

**MINUTES OF THE 11TH DISTRICT AND REGION HEALTH SERVICES TWG
MEETING 9TH JUNE 2011 TIME 10 .00 AT HSRS CONFERENCE HALL, MOHSW**

Attendance

S/N	Name	Address/Org	Email-address	Mobile
1	Dr. Anna Nswilla	MOHSW	answilla@yahoo.co.uk	0754 293617
2	Jacques Mader	SDC	Jacque.mader@cdc.net	0753 717128
3	Emiko Nishimura	JICA	nishimura.emiko@jica.go.jp	0754 830 949
4	Frederic Bonnet	MOHSW	2006.frederic@gmail.com	0683 567 212
5	Nick Bain	MOHSW	dnbain@gmail.com	0787 568389
6	Dr H. A. K Ngonyani	MOHSW	henockngonyani@yahoo.com	0754 264 359/0787 264 359
7	Richard Mnyenyelwa	MOHSW	richnye91@hotmail.com	0784 390 773
8	Oberlin M.E Kisanga	TGPSH	oberlin.kisanga@gtz.de	0753 071 373
9	Birte Frerick	GTZ/TGPSH	birte.frerick@gtz.de	0753 025 489
10	Lydia Kamwaga	SIKIKA	lydia@sikika.or.tz	0713 798 881
11	Bjarne O. Jensen	MOHSW	bjensen@hspstz.org	0754222260
12	Elizabeth Shekalagha	TFDA	elizabeth.shekalagha@tfda.or.tz	0754 352 919
13	Dorothy Mbuya	MOHSW	mrsdmbuya@yahoo.co.uk	0754 222 271

Absent with apology

1. Mr. R.D Mutagwaba , Deputy chairperson, MOHSW,
2. Dr F. N. Njau , NPO/MPH, WHO
3. Dr. Rik Pepperkorn, First Secretary, RNE,
4. Mr. Maganga MWF, Coordinator Basket Fund, PMORALG
5. Mr. Fares Masaule, Advocacy MOHSW
6. Mr. Maximillian Mapunda, WHO
7. Dr. Yahya Ipuge, Director, Clinton Foundation/CHAI
8. Mr Irenei Kiria, Sikika
9. Dr Balthazar Ngoli – TGHP
10. Dr. A.Kimambo, Director CSSC
11. Ms. Gradeline Minja, PO, RDE
12. Ms Rukayya Mansab, WHO
13. Dr. Mariam Ongora, MOHSW
14. Ms. Rita Noronha, Program Officer, UNFPA
15. Ms. Agnes Kinemo, DHR Officer, MOHSW

Opening

The Chair welcomed and explained that the TWG 1 members should be very conversant and should take the lead in the area of District and Region health services for all issues/ tasks that are done at these levels. TWG members should be representative / reference of this group and should share the information discussed and agreed upon with other TWG members who also are members.

The Chair presented the suggested draft agenda:

1. Opening of the meeting
2. Minutes of the previous meeting
3. Matters arising
4. Updates on implementation
 - i. Districts Health Services
 - Annual CCHP implementation report 2009/2010 + analysis of CCHP 2010/11
 - Financial update on Council grant (Income and Expenditure/ track financial data (cf. revised Excel table) for January - March 2011
 - Status of CCHP 2011-2012
 - CCHP guidelines revision TORs for the review of CCHP guidelines and district level reporting system (proposal from BFC endorsed by the CMO chaired).
 - Status of the review of NPEHI
 - ii. Regional Health Services
 - Annual RHMT implementation/progress report 2009/10 + analysis of RHMT plans 2010/11
 - Status of RHMT Plans 2011-2012
 - Financial update on RHMT grant (on Excel table)
 - Revised allocation formula for the regions
 - iii. Hospital Reforms
 - iv. Council Health Services Board
5. AOB

Agenda 2: Minutes from the previous meeting:

The minutes were approved without changes.

Agenda 3: Matters arising – from 10th TWG 1 meeting held 29th April 2011

The Agenda item was combined with:

Agenda 4: Updates on implementation

4.1 District Health Services

4.1.1 Annual CCHP implementation report 2009/2010 + analysis of CCHP 2010/11

The draft analysis summary of the 2009/10 annual report on CCHP implementation had been analyzed and shared with the TWG 1 for comments and inputs for improvement of the report and then finalize the report. This report will be discussed at the coming SWAP meeting.

