

# PROGRESS REPORT FOR THE DISTRICT AND REGION HEALTH SERVICES

## TECHNICAL WORKING GROUP 1

This TWG has been entrusted to oversee progress of the District, Hospital reform and Region Health Services Components of the HSSP III. The component encompasses three main areas: 1) Districts health services, which include governance and health system strengthening; 2) Regional health services; and 3) Hospital reforms. The group is comprised of members from MOHSW, PMORALG, WHO, JICA, DANIDA, GIZ, USAID, SDC, UNFPA, RNE, CDC, Faith Based Organization (CSSC), SIKIKA, KfW, and IHI, Irish Aid etc.

Since the beginning of this financial year, i.e. July 2011 the Group has conducted four meetings. From early January to February the group was busy with training of LGAs CHPTs on revised CCHP and Planrep3, Regional Health management services preparations for Phase II under GOT/JICA. The Group continues to have collaboration with other Technical Working Groups like HRH-TWG, HCF-TWG, PPP-TWG, PIF-TWG, Disease Specific TWG, M&E and MNCH –TWG, Nutrition etc.

### PERFORMANCE/ACHIEVEMENTS

The Group has responsibility for monitoring the following SWAp milestone for 2011/12:

- a) Linkages between the CCHP guidelines and HSSP III strategies in PlanRep, Epicor and other district-level systems finalized.
- b) The National Essential Health Package reviewed and endorsed.
- c) Health facility accounts established.
- d) Further dissemination of new guidelines as well as rights and responsibilities of service users and boards implemented.

### Achievements

- i. CCHP Guidelines was finalized, approved and signed by the Government (PS PMORALG and MOHSW) in November 2011.
- ii. The revised CCHP Planning and reporting guidelines have been integrated into the PlanRep and linked to Epicor. However, the export feature in Epicor is not customised for expenditure export to PlanRep. Means PlanRep is able to feed Epicor with plans and budgets, but Epicor cannot export expenditure to the plan. The authority to improve compatibility of the Epicor lies with PMORALG. The Council Health Planning teams were trained on the application of these planning tools by the MOHSW (ZHRCs), PMORALG in collaboration with UCC teams and LGAs in February 2012.
- iii. A Consultant has been awarded contract to work on the National Essential Health Intervention Package (NEHIP). Individual HSRS Components and TWGs are expected to contribute with input from their particular technical areas to form a complete National Essential Health Interventions Package. TGW 1 is focusing on Regional and District health services including hospitals and Basic Health Standards. TWG 1 has established a task force to oversee the revision of its focus areas. Members of the task force include

representation from MOHSW, PMORALG, WHO, GIZ, Danida, JICA and IHI. The TWG 1 task force has agreed to use the ToR from the NEHIP Consultant to draft specific terms concerning the District and Regional health services and hospitals services packages. This work is expected to feed into the NEHIP.

- iv. Preparation of developing criteria for selection of 16 model districts/councils from 8 eight zones for management and service delivery in line with PHC is in progress.
- v. Overseeing the implementation of the Health Systems Strengthening activities including the Global Fund supported HSS programme. The comprehensive HSS programme focus at systems improvement in the areas of human resources, information systems, pharmaceutical supplies, and leadership & management.

### **Other areas**

#### **b) Regional Health Management**

- i. Phase II of capacity Building and Strengthening Regional Health Management Team was kicked out and have started implementation from early December/January, 2012
- ii. RHMT members from 21 regions trained at 2 centres of Iringa and CEDHA Arusha . They were trained on revised guideline thus will be trained on planRep3 in second year of the RHMT project. Central and ZHRC not yet trained
- iii. Councils(CHMTs) and Regions (RHMTs) are developing their annual CCHP 2012/2013
- iv. Preparation of the development of the RHM supervision checklist

#### **C) Hospital Reform:**

- i. Capacity building on Hospital Reform: Study Tour for Rwanda and Hospital Reforming Process workshop for 21 participants was conducted.
- ii. ICU upgrading for 4 RRHs: Equipment ordered and training completed
- iii. Development of Draft 1 Basic Standards as inputs in the NPEHI has been completed.
- iv. NTFM conducted
- v. DANIDA worked on the midterm Assessment of HSPS 4, the report has effected the implementation of the Hospital reform activities.

As per instruction: The TGW has sub divided into three subgroups: District health services, Hospital reform and Regional health services subgroups.

### **MAJOR CHALLENGES/CONSTRAINTS**

Despite of the fact that a lot has been done, still D&R TWG faces challenges in the implementation of HSSPIII strategic objectives and agreed milestones as follows:

- Inadequate and untimely release of funds which make it impossible to implement activities as planned especially under Hospital Reform.
- Change of Staff for implementation of the Hospital reform
- Shortage of Staff in all the sections (District Health services and Hospital reform.

