



Minutes, DPG Health meeting Wednesday, 8th January 2020, UNICEF

Present

1. Meaghan Byers	CIDA	DPG H Acting Chair
2. Laurel Fain	USAID	DPG H Incoming Chair
3. Maximillian Mapunda	WHO	DPG H Secretariat
4. Dr. Grace Saguti	WHO	Member
5. Eric Msoffe	GIZ	Member
6. Nunzi Grigolet	GERMANY	Member
7. Dr. Asia Hussein	UNICEF	Member
8. Dr. Peter Nyella	Irish Embassy	Member
9. Fin Poulsen	Danish Embassy	Member
10. Flavia Manyanga	JICA	Member
11. Britt Kjolas	Norwegian Embassy	Member
12. Felista Bwana	UNFPA	Member
13. Ananthu Thambinayagam	USAID	Member
14. Nelson Msuya	PWC (Global Fund)	Member
15. Ulrika Baker	UNICEF	Member
16. Suse Matamwa	DFID	Member
17. Jane Schueller	USAIDS	Member
18. Christian Pfleiderer	P4H	Member
19. Sanam Roder-De Wan	UNICEF	Member
20. Kira Thomas	KOICA	Member
21. Dr Rutasha Dadi	GAC	Member
22. Dr. Ahmad Makuwani	MOHCDGEC	Invitee
23. Zuhura Mbuguni	MOHCDGEC	Invitee
24. Stella N Mujaya	HP+	Invitee
25. Sammy Musunga	HP+	Invitee

AGENDA

1. Welcome and Introduction of members
2. Presentation on Family Planning Costed Implementation Plan
3. Adoption of the Minutes, Agenda and Matters arising
4. Updates on SWAp events
5. Critical issues from TWGs/Thematic Areas
6. Updates on key events/ Upcoming events, missions
7. AOB
8. Next DPG H meeting: 5th February 2020

ACTION POINTS:



- Dr. Rutasha to share detailed planned activities for Development of the Health Sector Plan V that will take place in Dodoma from 20-24, January 2020, until the official invite from the MoHCDGEC is received.
- MoHCDGEC to share detailed list of EMOC equipment, stores in which they are located and costs of distribution to the health facilities and soft copies of the respectful maternal and child health care.

1. Welcome and Introduction of members

The DPG Health Out going Chair welcomed all members to the meeting, she informed members that the Chair is arriving in the afternoon from his holidays. It was then followed by round of introductions.

2. **Presentation:**

Family Planning Costed Implementation Plan (CIP).

The presentation started by receiving greetings of Permanent Secretary Ministry of Health Community Development Gender Elderly and Children, Dr. Zainabu Chaula and of the Director of Preventive Services Dr. Leonard Subi. The greetings reported on progress of renovation of health centres to become CeMOC compliant. It was reported that only 33 percent of them are operating the rest 66 percent are not operational. They are not operational because installation of equipment has not been undertaken. Equipment are in the warehouses; the government is facing challenges of funds to distribute them. Dr Subi encouraged members of DPG health to visit RNMCH Portal to watch performance of the RNMCH score card.

After the greetings the presentation was done. In addition to the presentation on Costed Implementation Plan of Family Planning the Ministry also reported on progress on; Maternal, Newborns and Child Mortality study together with developing the RNMCH Strategic Plan III.

Costed Implementation Plan

It was reported that this is the second costed implementation plan (CIP II) for family planning. It has been supported by Palladium. The process of developing the first plan started in 2010, the second plan itself was launched in 2019. The aim of the plan is to have a unique plan that will be supported by all stakeholders. This plan is evidence based and can be used as resource mobilization tool and to guide districts to develop Comprehensive Council Health Plans. The goal of the CIP II is to reach modern contraceptives prevalent rate of 47 percent for married women and 40 percent for all women, which requires an increase in the pace of progress on FP in Tanzania. The three strategies identified as critical to achieving this are: to avoid stock out of the commodities; change social norms; and reach more in-school youth. However, the information collected from partners indicates that in the first year, the plan has a small funding gap for commodities and a large funding gap of 88% for service delivery, while demand creation has sufficient funding. The gap analysis's accuracy is challenged by availability of information from different sources. The plan provides improvements in coordination among donors and implementors working in family planning. The



CIP also provides region-specific goals for improving working towards the three sub-strategies. The Ministry is planning to organize annual meeting to discuss family planning issues.

Maternal, Newborns and Child Mortality study

The GoT indicated the study will take place from February – May 2020. Methodology and tools are currently being finalized. Data will be collected at ward level if funds are available and data collection to include Zanzibar (cover hospitals, HCs and some dispensaries). Estimated cost is of the study is Tshs 900,000,000. During the finalization of the methodology, researchers from the following institutions were brought on board; UDSM, MUCHS, DHS Team and outside institutions. The study aims also to inform the DHS and will focus more on cause of death, as this is not information that is available through the DHS. A letter will be shared with DPs shortly requesting funding for the study.

RNMCH Strategic Plan III.

TOR is already developed and budget is in draft form. Development of the strategy will go simultaneously with HSSPV. One Plan III will be considered to be the National Investment Case for GFF. The Ministry reported to have developed guidelines on respectful maternal and childcare to overcome challenges which were faced in these two areas, which will be shared in soft copy. The new Neonatal Care Guidelines are also available in soft copy and will be shared.

