

TERMS OF REFERENCE FOR THE DISTRICT, REGIONAL, ZONAL AND NATIONAL HEALTH SERVICES TECHNICAL WORKING GROUP

1. Background

Health and social welfare services are provided from the grassroots level up through higher levels of care, beginning with community health care, dispensaries and health centres, and proceeding through first level hospitals, regional referral hospitals and zonal and national hospitals, all providing increasingly sophisticated and well-defined services. Due to constraints in human resources and supplies of medicines and health products, not all primary health services are of sufficient quality. In certain geographical areas, populations still live far away from health services. This is especially problematic in terms of maternal and newborn care.

The referral system does not always function as required, sometimes due to a lack of adequate transport to the next level of care or due to an inability at the referral level to provide adequate services.

The Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) a Health Systems Strengthening (HSS) programme that targets all levels, with a focus on quality of care in health institutions from the primary care to the tertiary and national levels in order to ensure that all levels of health facilities provide the required essential services. The MOHCDGEC will further refine the National Essential Health Care Intervention Package (NEHCIP)¹.

In the context of decentralization, governance and stewardship has received equal attention and structures to oversee good health governance and accountability were established. These include a network of structures such as Regional Health Management Teams (RHMT), Council Health Service Boards (CHSB), Council Health Management Teams (CHMT) and Health Facility Governing Committees (HFGC). Collectively, these structures are expected to provide Strategic vision, bring about Participation and consensus orientation, promote rule of law and ethics, improve Transparency, develop a Responsiveness of the health system, bring about Equity and inclusiveness, promote Effectiveness and efficiency and above all assist in promoting Accountability.

In order for these structures to be able to effectively translate the strategies and priorities defined in the HSSP IV into better service provision, they will require further strengthening in the area such as strategic planning, governance and financial management.

Community participation in the management of health facilities will also contribute to regaining trust in the health care system but also will lead to improvements in health service delivery, quality and utilisation. MOHCDGEC will institutionalize a social accountability system in order to strengthen bottom-up planning and transparent reporting.²

¹ HSSP IV Strategic Objective 1

² HSSP IV Strategic Objective 3

2. Scope of Work/ Overall Aim and Purpose

In order to ensure that all health sector stakeholders contribute in a coordinated way to the implementation of the strategies and priorities of HSSP IV, the MOHCDGEC (through the Technical Committee of the SWAP) has agreed to establish a District, Regional, Zonal, and National Health Services TWG (TWG 1).

Mission

The District, Regional, Zonal and National Health Services Technical Working Group is an advisory body to the MOHCDGEC and PORALG, which will make practical recommendations on strategies and plan for strengthening and sustaining achievements gained in provision of health services at Primary, District, Regional, Zonal and National level, as well as on how to address key issues related to service delivery. This TWG analyses and comes up with proposals to be applied to strengthen health services management at all levels and to prepare new roles, responsibilities, capacity needs and training tools and modalities.

3. Specific Roles and Responsibilities:

Specifically, the District, Regional, Zonal and National Health Services Technical Working Group will provide advice and technical assistance including support in developing strategic policy guidelines to MOHCDGEC and PORALG on the following thematic areas;

- i. Appraisal of the NHCIP in relation to the Basic Standards for Health Facilities to better inform the Minimum Benefit Package at all levels of health services³
- ii. Improvement of the referral system at all levels
- iii. Integration of Emergence and Disease Specific programmes interventions into the health system at all level of care,
- iv. Mobilisation of Technical Assistance towards developing an Informative Capital Investment in Health and Social Welfare including Infrastructure, Equipment, Human resources and logistics at all levels,
- v. Facilitation of effective decentralization by improving decentralised planning, budgeting, implementation and supervision up to the lower level facilities,
- vi. Strengthening of social accountability measure through enhancing capacities of existing governance structures and promoting community participation,
- vii. Monitoring of implementation of agreed policy priorities during JAHSR and Policy meetings

³ The NEHCIP-Tz encompasses those interventions with the greatest impact on Tanzania's burden of disease, which ideally should be provided across the levels of the health care system. The package also defines which support systems (capacities of human resources, essential medicines and health products, etc.) should therefore be available.

4. Roadmap for the Specific Tasks/Functions

SN	Scope	Proposed Activities	Timeframe	Resources
1.	Appraisal of the NHCIP in relation to the Basic Standards for Health Facilities to better inform the Minimum Benefit Package at all levels of health services ⁴			
2.	Improvement of the referral system at all levels			
3.	Integration of Emergence and Disease Specific programmes interventions into the health system at all level of care,			
4.	Mobilisation of Technical Assistance towards developing an Informative Capital Investment in Health and Social Welfare including Infrastructure, Equipment, Human resources and logistics at all levels,			
5.	Facilitation of effective decentralization by improving decentralised planning, budgeting, implementation and supervision up to the lower level facilities,			
6.	Strengthening of social accountability measure through enhancing capacities of existing governance structures and promoting community participation,			
7.	Monitoring of implementation of agreed policy priorities during JAHSR and Policy meetings			

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5. Institutional Framework

The Technical Working Group District, Regional, Zonal and National Health Services will work in Close Collaboration with all departments in the MOHCDGEC and PORALG, regularly update the responsible Leads while reporting its performance progress to the Health Sector Technical Committee (TC-SWAp). The Secretariat for the Technical Working Group will soon be realised from the represented members including; PORALG, DPs MOHCDGEC, etc. The secretariat will undertake the following functions:

- Production and distribution of required documents early enough before the meeting (not less than one week).
- Arrangement and organization for all meeting of the Technical working groups
- Documentation of meetings and production of minutes within two weeks.
- Organizing at least one annual field visit for monitoring and learning purposes

6. Membership

Membership of the TWG will comprise representatives from MOHCDGEC, MDU , PORALG, development partners, faith based organizations, private sector and other organizations that are active at district, regional, Zonal and National health services related interventions.

7. Operational Modalities

The Working Group will conduct meetings once in two months for standing meetings, and it will convene extraordinary meetings as required.