,000	**1**	**5,100,000**	137	30,000	**1**	**4,110,000**								
1005	Transport	70	40,000	1	**2,800,000**	170	40,000	1	**6,800,000**	137	40,000	1	**5,480,000**								
	Sub total				**21,700,000**				**52,700,000**				**42,470,000**								
1.5	Upgrading of Human Resource for Health Information System to include health volunteers management																				

S/N	Item	Year 1				Year 2				Year 3				Year 4				Year 5			
		Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total
S/N	Item	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total
1006	Perdiem for government officials	12	120000	7	**10,080,000**																
1007	Conference package	12	30,000	6	**2,160,000**																
1008	Transport	12	40,000	1	**480,000**																
1009	Consultancy fee	1	700,000	10	**7,000,000**																
	Sub total				19,720,000																
1.6	Facilitate advocacy of the National Health Sector Volunteering guidelines at level of health delivery including Health Training Institutions																				
S/N	Item	Units	Cost	Days	Total	Unit	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total
1010	Perdiem for government officials	**35**	**120,000**	**3**	**12,600,000**	35	**120,000**	**3**	**12,600,000**	35	**120,000**	**3**	**12,600,000**								
1011	Conference package	70	30,000	**2**	**4,200,000**	70	30,000	**2**	**4,200,000**	70	30,000	**2**	**4,200,000**								
1012	Transport	70	40,000	1	**2,800,000**	70	40,000	1	**2,800,000**	70	40,000	1	**2,800,000**								
	Sub total				19,600,000				19,600,000				19,600,000								
1.7	Facilitate resource mobilization and financing for effective implementation of National Health Sector Volunteering guidelines																				
S/N	Item	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total
1013	Consultancy fee for resource mobilization	1	700000	5	**3,500,000**	1	700000	5	**3,500,000**	1	700000	5	**3,500,000**	1	700000	5	**3,500,000**				
	Sub total				**3,500,000**				**3,500,000**				**3,500,000**				**3,500,000**				
2.0'	Develop health volunteer operational manual including engagement template																				
S/N	Item	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total

S/N	Item	Year 1				Year 2				Year 3				Year 4				Year 5			
		Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total
2000	Perdiem for government officials	14	120000	3	**5,040,000**																
2001	Conference package	14	30,000	2	**840,000**																
2002	Transport	14	40,000	1	**560,000**																
2003	Consultancy fee	1	700,000	10	**7,000,000**																
	Sub total				13,440,000																
2.1	Facilitate integration of health volunteers in Human Resource for Health Information Systems, Training Institutions Information System and Health Workforce recruitment and allocation systems																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
2004	Perdiem for government officials	12	120000	7	**10,080,000**																
2005	Conference package	12	30,000	6	**2,160,000**																
2006	Transport	12	40,000	1	**480,000**																
2007	Consultancy fee	1	700,000	10	**7,000,000**																
	Sub total				**19,720,000**																
2.2	Build capacity of health facilities and Training Institutions on the National Health Sector Volunteering Guidelines																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
2008	Perdiem for government officials	**70**	**120,000**	**3**	**25,200,000**	170	**120,000**	**3**	**61,200,000**	137	**120,000**	**3**	**49,320,000**								
2009	Conference package	70	30,000	**2**	**4,200,000**	170	30,000	**2**	**10,200,000**	137	30,000	**2**	**8,220,000**								
2010	Transport	70	40,000	1	**2,800,000**	170	40,000	1	**6,800,000**	137	40,000	1	**5,480,000**								
	Sub total				**32,200,000**				**78,200,000**				**63,020,000**								
2.3	Facilitate Health Volunteer recruitment costs (selection and allocation meetings)																				

S/N	Item	Year 1				Year 2				Year 3				Year 4				Year 5			
		Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
2011	Perdiem for government officials	12	120000	7	**10,080,000**	12	120000	7	**10,080,000**	12	120000	7	**10,080,000**	12	120000	7	**10,080,000**	12	120000	7	**10,080,000**
2012	Conference package	12	30,000	6	**2,160,000**	12	30,000	6	**2,160,000**	12	30,000	6	**2,160,000**	12	30,000	6	**2,160,000**	12	30,000	6	**2,160,000**
2014	Transport	12	40,000	1	**480,000**	12	40,000	1	**480,000**	12	40,000	1	**480,000**	12	40,000	1	**480,000**	12	40,000	1	**480,000**
	Sub total				12,720,000				12,720,000				12,720,000				12,720,000				12,720,000
3.0'	Facilitate orientation of health volunteers across the health facilities and Training Institutions																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
3000	NA																				
	Sub total																				
3.1	Develop health volunteer accountability framework																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
3001	Perdiem for government officials	12	120000	5	**7,200,000**																
3002	Conference package	12	30,000	4	**1,440,000**																
3003	Transport	12	40,000	1	**480,000**																
3004	Consultancy fee	1	700,000	10	**7,000,000**																
	Sub total				16,120,000																
3.2	Facilitate National health Volunteer Steering Committee's meetings																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
3005	Perdiem for government	14	60,000	6	**5,040,000**	14	60,000	6	**5,040,000**	14	60,000	6	**5,040,000**	14	60,000	6	**5,040,000**	14	60,000	6	**5,040,000**