- Challenges in implementing GFR9 HSS ( SRs timely reporting, Procurement problems etc

#### **WAY FORWARD**

- To continue with establishment of Model districts, planning for capacity building, strengthening management and plan for supportive supervision
- Working with UCC to continue developing the Macro component of PlanRep3 for consolidation of the CCHP plans and Progress reports.
- To continue working on developing the district, hospital and regional services essential packages as inputs/contribution for the National Essential Health Interventions Package.
- To continue implementation of activities planned under the Hospital reform.
- Moreover, we want to put more efforts on increasing coverage of service delivery by the LGAs by helping councils gets early funds next financial year to improve their utilization which is very low at every quarter.
- Continue implementation of activities under Regional Health Management
- To continue conducting TWG meetings monthly.

## **TECHNICAL WORKING GROUP 2: HUMAN RESOURCES FOR HEALTH**

### **PROGRESS AS PER HSSP III STRATEGIES**

The Human Resource for Health Technical Working Group (HRH TWG) is a multisectoral group comprised of human resource for Health Stakeholders from the Government Line Ministries, Health Training and Research Institutions, Faith Based Organisation, Private Sector, Civil Society Groups and Development Partners. Since the last JAHRS held in October 2011, the Technical Working Group 2 has held a total of four (4) routine meetings to deliberate on the key strategies as per HSSP III the follows.

#### **1. Develop Policies and Regulations on HRH and Social Welfare coherent with GoT Policies:**

The achievement on this strategy includes revision of the staffing levels guideline; so far the 1<sup>st</sup> draft of the revised staffing guideline is in place. Validation process is ongoing at the level of sections in the MOHSW. Furthermore the Mid Term review of the HRH Strategic plan has been done, the recommendation will be adopted to ensure that the momentum of implementing the plan is maintained. The challenges is how feasible is the adoption of the recommended actions.

#### **2. Strengthen HRH Planning**

The achievement in this strategy includes the roll out of the HRH Information System to all regions in the country with supportive supervision. The data entry coverage is at 75% Data utilization guideline has been developed as a reference to be used by system operator. There are challenges such as slow data entry into the computer, ensuring the consistency, reliability and timely updates, system maintenance for sustainability and limited Data utilization at all levels.

#### **3. Maximize effective utilization of HRH**

The achievement recorded on this strategy is the increased funded posts from 7,471 (2010/11) to 9391 in (2011/12) ,likewise posted staff has increased from: **5687**(2010/11) to **6,400** (by 2011/12).The challenges lies on the ability to post and deploy effectively particularly when focusing on the gap between funded post and actual posting another challenge is the lack of feedback from employing authorities on reporting rate.

#### **4. Increase production and improve quality of training with support of ZRCs**

The concrete/complete enrolment figure for 2011/12 will be available in 30<sup>th</sup> April. Either the comprehensive HR production plan proposal development on going,15 Training Institution's fully Accredited of which 6 are private institutions. 4 others private training Institutions have provision accreditation also 16 Curriculum have been reviewed their teaching guide is being developed. The challenges so far are the slow accreditation process in the majority schools as well as inadequate funds to review the remaining curricula

#### **5. Improve use of HRH Research for planning and advocacy**

Two studies has been done on HRH PER review and HRH research synthesis another one is being done i.e the Task shifting study either the HRH Newsletter published quarterly is progressing as per schedule. The main challenges are absence of a comprehensive HR research agenda and HRH Research outputs do not often translate to policy or program changes.

## **TWG 3**

### **PROGRESS REPORT FOR THE HEALTH FINANCING TWG 3**

The Health Care Financing Technical Working Group (HCFTWG) is one of the 11 strategies in the HSSP III. This TWG has been entrusted to oversee progress of the Health Care Financing Component. The group is comprised of members from MOHSW, MOF, WHO, GIZ, USAID, SDC, Private Sector (APHTA), Faith Based Organization (CSSC), SIKIKA, KfW, NHIF, NSSF, World Bank and PMORALG.

Since the beginning of this financial year that is, July 2011 the Group has been able to hold about eight meetings. The Group continues to have collaboration with other Technical Working Groups like HRH-TWG, DS-TWG and PPP-TWG.

#### **PERFORMANCE/ACHIEVEMENTS**

The Group had a responsibility of monitoring a 2011/12 milestone of developing a Health Financing Strategy. Up to date, most important studies have been done already example Cost drivers study, PER 2010, NHA, Regulatory framework have been completed. Other studies are going on like costing study and PER 2011. It is expected that, by the end of April 2012 these studies will be completed.