It was questioned why there was no mention about zonal resource centres in the report that they should do some operation research for improvement of the findings of these reports. The Chair explained that this is the findings of the performance report, whereby there is no area to mention zones from the CCHP implementation report, may be in the recommendation for looking the causes and action to be taken that will improve the implementation. It was agreed that the role of Zonal Resource Centres could be considered included in future terms of references for capacity building in CCHP implementation report assessments.

Jacques Mader commended the reports and found this is a demonstration that we are on a track with good management reporting. The weakness is the management response and here the main responsibility is with PMO-RALG.

The member went through the draft report chapter by chapter.

Executive summary:

It was suggested to specify what the “Centre” is, i.e. MoHSW and PMO-RALG. It was seen as a challenge to move from the report to actionable responses that follows the findings and recommendations of the report.

It was agreed that the report shows – again – that most recommendations relates to LGA performance; hence it is essential that more involvement from PMO-RALG is required. It was suggested to find new ways to ensure the participation from PMO-RALG higher level management. Based on the discussion the TWG proposed that the P.S. PMO-RALG be represented at the next SWAp meeting.

It was mentioned that the Troika should also find a way to meet with PMO-RALG.

It was resolved that the executive summary need not be changed.

Introduction: No comments

Objectives:

Dr. Kisanga recommended that we should not only look at allocations and disbursement but outcome should to be part of the future CCHP assessment.

Jacques recommended that the decision at a previous TC SWAp meeting to strengthen the manpower behind the District Health Services unit be followed up. Dr Kisanga wanted to know

how comes there are many members in the acknowledgement of the report, while in compilation and writing the report you are alone and Maganga, The Chair explained that during the assessment and data extraction of CCHP Plans and progress reports we ask other people from other department specific for a short period, but there should be a budget to take them aware.

The Chair concluded by suggesting that these report findings should be shared by other TWG for e.g. HCF, M&E, Human Resources etc. for improvement of CCHP implementation at the district level, e.g. tracking of expenditure, budget and find the reasons why.

Methodology: Jacques recommended that PlanRep be used more as a tool for capturing data for the report. The Chair explained that there are certain shortcomings in the link between PlanRep and Epicor; there is no interface between the two, which makes it difficult to use the PlanRep extensively in the assessment of reports.

The Chair clarified that Epicor is a vendor with a business oriented owner whereas PlanRep is developed by UCC and publicly owned. The issue of the Epicor license is dealt with by PMO-RALG and the role of MoHSW is to continue requesting PMO-RALG to make it work. The Chair also explained that UCC is prepared to work on the improvement of the PlanRep tool as well as the integration between the PlanRep and Epicor.

It was recommended that the Zonal Health Resource Centres (ZHRCs) be further involved in the future planning and reporting of CCHP and Regional planning and reporting – The Chair agreed and at the same time she underscored that PlanRep should be prioritized and ZHRCs be capacitated to be able to take this responsibility from UCC for sustainability and continuity further training of all the CHPT including RHMTs. However, ZHRCs requires the centres to support them as they need to be more knowledgeable than the District teams. Hence, investment in the capacity of ZRCs is required.

Findings from the reports: The Chair explained that both the assessment CCHP reports by RHMT and some CCHP reports were used to summarize the results in the summary and analysis of CCHP report. Hence, the central team was “counterchecked” the information in RHMT reports with the original reports from Councils. It is expected that when the capacity of RHMTs is improved, the central team will no longer need to also scrutinize the Council reports, only summarize the central report from the RHMTs.

It was clarified that the main explanation for delayed reports refers back to Districts who don't submit reports in time. The Chair explained that mechanisms need to be developed to put pressure on Councils to submit reports in time and provide more capacity to the regions to be able to support the councils. (Weak person cannot support another weak)

The rationale for establishing criteria for utilization of funds and rating from very good to poor was questioned. The Chair explained that the level of budget was a factor in the assessment including activities performed against planned.

It was suggested that some narrative should be included in the report to clarify the bottlenecks behind compromised utilization of funds. Also a presentation of utilization performance related to individual Districts and Regions could be included in the report.

