UNITED REPUBLIC OF TANZANIA

PROGRESS REPORT ON IMPLEMENTATION STATUS ON SOME OF KEY MILESTONES TO FACILITATE IMPROVED PERFORMANCE IN THE HEALTH SECTOR

(Tanzania Joint Health Review 11-13 March 2002 Main Report)

23/04/2003

REVIEW AREA	MILESTONES	PROGRESS JULY 2002	RESPONSBLE
1. HIV/AIDS	• The MoH will conclude development of Health sector strategic plan for the next 3 years including the scaling up of VCT, STI management and HBC interventions as well as continuation of condom supply promotion. The plan will outline institutional arrangements for HIV/AIDS management and coordination. It will be developed in collaboration with development partners and shared in the next SWAps meeting to be held on 26th July 2002 • The MoH to draft and distribute a circular to provide additional specific guidance to improve the HIV/AIDS component of district plans by June 2002	• The MoH in collaboration with partners and stakeholders completed development of the Health Sector HIV/AIDS strategic plan at end of Feb 2003. The strategic plan has addressed all the areas contained under main review recommendations. Further the HIV/AIDS strategy priority issues have been integrated in the Health Sector Strategic Plan 2003-2006 • Circular was sent to all districts in the country in May 2002 (Guideline developed by NACP and TANESA has been distributed to all CHMTs in the country through a circular)	NACP in consultation with CMO
2. Decentralisation	Extend the HSR process and basket funding to all remaining districts on conditions that the PORALG, MoH and partners have agreed on minimum readiness criteria and adequate supervision capacity by Regional Secretariat for councils is guaranteed at an early date (July 2002). The MoH and PORALG will complete preparation for rolling out of third phase councils by December 2002	• Readiness criteria plan was prepared and circulated to Basket partners in May 2002. Some progress has been made to implement plan as follows: ✓ Core RS staff (RMO, Accountant, Local government officer and regional accountant were reoriented to strengthen their capacity to support councils. Steps have been initiated to ensure adequate supervisory capacity by regional secretariat. PORALG organised a consultative meeting with sector ministries including health to reach consensus on composition/ structure of regional secretariat to	PORALG in collaboration with MoH

		adequately play its envisaged roles. Consensus was reached on how to address the issue. Based on the discussion PORALG has prepared a cabinet paper on the number of sector technical staff required in the regional secretariat to enhance their capacity	
	• Information on resource allocation to councils and facilities for every financial year will be compiled by PORALG by February of that year	• Information on allocation of resources for the GOT and Basket has been included in the MTEF covering the period July 03/June04. • PORALG through the Local government Reform programme hired a consultant to compile and analyse information on resource allocation. Consensus was reached with sector ministries on allocation criteria options to apply. Sector block grant implementation team has been established and outline of an implementation plan has been prepared. • The terms of reference of studies on rehabilitation of health facilities includes identifying recurrent resources requirements for maintenance of equipment, transport means and buildings	PORALG
	• Revision of the Subvention agreement with voluntary agency hospitals will be concluded by October 2002	• The meeting to review the subventions was held in September 2002 but negotiations with stakeholders on actual subventions to pay are continuing	DHS
	• Accelerate Orientation and training of regional health management teams and regional secretariat and finalise institutional arrangements and define tasks to take over the planning support, supervision and monitoring functions in relation to district health	• PORALG has continuously been involving the regional health secretariat in the training and orientation with a view to equip them with adequate skills to enable them effectively support the councils. PORALG and MoH have also developed a criteria to be applied by RS during assessment of council	DPP/PORALG/ DPS

