Tanzania Health Sector SWAp Milestones 2009/2010 – 100902 UPDATE

Area	Milestone	Process Action Plan	Comments / Indicators	Update
District Health Services	1. Review and revise the CCHP guideline including the assessment tools and National Essential Health Package in line with HSSP3, MKUKUTA and other agreed sector strategies	1 Draft TOR for review of CCHP Guidelines 2 Request funding of activity 3 Set up TWG and Carry out the review by representatives from LGAs, RHMT, FBO, CSO, MoHSW, PMORALG, and DPs 4 Final revised CCHP Guidelines	Output: CCHP Guidelines by March 2010 Important assumption: Funds for review available and disbursed in time.	The milestone is almost achieved. The CCHP guidelines have been revised. The revision includes the assessment tools and the National Essential Health Package. Priority areas for implementation in FY 2010/11 were identified and sent to Councils through circular from MOHSW to ensure that these areas were incorporated in the respective Council Plans 2010/2011. The assessment of CCHPs for FY 2010/11 demonstrated that the priority areas had indeed been included in the plans for FY 2010/11. Subsequent steps: – The revised guideline will be disseminated to the implementers (LGAs, RS/RHMTs and Zonal Training resource centres). – RHMT reporting template for compilation of reviewed CCH plans and progress reports will be updated in the course 2010. – A particular review of the National Essential Health Package guidelines is planned for 2010/11.

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Hospital Reforms	2. All Regional Hospitals are supported to develop annual plans and the plans are put to use by July 2010.	1 Prepare TOR for the activity 2Request and disbursement of funds 3Facilitators meeting to prepare training materials and agree on facilitation modalities 4 Facilitators visiting Regional Hospitals to assist HMTs develop strategic and annual plans	Output: Regional Hospital annual plans Verification: Hospital Reports to Regions Important assumptions: Funds are disbursed on time. Facilitators and resource people available in time Expected funding: HSPS IV (MTEF)	1A: TOR for finalizing training materials, and conducting a TOT on HMT modules was prepared. 1B TOR for conducting support to Regional referral Hospital management teams through training was prepared. 2A: Funds for conducting the planning support activities were disbursed late. 2B Facilitators have met to prepare training material and modalities. The training materials on the development of Regional hospital annual plans have been finalized, including a standard planning format and draft planning guide. Training will be facilitated to HMTs to develop Hospital strategic plans and annual plans. So far, a total of 12 out of 21 regional referral hospitals have developed annual and/or strategic plans. Most hospitals have adapted the priority areas outlined by the NEHP that are relevant to the Hospital setting, including interventions related to HRD, Equipment and infrastructure, The submitted plans reflect obvious challenges that regional referral hospitals face: Limitation of funding and hospital management skills. Criteria for assessing plans will be developed. Planning template to be finalized 4 Due to the late disbursement of funds, the actual facilitation of HMTs was not conducted. Facilitation of 4 Regional Hospitals will take place in October 2010. Facilitation of the remaining Regional Hospitals has been included in plans for FY 2010/11.

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Health Financing	3. Final draft Health Financing Strategy and action plan completed by June 2010.	1 Engage consultant 2 Carry out consultancy and submit report 3 Dissemination of report 4 Consultation process finalized by June 2010 5 All of the above coordinated and managed through the Health Financing Committee	Output: Final draft strategy Important assumption: Funding of consultancy: World Bank DPs will provide funding of the remaining activities.	Some steps in the PAP completed and the milestone is half way achieved. Consultants have been engaged and some preliminary studies have started. A Health Systems Assessment has been completed. Other complementary studies like PER and Costing are under way. The Consultants' Inception Report will be submitted on 22nd August 2010. This report will show the time line for each activity and when should the Strategy be ready.

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HRH / Social Welfare	4. Staff recruitment, posting and retention processes strengthened by July 2010	1 Established norms clarified 2 All Districts report on vacancy rate as per established norm. 3 Regions consolidate vacancy data from the Districts 4 Regional administration and LGAs identify and list health and social welfare workers needing re-categorization and promotion by December 2009	Indicators will be established based on the staffing norms building on the work load and the MMAM (i.e. No. of health facilities and vacancy rate of different cadres of health workers, e.g. clinical officers in all District dispensaries, AMOs in Health Centers, MOs in District)	1a) The task of setting up staffing levels is ongoing. Definition of health services delivery levels, roles and activities, cadres required, and criteria to determine the numbers to perform identified activities has been done for Dispensary, Health Centre and Referral Regional Hospitals 1b) Human Resource Information systems has been developed and installed in all Districts and 6 Referral Hospitals in 5 regions. The system is capable of showing various important indicators such as attrition, retention, skills etc. In the private sector the Human Resource Information (HRIS) has been installed in 5 CSSC Zones. 2&3) Assessment of Vacancy rates in Districts and Regions indicate that in 2009/10 the number of vacant posts were 10,058. 4a) All 734 employees earmarked and budgeted for promotion in Vote 52 have been promoted up to June 2010. 4b) Up to June 2010 a total of 4090 new employees out of 6247 employment permit have been posted to various employing authorities. 4c) Retention efforts taken: – Support in payment of salaries for Private health facilities (DDH/CDH) as well as grants to Voluntary Agencies. – Provision of contracts for retirees and bonding after training. – Building of health workers houses. – Pay for performance is being implemented – Various local incentive initiatives are implemented by Councils.

