

Final Draft - Tanzania Health Sector SWAp Milestones 2010/2011 – 101101

Area	Milestone	Process Action Plan	Outputs/Indicators / Assumptions
District Health Services	1. The National Essential Health Package reviewed and endorsed by July 2011.	<ol style="list-style-type: none"> Draft ToR for review of the NEHP by different TWGs according to their area and consolidate into one merged ToR by December 2010. Secure funding of the activity by January 2011 Carry out the review by representatives from LGAs, RHMTs, FBOs, CSOs, MoHSW, PMO-RALG, and DPs by March 2011 Finalized revision of NEHP by July 2011. 	Indicator: National Essential Health Package finalized and approved Assumption: HSRS takes the lead in coordinating the process.
District Health Services	2. Linkages between the CCHP guidelines and HSSP III strategies in PlanRep, Epicor and other district-level systems finalized by July 2011.	<ol style="list-style-type: none"> Finalize CCHP Guideline by May 2011. Implement recommendations from consultancy report on integration of CCHP planning and reporting with PlanRep, Epicor and other District systems by December 2010. 	Indicators: A: CCHP Guidelines finalized and approved B: CCHP planning and reporting integrated in PlanRep, Epicor and other District Administrative and Financial systems.
Hospital Reforms	3. Improved annual operational plans and budgets developed and submitted by all regional hospitals by May 2011.	<ol style="list-style-type: none"> Training material revised and improved by end of October 2010. Thirteen (13) Regional Hospital that never developed a plan will receive three weeks training/coaching to prepare their plan, by March 2011 Eight (8) Regional Hospitals that developed a plan for last year will receive 5-day tailored coaching to improve their next plan, by January 2011 	Process indicator 1: The training/coaching sessions take place in due time (13 hospitals) Process indicator 2: the tailored coaching take place in due time (8 hospitals) Process indicator 3: all regional hospitals submit their plan timely in the PMO-RALG planning schedule Process indicator 4: all submitted plans are evaluated against a grid. Main assumption: required funds are made available in due time.
Health Financing	4. Final Health Financing Strategy, its cost and action plan completed by May 2011.	<ol style="list-style-type: none"> Inception Report discussed and work commence on 1st October 2010. Consultative meetings to involve all stakeholders on the development of the Strategy Completion of draft health financing strategy by February 2011. Action plan for implementation of the strategy completed by May 2011 	Indicator 1: Inception Report completed. Indicator 2: All stakeholders involved in the development of the strategy Indicator 3: Financing Strategy and its cost completed Indicator 4: Action plan for the Strategy completed
PMO-RALG	5. Health facility accounts established by June 2011.	<ol style="list-style-type: none"> MOHSW in collaboration with PMO-RALG to clarify with MoFEA on the establishment of health facility accounts 	Assumption: Health Facility Accounts will be established with MoFEA and LGA as the main driving force.
HRH / Social Welfare	6. An increased number of health workers with the right skills ensured in the right locations by September 2011.	<ol style="list-style-type: none"> Revise national staffing guidelines for each level of care by March, 2011. Increase training capacity in both public and private health training institutions. Increase number of posted health workers, tracking of their reporting rates and retention 6 months after being posted. Increase proportion of skilled health workers from previous year. Increase MTEF allocation for HRH at all levels for the year 2011/12 from the current level. 	Indicator 1: Revised staffing guideline document completed by March 2011. Indicator 2: Number of new enrolled students compared to previous year increased by 850 by April 2011. Indicator 3: HRHIS report on number of posted health workers who are retained after 6 months after being posted. Indicator 4: HRHIS report on proportion of skilled health workers compared to unskilled health workers (presently Clinicians: 12.5%, Nurses 17.0% unskilled: 33.4%)

