

## Terms of Reference

### Tanzania Joint Annual Health Sector Review 2011

#### *Health Equity: towards improved quality health care services and strengthened health systems*

#### **Introduction**

Every year a joint review is undertaken of health sector progress, constraints and future priorities within the Sector Wide Approach (SWAp). This process is led by the Ministry of Health and Social Welfare and Prime Minister's Office-Regional Administration and Local Government, with close collaboration of other parts of government (Ministry of Finance), development partners, civil society organisations, private sector, research institutions and other health sector stakeholders.

The one day Policy Meeting (former "Main Review Meeting") is preceded by a Technical Review Meeting (TRM) which goes through the important plans, reports and strategies to highlight issues within the overall theme of Health Equity and options to be discussed and decided in the JAHSR Policy Meeting. A focused stakeholder joint field visit to selected remote districts will be carried out ahead of the Technical Review Meeting.

This year's Joint Annual Health Sector Review (JAHSR) is the twelfth since establishment of the SWAp collaboration and the second review since inception of the Health Sector Strategic Plan 2009-2015. Due to the considerable time and resources invested and consumed in conducting JAHSRs, it was jointly decided to reform and swift the JAHSR from an annual review cycle to biennial review cycle which has been approved in principle and will be established from next year in 2012 as described in the document "JAHSR Reform".

The Technical Review Meeting (TRM) will start with two thematic workshops i.e. Human Resources for Health (HRH) and Monitoring & Evaluation (M&E) and continue the following week with two days of national technical review proceedings. The JAHSR Policy Meeting will be conducted in one day and the venue will be determined by the MoHSW and PMO-RALG Senior Management.

The JAHSR 2011 will provide all stakeholders with an opportunity to focus the discussion on Reproductive and Child Health as entry point for systems strengthening on the availability and use of medical supplies and consumables (including delivery kits, contraceptives etc.) for delivering of improved quality health care services within the overall theme "Health Equity" in the light of the second year of implementation of the 3<sup>rd</sup> Health Sector Strategic Plan 2009-2015.

#### **Objectives**

1. Review progress in implementation of the second year of the HSSP III
  - a. Assess progress against 2010/2011 milestones
  - b. Report upon service delivery performance since the September 2010 JAHSR (using the health sector performance profile, MKUKUTA Monitoring Report, HMIS/routine data system, District and Regional performance reports, and reports from selected national health programs)
  - c. Budget execution for key actors (MOHSW, LGAs), Summary of the total income and expenditure of the public health sector (MOHSW, PMO-RALG and LGAs) and health sector public expenditure review (PER 2009/2010)
  - d. Assess progress in the implementation of the HSSP III by examining the status of the various strategies and cross-cutting issues, and the work of the 12 Technical

Working Groups vested with the responsibility to oversee these strategies including the HSSP III indicators

2. Share important policy developments (the 2011/2012 budget of the MOHSW and PMO-RALG, and Health Financing issues)
3. Revised CCHP Guidelines
4. District (CCHP) and Regional (RHMT) plans for fiscal year 2011/2012
5. Develop and agree on concrete steps to ensure that the implementation of the HSSP III 2009-2015 can deliver expected results
6. Agree on specific budget priorities for MTEF for the fiscal year 2012/2013
7. Agree upon the milestones for 2011/2012
8. Agree on Midterm Review for 2013

### **Process and Preparation**

- A joint field visit (19<sup>th</sup> – 23<sup>rd</sup> September, 2011). The findings of this visit will be presented and discussed at the Technical Review Meeting.
- One day thematic workshop on Human Resources for Health (5<sup>th</sup> October, 2011) organised by BMAF where outputs will feed into TRM.
- One day thematic workshop on Monitoring & Evaluation (6<sup>th</sup> October, 2011) organised by IHI including discussion on the Health Sector Performance Profile Report 2010/2011 where outputs will feed into TRM.
- Two days Technical Review Meeting at National level (11 – 12<sup>th</sup> October, 2011) (including limited number of participants from regions and districts from both public and private sectors) to review TC-SWAp TWGs outputs and reports including implementation of milestones and areas for formulation of new milestones.
- One day JAHSR Policy Meeting (including few high level participants) (3<sup>rd</sup> November, 2011) chaired by the Honourable Minister of Health to discuss and take decision on the recommendations from the TRM, SWAp milestones for 2011/2012 and priorities for the budget guidelines and CCHP guidelines for FY 2012/2013 including changes in the share of allocation to the district health basket.

The Health Sector Resource Secretariat, with support from the organising Task Force including staff from PMO-RALG will take overall responsibility for the planning, preparation and coordination of the JAHSR in collaboration with other SWAp Technical Committee members as necessary.

MOHSW and PMO-RALG staff will be requested to prepare implementation, progress report against milestones and other reports and inputs to the JAHSR.

A sub-group of Task Force JAHSR will between the TRM and JAHSR Policy Meeting draft the SWAp milestones for 2011/2012 and the health sector budget priorities for 2012/2013.

### **Deliverables**

1. A TRM report will be prepared by a reporting team from Ifakara Health Institute and distributed two weeks ahead of the JAHSR Policy Meeting
2. The final output of the whole JAHSR process will be a Policy Report, which will capture the proceedings of the JAHSR, conclusions reached and milestones agreed for the year ahead. This report will be supported by the documents tabled for discussion at the JAHSR.