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PPP	5. PPP policy guidelines for implementation of PPP strategy finalized by August, 2010.	1 Prepare TOR for the activity 2 Request and disbursement of funds 3 PPP focal person to draft PPP policy guidelines 4 Stakeholders meetings to input on the draft document	Output: Draft PPP policy guidelines Important assumption: Funds are disbursed on time. Funding: DPs	1 PPP TOR was prepared and PPP office in MOHSW established. 2 Funds for the PPP activities were negotiated and secured from DP. 3. Rather than outsourcing development of draft PPP policy guidelines, assignment was undertaken by PPP office with support of PPP Technical Advisor in April-June 2010. 4 Draft PPP guidelines were discussed and elaborated on at a key stakeholders meeting in July. Revised draft PPP policy guidelines completed in August 2010. Subsequent steps: A: Additional refinement of draft PPP policy guidelines to align guidelines with National PPP policy regulations and corresponding PPP Act. B: To promote implementation of the PPP policy guidelines at national, zonal and district level.

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M&E/ HMIS	6. Ensure that there are established and funded posts for M&E staff at District and Regional levels by September 2010	1.Develop Job Descriptions for the District and Regional M&E positions 2 Advocate and negotiate with POPSM	Output: M&E positions at District & Regional levels established and staffed Indicator: M&E positions at District & Regional level staffed / total number of Districts and Regions Assumption: M&E strategy is finalised on time.	POPSM has granted employment permit for M&E staff at Regional and District levels. DMOS and RMOS were informed by PMORALG about this permission when attending a meeting in Dodoma to discuss implementation of milestones from JAHSR 2009. MoHSW has no legal mandate to develop job descriptions for M&E staff employed by District Councils (i.e. Local Government Authority). Hence, the new M&E staff employed in DMO offices follows job descriptions used by the LGAs for M&E staff. The challenge is that such cadre is not available in the market. The MoHSW M&E Unit has not yet received information to assess the exact number of newly recruited M&E staff in Regions and Districts.

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Service Delivery MNCH	7. Increase resources for MNCH used as entry point to strengthen service delivery	1. Costing of One Plan (including Maternity Waiting Homes) and of FP commodities to input directly in budget guidelines and translates in MTEF. 2. LGAs asked to allocate funds for MNCH activities as a priority. 3. Use of the Health Window of the LGDG to improve the infrastructure and supplies related to maternal and child health (supply of delivery kits, resuscitation kits, other equipment and vital and essential medicines) 4. Ensure that	Regular reporting by the MCH Working Group to the TC SWAp. Funding: MTEF, Basket financing and LGDG Health Window Measures that can be undertaken: Rehabilitation/improvement of facilities, equipment with EMONC, supply of medicines and commodities, improvement of the referral system, supervision etc.)	1a) Costing for MNCH intervention in process but not yet fully completed. 1b) Costing FP implementation programme finalized and launched end of March. Estimates for FP commodities used in MTEF planning process. However funds still inadequate. Able to get additional support from USAID and UNFPA for implants and Depo-Provera. KFW supporting FP through PSI 2. Districts guided to include MNCH equipment and supplies and other one plan activities during DMO's meeting organized by TAMISEMI in January. 2. TWG members co-facilitated dissemination of policy guidelines to RHMTS and guided on key roadmap activities to be implemented. 2. TWG held working sessions to review CCHP guidelines and submitted inputs to DHS Coordinator.(An important step towards districts putting right MNCH interventions) 3. MTEF includes funds to start distribution of delivery packs in two regions for the year 2010/11. Also additional delivery kits to be procured with basket funding - Cold chain assessed and EPI is being support by CIDA and UNICEF to procure cold rooms. MSD to support expanding cold chain at zonal /regional levels 4a).Tender has been awarded for delivery kits and MNCH equipment procured with support of World Bank AusAID support and Swiss Cooperation. TWG has identified task force to map out were equipment should be distributed when it arrives 4 b) Procurement of child and neonatal services equipment through Global Fund round 7 in process (MSD), but equipment is yet to be delivered. 5.Tender for procurement of 400 Motorbike ambulances awarded to Rangers Limited of South Africa – Delivery

