



2010 ACTIVITY PLAN

January – December

Vision

A Tanzania where healthy and responsible citizens enjoy quality health services as their basic right

Mission

Sikika works to empower citizens to actively engage with health service providers and policymakers to realize good governance and accountability of public resources at all levels of the health sector.

Outcomes

1. Central government is transparent and accountable to the public on health and HIV/AIDS matters by providing timely and accessible information and ensuring participatory health and HIV/AIDS planning, implementation, monitoring and evaluation.
2. Local government authorities and health service providers are transparent and accountable to the public by providing timely and accessible information on health and HIV/AIDS, implementing participatory district health and HIV/AIDS planning and delivering quality health services.
3. Citizens are capable of demanding accountability from all levels of government officials as a result of undergoing capacity building by Sikika.
4. The Health sector in Tanzania recognizes the inherent right of all Tanzanian citizens, especially the youth, to monitor all 5 processes in the social accountability cycle and to obtain justification and explanations for any decisions actions or omissions that could potentially affect these processes or their outcomes.

1.0 DEPARTMENT OF POLICY AND ADVOCACY- HEALTH

Activity 1.1: Conduct analysis on planning and resource allocation, expenditure management, performance management, public integrity to promote social accountability in the health sector

A: Analytical work for Social Accountability (central government)

Sikika will conduct various analytical analyses for social accountability purposes in the health sectors. Analytical reports will be produced by consultants and staff will prepare at least four pager summary briefs to communicate information to all Sikika stakeholders and citizen through use of media such as radio and newspapers, presentations, and sharing in the form of hard copies.

a. Health sector budget analysis (pre and post)

Will be conducted in the second and third quarters depending on availability of annual plans, budget guidelines, and budget ceilings for health sector, budget books and the time the budget is read in the Parliament. The aim is to capture all public funds and resources available for the health sector in the coming year, assess efficiency in allocations, assess if allocations reflect policy priorities and experiences in the delivery of health services, assess if past experiences have improved budget planning and allocations. Sikika, through MPs, will seek changes in the budget tabled in the Parliament regarding efficiency in allocation, any departure from policy priorities, and past budget and expenditure experiences. Minister's budget speeches, Social Services Committee's speech, shadow opposition minister' speech, question and answers in the Parliament regarding health sector (PMORALG and MoHSW) will be further analyzed and report produced to document the impact of Sikika's engagement.

Previous years budget analysis by Sikika will be used to advocate for improvement in budget formulation and in particular health sector budget. Focus will be on specific items of expenditure such as workshops, purchase of vehicles, honoraria, hospitality, allowances, fuel, training, travels, etc. Information regarding such items of the budget will be disseminated through media or billboards to inform wider society. Where budget priorities is not adequately in areas of concern to ordinary citizens, discussions with communities will be organized and will include media coverage. In extreme cases petition will be signed and submitted to the Speaker of the Parliament to demand for action.

b. Expenditure Management and performance

Sikika will engage a consultant to study budget management and annual activity performance of health sector to assess the effectiveness of spending of public funds and the progress made in annual activity plans. Areas of good budget management and activity performance will be identified and praised, and poor expenditure management will be identified through this study. The report will be shared with all stakeholders in the health sector including the Parliament. We will write press statement and organize media coverage (i.e. radio programmed) to call for improvements in respective departments/ministry.

c. Assessment of Effectiveness of Oversight Bodies

We will continue to assess effectiveness of oversight bodies for health sector through the use of CAG reports and recommendations by the Parliamentary Social Services

Committee to the Ministry of Health. The aim is to find out if officials are called to account by oversight bodies for their performance and if the role of oversight bodies makes any difference. Reports of the Ministry of health to Parliamentary Standing Committees will also be used. Implementation of recommendations by these Committees to the Ministry of health will be assessed. Effectiveness and/or failure of oversight bodies to hold the executive to account, and effectiveness and failure of the executive to respond to the oversight bodies will be compiled, shared with responsible parties and advocacy action implemented to call for improvement. Results will be documented and shared with various stakeholders such as media, parliamentarians, officials from the government and NGOs networks in order to call for changes in areas with weakness.

d. Assessment of Government Commitment and Parliamentary Debates

Assessment of the government commitment and Parliamentary debates on health sector from 2005 will be done. This will involve going through all the strategic plans for the health sector which are meant to fulfill the promises made in the ruling party manifesto regarding health to ascertain whether or not they have been achieved, and the degree of their achievement or failure. This will help to inform the public on the overall performance of the fourth term government regarding health care in Tanzania. This information will be disseminated through media, and citizens will be encouraged to demand explanation from contestants in the 2010 election campaigns

e. Assessment of the MoHSW commitment to Parliamentary debates

We will carry out assessment to evaluate the responses of the Ministry of Health and Social Welfare to the questions raised by the Parliamentarians regarding health services in Tanzania. The aim is to ascertain whether or not answers by the executives are realistic and implemented effectively. Report will be produced shared electronically or disseminated in hard copies to different stakeholders. Press statement and radio programme will be organized to call for citizens to influence more changes in health sector.

B: Engagement with Parliamentarian (hold joint consultative sessions with the Parliamentary Committee for Social Services and other key Parliamentary committees)

We will engage with the Parliamentarians who are key players to influence policy change and improve health sector demands through their respective Standing Committees. This department will engage with the Parliamentary Standing Committee on Social Services in Dar es Salaam and Dodoma (pre and post budget) through meetings, email exchange, phone calls, letters, presentations, and sharing of analytical papers. The main aim is to increase the skills, knowledge and analytical information for MPs to hold the government to account. Through MPs, we will seek changes in the budget tabled in the Parliament regarding efficiency in allocation, any departure from policy priorities, and past budget and expenditure experiences. We will also assist them to track implementation of their past years recommendations to the health sector and health sector responses to the respective Committees to make accountability significant.

