

CHRISTIAN SOCIAL SERVICES COMMISSION

DEVELOPMENT PARTNERS MEETING

EXPERIENCES OF FBOs IN PROVISION OF HEALTH SERVICES UNDER PPP FRAMEWORK

DECEMBER 6TH, 2017

PRESENTATION OUTLINE

- CSSC Introduction and Functions
- Challenges encountered in the provision of the health care services
- The contributions of FBOs in provision of Health Services
 - ✓ Achievements
 - ✓ Challenges
 - ✓ Recommendations

INTRODUCTION

CSSC Overview

- Established in 1992 jointly by the Christian Council of Tanzania (CCT) and the Tanzania Episcopal Conference (TEC).
- Mandated to chart out a common action, within the policies and the laws of URT, aimed at expansion, improvement and development of the provision of the health and education services
- **Vision:** An enlightened and well educated community that is enjoying quality life and is free from diseases of poverty.
- **Mission:** Facilitate delivery of people centered, social services by Church Institutions in Tanzania through partnership, advocacy, capacity building and cost effective interventions with the compassion and love of Christ

CSSC FUNCTIONS

- Participate effectively in the formulation/review of national and church legal frameworks and strategies for improving accessibility and quality of the Education and Health services.
- Monitor the implementation/adherence to the Legal frameworks and strategies.
- Administer, manage and monitor the use of finances borrowed, granted, generated or allocated through the commission to support facilities.
- Enhance planning, financing, coordination, expansion and quality social services in Health and Education sectors.
- Provide technical services in Education and Health sectors.
- Provide essential support to institutions providing Health and Education services.

1. OWNERSHIP AND NUMBER OF HEALTH FACILITIES IN TANZANIA

OWNER	HOSPITAL	%	HEALTH CENTRES	%	DISPENSARIES	%	TOTAL	%
GOVERNMENT	98	39.7	535	74.9	4554	73.4	5187	72.3
PARASTATAL	8	3.2	10	1.4	168	2.7	186	2.6
VOLUNTARY AGENCY (Church)	105	42.5	134	18.8	697	11.2	936	13.1
PRIVATE	36	14.6	35	4.9	787	12.7	858	12.0
TOTAL	247	100	714	100	6206	100	7167	100

Zones and Offices



Lake Zone: Shinyanga
Mwanza, Simiyu, Geita,
Mara, Kagera

Northern Zone:
Arusha, K'njaro, Manyara

Eastern Zone: Dodoma,
Morogoro, Tanga, Dar, Mtwara,
Lindi, Z'bar isles & Coast

Southern Zone:, **Mbeya**,
Rukwa, Iringa, Njombe,
Ruvuma, Songwe

Western Zone:
Kigoma, **Tabora**,
Singida, Katavi

MIDDLE CADRE HEALTH TRAINING INSTITUTIONS

CSSC also coordinates the network of Middle cadre Health Training Institutions owned by the member churches. So far there are:-

- 65 Middle Cadre Training Institutions
- 2 Universities and 3 constituents colleges

CHALLENGES IN HEALTH CARE SERVICE DELIVERY

KEY CHALLENGES

- Inadequate health facilities to provide services
- Inadequate understanding and adherence to policy, laws, regulations, guidelines, service agreements. These led duplication of efforts and mistrust.
- Mismatch between some policies and availability of resources- exemption policy
- Inadequate resources: skilled health workers and funds
- Inadequate communication between Local Government and Owners of the facilities
- Inadequate leadership and management capacity in the health facilities, Council Health Service Board.

1. INADEQUATE NUMBER OF HEALTH FACILITIES

LEVEL, REQUIREMENT AND THE AVAILABLE NUMBER OF PUBLIC HEALTH FACILITIES

NGAZI	NUMBER	HEALTH FACILITY				
		REQUIREMENT	AVAILABLE	%	DEFICITY	%
VILLAGE	12545	12545	4554	36.3	7991	63.7
WARD	4420	4420	535	12.0	3885	88.0
COUNCIL	185	185	70	38.0	115	62.0
REGION	26	26	21	80.8	5	19.2
ZONE	8	8	3	37.5	5	62.5
SPECIAL HOSPITALS	NA	NA	3	NA		
NATIONAL HOSPITAL	1	1	1	100	0	100
TOTAL	17,185	17,185	5,187	30.2	12,001	69.8

Note: If the Government decides to focus on building Dispensaries alone, then an estimate of TZS 2.3 Trillion will be required.