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Service Delivery	8. RHMT role and capacities for supportive supervision as well as monitoring of the councils strengthened.	1. Line item for RHMT created at Reg. Secretariat 2. RHMT to receive allocation from block grant + timely transfer of basket grant (at the beginning of FY). 3. RHMT to develop annual plans on how they will support the districts to implement HSSP III. 4. RHMT to compile and analyse data from the CCHPs of their region, and use this information to guide their interventions.	Indicator: Assessment of RHMT reports presented and discussed in the SWAp meeting Funding: MTEF + Basket Funds Ensure that the Zonal team is included in providing support to the RHMTs. Staff to support Zonal Teams is already in place in the Secretariat.	1. A Line item for RHMT has been created at the regional secretariat and RHMT eight core members are officially recognised in the RS Team. Financial procedures are under discussion with the MOFEA on possibilities of allowing RHMTs to open bank accounts. 2. RHMTs received allocation from basket fund timely. Block grant was so far released only for Regional hospitals but not for RHMT (as RHMT was not a line item in the MTEF 2009/10). A few regions allocated limited funds to RHMT for supervision only. 3. In collaboration with the TC-RRHM the MOHSW conducted different interventions to give capacity to Regional Health Management Teams to perform better: For this year, all twenty one RHMTs prepared their own Strategic Plans (SPs) utilizing the knowledge/skills acquired through the SP training conducted in the previous year. These SPs were reviewed and feedback was given to the regions. Annual Planning templates were reviewed and used in 2010/11 plan preparations.These plans include RHMT ten major functions one of them being supportive supervision to CHMTs. Operational activities of these plans indicate how RHMT will support districts/CHMTs to implement HSSP111. 4. All RHMTs are now compiling and analysing data from CCHPs. RHMT reports were presented and discussed at the SWAP meeting held in June 2010.A new template on reporting format has been developed by TWG-D/R to maintain uniformity of reporting system from all regions 5. In collaboration with TC RRHM MOHSW has

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Gover-nance and account-ability	9. User participation is increased by strengthening further CHSB and HFGCs.	1. Revised CHSB and HFGC guidelines are discussed in the "Region & Council Working Group", to be presented, discussed and endorsed in the TC SWAp. 2. Identify the bottlenecks to the use of collected funds and implement remedial measures. 3. MoHSW, PMORALG & MOFEA to clarify how facilities can open and operate their own account. 4. HFGC is empowered approve and monitor the use of the funds that are generated at the facility.	Information on health funds (MTEF, BF, CHF, NHIF, Cost sharing etc.) and how they are used is included in the CCHP plans and reports. Compilation of this information provided at the SWAp and JAHSR meetings. Health Accounts opened for HC & Dispensary level. Funding: MTEF + Basket Fund + NHIF/CHF	1The guideline for establishment of CHSB has been revised and will be shared by stakeholders and TWG for comments. 1B Facilitator's guide for orientation of CHSB members on their roles developed and pre-test in six regions in Aug, 2010. Expected to be ready for discussion in TC SWAp by November 2010. 2. The bottlenecks hindering the use of collected funds have been identified. These are: A. Lack of facility accounts. B. Difficulty in accessing cost sharing and NHIF funds as they are falling under control of the District Commissioner instead of Council Director and are deposited at Sub-Treasury at Regional Headquarters Measures taken A. Please see 3. below B. Cost sharing guidelines have being revised but not yet finalized and disseminated. 3. The issue of opening facility accounts has been discussed between MoHSW and PMORALG. It was agreed PMORALG will consult MOFEA on issues of opening Facility Bank accounts. 4. The empowerment of HFGC to approve and monitor the use of funds is awaiting the resolutions on the issue of opening facility accounts, though the revised guidelines and CHF bylaw have stipulated how the funds will be managed and used. 5. Dissemination of information on rights and responsibilities of service users and Boards: A. 10 out of 20 new councils sensitized at District stakeholder meetings in collaboration with NHIF. B. Six regions RHMT (Mbeya, Rukwa, Ruvuma, Dodoma, Morogoro and Iringa) trained on roles and responsibilities

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Social Welfare	10 Finalization of National Social Welfare policy and strategy.	1 Draft National Social Welfare policy finalized for approval	Output: Social Welfare policy processed to approval level (i.e. Cabinet).	-The National Welfare Policy draft is finalized, approved by the Senior Management and forwarded to the Cabinet Secretariat for consideration in the Cabinet. This procedure is expected to be completed by February 2011. -The process of developing the initial draft for Social Welfare Strategy has started while waiting for the Policy to go through the government procedures**.**