Detailed situation analysis for health financing in Tanzania has been done. This is a very important input to the strategy. Two workshops have been conducted to lay down values and principles in the health care financing in Tanzania. Furthermore, the in depth analysis of the Strengths, Weakness, Threats and Opportunities of the health financing system was discussed in details.

#### **MAJOR CHALLENGES/CONSTRAINTS**

Despite of the fact that a lot has been done, still HFTWG faces challenges in the implementation of HSSPIII strategic objectives and agreed milestones as follows:

- Inadequate and untimely release of funds which make it impossible to implement activities as planned.
- Complexities of bringing on board various stakeholders of heterogeneity interest in the health financing strategy.
- Low enrollment of prepayment schemes especially CHF caused by a number of challenges like quality of health services, Shortage of staff.

#### **WAY FORWARD**

- To complete all studies which are the inputs in Health Financing Strategy which include finalization of the ongoing studies like costing and PER 2011.
- To hold stakeholders meetings to discuss current reports and studies as well as creating awareness of the stakeholders on various health financing issues. This will help in bringing on board relevant stakeholders in the development of the financing strategy.
- To again review the action plan for the Strategy implementation and mobilize funds for financing activities carried out in the Technical Working Group.
- Moreover, we want to put more efforts on increasing coverage of prepayment schemes and helping councils use complementary funds where utilization is very low.

## TWG 4

### PROGRESS REPORT FOR THE PUBLIC PRIVATE PARTNERSHIP TECHNICAL WORKING GROUP 4

Introduction.

The PPP Technical working group is one of the 11 SWAP-TC working groups, this TWG oversee the progress of strategy No 4 dealing with Public Private Partnership and its composition is as follows: members from MOHSW,GIZ, Faith Based Organization (CSSC), USAID, Private Health Providers (APHTA) and PMO-RALG.

PPP TWG holds monthly meetings since July 2011 .....meetings were held and 3 meetings held since JAHSR (February, March and April, 2012). The PPP TWG continues to have collaboration with other Technical Working Groups like D&R-TWG, HRH and financing. Health Sector Strategic Plan III (2009-2015):

The Health Sector Strategic Plan III (2009-2015) features three strategies dealing with Public Private Partnership (PPP Strategic Objectives) which are:

- 1) To ensure conducive policy and legal environment to facilitate PPP operations
- 2) To ensure effective management and operational framework for PPP development
- 3) To enhance PPP in the provision of health and social welfare service

Milestones:

The PPP TWG No 4. had three milestones to oversee its implementation during financial year 2011/2012 and 2012/2013 which are as follows:

2011/2012 (Milestone No 6)

- PPP tracking framework developed by June 2012

2012/2013 (Milestone No 8&9)

- PPP mainstreamed in comprehensive council health planning process by June 2013
- PPP Fora established in Health Sector at National level and in 50% of Regions by June 2013

Implementation Progress /Performance/Achievements

The group had a responsibility of monitoring the implementation of the above mentioned milestones in line with Health Sector Strategic Plan III (2009-2015) Strategic objective No 4:

*1.To ensure conducive policy and legal environment to facilitate PPP operations*

*Achievements:*

- Finalization and printing of 2000 PPP Strategic Plan conducted awaits dissemination
- Updating of Health Sector PPP Guidelines aligning with National PPP Act, National PPP Policy Implementation Strategy and National PPP Act Regulations done
- Preparation of Health Sector PPP Policy guideline finalized and forwarded for printing

*2.To ensure effective management and operational framework for PPP*

*Achievements:*

- FBO hospitals meeting was held in Dar es Salaam
- 37 Service Agreements signed so far
- Country Private Health Facilities Assessment to be conducted as from April 2012-(SHOPS, MOHSW and DANIDA)
- Country Private Training Institutions Assessment to be conducted as from May 2012

### *3.To enhance PPP in the provision of health and social welfare services*

#### *Achievements:*

- Participation of the private health service providers in the revision of CCHP guideline and the development of CCHPs
- To date 37 Councils signing Service Agreement with private facilities to provide health services to the public

Marie Stopes supported 13 (.....%) councils to implement SA

- Gov't support staff salary payments within DDH and VA facilities
- Placement of public health workers within Private facilities
- CSSC Costing Analysis introduced in 42 HFs (25 Hospitals, 9 Health Centres and 8 Dispensaries)
- CIDA support to LGA & MSI in 13 Districts