Minister's budget speeches, Social Services Committee's speech, shadow opposition Minister' speech, question and answers in the Parliament regarding health sector (PMORALG and MoHSW) will be further analyzed and report produced to document the impact of Sikika's engagement. In connection to that we shall download from the

Parliament's website in March, May, September, and November all questions and answers (Hansard) relating to health, bind them and produce (publish) a brief synopsis report for any results achieved and for further engagement with the MPs and knowledge for citizens and all stakeholders.

Activity 1.2: Participate in Public Policy dialogues and processes for Health Expenditure Review processes, SWAp Technical Committee, Public hearings for Bills, CSOs exhibitions, etc.

The department will take a lead role among CSOs to continue participating in the public policy and legislation dialogue processes for Health. These processes include focus on the improvement of human resource for health in Tanzania, improvement of pharmaceutical supplies in the public health facilities, health sector budgeting process through the Sector Wide Approach Technical Committee, Public hearing for Bills, etc. Department staff will travel to venues where meetings are held and will organize meetings and interact with stakeholders in every quarter to gather voices of stakeholders regarding respective policy and governance issue. These processes provide an avenue of calling for actions and corrective actions to improve accountability of resources and policy to the people. It is the avenue for logical lobbying by conceptualizing Sikika's evidence based findings and transforming into the people's right environment. It is expected that through these processes Sikika will play a role in contributing to the improvement of the health sector so that policies and practices are in place, it will address the needs of all citizens and especially the marginalized groups. A report on these processes will be produced shared by various stakeholders and documented for future reference to track changes that might occur.

Activity 1.3: Participate in activities initiated by NGO networks and other partnership of which Sikika is a member, which are aimed at reaching Sikika's outcomes

Collective voices are vital in the advocacy campaign. Sikika intends to join hands with other organizations that are working to achieve same targets so as to bring collective voices together and advocate good use of recourses in health sector including calling for corrective action against misuse or abuse of resources and policy. This department will take active role and continue participating in network meetings, which include meetings with FemAct, Health Equity Group (HEqG) and Budget Working Group (BWG) for joint planning, strategizing and campaigning for engagement on accountability of resources and policies for health. Through these existing networks, the department will work with other CSOs to participate in national policy dialogue and consultations for social accountability in health. Number of CSOs resolutions implemented, number of social accountability issues resolved, and number of collective statements issued to policymakers, newspaper cuttings regarding our statements etc, will be used to document results for this activity.

These networks also provide Sikika with a space of sharing and popularizing its publications including the analytical works. Through these networks, we will make sure that our messages are passed across and make citizens aware of their rights and responsibilities. In order for citizens to get message we will disseminate policy briefs and various analytical works. Once citizens are informed, we expect that they take an active part in the process of improving the delivery of health services in their own areas through making follow up of health plans and reports to make sure that those in power

are accountable to them in a transparent manner. The work plans and reports for the districts and regions that we work with can be used to assess this.

Activity 1.4: Efficient and effective rapid response advocacy to policy development and quality of health service delivery in Tanzania through NGO forums and networks, such as Policy Forum, Health Equity Group, FemAct,

Sikika through the department of Policy and Advocacy will respond efficiently and effectively on issues that arise relating to governance, policy development, legislation, and quality of health service delivery in Tanzania. A rapid response depends on unexpected issues emerging and the aim is to build a society that is responsible to its government and vice versa. Since there are many health issues of concern happening each month in Tanzania, this department will initiate response to at least one major issue and participate in at least two others initiated by others, in each quarter. A response can be given by Sikika independently or through NGO forums and networks such as Policy Forum, Health Equity Group, and FemAct. A strategic advocacy communication will be devised and implemented until the respective issue is resolved. The department will continue to make a follow up on each issue that had a rapid advocacy engagement and document evidence of results.

Activity 1.5: Tracking Studies/ HSSP III Monitoring

Sikika will continue with strategic tracking of interventions in the health sector. It was seen vital to introduce tracking studies to specific focal inputs to inform the government of challenges that are encountered in the implementation processes as well as recommend possible solutions to the specific thematic areas in HSSP III. Sikika has planned to conduct tracking studies on the Monitoring of HSSP III Implementation with specific focus on Human Resource for Health, and Pharmaceuticals as per the milestones set for the coming two years (Prior to the Joint Health Sector Review 2011).

Human Resource for Health

Department of policy and advocacy intends to continue to conduct study on human resources deployment for health in Tanzania on annual basis using the 2009 as baseline. We intend to finish up writing report for HRH deployment which started in 2009. This will also involve sharing the information with officials from the MOHSW and PMORAG for validation before disseminating findings to various stakeholders. We intend to carry out this study to have information for demanding the improvement, of human resources for health and to suggest alternative ways of using the available resources to solve the situation. Report will be produced and shared with the Ministry of Health and social Welfare, media, policy makers and service users and documented for future reference as evidence of any outcome which might happen. District councils will be encouraged to express the existing HRH shortage in the form of writing to policy makers at central level, participating in the live radio discussion, etc. Citizens will be encouraged to demand action from their political leaders through letters, SMS, and media reporting.

Pharmaceutical Procurement

With regard to Pharmaceuticals, there have been many queries on procurement, storage, and distribution of medicines on the part of Medical Stores Department, some of which result from bureaucratic setbacks. This problem manifests in the perennial medicine stock outs, supply of expired and substandard medicine, which generally impact on the health of citizens. The study will assess the spending on medicine and

supplies, covering levels and sources of funding, procurement, storage and distribution. Particular focus will be for remote rural areas. We intend to undertake this tracking study to gain evidence to advocate for improvement of this situation. The process of carrying out this tracking study, the report, advocacy actions taken, responses from the government, and any media reporting/clips will be documented for evidence of any results achieved. District councils will be encouraged to express the existing shortages in the form of writing to policy makers at central level, participating in the live radio discussion, etc. Citizens will be encouraged to demand action from their political leaders through letters, SMS, and media reporting.