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PPP	7. Revised PPP policy guidelines that are aligned to the National PPP policy, the corresponding PPP Act and other regulations produced; and a PPP tracking framework developed by August 2011.	Regarding PPP policy guidelines: 1A: Conduct desk review of the revised PPP policy guidelines to identify alignment issues in relation to the National PPP policy, the corresponding PPP Act and other regulations. 1B: Carry out meetings for PPP stakeholders at national, regional and district level for endorsement of the revised PPP policy guidelines 1C: Print and disseminate the revised guidelines Regarding PPP tracking framework: 2A: Undertake an inclusive assessment of the private health sector 2B: Develop a concept note defining monitoring and tracking needs for PPP and respective process and output indicators. 2C: PPP Office and NPPSC adopting common tracking framework	Regarding policy guidelines: Indicator 1A: Desk study report by March 2011. Indicator 1.B Reports of the meeting Indicator 1C: Revised guidelines disseminated to all regions and district by April 2011 Assumption for revision of policy guidelines: Timely funding of planned activities made available from multiple funding sources including from the private sector. Regarding PPP tracking framework Indicator 2A: Assessment Report available by August 2011. Indicator 2B: Concept Note available by April 2011. Indicator 2C PPP Tracking Framework report available by August 2011. Assumption for PPP tracking framework: Timely funding of planned activities made available from multiple funding sources including from the private sector.
M&E/ HMIS	8. In the framework of the “M&E strengthening Initiative 2010-2015”; at least four regions will produce a regional annual health sector performance profile report, including a summary of the HSSP III core indicator data available within the updated and rationalized HMIS.	1) M&E Strengthening Initiative year one operational plan approved by MOHSW and funding partners (November 2010) 2) DHIS software installed in at least 5 regions (March 2011) 3) Data entry completed or up to date for at least one DHIS module (June 2011) 4) Regional staff complete extraction of data summary and produce report (August 2011)	Assumption: Finalization and timely agreement between MOHSW and funding partners on “M&E strengthening Initiative 2010-2015”. Initiative to officially start in November 2010! Indicator: At least four regions have produced and if requested are able to present at either the TRM/JAHSR 2011: A regional annual health sector performance profile report, including a summary of the HSSP III core indicator data available within the updated and rationalized HMIS
Service Delivery MNCH	9. Improve availability and supply for EmONC and child care at 80% of hospitals and health centres	1. Hire consultant to conduct assessment and develop distribution plan for EmONC equipment and health worker orientation plan by December 2010 2. Distribution of EmONC and paediatric equipment /Supplies done by June 2011 3. Delivery Pack procured and distributed to Dodoma and Coast region by June 2011 4. Walk in cold rooms procured and distributed and installed at National and Regional Vaccine stores by June 2011 5. 400 Motor cycle Ambulances distributed by June 2011	1. Distribution and orientation plan in place 2. Equipment distributed 3. Number of delivery procured and distributed 4. Number of WICR distributed and installed at National and regional store 5. Number of motorcycle ambulance distributed
Service Delivery MNCH	10. Strengthen capacity for Maternal, Newborn and Child Health care services 2011	1. Finalize and print and distribute Focused Ante-Natal Care and Basic Emergency Obstetric and Newborn Care curricula by June 2011 2. Training and orient of National TOT June 2011 3. Revitalize and strengthen capacity of ICC	1. Number of guidelines printed and distributed 2. Number of national TOT trained and oriented 3.1 TOR revised and endorsed 3.2 Three Inter-agency Coordinating Committee meetings conducted by June 2011
Governance and accountability	11. Further dissemination of new guidelines as well as rights and responsibilities of service users and boards implemented by June 2011.	1. Completion of CHSB guidelines by January 2011. 2. Print and distribute revised guidelines to regional and district level facilities by April 2011.	Indicators: A: Revision of Guidelines completed B: Revised guidelines printed and distributed to Regional and District levels