#### Challenges

- Finalization of PPP documents and Country Private Health Facilities Assessment
- Lack of Comprehensive PPP Annual Operational Plan at National level
- No data base on PPP in Health at MOHSW and Regions including Public and Private Social Welfare service providers
- Inadequate understanding of PPP and Service Agreement as a new concept at all levels
- Limited representation of all stakeholders in the PPP TWG and PPP SC (PMO-RALG, Private for Profit, Not for Profit, Civil Society)
- Inadequate staff and capacity at PPP office MOHSW (No Departmental PPP focal persons)
- Inadequate participation of the private health providers in the development of CCHPs and CHOPs
- Inadequate coordination of PPP activities in the health sector
- Delayed Costing study of health services
- Delayed Standardization and regularization of costing tool for service agreement

#### Way forward

2011/2012:

- Finalization and printing of Health Sector PPP Policy Guidelines, training manual and promotional materials
- Development of a joint PPP Comprehensive Annual Operational Plan at National level 2012/2013
- Continue advocating for implementation of Service Agreements and operationalization of PPP activities at all levels

2012/2013:

- Review Service Agreement and standardize costing tool
- Mobilizing additional fund to support Service Agreements
- Develop PPP data base at MOHSW and 2 zones initially
- Enhance/Advocate the Participation of the private health service providers in the development of CCHPs and CHOPs
- Conduct Country Assessment of Public and Private Social Welfare service providers (ECD centres, Elderly peoples homes, OVCs, ect)
- Strengthen Capacity of Private Health Service Provider on the development of Strategic and Annual Operational Plans



## **TWG 6:**

### **Progress report for Nutrition MULTISECTORAL**

#### **Technical Working Group 6**

The Nutrition Multisectoral Technical working Group (NMTWG) is one of the technical working groups.

This TWG has been entrusted to oversee progress of the nutrition component. The Group comprises of representatives from key sectoral ministries, some development partners some civil society organizations, and Sokoine University of Agriculture.

Since the beginning of this financial year, it has been able to hold five meetings. The last meeting was held on 19<sup>th</sup> April, 2012.

#### **PERFORMANCE / ACHIEVEMENT:**

The Group has a responsibility of monitoring the 2011/12 milestone of establishing nutrition posts at Regional Secretariats and allocation of a budget for placement of nutrition officers in 25% all councils as per approved staffing by end of 2011/12.

So far 45 nutrition officers have been recruited at Council level and 5 regions have Regional Nutrition Officers. All remaining councils have nutrition focal persons.

Furthermore, the nutrition planning and budgeting tool for councils has been developed and orientation of council NFPs, Planning Officers and Assistant Regional Administrative Secretariats (Planning) on planning and budgeting has been undertaken.

Additionally, mapping of availability of nutritionists in all regions and councils has been finalized. Analysis of information collected is ongoing.

#### **MAJOR CHALLENGES / CONSTRAINTS:**

- Inadequate funding;
- Limited nutrition knowledge and skills for those recruited.

#### **WAY FORWARD:**

- Complete recruitment of nutrition officers at council and regional levels;
- Undertake training of recruited nutrition officers and appointed nutrition focal persons;
- Refine the nutrition Planning and Budgeting tool;
- Render technical support and mentoring to Nutrition Officers and focal persons at regional and Councils levels on scaling up nutrition.

## **TWG 7**

### **PROGRESS REPORT FOR THE DISEASE SPECIFIC TECHNICAL WORKING GROUP 7**

Technical Working Group 7 (TWG 7) is responsible for reporting on progress made by the specific disease programmes – National AIDS Control Programme (NACP), National TB/Leprosy Programme (NTLP), National Malaria Control Programme (NMCP) and None Communicable Diseases/Neglected Tropical Diseases (NCD/NTDs). The group is collaborating with almost all TWGs to implement its planned activities.

From July 2011 until now, the group met more than five times to agree on formulation of new milestones as was directed by the Permanent Secretary, Ministry of Health and Social Welfare which were submitted in December, 2011. Thereafter, the group met twice to deliberate on progress made in implementing the set milestones. In between, NACP and NTLP were involved in developing funding proposals which were submitted to the GFATM in March 2012 under Transitional Funding Mechanism (TFM) after approval by the TNCM.

#### **PERFORMANCE/ACHIEVEMENTS**

##### **1. None Communicable Diseases (NCD)**

- During this reporting period, the following activities were implemented:
- An NCD Action Plan for 2011-2015 was completed and Year one activities have been incorporated into the MTEF 2011/21. The M&E framework is included as part of the Action Plan
- The Action plan is being disseminated electronically
- Two out of the 4 staff required have been allocated to NCD by the Ministry

##### **2. Neglected Tropical Diseases (NTD)**

- The NTD Master plan for NTD (2012-2017) has been finalized and is awaiting endorsement and launching in June 2012
- Preparation for draft M&E framework for NTD is in progress
- 2 staff have been reallocated to NTDs from Eye care unit