It was suggested and agreed to include an Annex 3 specifying the poor performing Districts and hence target these Districts for capacity improvement in the coming year. Nick and Birte Frerick would draft tables and a text which the Chair could include in the report.

It was highlighted that only 16 Regions are represented in Table 6. The Chair explained that Regions that had not submitted the required information were not included in the table. Participants suggested that all Regions be presented in the table – also those with missing data.

The Chair suggested that TWG participants forward statements, comments and suggestions directly to the Chair so that the draft report can be completed and referred to the next BFC meeting where the report is a trigger document.

The Chair concluded that the ownership of the report was now shared by the TWG 1 participants. Inputs were expected from participants for improving the report no later than Monday 13th June.

4.1.2 Regarding the CCH plan 2010/11 analysis report: After the Chair explained that the inputs provided from the Members on the CCHP 2010/2011 has been acknowledged be taken into account. Members agreed this report will be used in improving the next year's CCHP plan 2011/2012. However, need to focus on data related performance of MDGs data of 2010 in the CCHPs that will be compared with previous year(s) in order to see whether there is progress – trend. In addition to MDGs data the analysis will include data on Human resources, status of health facilities, Budgets/ sources of funds, status of water and toilets, budget allocated for delivery kits, CHSBs, CCHP prepared using PlanRep, involvement of stakeholders in development of the plans.

From the summary analysis of the CCHPs 2010/2011 members (Jacques Mader) commended that the analysis of EPI was very good. It was suggested that every year there should be a specific area to be focused for detailed analysis e.g. EPI for comparison, Malaria etc.

4.1.3 Financial update on Council grant (cf. revised Excel table).

Jacques suggested that information about release of funds should be made available at the coming BFC meeting. Tracking of funds report including summary of income and expenditure January - March 2011. The chair explained that data for compilation of these financial data is not yet, for expenditure up to March 2011, we are receiving the CCHP progress reports from the RS/RHMT now. Information about the releases and receivable of funds by councils has also to come from the LGAs/RHMTs. We have communicated to them by reminding to fill the forms which we did use in compilation of the July 2010 – December 2010 tracking sheet. Once it's ready we will share with the TWG members before submission to BFC members if will be ready before the BFC meeting.

4.1.4 Status of CCHP 2011/12

The Chair informed members that they have received CCHP 2011/2012 from 16 RS/RHMTs. Not received from Arusha, Ruvuma, Kigoma, Mbeya and Mwanza. Members remained that the consolidated report on the analysis of the CCHPs should be produced end of August in order to be discussed at the JAHSR in September as discussed and agreed in previously TWG meetings. However, the report to be presented at the BFC should explain the process of coming up with the summary and analysis of CCHP report that to be presented at the JAHSR and request for approval of the budget and the release of the funds should be upon recommended plans and January- March Income and expenditure. In addition the information included in the report should state that summarized consolidated report that will comprise and elaborate summary and analysis of CCHP according to compliance with the guidelines and selected Health performance indicators for a period of 2009- 2010 to explain how we can improve from the last year's report except we will include other areas especially comparing on what was analysed last year. Not forgetting including sources of funds, status of health facilities and human resources for health. The analysed report of the CCH Plans will be ready by September each year in order to be discussed at the JAHSR

4.1.5 CCHP guidelines revision and TORs for the review of CCHP guidelines and district level reporting system (proposal from BFC endorsed by the CMO):

Some participants complained that after starting the revision of CCHP Guidelines in an open and transparent process, TWG participants have not seen the revised CCHP Guidelines since September 2010. The Chair explained after finalization of the guideline by the task team comprised of members of the TWG (among were Dr. Kisanga, Sukanja, Lydia (Sikika), Mary Kasonka, Maganga, Anna, Masaule, Dr. Njau) was to be shared by the users before finalisation to see the applicability, due to lack of funds, we got support for pre-testing of the Guidelines to (Regional health Management teams of Tanga, Lindi, Mtwara (TGPSH), Shinyanga (UNFPA) and JICA for RHMTs). After presentation in the TWG then the guideline was distributed to all CHPT and RHMTs to use it in developing their CCHP 2011/2012 while giving us feedback on both the PlanRep software and the revised CCHP guideline.