2.0 DEPARTMENT OF POLICY AND ADVOCACY - HIV/AIDS

Activity 2.1: Conduct analysis and hold joint consultative sessions with the Parliamentary Committee for HIV/AIDS and other key parliamentary committees to promote equity in the HIV & AIDS sector

A: Analytical work for Social Accountability on HIV/AIDS

a. HIV/AIDS Sector Budget Analysis (pre and post)

The HIV/AIDS Sector budget analysis (pre and post) will be conducted in the second and third quarters depending on availability of annual plans, budget guidelines, and budget ceilings, budget books and the time the budget is read in the Parliament. The aim is to capture all public funds and resources available for the HIV/AIDS sector in the coming year, assess efficiency in allocations, assess if allocations reflect policy priorities and if past experiences have improved budget planning and allocations. This information will be shared with the MPs which eventually should build on the capacity of the MP's in holding the executive to account on matters pertaining to HIV/AIDS in a transparent and accountable manner. Through the MPs, Sikika will seek changes in the budget tabled in the Parliament regarding efficiency in allocation, any departure from policy priorities, and past budget and expenditure experiences. Minister's budget speech, HIV/AIDS Committee's speech, shadow opposition minister's speech, question and answers in the Parliament regarding HIV/AIDS sector will be further analyzed and report will be produced to document the impact of Sikika's engagement. This report will be published in order to update stakeholders and other CSOs on current issues that Sikika is involved with.

Previous years' budget analysis by Sikika will be used to advocate for improvement in budget formulation and in particular HIV and AIDS. Focus will be on specific items of expenditure such as workshops, purchase of vehicles, honoraria, hospitality, allowances, fuel, training, travels, etc. Information regarding such items of the budget will be disseminated through media or billboards to inform wider society. Where budget priorities are not adequately in areas of concern to ordinary citizen, community discussion will be organized and media coverage will be arranged. In extreme cases petition will be signed and submitted to the Speaker of the Parliament to demand action.

b. Performance Management of TACAIDS and NACP

The performance management assessment will be done for Tanzania Commission for Aids (TACAIDS) and National Aids Control Program (NACP). Areas of good performance management will be identified and praised, and poor performance

management will be identified through this study. An advocacy action/campaign which may include launching of the report and involving different stakeholders including officials from the respective organizations and share with them the findings of the assessment will be implemented to call for improvement in respective institution. A report of the whole process will be compiled to document this activity and published to share with the wider audience.

c. Assessment of Effectiveness of Oversight Bodies in 4 districts

Assessment of effectiveness of oversight bodies for the four districts HIV/AIDS interventions. The aim is to find out if officials are called to account by oversight bodies for their performance and if the role of oversight bodies makes any difference. Reports by the Controller and Auditor General and the report of the HIV/AIDS committees for the four districts will be used and findings from these reports will be shared with the respective authorities and other stakeholders. Effectiveness and/or failure of oversight bodies to hold the executive to account, and effectiveness and failure of the executive to respond to the oversight bodies will be compiled, shared with responsible parties and advocacy action which may include launching of the report and involving different stakeholders including officials from the respective councils and share with them the findings of the assessment and call for improvement. Results will be documented and published.

B: Engagement with Parliamentarians

We will engage with the Parliamentarians who are key players to influence policy change and improve HIV/AIDS sector demands through the Committee responsible for HIV/AIDS and other standing committees during the time for budget planning. This department will engage with the Parliamentary Standing Committee on HIV/AIDS in Dar es Salaam and Dodoma (pre and post budget) through meetings, email exchange, phone calls, letters, presentations, and sharing of analytical papers. The main aim is to increase MPs' skills, knowledge and analytical evidence based information to hold the government to account. Through MPs, we will seek changes in the budget tabled in the Parliament regarding efficiency in allocation, any departure from policy priorities, and past budget and expenditure experiences. We will also assist them to track implementation of their past years recommendations to the HIV/AIDS sector and the responses to the respective Committees to make accountability significant. Minister's budget speeches, HIV/AIDS Committee's speech, shadow opposition Minister' speech, question and answers in the Parliament regarding the HIV/AIDS and health sector (PMORALG and MoHSW) will be further analysed and produce a report to document the impact of Sikika's engagement. The report will be published for sharing with stakeholders and other CSOs.

Activity 2.2: Participate in Public Policy dialogues and processes for HIV Expenditure Review processes, HIV/AIDS Policy Review, Annual HIV/AIDS Sector Review, Public hearings for Bills, CSOs exhibitions, etc.

The department will take a lead role among CSOs to participate in the public policy and legislation dialogue processes for HIV and AIDS. These include: taking a lead in the preparation for CSOs inputs in the on-going review of the HIV and AIDS policy of 2001, attend and deliver CSOs position in the HIV and AIDS audit committee at least once per quarter, participate in the process for and deliver evidence based collective analytical CSOs statement regarding accountability in HIV and AIDS policy and resources in the

annual GBS Review and in the Annual HIV and AIDS Review. These processes provide an avenue of calling for actions and corrective actions to improve accountability of resources and policy to the people. It is the avenue for logical lobbying by conceptualizing Sikika's evidence based findings and transforming into the people's right demands. A report on these processes and outcome of our contribution will be produced, documented, and shared with the wider society.

Activity 2.3: Participate in activities initiated by NGO networks and other partnership of which Sikika is a member, which are aimed at reaching Sikika's outcomes

Collective voices are vital in the advocacy campaign. Sikika intends to join hands with other organizations that are working to achieve same targets so as to bring collective voices together and advocate good use of resource in HIV and AIDS including calling for corrective action against misuse or abuse of resources and policy. The department will take an active lead role in Tanzania Aids Forum (TAF) and Policy Forum, for collective planning, strategizing, for engagement on accountability of resources and policies for HIV and AIDS. Through these existing networks, the department will work with other CSOs to participate in national policy dialogue and consultations for social accountability in HIV and AIDS. Number of CSOs resolutions implemented, number of social accountability issues resolved, and number of collective statements issued to policy makers, newspaper cuttings regarding our statements, etc will be used to document results for this activity.