2. DUPLICATION OF EFFORTS IN HEALTH SERVICE DELIVERY

Co-existence of Hospitals within the same LGA

DISTRICT COUNCIL	HOSPITAL	
KWIMBA DC	Ngudu Council Hosp	Sumve CDH
HAI DC	Hai Council Hospital	Machame CDH
MOSHI DC	Kilema CDH	Kibosho CDH
BUNDA DC	Manyamanyama Council Hosp	Bunda CDH
NGARA DC	Nyamiyaga Council Hosp	Murugwanza DDH
SIKONGE DC	Mazinge Council Hosp	Sikonge CDH
MUHEZA DC	Muheza Council Hosp (<i>In plan</i>)	St. Augustine Muheza CDH
KILOLO DC	Kilolo Council hosp (<i>In plan</i>)	Ilula CDH

- *Lack of joint plans/Road map for reversing Status of the Designated Hospitals*
- *Multiplicity of resources to hospitals with same levels*

3. INSUFFICIENT NUMBER OF HEALTH CARE WORKERS

(Ref: Hospital's Staff payroll and staff Establishment 2015/2016)

CADRE	NUMBER REQUIRED	KWIMBA DC		MOSHI DC		HAI DC	
		Sumve CDH Available	Deficit	klbosh CDH Available	Deficit	Machame CDH Available	Deficit
Med. Doctors	8	4	4	3	5	5	3
Asst. Med Officers	16	2	14	3	13	5	11
Dental Officer	1	1	0	1	0	0	1
Nursing Officers	12	4	8	3	9	2	10
Pharmacist	1	1	0	0	1	0	1

- *Lack/Delays of work permit to employ new staff to fill the gaps*
- *Due to Financial constraints the Churches fail to employ and pay salaries for professional staff*
- *Lack of joint plans to recruit and deploy human resources for health*

4. DELAYS IN DISBURSING BASKET FUNDS TO CDHs

YEAR	QUARTER	KOLANDOTO	SUMVE	KIBOSHO	MACHAME	NYANGAO
2012/2013	Q1	X	X	X	X	X
	Q2	x	x	x	x	√
	Q3	√	√	√	√	√
	Q4	√	√	√	√	√
2013/2014	Q1	X	x	x	√	x
	Q2	X	x	x	x	x
	Q3	X	√	√	x	√
	Q4	X	√	√	√	√
2014/2015	Q1	X	x	x	√	x
	Q2	X	√	√	√	√
	Q3	X	x	√	x	√
	Q4	X	√	√	√	√
2015/2016	Q1	X	X	x	x	x
	Q2	X	x	x	x	x
	Q3	X	√	√	√	√
	Q4	x	√	√	√	√

CONTRIBUTIONS TO THE HEALTH SECTOR

CSSC has developed her 3rd Strategic Plan (2016 – 2020) which is in line with the MoHCDGEC Health Sector Strategic Plan IV (2015-2020). The developed SP

STRATEGIC AREAS

- promotes adherence to National Health Policy, regulations and guidelines;
- Strengthens partnership in health service delivery
- Enhances capacity of member church health facilities in terms of governance and leadership
- Strengthens management of resources and data.
- Improving supply chain
- Strengthen CSSC Secretariat

ACHIEVEMENTS

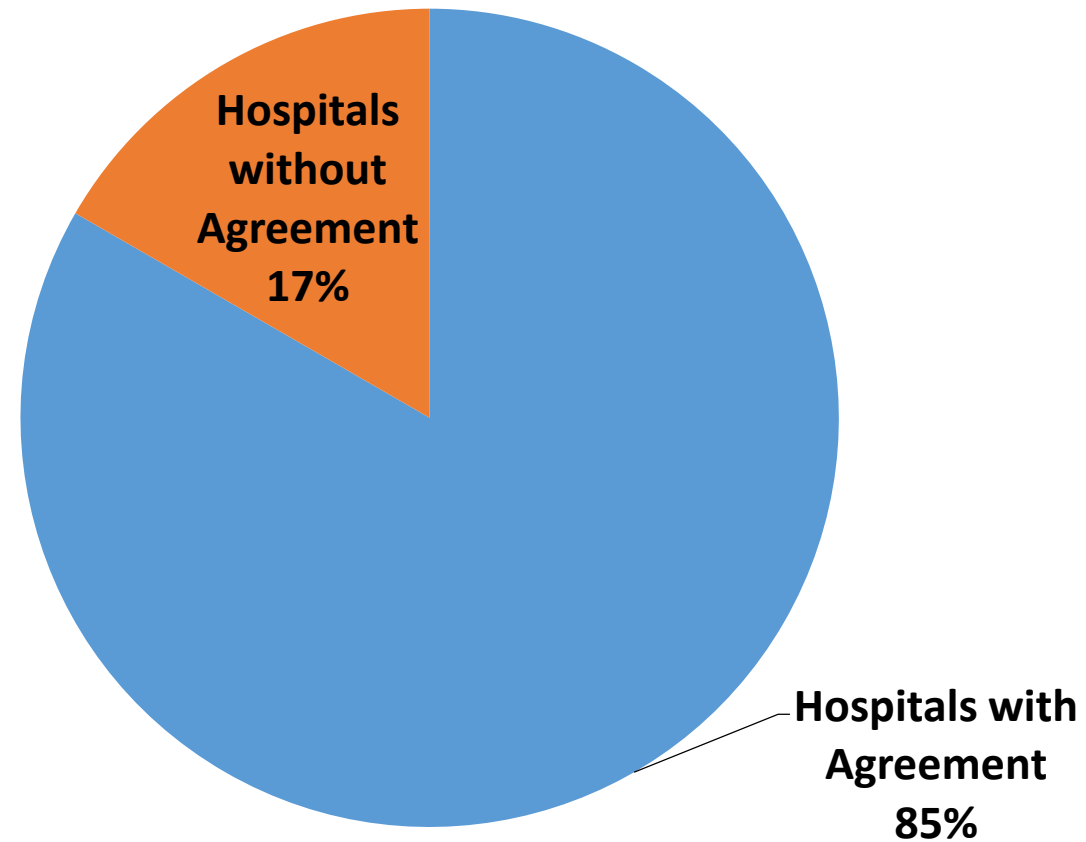
- The number of health facilities owned by the Churches has increased by 80% from 500 (1992) to 900 (2016) following huge investment in expansion of health services particularly in rural and semi-rural areas.
- Have actively contributed to the review of the terms of the Service Agreement templates. The Service Agreement (SA) templates for Council Designated Hospitals (CDH); Service Level Agreement (SLA) and Referrals Hospital at Regional Level (RHRL) were revised and approved by the Government in July 2017. Also a Kiswahili guide to support Service Agreement negotiations have also been developed.