Most of the inputs and observations from the LGAs and RS/RHMTs teams have been included in the guideline. It was agreed that the Chair will forward the CCHP Guidelines with inputs after pre-testing. The Chair will forward the new draft CCHP Guidelines to the TWG members within few days. Deadline for comments from TWG members will be 17th June. The final version should be distributed to the BFC ahead of the next BFC meeting through the BFC support team to be shared with other BFC members while stating that this guideline will be presented in the BFC meeting for final endorsement by the members.

4.1.6 Review of National Package for Essential Health Interventions (NPEHI):

The Chair informed that the CMO had developed a matrix for information to be filled by all departments/National programs/ section for the purpose of coming with different packages that will be part of the document. The Head of Inspectorate Unit Dr. Ngonyani was requested to draft ToR for the review of the NPEHI which will be used by a consultant to come up with the draft essential health interventions. Dr. Ngonyani will on 14th June complete the drafting of ToR for a consultancy to review the NPEHI. The TWG Chair will subsequently disseminate the draft ToR to the TWG team members. DPs were requested to support the consultants that will carry out the review. GIZ accepted to support the consultant to take this task.

A discussion about the timing of the NPEHI review compared with certain costing exercises concluded that there are arguments both for and against any particular timing of these activities; hence the costing of those areas that need costing activities should progress as soon as possible while the review of the NPEHI continues.

It was concluded that Development Partners will support both the costing exercise and the review of NPEHI. However, GIZ will support both exercises.

4.2 The RHMT plans and reports

The meeting had a brief discussion about the Regional reports and the presentation of the results of the RHMT assessment. It was recommended that the RRHMT team to analyse the data presented in the “assessment of RHMT annual plans 2011/12” that gives a clear analysis for management like the CCHP report. This should be ready for the coming BFC meeting.

4.3 Hospital Reforms

The main information from the Hospital Reforms representative was that for 2010-11 access to the Hospital Reforms budget have been erratic. Consequently most planned activities have been either delayed or carried forward.

4. Council Health Services Boards

The CHSB Coordinator informed that as there were no comments from TWG members to the CHSB facilitator guide except editorial ones. While waiting to finalize the editing process of the rather bulky guide, a Kiswahili and English version leaflet on the subject was being developed. This brief version of the guide will be a user friendly way explaining the roles and responsibilities of CHSBs and facility health committees.

5.0 Agenda 5: A.O.B.

- Dr. Kisanga mentioned that the capacity building of CHMTs and RHMTs is much required, and asked if funds will be available in 2011/12 to carry out this training. The Chair responded that it is not yet known how much have been allocated for capacity building of CHMTs and RHMTs in-terms of Planning and reporting using the revised CCHP Planning and Reporting guideline and PlanRep tools.

It was agreed that potential sponsors for capacity building of CHMTs and RHMTs be identified and that the training needs be assessed, we hope also JICA phase two project will support some of the activities of capacity building

- The issue of District Health Service information platform (home page) was raised. The Chair explained the inadequacy of resources to District Health Services activities made some of the activities which were in place such as the District Health Services Database including the website have been postponed until when there is enough availability of financial and human resources to carry on.

GIZ was ready to support such activities. It was also suggested to develop TOR for strengthening of the District Health Services component of the HSRS including the TOR for the District Health Services Database information and documentation together with the budget. The Chair explained that ToR for strengthening District Health Services Component is ready and will be disseminated to the TWG. DPs indicated that they are ready to provide short term technical assistance to strengthening of the District Health Services Component.

- Dr. Kisanga informed that GIZ programme has funding set aside for supporting the Council Health Boards as well as HFC
- The Chair informed that she attended a study tour on a project called Mothers to Mothers whereby mentor mothers are used to provide psychosocial and health education to mothers living with HIV/AIDS under PMTCT.

UNFPA is supporting Shinyanga Region for 4 years particularly for reproductive health, and HIV/AIDS interventions.

- The Chair reminded members about the tasks that had been agreed at the meeting.

6.0 Closing remarks

The meeting was adjourned at 01.20 afternoons.

Chairperson.....

Secretary.....

Date.....

Date.....