Activity 2.4: Efficient and effective rapid response advocacy to policy development and quality of health service delivery in Tanzania through NGO forums and networks, such as Policy Forum, Health Equity Group, Tanzania Aids Forum (TAF), FemAct, etc

Sikika through department for Policy and Advocacy - HIV/AIDS will respond to issues that arise relating to accountability in HIV and AIDS in Tanzania. A rapid response depends on unexpected issues emerging and the aim is to build a society that is responsible to its government and vice versa. Since there are many HIV/AIDS issues of concern happening each month in Tanzania, this department will initiate response to at least one major issue and participate in at least two others initiated by others, in each quarter. A response can be given by Sikika independently or through the NGO forums and networks such as Policy Forum, Health Equity Group, Tanzania Aids Forum and FemAct. A strategic advocacy communication will be devised and implemented until the respective issue is resolved. The department will continue to make a follow up on each issue that had a rapid advocacy engagement and document evidence of results.

Activity 2.5: Tracking Studies/ HSSP III Monitoring

Sikika has planned to undertake tracking study of Anti Retro Viral (ARV) for people living with HIV and AIDS since a lot of public and donor money is directed to ARV yet a lot of challenges as documented by Controller and Auditor General reports as well as Office of Inspector General's report of Global Fund for HIV/AIDS, Malaria and Tuberculosis. Some of challenges reported regarding procurement, storage, and distribution are: a) procurement of ARV medicines by MSD manufacturers who have no WHO prequalification and also b) the substandard storage conditions for medicines and health supplies in some health facilities which are not well organized and ventilated and in turn

compromise the efficacy of drugs and congestion of supplies in the central store while deficits in the regions and health facilities. These challenges have affected the ability of the government to meet the target of number of people to be enrolled for ARV treatment.

The HIV and AIDS Policy and Advocacy Department therefore intends to undertake this tracking study in order to provide evidence based recommendations to the government, donors, and other stakeholders on how to improve procurement, storage and distribution of ARVs. The report will be packaged to enable understanding for people living with HIV and AIDS and encourage them to call for action from responsible authorities through telephone calls, SMS, writing of letters, press statements, etc The report of the tracking study and results of the advocacy communication including hansard of the Parliament will be documented to show achievement of this activity.

3.0 DEPARTMENT OF HEALTH SERVICE PROVIDERS

Activity 3.1: Facilitate citizen engagement to advocate for accountability and transparency in public health care systems at district level

Sikika through its volunteers will facilitate citizens to monitor transparency in public health care resources and information. The aim is to monitor efficient supply of information by public health care system to its users. Availability of publicly posted information in public health facilities, street/village and ward offices will be monitored each calendar quarter. A standard monitoring checklist will be developed, used and updated based on demand and progressive lessons learned. Information to be monitored will include (but not limited to) announcement of governing committee meetings; agenda; annual and quarterly income and expenditure for respective health facilities, ward and street/village offices, annual and quarterly plans; implementation updates/reports; activities and administration of daily services.

In addition, requests for specific information which is not publicly posted (either because of its size or otherwise) will be made at all levels of the health care system at the beginning of each quarter and evidence of its follow-ups will be monitored throughout the quarter. The intention is to stimulate understanding of the government efficiency in responding to specific information demands by citizens. The checklists/forms for monitoring the access to information will be compiled into quarterly reports for both supply and demand of information activities. This report will be posted on our website, and be circulated to not less than 50 partners and stakeholders. This information will also be used as evidence for advocating for transparency of the health care system to health care service users by using of the media, putting the results in our website, writing articles in the newspapers etc.

This supply and demand for information activities will be enhanced through interactive radio programs and spots to be coordinated by the Department of Information and Communication. This department will update and produce the information package which contains specific information for promotion of civic rights to supply and demand of information. This information package contains all necessary information regarding structures, processes and the responsibilities and roles of different actors in the district health system.

The activity will involve 2 volunteers (male and female) in each ward who will monitor supply of information on quarterly basis and facilitate citizens to lodge one request for information at each level and office mentioned above, in each quarter.

Activity 3.2: Engagement in 2011/12 CCHPs formulation in the four districts

Sikika will facilitate citizen engagement in the process of the 2011/12 CCHP formulation to ensure that District, health facilities and local authorities are implementing participatory health plans. During quarter 1 and 2, Sikika's staff will implement a Mitaa Campaign where citizens through volunteers and school health governance clubs will be encouraged to attend 'street/village assemblies' within their respective streets in order to discuss and collate information on the communities' health priorities and views for each respective health facility. A minimum of one assembly per village or street is expected to happen in each quarter.

In the event that street/village meetings do not take place, citizens will be encouraged to take advocacy action to demand for meetings or explanation. Citizens will be encouraged to walk into street/village offices, send sms to street/village leaders, write letters and copy district officials, call in radio shows, or write to newspaper editors. If meetings do take place, citizens will be encouraged to obtain minutes of such meetings and assess if health care issues were adequately discussed and planned.

A summary report will be produce in quarter two and three, depicting number of meetings conducted, level of citizen participation (attendance of meetings or advocacy action taken to demand for meetings) and health priorities discussed. Supporting documents such as copies of mitaa/village assemblies minutes, copies of minutes from facility health boards and copies of health facility plans will be sought and maintained in the department. Volunteers will also collect one story per ward in each quarter from citizens, Mitaa leaders and community representatives on the impact the Mitaa meetings have for CCHP formulation and for demanding transparent and accountable health system. These stories and reports will be compared quarterly to assess any change. Moreover, we will track the people's priorities in CCHP 2010/11 and 2011/12 to see if people's priorities have changed or perhaps they are increasingly satisfied with the health plans.

Activity 3.3: Monitoring of health care service delivery

a) Monitoring implementation of CCHP 2009/2010

Sikika will continue to monitor on quarterly basis the implementation of CCHPs at all levels of district health system in all focus districts to ensure that District and health facilities are implementing their plans and budgets accordingly and are done so for the benefit of the general population. The exercise will involve Sikika's staff, Field Assistants, and volunteers. The monitoring will be done by using the improved 2009 monitoring questionnaires, following the 2009 CCHP implementation monitoring report. The process of data entry, analysis and report writing will be done by Sikika staff.

