



Strategy No.1: District Health Services

Dr. Anna Nswilla

Coordinator, District Health Services

MOHSW



Presentation Outlines

- ❑ Strategic objectives and activities
- ❑ Current Implementation and policy issues
- ❑ Future plans

Strategic Objectives and activities - I

1. Increase accessibility to health services based on equity and gender balanced needs.

- Health facilities providing comprehensive health services based on the TPEHI (diagnostic capacity, treatment and follow-up) is increased
- Referral system for emergency obstetric care within the district is effective, applying guidelines, using communication and ambulance services.
- The coverage of health services in remote areas through implementation of the MMAM is increased.
- Community participation in health promotion, prevention and home based care for communicable and non-communicable diseases, MNCH and nutrition is increased

Strategic Objectives and activities-2

2. To improve quality of health services

- ❑ Adherence to standards, technical tools, guidelines and protocols is improved through implementation of the Tanzania Quality Improvement Framework (TQIF)
- ❑ The accreditation system for health facilities is in place

3. To strengthen management of District Health Services

- ❑ Decentralization of management (planning budgeting, implementation and monitoring) from district level to health facility and community level in place.
- ❑ Inter-sectoral collaboration in WDCs and CHSBs is in place to advocate health issues



Strategic objectives and activities-3

- ❑ Technical support and supervision of public and private health facilities is provided by regional hospitals staff.
- ❑ Performance based management systems (P4P and Result-Based Bonuses) are in place to increase productivity
- ❑ All health programmes activities incorporated in CCHPs, and services in health facilities provided in an integrated way.
- ❑ Councils have strategic health plans, based on HSSP III

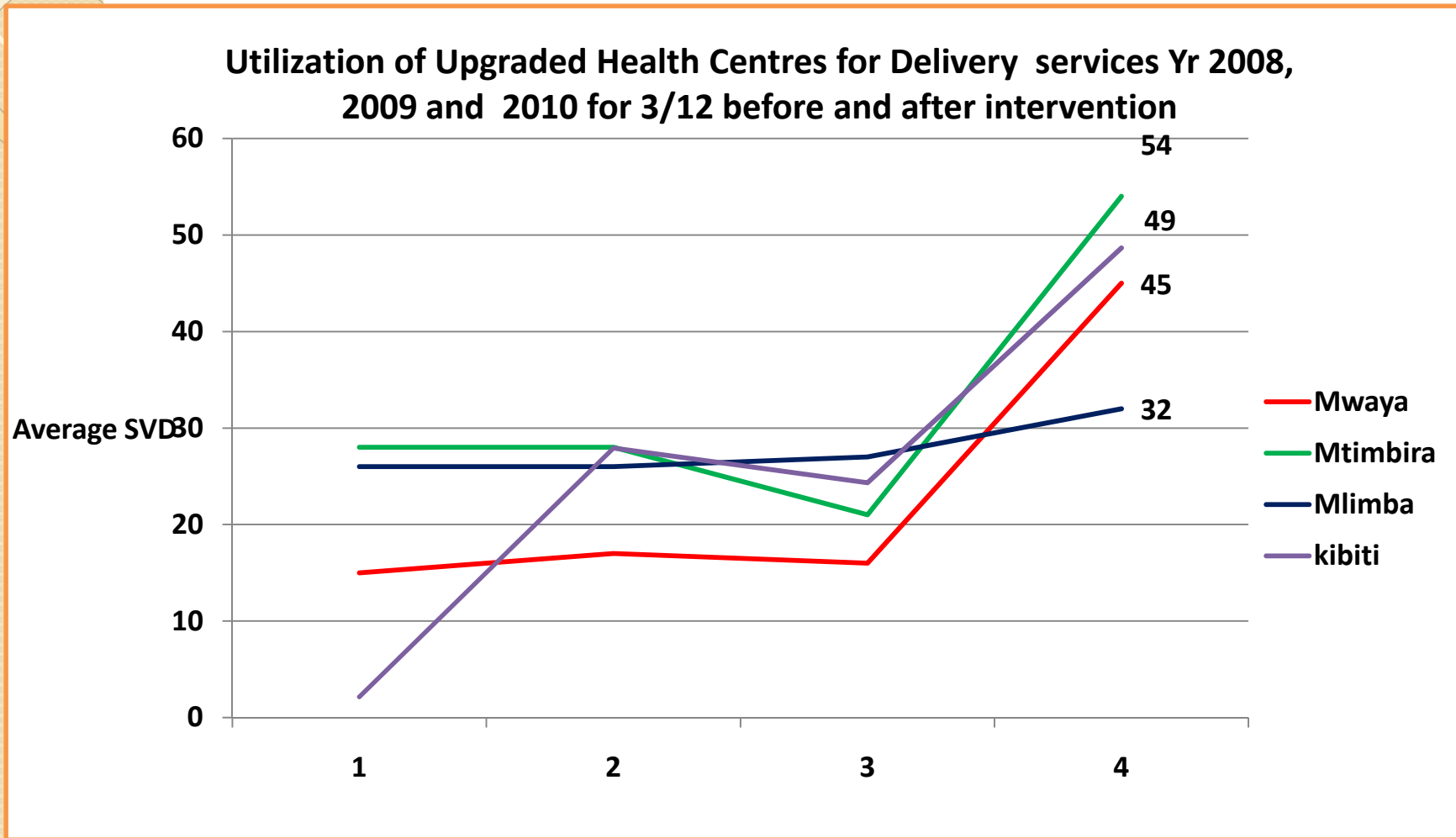
Current Implementation and Policy Issues -1