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Social Welfare	12. The Social Welfare Strategic Plan finalized, and Regulations and guidelines related to Disability Act 2010 and The Law of the Child Act 2009 produced by June 2011.	<ol style="list-style-type: none"> 1) Draft ToRs are ready by November 2010 for <ol style="list-style-type: none"> a) developing Strategic Plan that includes measures to align and bring together the SW Department with the rest of MoHSW b) translating Disability Act in Kiswahili and c) developing regulations for the Disability Act and the Law of the Child Act d) Law of the Child Act 2) Hiring a consultant November 2010 3) Dissemination of <ol style="list-style-type: none"> a) The Social Welfare Strategic Plan by April 2011. The plan will include measures to align and bring together the SW Department with the rest of MoHSW. b) Disability Act and its regulations by April 2011 c) The Law of the Child Act and its regulations and guidelines by May 2011 	<p>Indicator No.1 Social Welfare Strategic Plan in place. Indicator No. 2 Translated Disability Act in Kiswahili. Indicator No. 3 Regulations for implementation of the Disability Act and the Law of the Child Act developed.</p>
NCD/NTD	13. NCD and NTD implementation plans endorsed by the MoHSW Senior Management and the HR capacity of the MoHSW NCD and NTD sections strengthened by June 2011	<ol style="list-style-type: none"> 1. Draft ToR for developing implementation plans for NCD (November 2010) 2. Request funding and engage consultant for NCD (December 2010) 3. Submission of Implementation Plans to Senior Management for NCD (February 2011) 4. Dissemination of implementation plans for NCD (March 2011) 5. Appointment of 4 staff each to strengthen NCD and NTD sections 6. Finalize NTD M&E framework and appropriate tools through support from a consultant by April 2011. 	<p>Indicator:</p> <ol style="list-style-type: none"> 1) NCD Implementation Plans in place 2) NCD and NTD sections established with adequate staff. 3) M&E framework and appropriate tools for NTDs in place and functional <p>Assumptions:</p> <ul style="list-style-type: none"> – Timely funds for engaging consultant. – Allocation of staff
Pharmaceutical	14. Agreement between MOHSW, PMO-RALG and MSD for performance of each party's responsibilities in the provision of medicines and medical supplies in place by September 2011.	<ol style="list-style-type: none"> 1. Implement equitable resource allocation plan 2. Establish mechanism for timely and predictable disbursement of funds to MSD facility accounts 3. Benchmark MSD order fulfilment rates for the essential health package items by level of care, lead times for ordering and delivery up to facility. 4. Develop sentinel monitoring system and incorporate indicators and reporting within district health information system 5. Incorporate agreed performance standards in the operating procedures at MSD, MoHSW, PMO-RALG and Councils. 	<p>Output: Agreement in place</p> <p>Indicators;</p> <ul style="list-style-type: none"> – Funds allocated and timely released – Benchmarks and sentinel monitoring indicators available <p>Important assumptions:</p> <ul style="list-style-type: none"> – Basket and Government funds for medicines are pooled to support systematic allocation plan, and disbursed to MSD on time. – Fast tracking of medicines and logistics indicators within the HIMS roll-out. – Timeline for incorporation of performance standards depends on individual institution

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Nutrition	15. Nutrition posts established at Regional Secretariats and, a budget for the placement of nutrition personnel, as per approved staffing, allocated by 25% of councils by August 2011.	<ol style="list-style-type: none"> 1. Using Essential Nutrition Package, sensitize Regional Secretariats on the need to establish nutrition posts at Regional level and Councils on the need to fill vacant nutrition posts by August 2011. 2. Develop detailed job descriptions and a training programme for nutritionists by August 2011. 3. Develop tools to plan, budget and implement nutrition services at district/regional levels by August 2011. 	<p>Process Indicator 1a: 500 copies of Essential Nutrition Package printed and disseminated.</p> <p>Process Indicator 1b: Sensitisation meetings with 23 Regional Secretariats and representatives of all Councils.</p> <p>Process Indicator 3: Job descriptions and training programmes developed and disseminated.</p> <p>Process Indicator 4: Availability of nutrition planning, budgeting and implementation tools.</p> <p>Output Indicator 1: Regional Secretariat Organogram includes Nutrition posts.</p> <p>Output Indicator 2: 25% of district councils allocate budget for nutrition.</p> <p>Assumptions: Sensitisation and awareness creation will result in action i.e. Secretariats/Councils taking up recommendations.</p>