ACHIEVEMENTS Cont.....

- Have contributed to enhance PPPs in the provision of health services through service agreement. The number of church facilities which have entered into Service Agreement with the Government has increased from 37 (2009) to 85 (June 2017). These include 2 Zonal Specialized Referral hospitals, 38 Council Designated Hospitals and 45 Voluntary Agency Hospitals. *NB: following revision of the Service Agreement templates; all the church hospitals are now required to re-negotiate and re-sign the revised Service Agreements.*
- Involvement of church health facilities in Comprehensive Council Health Planning (CSSHP) and Council Health Service Boards (CHSB) at Council level has increased to 60-70%; this has created an avenue for addressing priority issues and needs in improving provision of service. i.e. staffing, trainings & supervisions, essential medicines and reagents etc.

KEY PERFORMANCES Cont.....

Status of Service Agreement in 102 FBO Hospitals by June 2017



SOURCE OF INCOME FOR HOSPITALS

FINANCIAL YEAR 2015-2016

SOURCE OF INCOME	NYG	%	BMB	%	MHZ	%	TOTAL	%
GOVT	831,463,896	42	356,123,689	71	1,939,734,300	76	3,127,321,885	63
USER FEE								
i) COST SHARING	551,999,875	28	47,834,700	10	524,250,000	20	1,124,084,575	22
ii) NHIF	171,179,810	9	68,098,989	14	0	0	239,278,799	5
iii) NSSF/SHIB	17,783,580	1	12,584,932	3	0	0	30,368,512	0.6
iv) CHF	0	0	0	0	0	0	0	0
OWNER	15,270,500	1	0	0	0	0	15,270,500	0.3
DEV. PARTNER	350,598,694	18	0	0	72,520,000	3	423,118,694	8
IGP	20,688,480	1.0	11,174,832	2	21,650,250	1	53,493,562	1.1
TOTAL	1,958,984,755	100	495,817,142	100	2,558,154,550	100	5,012,936,527	100

STAFF POSITION ON JULY 2016

Name of Hospital	STAFF SITUATION			PAID BY					
	REQUIRED	ACTUAL		GOVT		HOSPITAL		DP	
	No.	No.	%	No.	%	No	%	No	%
MCH	200	216	108.0	120	56.0	96	44.0	0	0
HRM	310	253	82.0	207	82.0	45	18.0	1	0.4
KBO	200	183	93.0	129	71.0	53	29.0	1	0.5
SLN	215	249	116.0	162	65.0	51	21.0	36	14.5
SEZT	200	153	77.0	72	47.0	81	53.0	0	0
TOTAL	1125	1054	95	709	64	335	33	40	3

SALARIES ON JULY 2016

NAME OF HOSPITAL	TOTAL	GOVERNMENT		HOSPITAL	
	Tshs	Tshs	%	Tshs	%
MCH	64,545,200	53,043,600	82.2	11,501,600	17.8
HRM	212,644,690	192,051,700	90.3	20,592,990	9.7
KBO	123,866,558	99,143,000	80.0	24,723,558	20.0
SLN	140,599,000	89,000,800	63.3	51,598,200	36.7
SEZT	103,287,454	51,263,580	49.6	52,023,874	50.4
TOTAL	679,969.408	479,965,907	70.6	200,003,502	29.4

ACHIEVEMENTS Cont.....

- 60% of FBOs hospitals have been accredited and are accessing NHIF services, so far the hospitals have managed to improve quality of health services, improved health insurance membership enrolment.
- 60 FBO health facilities renewed and strengthened their Facility Governing Committees (FGC) and also monitor the operations of the FGCs and train the members to adhere to the FGC guidelines, understand their roles and responsibilities.
- Trained 60 FBO Hospitals on how to develop CHOPS and continued to support building their capacity for effective participation in Comprehensive Council Health Planning and Council Health Service Boards.
- More than 40% of health Facilities have installed e-HIMS. CSSC is encouraging facilities to install GotHOMIS
- Improved quality of health care: 12 Health Facilities acquired level 4, 43 acquired level 3 and 54 acquired level 2 and 141 are level 1. Most of FBOs scored higher in the Star Rating

END

Thank you for the Time and Listening