In addition to the CCHP implementation monitoring, Sikika will track availability and functioning of service delivery supplies/issues on ad-hoc basis and publicize information to influence delivery of quality health services. Supplies/issues to be monitored may include availability of stethoscope, thermometers, blood pressure machine, certain essential medicine, queuing time, working hours, adequate sitting, etc. In addition, Sikika

will seek to use mystery clients to gather information regarding different types of health care delivery to inform further action. Mystery clients can also call in radio shows and inform the public what is going on at particular health facility

Findings will be shared in one meeting involving most key players in the district health system. These may include councilors, few members of CHMT, District health Board, and another few members from the health facility governing committees. The aim of this meeting is to discuss discrepancies observed in the implementation of health facility plans and budgets, seek clarifications, and validate the final report. This process is also assumed to facilitate improvement of planning and delivery of health care services at district and facility level. Final reports will be made public through media, website and publication materials such as posters and briefs will be produced. Copies of final reports and the publication of materials will be distributed to citizens, service providers and policy makers for possible action. Other Sikika advocacy will be using and referring to these reports to influence policy and quality of health service delivery.

b) Monitoring of Service Agreements

Sikika will also monitor the implementation of service agreements that the government has entered with private providers (FBOs/PFP). The aim of this activity is to investigate the level to which these plans are implemented as agreed and if citizens are actually receiving subsidized services so that government money is translated to quality, accessible, equitable and affordable health services. To achieve this, surveys involving health facilities with service agreements will be conducted to reflect on client satisfaction and policy issues surrounding implementation of these arrangements. Reports of these surveys will be shared with stakeholders and PPP WG members. In addition, results of these surveys will be used for advocacy work such as through media as well as meetings with stakeholders. Any community movement which will be staged and actions taken as a result of this intervention will be a proxy indicator for change and will be documented fully.

The information gained through these 2 monitoring exercises will be put into reports and different information materials such as briefs and posters will be developed and shared with citizens in preceding CCHP and sensitization campaigns. Sikika will also share results from these reports with its stakeholders for advocacy purposes by the use of media, putting the results in our website, writing articles in the newspapers etc.

Activity 3.4: Rapid response to issues affecting health care service users

In addition to monitoring of the implementation of CCHP on quarterly basis, Sikika will identify and rapidly respond to at least one case of poor health care service delivery in Tanzania as a means to communicate policies, raise service users' voice, and improve quality of public health care delivery. The identification will be made through media such as television, radio and newspapers. Issues may be around corruption in the delivery of health care services, case mismanagement, mistreatment of service users, abuse/misuse of public resources meant for health care delivery, etc. Response could involve (not limited to) writing of joint statements through networks, writing letters to respective authorities demanding for explanation and corrective action, press releases, meeting with respective authorities, mobilizing affective citizens to respond, submission of petitions, etc. Evidence of each case of rapid response will be documented from the

identification stage to the point where the problem is solved. Each stage of rapid response for each case will be posted regularly on our website.

Activity 3.5: Conduct analytical works on social accountability in the four districts to promote equity in the district health departments, including planning and resource allocation, expenditure management and performance management, public integrity and oversight for affordable and accessible health care services

Sikika will conduct various analytical works (some of which are a continuation from 2009) for social accountability purposes in the district health service delivery. For every analysis, an analytical report and a summary brief will be produced to communicate information to all Sikika's stakeholders and general citizens.

a. District health budget analysis

District health budget analysis will be conducted in the second and third quarters depending on availability of annual plans, budget guidelines, and budget ceilings for health sector (district information). The aim of this exercise is to capture all available funds and resources for health service delivery in the four districts (Kibaha, Kinondoni, Ilala, Temeke) and other district where Sikika may expand for 2010/11, assess efficiency in allocations, assess if allocations reflect policy priorities and experiences in the delivery of health services and assess if past experiences have improved budget planning and allocations. Budget information will be presented into citizen friendly format, translating numbers into issues of concerns and experiences of service delivery in respective districts. This budget information will be disseminated to citizens through media and possibly posting critical summaries/figures on billboards.

Budget allocations on health sector within councils will be sought from the DED and DMO, the process which will be documented for learning about access to information. Citizens will be encouraged to demand budget information for every respective facility to be publicly posted. Citizens will also be encouraged to demand explanation regarding issues of priority to them if they are inadequately addressed in the budget. This can be done by sending SMS to DMOs and respective councilors, writing letters, airing views over the radio, and signing petition. Sikika, through councilors, will seek improvements in the budget formulation regarding efficiency in allocation, policy priorities, and past budget and expenditure experiences. Changes in budget access and formulation will be documented.

b. Expenditure management and performance

Sikika staff will review annual district health delivery plans (2009/2010) and their corresponding implementation reports in view of assessing budget expenditure management and activity performance of health facilities and overall health departments. Areas indicating good and/or poor expenditure management will be identified. Results disseminated in all districts and will be used to stage advocacy actions including the use of media, consultative meetings, writing articles in the newspapers etc calling for improvement in respective municipalities/district. A report of the whole process will be compiled to document this activity.

c. Assessment of effectiveness of oversight bodies

Analysis of Controller and Auditor General Reports for respective districts will be done, in addition to the above two reports. Issues demanding explanation and action under the oversight of Council will be identified. The aim is to find out if officials are called to account by oversight bodies for their performance, and if the role of oversight bodies makes any difference. Implementation of recommendations by all levels of oversight will be assessed. These include the Council, District Health Board, and Health Facility Governing Committees

Effectiveness and/or failure of oversight bodies to hold the service providers to account, and effectiveness and failure of service providers to respond to the oversight bodies will be compiled, shared with responsible parties and advocacy action such as the use of media, meetings with partners and stakeholders, writing articles in the newspapers will be implemented to call for improvement. In particular, citizens will be encouraged to write letters and send SMS to their political leaders demanding for action and explanation. Sums of monies misused or abused as per CAG report will be displayed in public places through Billboards in order to raise citizen awareness. Results of the advocacy will be documented.