S/N	Item	Year 1				Year 2				Year 3				Year 4				Year 5			
		Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total
	officials																				
3006	Conference package	14	30,000	4	**1,680,000**	14	30,000	4	**1,680,000**	14	30,000	4	**1,680,000**	14	30,000	4	**1,680,000**	14	30,000	4	**1,680,000**
3007	Transport	14	20,000	1	**280,000**	14	20,000	1	**280,000**	14	20,000	1	**280,000**	14	20,000	1	**280,000**	14	20,000	1	**280,000**
	Sub total				7,000,000				7,000,000				7,000,000				7,000,000				7,000,000
3.3	Conduct periodic support supervision to assess implementation of health volunteer and build capacity on the identified gaps																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
3008	Perdiem for government officials	14	120000	14	**23,520,000**	14	120000	14	**23,520,000**	14	120000	14	**23,520,000**	14	120000	14	**23,520,000**	14	120000	14	**23,520,000**
3009	Transport	14	40,000	1	**560,000**	14	40,000	1	**560,000**	14	40,000	1	**560,000**	14	40,000	1	**560,000**	14	40,000	1	**560,000**
	Sub total				24,080,000				24,080,000				24,080,000				24,080,000				24,080,000
3.4	Facilitate integration of Health Volunteering strategy into the facility Perfomance Management System and tools																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
3010	NA																				
3.5	Facilitate Planning and budgeting of health volunteers into CCHP, CHOP and MTEF																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
3011	NA																				
3.6	Facilitate transitioning of eligible volunteers into public service employment																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
3012	Perdiem for government	12	120000	7	**10,080,000**	12	120000	7	**10,080,000**	12	120000	7	**10,080,000**	12	120000	7	**10,080,000**	12	120000	7	**10,080,000**

S/N	Item	Year 1				Year 2				Year 3				Year 4				Year 5			
		Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total
	officials																				
3013	Conference package	12	30,000	6	**2,160,000**	12	30,000	6	**2,160,000**	12	30,000	6	**2,160,000**	12	30,000	6	**2,160,000**	12	30,000	6	**2,160,000**
3014	Transport	12	40,000	1	**480,000**	12	40,000	1	**480,000**	12	40,000	1	**480,000**	12	40,000	1	**480,000**	12	40,000	1	**480,000**
	Sub total				**12,720,000**				**12,720,000**				**12,720,000**				**12,720,000**				**12,720,000**
4.0'	Develop health volunteers mentorship tools																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
3015	Perdiem for government officials	16	120000	7	**13,440,000**																
3016	Conference package	16	30,000	6	**2,880,000**																
3017	Transport	16	40,000	1	**640,000**																
	Sub total				**16,960,000**																
4.1	Facilitate integration of health volunteer programs into National Health Sector CPD programs (for accreditation and certification)																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
3018	Perdiem for government officials	17	120000	7	**14,280,000**																
3019	Conference package	17	30,000	6	**3,060,000**																
3020	Transport	17	40,000	1	**680,000**																
	Sub total				**18,020,000**																
4.2	Build capacity of facility managers on the developed mentorship tool																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
4000	Perdiem for government officials	**70**	**120,000**	**3**	**25,200,000**	**170**	**120,000**	**3**	**61,200,000**	137	**120,000**	**3**	**49,320,000**								

S/N	Item	Year 1				Year 2				Year 3				Year 4				Year 5			
		Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total
4001	Conference package	70	30,000	**2**	**4,200,000**	170	30,000	**2**	**10,200,000**	137	30,000	**2**	**8,220,000**								
4002	Transport	70	40,000	1	**2,800,000**	170	40,000	1	**6,800,000**	137	40,000	1	**5,480,000**								
	Sub total				32,200,000				78,200,000				63,020,000								
4.3	Facilitate periodic coaching visits to build capacity of health facilities on the mentorship tools																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
4003	Perdiem for government officials	14	120000	28	**47,040,000**	14	120000	28	**47,040,000**	14	120000	28	**47,040,000**	14	120000	28	**47,040,000**	14	120000	28	**47,040,000**
4004	Transport	14	40,000	1	**560,000**	14	40,000	1	**560,000**	14	40,000	1	**560,000**	14	40,000	1	**560,000**	14	40,000	1	**560,000**
	Sub total				47,600,000				47,600,000				47,600,000				47,600,000				47,600,000
4.4	Develop online/distance learning CPD modules for health volunteers mentorship programs																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
4005	Perdiem for government officials	0	0	0	**-**	17	120000	7	**14,280,000**	17	120000	7	**14,280,000**	17	120000	7	**14,280,000**				
4006	Conference package	0	0	0	**-**	17	30,000	6	**3,060,000**	17	30,000	6	**3,060,000**	17	30,000	6	**3,060,000**				
4007	Transport	0	0	0	**-**	17	40,000	1	**680,000**	17	40,000	1	**680,000**	17	40,000	1	**680,000**				
	Sub total								**18,020,000**				**18,020,000**				**18,020,000**				
4.4	Train Zonal Health Resource Centers and MoHCDGEC Centre for Distance Education (CDE) on the developed CPD modules																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
4008	Perdiem for government officials	0	0	0	**-**	44	120000	7	**36,960,000**	44	120000	7	**36,960,000**								
4009	Conference package	0	0	0	**-**	44	30,000	6	**7,920,000**	44	30,000	6	**7,920,000**								
4010	Transport	0	0	0	**-**	44	40,000	1	**1,760,000**	44	40,000	1	**1,760,000**								