- ❑ CCHP guideline revised inline with HSSP III, MKUKUTA and other Health Sector Strategies
- ❑ Strengthening Comprehensive Council Health Planning and reporting integrated into PlanRep
- ❑ All 132 LGAs developed annual CCHPs with 11 priority areas as part of the NEHIP

Current Implementation and Policy Issues on MMAM to improve coverage -2

Health Facilities	2008	2009
CDH/CH	212	225
Total HCs	535	564
HCs – Under construction	27	43
Total dispensaries	4,914	5,116
Dispensaries – Under construction	273	574
Source: CCHPs		

Utilization of upgraded Health facilities-3



1= year 2008, 2= year 2009, 3= year 2010 (3 months prior to intervention),
4= year 2010 (first 3 months after intervention)

Current Implementation and Policy Issues on Decentralization of management -4

- ❑ Planning Template for Health centre's and dispensaries to develop annual plans and incorporate into the CCHP is in place.
- ❑ LGAs & RHMTs ToTs have been trained on the use of the template and support lower level health facilities staff to develop plans.
- ❑ Some CCHPs of 2010/2011 have incorporated Lower level health facility's' annual plans
- ❑ 128 LGAs have established functional Council Health Service Boards and Health facility Governing Committees.
- ❑ CHSBs guideline and Instruments have been revised and the training guide developed.

Current Implementation and Policy

- Technical support and supervision to public and private health facilities is being provided by Regional hospitals staff
- Activities related to improving communication within the districts and community participation in health promotion, prevention and home based care are budgeted in the CCHP 2010/11

Current Implementation and Policy Issues on Improving quality of health services -5

- ❑ Adherence to standards, technical tools, guidelines and protocols is enhanced through programs: Malaria, HIV/AIDS/PMTCT/ Essential MNHC guidelines etc.
- ❑ Accreditation system for health facilities is in early stages of conceptualization

3. Strengthening management of District Health Services

- ❑ All Councils have at least achieved not less than three indicators per facility qualifying for payment of Performance based management systems (P4P)
- ❑ Councils have strategic health plans, related to HSSP III

Future Plans - I

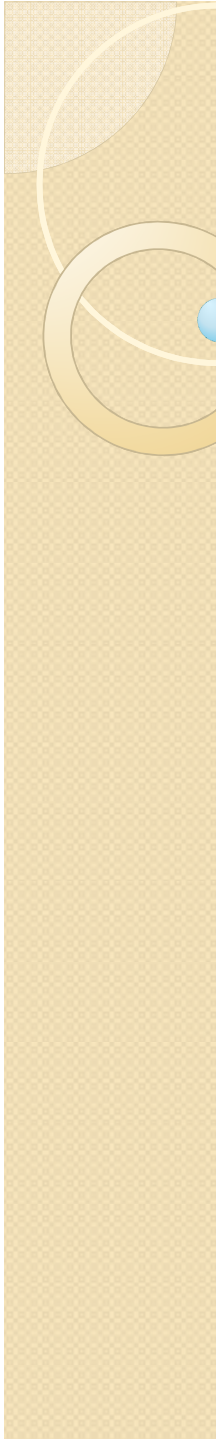
- ❑ Improved CCHP planning and reporting taking into account the Consultant recommendation on the CCHP and PLANREP
- ❑ Improved access to quality health services by implementing MMAM strategy.
- ❑ Strengthening CHMTs capacities to come up with improved Health plans focusing on interventions of the health services priority areas.
- ❑ Improved resource allocation formula for Health services to Councils match with the increased size of demand by clients and increased number of Health facilities

Future Plans -2

- ❑ Improved PPP collaboration in the provision of Health Services.
- ❑ Improved quality and timely reporting of CCHP implementation reports from the LGAs
- ❑ Continue implementing P4P strategy motivating Health staff to perform better
- ❑ Strengthening RHMTs capacities to provide effective supportive supervision to LGAs
- ❑ Increased MoHSW and PMORALG collaboration to provide joint supportive supervision to Regions (RHMTs) and LGAs to perform better (Hands on Eyes on)

Future Plans -3

- ❑ Improved CCHP guideline matching with the emerging challenges of health service provision
- ❑ Improved community involvement and LGAs Health sector accountability through strengthening the Districts Health service boards and Health facilities governing committees.
- ❑ Improved districts performance by taking on board and implement recommendation made by Auditors through Performance Audit Report



Thank you for your attention