Activity 3.6: Monthly volunteers' meetings

Monthly volunteer meetings will continue as conducted during 2009 once per month for the purpose of reviewing Volunteer's roles and responsibilities, sharing experiences, providing support and guidance with the anticipation that they know and perform better their responsibilities. However, if there is a direct need from volunteers, Sikika staff will arrange capacity building sessions for the purpose of training them on a certain topic they will choose. All the agenda discussed from the meetings will be documented. To document the outcome of this activity, volunteer outputs in terms of amount of work they perform and quality of their work will be documented. Volunteers will be given targets on what needs to be achieved on monthly basis such as collecting stories from the communities for documenting the impact of Sikika's interventions, increase participation in Mitaa assemblies or participate in public mobilization events.

Activity 3.7: Participate in Central government Working Groups and CSOs networks

Sikika will participate in various working groups in the Ministry of Health and Social Welfare as well as in activities initiated by NGO networks and other partnerships of which Sikika is a member, which are aimed at reaching Sikika's outcomes.

In Central Government Working Groups we are intending to participate in the areas around PPP and District Health Services. On the other hand, in CSOs networks which involve the FemAct, Health Equity Group (HEqG) and Local Government Working Group (LGWG) through Policy Forum we shall participate in meetings, collective planning and advocacy interventions on health issues and governance to feed into popular health movement.

These networks also provide Sikika with a space of sharing and popularizing its publications including the analytical works. Through these networks, we will make sure that our messages are passed across and make citizens aware of their rights and responsibilities. Once citizens are informed, we expect that they take an active part in the process of improving the delivery of health services in their own areas through

making follow up of health plans and reports to make sure that those in power are accountable to them in a transparent manner. The work plans and reports for the areas that we work with can be used to assess this.

Sikika will support issues of direct relation to our outcome and those initiated by other partners in each quarter. Written evidence will be documented.

4.0 DEPARTMENT OF HEALTH SERVICE USERS

Activity 4.1: Interactive radio programme

Sikika will pay or seek sponsors to run between half and one hour weekly interactive radio programme. The 30-60 minute radio air time will be aired by multiple radio stations at par (minimum 3 different FM radio stations) in order to reach wider audience in multiple locations. Radio is chosen because it is a dominant medium that is inexpensive compared to television and road shows and it reaches citizens of all social status in wider geographical areas.

The aim of this activity is to improve governance and accountability of health resources and policies by stimulating debate and understanding between citizens, policy makers and health care providers regardless of one's economic status or geographical location in Tanzania. This radio programme will produce reliable information regarding accountability and governance of health resources, services, and policies. It will encourage citizen participation through increased information access, and organize a participatory investigative journalism in which citizens may act as source of useful information where they may participate in interviews with reporters. Specific issues to be covered by the radio programme will include; quality of health care (provider's attitude, cost, availability, complaints mechanisms, etc), transparency of resources and information, health related rights, decentralization, and effectiveness of health policies and budgets.

During the interactive radio programme shows, toll free calls (partner with telecom companies) and messaging will be solicited to generate many responses per each programme. Messages will be solicited over issues under discussion, compiled and submitted to authorities as one way of influencing policy and improvement of quality of service delivery. Sometimes people will be asked to vote over some issues through sms. In addition, key persons from the health sector will be telephoned live or invited to participate in the programme to technically clarify and respond to listener's questions, queries and doubts. Service users will be encouraged to call in and explain the situations and events in which they are accessing services.

Community FM radios will be asked to hook into the main FM radio stations or replay whole or part of the programmes to further increase reach and responses. Particular attention will be paid to how other radio, television, and newsprint respond to particular issues discussed in our radio programme. To effect this, responses, comments or actions taken after our radio programs will be followed and documented. Variety of featuring popular persons or persons with particular jurisdiction of subject matter under discussion will be invited to the 30-60 minutes Sikika radio programme.

Every issue will be assessed before and after the radio intervention to document any results. All radio programmes and responses will be recorded and filed.

Activity 4.2: Radio Spots and Television programme

From 2007 to 2009 Sikika conducted a 30 min weekly radio program in different radio stations. Despite the importance of this program, our experience shows that in order to send out short messages or announcements, many people pay attention to short radio spots or adverts rather than the whole program. Radio spots deliver message in more creative, dynamic and memorable manner than the radio shows. The objective of the radio spots is for people to take action in ensuring better health services in their communities and for the local and central authorities and health service providers to be accountable to the citizens. Due to this reason Sikika in 2010 plans to produce and air thoroughly pre-tested radio spots of 30 – 45 seconds twice a day in two different radio stations every quarter. These spots will focus on stimulating awareness, knowledge and active participation amongst citizens on health care budgets, expenditure reports, audit reports, policies, plans, implementation reports, roles of health facility governing committees, and civic rights for health and HIV/AIDS sectors. The messages in radio spots will be quarterly updated depending on critical issues prevailing. All radio spots aired will be monitored on a daily basis and documented.

Sikika will also continue to seek prepaid free TV slots in order to stimulate knowledge and active participation on issues of social accountability in the health and HIV/AIDS sectors. This will involve for the Media Coordinator to maintain good relationships with the media houses in order to seek new partners.

Activity 4.3: Production of Sikika's Newsletter and E-newsletter

In order to communicate findings from research reports, information about health policies and strategies including evidence of achievements and change from Sikika, Sikika's newsletter will be circulated and printed for distribution on quarterly basis. Also, Sikika will use this newsletter to communicate to stakeholders the progress and challenges faced in the course of implementing the program and those relating to the health sector and social accountability in general. And in order to reach a large population at a minimum costs, Sikika will produce an online version, e-newsletter, that will come directly in the stakeholders' inbox.