##### **3. National AIDS Control Programme (NACP)**

- The End Term review process for The Second Health Sector HIV Strategy (HSHSP II) that includes developing ToR, timelines, budget and identifying the consultant has started. About 8 consultants are expected to be engaged to cover 4 thematic areas of Prevention, Care and Treatment, Cross cutting issues and Health system strengthening.
- A meeting with partners to seek for their support in this process has been scheduled for 9th May 2012
- The formulation of HSHSP III will be based on lessons learnt from the review of HSHSP II

#### 4. National TB/Leprosy Programme (NTLP)

The programme is implementing control activities as set in HSSP III and MDGs to reduce the prevalence and mortality rate associated with TB by 50% by 2015. The programme is has already surpassed the WHO targets of detecting 70% of TB infectious cases and successfully treating 85% of them. The national figures are 75% and 88% respectively. However, detection of multidrug resistant cases is still below the WHO estimates. Hence, during this reporting period, the main emphasis was on strengthening of Multi Drug Resistance (MDR) TB services in the country in particular improve laboratory capacity to do culture and drug susceptibility testing (DST) in 3 referral/specialised hospitals (Kibong'oto, Mbeya and Bugando). The following is implementation status:

- The new treatment centre established at at the Kibong'oto TB hospital in 2009 has so far treated 85 patients (41% females and 2% children) for MDR-TB of which 20 have completed treatment;
- Preliminary results from the first cohort (16 patients) – 73% treatment success rate, 20% death rates, no defaults
- The capacity to perform culture and Drug Susceptibility Testing (DST) has been established at Kibong'oto National TB hospital supported by GFATM and FIND/WHO/PATH.
- At Mbeya Referral Hospital, the necessary equipment for culture and DST has been procured and installed supported by DOD/PEPFAR. Already 2 laboratory technologists have received the initial training to do culture and DST at the Central TB Referral Laboratory based at Muhimbili National Hospital. More training on DST is still required. The other challenge is shortage of qualified laboratory technologists and the hospital is requesting 2 more technologists
- At Bugando, this activity has been postponed because the TB laboratory section building has been demolished and substituted with one small room. It is not possible install the necessary equipment in the small room due safety of personnel and infection control considerations.

#### 5. National Malaria Control Programme (NMCP)

The programme is currently implementing the 2<sup>nd</sup> National Medium Term Strategic Plan (NMMTSP) which builds on the previous successes and a new paradigm of phased malaria elimination: to reduce the burden of malaria by 80% by the end of 2013 from 2007 levels. There are two key technical Strategies/Components in this Plan: (1) Integrated Malaria Vector Control and (2) Malaria Diagnosis and effective Treatment.

Achievements:

- A total of 34,179,688 insecticide treated nets (ITNs/LLINs) have been distributed through TNVS and the two mass campaigns;
  - 8,753,438 distributed to under-five children and 17,617,891 ITNs/ LLINs were distributed for free through Universal Coverage Campaign (UCC) to all age groups that ended in October, 2011
  - Through voucher scheme, a total of 7,808,359 nets were distributed to pregnant women (5,279,706) and Infants (2,528,653) until December, 2011.

- A total of 1,200,000 structures were sprayed, and about 6,500,000 people being protected during the Indoor Residual Spraying (IRS) season spanning from December 2011 to March 2012
- Ownership of Long-Lasting Insecticide Treated Net (LLINs) in Tanzania Mainland has increased from 0% of households in 2004 to 53 % in 2010 – TDHS (2009/2010).
- Proportion pregnant women sleeping under Insecticide Treated Net (ITN) night before survey was 57% (TDHS – 2010), compared to 26% (THMIS – 2007/08).
- Proportion of children <5 years sleeping under Insecticide Treated Net (ITN), the night before survey was 64% (TDHS – 2010), compared to 35% (THMIS – 2007/08).
- Progress and Impact report on Malaria for the last 10 years (2000 – 2010) was launched by HE the Vice President of the United Republic of Tanzania, Dr. Mohammed Gharib Bilal, during the climax of World Malaria Day, 25 April, 2012. In Karimjee Grounds in Dar es salaam.

#### 6. Major Challenges/Constraints

- Shortage of staff at national level to coordinate and monitor progress of implementing planned activities
- The GoT financing of the disease specific programmes is diminishing despite high commitment
- Inadequate and untimely release of funds from donors particularly the GFATM which make it impossible to implement activities as planned
- Slow absorption capacity of GFATM funds supporting HIV/AIDS, TB and Malaria control in the country
- Low awareness and knowledge on MDR TB among patients, HCWs and the community at large
- Inadequate TB Infection Control measures at facility level

## TWG 9

### PROGRESS REPORT FOR THE SOCIAL WELFARE /SOCIAL PROTECTION TECHNICAL WORKING GROUP

DSW Report for 2012/13 Milestones Update presents the implementation performance /achievements, challenges and way forward of Social Welfare /Social Protection activities for six months October –April 2012. This year's report covers an update of all the areas included in last year's Milestones.