Discussions:

The meeting was delighted with the guidelines for respectful maternal and child health care and for neonatal care and DPs requested for soft copies. It also stressed for family planning to be reflected in the HSSP V which was positively accepted by MOHCDGEC. Noting that the rate of modern contraceptives prevalence is varying across regions and districts it was suggested to use different interventions to address these differences. It was also observed that the cost of commodity security is higher to almost 80 percent It was clarified that 50 percent of the commodity cost is for procurement of the commodities and the remaining 50 percent is for activities related to commodities e.g. quantification etc.

The meeting requested to receive the details of equipment for CeMOC that are laying in the warehouses. The details will include list of the items, warehouse where they are stored and the cost of distribution to the health facilities.

Concerns were also raised on the amount of family planning funds disbursed by government out of the approved budget. Education was identified as an input to improve social norms in family planning and therefore investment in that sector should also be considered.

With regards to maternal mortality study, emphasis was given on the fact that the study will unveil factors for maternal mortalities beyond number provided by DHS. It will also provide information on still births. The study will cover the whole of the United Republic of Tanzania. There were



concerns raising in the meeting that the study is going to identify the problem which is already known. This means with the staffing level is which is already low, small space for RNMCH services, inadequate FP uptake, equipment has that had not arrived at the health facilities, it is not surprising there is no significant change in maternal deaths? It was also suggested that while taking data from Dar es Salaam it should not be considered as a region. It needs to be split because of its population.

The meeting was reminded on coordination RNMCH activities for example Hydom Hospital has received 5 million USD from GFF they will work with 30 hospitals to deal with maternal and neonatal. While the Minister is aware about this programme officers are not informed.

MAIN MEETING

3. Adoption of the Minutes, Agenda and Matters Arising

The Minutes of the December 2020 meeting were approved. Agenda for this meeting was adopted.

4. Updates on SWAp events

HSSP V development /funding: The Ministry has submitted the letter requesting support from DPs. The letter was circulated during Christmas holidays. The Chair requested the Secretariat to circulate again. The conceptualisation of the planning event for HSSP V is going on. The Ministry has planned to organise sessions from 20-24, January 2020 in Dodoma. The sessions will be used to brief stakeholders and generate information. They will be organised based on the clusters agreed during the Annual Joint Health Sector Review, these clusters are; HRH, One plan III, Universal Health Coverage, Social Determinants of Health, Epidemics and disasters. Invitations for these meetings have not yet been issued by MOH.

Updates on plans on measuring maternal mortality: the updates have already been provided in item 2 above during the presentation of Family Planning costed plan.

DHS Updates: letter requesting donors support received by WHO and will be shared immediately after the meeting.

5. Technical Working Groups/Thematic Areas Updates

Health Financing Technical Working Group: The Health Financing Technical Working Group met in mid-December 2019. It was informed that submission of the Single National Health Insurance scheme is subject to the inclusion of the Workers Compensation Fund in the proposal. The Ministry has recruited an actuarial company to assess the feasibility of the inclusion of the WCF initial study to ensure the WCF is included has started. The Ministry is optimistic that it will be tabled the bill of establishing the Single National Health Insurance Scheme before the end of this year. Next meeting for health financing technical working group will be on Monday 27, January 2020.



Global Fund (GF): The next cycle for GFATM concept development has started. Tanzania has been allocated 587 million US\$ dollars which makes it the fourth among countries receiving Global Fund support. The road map for development of concept note, country dialogue, writing teams has been agreed upon, all work streams will start from Monday 13, January next week.

The current funding cycle comes towards its end on December 2020. However, 50 ambulances are still stuck at the port. The Global Fund has cleared port charges and duties for them and anticipated the government will refund. On Mass campaign for malaria MSD was provided with service contract for distribution of bed nets. They have failed to perform. Re tendering is being performed. The work for coming up with standard equipment has been completed.

GAVI: A joint Appraisal for GAVI operation took place in December 2019. It is not yet clear on their future modality for disbursement of GAVI funds.

Disease outbreaks: No new outbreaks reported in the country. No alerts of diseases of international public health concern. In DRC, the situation is still bad with increased number of new cases. There were 623 cases of influenza in Tanzania with no deaths. There has also been some unofficial investigation of Bubonic plague. Preparedness of EVD will resume after Christmas and new year holidays Infections in DRC continues and we are all alert.

6. Updates on key events/Upcoming events

- The Hon Minister of Health on 15 January 2020 will be inaugurating equipment that has been installed in Hydom hospital supported by Norway it is part of the RNMCH programme in Hydom Hospital covering 30 hospitals.
- 5 February researcher from Norway will be visiting Tanzania.
- 28-31 February there will be stakeholders' meetings in Dodoma to begin planning for the U.S. Government's HIV/AIDS operational plan.
- First week of February delegates from Irish Aid will be visiting Kigoma Region to monitor progress on Community Health Workers Scheme.

7. AOB

There was no other business.

8. Next meeting:

Next meeting on **Wednesday, 5th February 2020 at 12pm.**