	services.MoH and PORALG will continue to facilitate this process	health plans and quarterly financial and technical reports. The RS will be oriented on the new criteria by June 2003	
3. Human Resources	• PORALG will take proactive action to fill critical vacancies to ensure that appropriate health workers can provide essential health services, particularly in under served areas. PORALG will provide progress on this in the next review	• PORALG did request the councils to submit a list of vacant posts in different sectors in order to obtain permission for recruitment from Civil Service commission. Permission was got and some of the vacant posts were filled but others are still vacant because the councils could not get people willing to work in certain localities	PORALG
	• The MoH will complete the following studies for the preparation of the new long term human resources plan. HRH data base development, absorption of graduates into public/private health institutions, HR attrition due to HIV/AIDS, mobility of HR in the health sector in SADC countries	• HRH data is currently being entered into computer followed by data analysis and projections • HIV/AIDS study has been planned , budgeted for under NACP MTEF 2003/2004 • The study on absorption of graduates into public and private health institutions and one on mobility of HR in the health sector in SADC countries were not done due to lack of funds	DHR
4. HMIS	• The MoH will table a proposal by March 2002 on how it envisages strengthening HMIS to fulfil its role and present this to the SWAp committee meeting in June 2002	• Proposals for strengthening of the HMIS were finalised and shared with partners at the September 2002 SWAp meeting. The MoH has started implementing some of the key proposals including transfer of personnel to HMIS.	DPP
	• The MoH will ensure that the statistical abstract will be published before the end of April. If sufficient in house capacity is not available to meet this deadline then this activity should be contracted out	• The MoH has received and distributed 1000 copies of the 2002 Health Statistics Abstract • A progress report on the current status is hereby attached to update on the steps covered and the way forward	
5. Rehabilitation and Maintenance of Health facilities	• MoH will make the terms of reference for the strategic planning for rehabilitation of existing hospital infrastructure available to interested stakeholders (including	• Terms of reference were prepared as planned. The TOR were circulated through the HSR sec to all partners in June 2002 • TOR for rehabilitation needs assessment	MOH/PORALG

	development partners) by June 2002 • The rehabilitation needs assessment study for PHC should be completed by October 2002 as a basis for strategic planning so that urgent renovations of facilities can commence without further delays • The terms of reference of studies on rehabilitation of health facilities should include identifying recurrent resources requirements for maintenance of equipment, transport means and buildings	study for PHC were finalised and approved by the central board & TOR were forwarded to IDA for no objection after that it will be issued to short listed firms • Technical proposals have been evaluated and financial proposals will follow after getting no objection from IDA. Next step will be award of • The terms of reference of the studies have included identifying recurrent resources requirements for maintenance of equipment, transport means and buildings • Given the experience gained under TEHIP,GTZ /KFW, HAN'S project DFID, it is clear that LGAs can rehabilitate the dispensaries and Health Centers, annually through the CCHPS. What is required is a budget line for rehabilitation with pool under DHIRC. National Construction council will act as a consulting and advisory focus to Council. For the District and Regional Hospitals the needs assessment study need to be completed and contracted out under ICB procedures. DHS/PORALG (DHIRC) are working on this.	
6. MALARIA STRATEGY	The MoH to activate a National Advisory Committee for Malaria Control by June 2002	National Advisory Committee for Malaria control was revitalized as planned. The committee meets once a year it last met in May 2002 and will meet again in May 2003	DPS
7. INTEGRATION	The Office of CMO to identify deliverables in the next year and present a plan of action at the next SWAps meeting on 26th June	The deliverables were identified and based on that implementation plan was prepared. Some of the activities planned for implementation during 2002/2003 are being carried out lack of funds have hindered implementation of all	CMO

		activities that were planned to be conducted during financial year 2002/2003 UPDATES: • Integration of vertical programmes is a process approach; - A position paper of integration of programmes has been developed by the support of Consultants. - Strategic activities of integration of vertical programmes have been completed and operationalization of the integration process including study area have been put on the HSSP 2003-2006. • Integration of service delivery at different levels has been addressed through; - Comprehensive Councils health plans where all the stakeholders who are providing services at the Districts, activities are reflected in the CCHPs. - The establishment of Health services boards of which the composition includes the presence of the private sector and civil society.	