Social Welfare /Social Protection Technical Working Group (SWSP TWG) was formed to support the implementation of the 9<sup>th</sup> SW/SP Milestone in the HSSP – III . The SW/SP TWG draws representation from:- Government Ministries-(Ministry of Health and Social Welfare (MOHSW);Ministry of Finance and Economic Affairs (MOFEA), PMO – RALG). Development partners –(USAID, United Nations International Children's Fund -UNICEF; Regional Psychosocial Support Initiatives REPPSI ;Family Health International –FHI 360; Abbott Fund Pact TZ; Children CSO's Forum, CCBRT, Sight Savers International (SSI), PASADA and CARITAS) ; Government Agencies (Tanzania Social Action Fund –TASAF and TAC AIDs.

#### PERFORMANCE & ACHIEVEMENTS

*Persons with Disabilities Act 2010:* At present, the Persons with Disabilities Act 2010 regulations and Swahili version was signed by the Minister for Health and Social Welfare submitted to the State Attorney General Chambers ready for printing as legal documents.

*Regarding, Development of the Regulations of Law of the Child Act (LCA 2009);* Consultants were engaged for the task and 7 sets of regulations (which include children's homes, Adoption, Foster care placements, Retention homes, Approved schools, Child Labor, Apprenticeship) were developed and submitted to the State Attorney General Chambers, to Minister for Health and Social Welfare who has signed them. The Documents are with the Government printer for printing.

*On Draft Social Welfare Strategic Plan.*TOR for consultant who would Conduct the Social Welfare Workforce were developed and the Department of Social Welfare in collaboration with Intral Health engaged 3 consultants to undertake the SWWF assessment, the first draft of the report has been produced by the team of consultants. The findings of this exercise will inform new Strategy for Social Welfare Workforce. Moreover, during the period the SWSP TWG, formed a Subcommittee for Social Welfare Workforce. The subcommittee conducted 3 meetings to follow up the situation analysis of Social Welfare workforce. Situational analysis was done by three local consultants in Dar es salaam, Mwanza, Kilimanjaro and Lindi Regions. The situation analysis will inform the development of Social Welfare Work Force Strategy. Also subcommittee Meetings were held to identify staff needs and concerns and recommend on how these concerns might best be addressed.

Other accomplishments in this milestone include, training of 30 staff on training methodology to equip them with the training skills for the Social Work certificate course. Moreover, the Ministry has signed MOU for collaboration with the Institute of Social Work to facilitate the production of certificate course graduates at Kisangara ..

*About Social Welfare Policy;* Consultative and technical meetings were conducted to in put the recommendations from cabinet secretariat, and the document is with IMTC waits to be tabled at the cabinet for final approval.

*On the mile stone to finalize NCPA;* Several Stakeholders consultative meetings were held between January and March 2012. The consultant has been engaged, and the second NCPA is scheduled to be launched in June 2012. Institutional Care Assessment was also conducted to inform the new NCPA review process and the findings were out. Following these assessment, NCPA II Strategic guidance paper was developed by the International Consultant and was submitted to the national Consultant for use. More over, the NCPA II taskforce members and other stakeholders met on the 16<sup>th</sup> April 2012 to discuss unresolved issues around NCPA II from the previous taskforce meeting. The issues which were not resolved include the following; MVC definition to include other categories of MVC such as street children; Social protection vs Child protection; the title of the document and NCPA II Coordination mechanisms.

### **MAJOR CHALLENGES/CONSTRAINTS**

Social workers need to be licensed to provide social services as there are so many unqualified people who are providing services to the children

### **WAY FORWARD**

- Launching the NCPA II to be in June 2012
- Developing Social Welfare Strategic Plan 2012-2015
- Starting Certificate Course at Kisangara Institute of Social Welfare
- VAC commitments to be incorporated in the NCPA II
- The accreditation Board for Social Workers to be established.
- Scaling up the child protection systems strengthening in 25 districts.

## TWG 10

### PROGRESS REPORT FOR THE MONITORING AND EVALUATION

#### TECHNICAL WORKING GROUP

The Monitoring and Evaluation is an essential tool for evidence based decision – making and for accountability. The Monitoring and Evaluation Technical Working Group (M&E-TWG) is one of the 11 Strategies in the HSSP III. The M&E address three health sector elements those are the MKUKUTA monitoring, the Health Service routine and non – routine monitoring systems and the Local Government monitoring system.