Sikika newsletter will be improved in terms of form and content following the survey conducted in 2009. The survey aimed at gathering views from different stakeholders including the general public, youth, local government and also health service providers. Regardless of the target groups, the general conclusion was to create articles that are more personalized, have information about Sikika's radio shows, that demand for action, to be taken and that updates the public on key issues affecting the health sector at local and central level.

A simple one-page assessment form will be developed to collect feedback from readers regarding Sikika newsletter content, style, and relevance of the information. Each volunteer will administer at least ten assessment forms to readers of our newsletter each quarter. The assessment information will be compiled and results used to improve the next quarter newsletter as well as inform the quarterly reporting.

Activity 4.4: Translation and popularization of policy documents

Since most of the policy documents are written in either English or technical language which is difficult for citizens to understand, this activity is aimed at bridging this gap of information, to make health related public policies known to ordinary Tanzanians. In 2010, two policy documents will be identified, translated into Kiswahili, and published in a style and manner that is friendly to ordinary citizens. These citizen-friendly books will be distributed at street and village level where most citizens have limited access to public policy documents. An assessment form will be used to assess citizen's awareness of popularized policy at least three months after its distribution in a particular geographical area. Information gathered through this assessment will be used to collect stories of change and results will be documented to inform style and manner of the next popularization. Volunteers should be engaged in distribution and mobilizing citizens to do something about the information. The volunteers will be encouraged to work with communities to identify the best story about citizens who have taken action or enquire about their health services. Stories can come in forms of letters with pictures.

Activity 4.5: Management of School health governance clubs

This activity is aimed at building a cadre of citizens who are responsible and actively participate in discussions on issues affecting their health. School health clubs will hold monthly discussions on the issues of governance in health and HIV/AIDS sectors. Discussions will particularly focus on health care delivery budgets, expenditure reports, audit reports, policies, service delivery plans, implementation reports, roles of health facility governing committees, and civic rights to enhance citizen participation in the planning, implementation and tracking of health resources at all levels of the health system. Distribution of social accountability publications by Sikika will also be done through these clubs.

We plan to engage students more actively in their clubs by assigning each member of respective club, monthly specific tasks to follow up on social accountability issues in their street/village, ward, dispensaries, health centres, hospitals and district offices. In this regard, Sikika will creatively engage students in the questioning and holding accountable their local leaders and service providers on the issues which affect their health. In addition, since youths do interact with citizens, we therefore anticipate that their knowledge on social accountability for health and civic rights will have a great impact for public to demand for accountability and transparency on health service delivery.

Outputs from this activity will be documented by compiling student's feedback on monthly tasks on Social Accountability (SA) through a specially developed form and information will be used in quarterly and annual reporting by Sikika. In addition, students themselves will be encouraged to write stories regarding their experiences on following up social accountability issues with political leaders and service providers.

In order to harmonize students' participation in different clubs run by different organizations, Sikika will seek partnerships with other organizations running student clubs in the same schools where Sikika operates where we clearly define our roles in the partnership and how it helps us achieve our objectives.

As part of encouraging students to actively participate in social accountability processes, we plan to start competitions on poems, drawings, tracking requested information, biggest community messenger, group performances, debates and other games where gifts such as pens, t-shirts, notebooks with Sikika messages will be provided for

promotional purpose. These competitions will act as the means to get feed back from students regarding their social accountability experiences and information we provide. Stories from these competition activities will be compiled and published in popular books, and some other stories will be published in our newsletters.

Activity 4.6: News articles and cuttings

The aim for newspaper cutting is to create a one stop centre for health news and share with other stakeholders on frequently reported health news in the papers. This means Sikika will buy at least five different newspapers on daily basis. This activity involves cutting and analyzing on quarterly basis health related newspaper articles including those on health governance and accountability, health care delivery plans and budgets, health care service user's satisfaction, policies, and major health events. The newspaper analysis will be posted on Sikika's website, will be sent out via email to as many stakeholders as possible and will be compiled for book printing at the end of the year. The department will liaise with the M&E Department to organize press conferences where one of the topics will be on analysis of newspaper cuttings. Impact will be documented by tracing the type of topics and Sikika's recommendations in the news articles.

The department will liaise with the Media Coordinator from M&E Department to respond to news articles specifically related to quality of health care delivery, health care delivery budgets, expenditures, audit information, policies, plans, implementation reports, roles of health facility governing committees, and civic rights for health and HIV/AIDS sectors. For these articles to get free space in newspapers, they have to be responsive to current news/events relating to the issues above and they have to be critical, policy and evidence based. This department will make sure that at least one such articles are published in each quarter. The articles published by Sikika including their responses will be documented in the Monitoring and Evaluation Department.

Activity 4.7: Dissemination of Publications

Sikika publications on social accountability in Health and HIV/AIDS sectors will be disseminated to citizens in areas where Sikika is operating. This activity is aimed at increasing citizen's awareness and knowledge regarding health care delivery budgets, expenditure reports, audit reports, policies, plans, implementation reports, roles of health facility governing committees and civic rights to enhance their active participation in the planning, implementation and tracking of health resources. This information will be packaged in the forms of analytical reports, booklets, briefs, newsletters, posters and other kinds of publications

New publications will be introduced to volunteers during the monthly volunteer meetings. Volunteers will be responsible for disseminating information in their respective wards. Sikika also plans to use events and meetings that it will be invited to disseminate its publications to wider citizens. It is also planned that school governance clubs will continue to be the centre for publications dissemination to students and other citizens.

To ensure that our posters remain on display for considerable time, Sikika will also partner with other organizations to publish health governance messages in their posters, banners or any other print materials. During the first quarter, Sikika will identify these partners basing on the types of their message and how often they advertise. The message will also be placed in the strategic areas like public transport stands,

pharmacies, banks, universities, news stands, shops, on the street walls and shoe shiners where they will not be easily removed.