S/N	Item	Year 1				Year 2				Year 3				Year 4				Year 5			
		Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total
	Sub total								46,640,000				46,640,000								
5.0'	Develop monitoring and evaluation tools for National Health Sector Volunteering strategy																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
5000	Perdiem for government officials	12	120000	7	**10,080,000**																
5001	Conference package	12	30,000	6	**2,160,000**																
5002	Transport	12	40,000	1	**480,000**																
5003	Consultancy fee	1	700,000	16	**11,200,000**																
	Sub total				**23,920,000**																
5.1	Facilitate mapping of the health volunteers in facilities and training Institutions																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
5004	NA																				
5.2	Integrate National Health Sector Volunteering strategy indicators into government reports systems and tools																				
S/N	**Item**	**No. of Units**	**Unit Cost in TZS**	**Days**	**Total**	**No. of Units**	**Unit Cost in TZS**	**Days**	**Total**	**No. of Units**	**Unit Cost in TZS**	**Days**	**Total**	**No. of Units**	**Unit Cost in TZS**	**Days**	**Total**	**No. of Units**	**Unit Cost in TZS**	**Days**	**Total**
5005	NA																				
5.3	Facilitate periodic site visits to assess the implementantion of the National Health Sector Volunteering Guidelines																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
5006	Perdiem for government	14	120000	21	**35,280,000**	14	120000	28	**47,040,000**	14	120000	28	**47,040,000**	14	120000	28	**47,040,000**	14	120000	28	**47,040,000**

S/N	Item	Year 1				Year 2				Year 3				Year 4				Year 5			
		Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total
	officials																				
5007	Transport	14	40,000	1	**560,000**	14	40,000	1	**560,000**	14	40,000	1	**560,000**	14	40,000	1	**560,000**	14	40,000	1	**560,00**
	Sub total				**35,840,000**				**47,600,000**				**47,600,000**				**47,600,000**				**47,600,000**
5.4	Develop quarterly reports for implementantion of the National Health Sector Volunteering Guidelines																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
5008	NA																				
6.0	Facilitate operational research on the health volunteering strategy																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
6000	Perdiem for government officials	0	0	0	-	12	120000	7	**10,080,000**	12	120000	7	**10,080,000**	12	120000	14	**20,160,000**	12	120000	7	**10,080,000**
6001	Transport	0	0	0	-	12	40,000	1	**480,000**	12	40,000	1	**480,000**	12	40,000	1	**480,000**	12	40,000	1	**480,000**
6002	Consultancy fee	0	0	0	-	1	700,000	16	**11,200,000**	1	700,000	16	**11,200,000**	1	700,000	20	**14,000,000**	1	700,000	16	**11,200,000**
	Sub total								**21,760,000**				**21,760,000**				**34,640,000**				**21,760,000**
6.1	Develop technical highlights, technical briefs and success stories on the health volunteering strategy																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
6003	NA																				
6.2	Develop Information and communication strategy for health volunteering strategy																				
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**
6004	Perdiem for government	12	120000	5	**7,200,000**																

S/N	Item	Year 1				Year 2				Year 3				Year 4				Year 5			
		Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total	Units	Cost	Days	Total
	officials																				
6005	Transport	12	40,000	1	**480,000**																
6006	Consultancy fee	1	700,000	10	**7,000,000**																
	Sub total				14,680,000																
S/N	**Item**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**Units**	**Cost**	**Days**	**Total**	**U nits**	**Cost**	**Days**	**Total**
6.3	Facilitate dissemination of research findings, technical highlights, technical briefs and success stories on the health volun teering strategy																				
6007	Perdiem for government officials	0	0	0	-	21	120000	3	**7,560,000**	21	120000	3	**7,560,000**	28	120000	3	**10,080,000**	28	120000	7	**23,520,000**
6008	Transport	0	0	0	-	21	40,000	1	**840,000**	21	40,000	1	**840,000**	28	40,000	1	**1,120,000**	28	40,000	2	**2,240,000**
6009	Consultancy fee	0	0	0	-	1	700,000	6	**4,200,000**	1	700,00 0	6	**4,200,000**	1	700,000	6	**4,200,000**	1	700,000	16	**11,200,000**
	Sub total								**12,600,000**				**12,600,000**				**15,400,000**				**36,960,000**

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