The M&E comprise of members from the central government that are MOHSW, MOFEA, PMO-RALG, TACAIDS, and RITA. The UN representatives including WHO, UNICEF, UNFPA, WB and UNAIDS. Representatives coming from the Development partner countries are Netherlands, Norway, CDC, Switzerland, JICA and GTZ, the M&E TWG also comprise of M&E implementing partners those are Clinton Health Initiative (CHAI), Ifakara Health Institute (IHI) and Tanzania Christian Social Services Commissioner (CSSC). NGOs are represented by the AMREF while there is a range of Technical Assistants (TAs) this are the Centre for Diseases Control and Prevention (CDC) and Research Triangle Institute (RTI), University of Dar es Salaam Computer Sciences and Engineering, Ifakara Health Institute (IHI), Representatives from the University of Oslo - Norway and the World Health organization (WHO)

**M & E Strategic Objectives:** The M&E is responsible on the following strategic objectives; Develop comprehensive M&E and research strategy for the health and social welfare. Strengthen Integrated Routine HMIS. Strengthen Integrated Disease Surveillance (IDSR). Aggregation and sharing systems based on ICT. Surveillance and Operation Research

**M&E Implementation Status:** The following activities has been planed and implemented at different levels;

1. Conducted periodic M&E Technical Working group (M&E TWG) meetings
2. Conducted M&E Steering Committee with key agenda to receive MESI year one implementation and financial report and approve MESI year two action plan and budget
3. The M&E TWG is overseeing the implementation of MESI activities including the national rollout of new HMIS tools and DHIS software which is currently been introduced in the first rollout phase in five regions that are Lindi, Mtwara, Dar es Salaam, Dodoma and Shinyanga after the evaluation of the pilot phase which was conducted in Pwani region
4. The M&E has engaged RTI through CDC to develop a district - facility data profile for use and dissemination protocol and develop ICT policy for enterprise architecture for integrated systems

**M&E Challenges:** The M&E positions created to address human resources in regions and councils are not yet been filled in most places

**Way Forward:**

1. Existing M&E Positions need to be filled at all levels, the M&E -TWG has asked the MOHSW high management to write a letter to inform the PMO-RALG on the importance of undertaking.
2. Supervise data collection and analysis to district/Council and regional staff in order to avail data for production of the upcoming Annual Health Performance Indicator report
3. Strengthen the implementation of the MESI by leveraging implementing partners at all levels,
4. Overseer implementation of MESI



# **PROGRESS OF THE PHARMACEUTICAL, INFRASTRUCTURE AND FOOD SAFETY**

## **TECHNICAL WORKING GROUP 11**

### **BETWEEN JANUARY AND SEPTEMBER 2011**

#### 1) Background

The TWG 11 has a diverse of membership based on the formation of the group itself. The group takes care of Pharmaceuticals, Food Safety and Infrastructure issues. The group is composed of members from Pharmacy Council, Tanzania Food and Drugs Authority, KFW, JSI, USG, CSSC, MSD, WHO, UNFPA, Vertical Programs (NACP, NMCP, NTLP, RCHS), DANIDA, UNICEF, SIKIKA, DPP, HSPS, PSU, GIZ and APHTA.

The group has a mandate to provide advice and technical support for sustainable improvement of provision of pharmaceuticals and related supplies, infrastructure and food safety so as to attain the overall objectives of health and medicines policies

The Period July 2011, the group held 6 meetings. The group has been collaborating with the TWG 1 on district and regional issues on health.

This financial year 2011/12 and 2012/13 TWG 11 has two milestones, which are as follows;

- a) Adequate funds for provision of pharmaceuticals and health commodities ring-fenced, timely disbursed and equitably allocated to public health facilities including designated faith based organization facilities (FBOs) by September 2013
- b) Availability of pharmaceuticals and health commodities improved through Medical Stores Department (MSD) order fulfilment of not less than 90% and better pharmaceutical management by health facilities and Councils, by September 2013

Based on the milestones set and approved indicators, the following has been done and achieved.

#### 2) Performance/achievements

Progress and status of all HSSP III strategies and objectives related to the TWG's focus of work during 2011/12

- i) The new PHC resource allocation formula has been used since the beginning of this financial year to allocation funds to MSD facility accounts.
- ii) The GoT has managed to disburse 95% of the funds budgeted for the procurement of medicines and related supplies for the health facilities at all levels.
- iii) The indicator for the percentage of the approved budget credited to health facility accounts on time (per quarter) is not well done, MSD has delayed to provide the data for the last two quarters
- iv) The indicators for the second milestones are not fully monitored as the system for monitoring are still on pilot. However data have been collected from few districts. These has been achieved through consultancy from Ifakara Health Institute on 27 sentinel panel of districts and ILS Gateway on

9 districts. These are all electronic logistics reporting and monitoring system.