## **DRAFT ToR for Joint Field Visit JAHSR 2011**

### **I. Introduction**

Conducting of joint field visits to selected districts is an important component of the review process as field visits provide unique opportunities for stakeholders in the health sector at the national level to interact directly with district level implementers and community members. This interactive exercise promotes mutual learning, enhances understanding of the sector operational realities and promotes the process of supportive supervision. Furthermore, joint field visits provide opportunity of real-time reality checks and evidence base to stimulate and guide discussions during technical and main reviews.

The first joint field mission took place in September 2007 and was focused on two thematic areas, namely Human Resources for Health (HRH) and District Funding Flow (DFF). The second joint field mission was conducted in 2009 with a focus on service delivery. In the same year [2009] joint field visits were also conducted in several remote districts with a focus on HRH in the process of developing the Health Workforce Initiative. This year's joint field mission will focus on health equity and health service delivery.

### **II. Purpose**

The purpose of the field visit is to foster mutually beneficial interaction between health stakeholders at national, regional, district, and community levels in order to assess progress made and outcome realized from implementing different sector priority activities, ongoing health systems strengthening and reform initiatives.

### **III. Objectives**

1. To assess the status and trend of different components of a functional health care delivery system [i.e. 1. Health care financing 2. HRH 3. M&E 4. Health services 5. Management and leadership 6. Commodities and supply –chain management and 7.] Health infrastructure with a special focus on equity.
  - To assess the availability, quality, access and uptake of essential health services in selected districts, especially among vulnerable and socially marginalized groups.
  - To assess the availability of essential medical supplies, including vaccines, medicines and other basic medical equipments and supplies. To discuss operational status of district planning processes, implementation of plans, decision making processes and funding flows. This will include discussions on the use of updated CCHP planning guidelines.
2. To assess awareness at district level and progress made in implementing different priority interventions in the health sector, including reform programs such as PPP, MMAM, D by D, P4P and bottom –up planning.
3. To undertake structured discussions with district and regional level stakeholders on different factors affecting the implementation of programs and delivery of quality health services in selected districts.
4. To undertake feedback meetings with stakeholders at district and regional level to discuss the challenges, lessons learnt and recommendations on key issues and also provide systematic orientation and guide for further improvements.

#### **IV. Scope of work**

1. Visit two districts from each of the six selected regions in different zones.
2. In each of the districts visited, undertake working visits to at least one Hospital, one Health Center and one Dispensary of public and private.
3. Undertake focus group discussions with community representatives/ health service users to elicit their experience and opinion on critical issues related with delivery of quality health services.
4. Undertake interviews at household level to obtain community opinion and get insight on the use of health services.
5. Hold feedback meeting with CHMTs and RHMT
6. Write a common, concise, yet analytical report and present findings at technical review meeting

#### **V. Thematic areas of focus**

Unlike previous field visits which only looked at one or few selected themes, this years' mission will take a broader scope, looking at the availability, quality, access and use of services provided in the health care delivery system in Tanzania. The different building blocks of a functional health system will be assessed in relation to service delivery and health equity.

#### **VI. Tools**

One common tool will be developed for each thematic area to ensure consistence in the type of information collected by the different teams (see annex). However, it is open to groups to add other information that is of relevance to their theme/area.

#### **VII. Teams**

Districts will be visited by teams made up of a balanced mix of different stakeholders, including government officials, development partners, civil society and the private sector. Within teams, sub-groups will be formed and each sub-team will focus on a specific thematic subject matter. It is proposed that each sub-team be made of:

- Government Officials from MOHSW (participant from the ZHRC will be part of the MOHSW), POPSM, PMORALG and MOF
- Officials from Development Partners
- Official from CSOs
- Officials from the private sector
- Representatives from consortium of Research Institutions (i.e. MUHAS, NIMR, IHI)

#### **VIII. Regions to be visited**

Efforts will be made to ensure that remote, underserved regions and districts are selected based on agreed criteria. This may include considerations of remote, poorly, average and well performing districts. The service availability mapping, CAG's Performance Assessment Report for Primary Health Facilities, Consultants report on how to stream line HSSPIII implementation in CCHPs and recent DHS reports may be used to guide the process of selecting the regions and districts to be

visited. Regions that have not been visited in the recent past will be given priority. The regions should be in a different zone.

### **IX. Outputs**

A concise and analytic report highlighting important findings and experiences of the team and practical recommendations shall be produced at the end of the visit. This report is expected to feed into the Joint Annual Health Sector Review process scheduled for October 2011. The report will be shared among the wider stakeholders for their action and information.

### **X. Timing of the trip**

Proposed tentative dates are 19<sup>th</sup> – 23rd September 2011. The mission will take one full week.

### **XI. Logistics and budget**

Travel will be by road using shared vehicles among participants. Development partners and the government will cover costs of their staff. Support may be required to support the participation of staff from the civil society.

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Insert "ToR and Timetable thematic workshop on HRH on 5th October 2011"

Insert " ToR and Timetable thematic workshop on M & E on 6th October 2011 "

Insert "Timetable for TRM on 11th – 12nd October 2011"

Insert "Timetable for JAHSR Policy Meeting on 3rd November 2011"

Insert "Tool/Questionnaire for joint field visit 2011" and "Template for summary report on joint field visit"