- v) Pharmaceutical Services Section (PSS) in collaboration with JSI-DELIVER reviewed the Integrated Logistics System (ILS) and manual to be used for the future ILS training for the new employees.
- vi) MSD managed to scale up direct delivery of medicines to 10 regions.
- vii) PSS with support WHO and JSI has secured funds to engaged the consultant for the comprehensive forecasting and quantification for the essential medicines and determine the financial gap for pharmaceuticals.

### 3) Major challenges & constraints

- i) The first two quarters disbursement of funds to MSD for health facility was not disbursed as planned and expected (3% released in the period of July to December 2011)
- ii) Existing of counterfeit, sub-standard pharmaceutical and unfit food products in the market
- iii) Low order fulfillment rate at MSD
- iv) Poor infrastructure for hospital pharmacies and stores in various regions and districts has remained the challenge.

### 4) Way forward

With all the challenges the TWG 11 has strategies as follows;

- i) Liase with treasury to fulfill the commitment on funds disbursements for medicines and related supplies
- ii) Strengthen post-marketing surveillance, quality testing and pharmacovigilance to monitor counterfeit and substandard medicines circulating in the market.
- iii) Improve capacity for forecasting medicines requirements, MSD order fulfillment, and strengthen operation of the Integrated Logistics System through capacity building and performance monitoring
- iv) Follow up and use of the introduced of electronic technology on Logistics management information system for health commodities to monitor the agreed indicators

## **TWG 12**

# **IMPLEMENTATION REPORT FOR THE TECHNICAL WORKING GROUP ON HEALTH PROMOTION – (SANITATION, HYGIENE, ENVIRONMENTAL HEALTH MANAGEMENT AND CLIMATE CHANGE)**

### **1.0 Background**

The Health Promotion working group was established to facilitate discussions and analysis on issues pertaining to environmental health, hygiene, sanitation and climate change in Tanzania and comprises of representatives from MoHSW, VPO, MoW, PMO – RALG, MoEVT, NEMC, GCLA, GTZ, T-MARC, UNICEF, WSP and Water Aid. The main objective of the Working Group is to establish an effective group of technical experts to advise and recommend on how to address issues related to health promotion.

The working group has established six priority areas to be worked upon which are:

1. Advocacy for hand washing with soap
2. Waste management in towns or urban areas
3. Latrine improvement at households and institutions (schools and health facilities)
4. Household water treatment and safe storage at point of use
5. Chemical and pesticide management
6. Scaling up financing for school WASH

### **2.0. Achievement**

- Waste management in towns and urban areas was strengthened by finalization and dissemination of the Waste and Human Remains Management Guidelines to 21 Regional and 4 City Health Officers. Furthermore, leaflets, fliers and posters on solid waste management have been prepared to be used as tools for community awareness creation. Above all, a National Catalogue for solid waste equipment and facilities has been prepared.
- With regard to advocacy for Hand Washing with Soap, the TWG facilitated the demonstration of hand washing facilities, advocacy on Hand Washing with Soap in 10 Districts of Kiteto, Kondoa, Mpwapwa, Iringa, Sumbawanga, Igunga, Musoma, Karagwe, Masasi and Rufiji.
- Latrine improvement at household and institution was promoted the training of artisans in Tanga regions and the orientation of Regional Health Officers and Regional Education Officers on the ongoing Sanitation Campaign
- With regard to chemical and pesticide management, the TWG has conducted an assessment of chemical and chemical waste management in four regions (Tanga, Mara, Shinyanga and Mbeya).

### **3.0. Constraints and Challenges**

The Health Promotion TWG encountered the following challenges in the implementation of activities:

- Inadequate up to date and reliable environmental health, hygiene and sanitation data from regional and district level.
- Lack of equipments and facilities for the monitoring of environmental health parameters and levels of pollution.

### **4.0. Way forward**

- To launch the National Sanitation and Hygiene Campaign
- Promote hand washing with soap behavior at all levels
- Strengthen the sanitation and hygiene information management system

## **TWG 13**

### **REPORT FROM THE TECHNICAL WORKING GROUP ON HEALTH PROMOTION**

1. The Health Promotion TWG met twice and agreed that the Health Promotion Section should collaborate with the NCD Section of the Ministry to review, update and develop a more comprehensive policy guideline on Health promotion and Education. A working session will be held at Kibaha on 7<sup>th</sup> to 12<sup>th</sup> May 2012.
2. Also, it was agreed that the Team should draft TORs for hiring a Lead facilitator/consultant in order to hasten the process of drafting the National Health Promotion and Disease Prevention Strategic Framework.
3. Members of the working group include WHO, GIZ, UNICEF, SDC and MOHSW/HPES.