To monitor results achieved through this activity, Sikika will use information from the Downward Accountability of District Health Care System report as baseline, and will also conduct a follow up survey at the end of 2010 to measure change in knowledge where a number of predetermined variables will be assessed.

5.0 DEPARTMENT OF MONITORING AND EVALUATION

Activity 5.1: Development of Strategic Plan 2011-2015

Our current strategic plan is for the period of 2006-2010. The aim of this activity is to develop Sikika's second costed strategic plan for the period of 2011-2015. The strategic plan will set the direction of Sikika and will be used to mobilise resources in relation to Sikika's Mission, Vision and Objectives. It will include expansion to other regions in Tanzania, hence it will include more stakeholders analysis and involvement. In the first quarter, M&E Department will review the process that has been taken by other NGOs in developing second strategic plan. It will select the best approach that fits to Sikika's objectives. Strategic Planning will require a full collaboration from each department. Most of Sikika's analytical and research works, those done by other institutions and Sikika's periodic reports will be collated to assess results of the current strategic plan and inform the 2011-2015 planning. Additional small survey or desktop analysis may be commissioned in the event of missing information. It is expected that the plan will be finalised and approved by the Board of Directors by quarter two 2010, and further communication will be carried with partners and stakeholders in the following quarters.

Activity 5.2: Program Development and Implementation

The aim of this activity is to review and improve the quality of programme work. To determine the quality of programme and to seek areas for improvement will be done through evaluation during and after completing the activity. The output of the activity will be produced in a report identifying success, failure and improvement procedures for second phase of implementing the same activities. Below are the sub activities that will be used for making decisions about the quality of programme and human resource recruitment and capacity building.

Board of Directors Meetings

Decisions and recommendations about programme, principals, administration and financial policies will continue to be made by the Board of Directors. The Board has the mandate to discuss operational policies, strategic plans, activities and financial reports. This year, at least two Board of Directors meetings will be held. Major agenda will include approval of: 2009 Annual Narrative and Financial reports, Strategic plan 2011-2015, 2010 Mid-year report and 2011 Annual Activity plans and Budgets.

Management Meetings

The M&E Department will continue to coordinate monthly Management Meetings where progress in activities and administrative issues are discussed. The objective of the management meeting will be to review operational work including programme and organizational development issues and daily administration of staff and activities. The

agenda will be proposed by every department through the respective heads of departments

Donor Relationships

The department will liaise with current and new donors to ensure sufficient programme funding and technical skills. Liaising with donors will mainly include communications using email, e-newsletter and also the website. The department will also search on regular basis for new donors that support basket funding by using internet search engines and by networking with Sikika's partners and stakeholders who are very well connected with donors. Feedback from the communications with donors will be documented in emails and quarterly/mid-year reports.

Annual Stakeholders Meeting

In the first quarter of 2010, the M&E department will organise an Annual Stakeholder Council meeting. The aim is to organise an annual retreat with all of Sikika's stakeholders to review and evaluate plans, share success stories, discuss challenges and operations for the next annual period. This will also be an opportunity for our stakeholder to get an insight of our activities and understand the challenges. Since a stakeholder meeting did not occur as planned in 2009, the 2010 meeting will include Sikika's activities from 2008 to 2009.

Human Resource Recruitment

When necessary, the department will advertise vacancies to replace staff or to expand on programme operation. New vacancies will first be discussed and agreed by the Management Team before they are proposed to Board of Directors. Following an approval from the Board, vacancies will be advertised on Sikika's website, through NGO networks, blogs and also in the newspapers.

Staffs Capacity Building

To improve the quality of staffs work and to increase their knowledge in their field, the M&E Department will frequently search for out-of-office trainings/workshops and also will facilitate quarterly in-house-trainings. Topics for out-of-office trainings will include those that were suggested by a consultant in 2008 who has done the organisational capacity review; topics will include: Policy analysis and advocacy, communication and negotiation, budgeting processes and analysis. Topics for in-house trainings will include those suggested by the M&E Department (time management, picture taking tools, report writing to improve department's reports and to prioritise work and meet deadlines) and also those suggested by staff during staff monthly meetings. Feedback from the out-of-office trainings including the expected outcomes will be documented in the Back to Office reports. On Friday after lunch, staff will be required to share information from the trainings/workshops with others. This will also be an opportunity for the M&E Department to facilitate the in-house trainings.

Staffs Performance Evaluations

The objective of the performance evaluation is to provide annual feedback to staff members about job effectiveness and how well they meet the agreed agenda. Staff performance will continue to be reviewed on annual basis using the Performance Evaluation Forms. The forms include staff's personal evaluation of their work in respect to their job description. It also includes feedback from other staff members. A face-to-face discussion will be held between the staff member, PC and ED to discuss the evaluation form including the challenges and way forward. A Mid-year review will be

conducted so that staffs have an opportunity to review their performance and make appropriate adjustments before the annual performance review is due.

Activity 5.3: Programmatic monitoring, evaluation is documented and frequently updated

The aim of this activity is to record programme progress. Documentation is important so that programme can be frequently evaluated, monitored and measured against Sikika's outcomes and the strategic direction. Documentation is also essential when sharing information with stakeholders and donors. This year, the same tools will be used for documenting department's quarterly progress, staffs weekly tasks and attendance in out-of-office meetings/trainings/seminars. However a new tool will be developed to document impact from each of Sikika's activity.

Success Stories/ Stories of Change

To measure the impact that Sikika has for promoting social accountability in the health and HIV/AIDS Sector, the M&E Department will develop an impact assessment tool with support from each department. The impact assessment tool will appraise Sikika's work to reflect the needs and priorities of our stakeholders. It will also give an opportunity for the organisation to reduce the adverse impact and enhance on the positive ones. Impact will record stories of change/success and also it will evaluate our practice and procedures. Each department will have a measurable target and will report on achievements/challenges for documentation purposes. Stories will be collected on monthly basis by the M&E Department.

The impact assessment tool will be developed in quarter one 2010; stories will be documented in x-change and posted on Sikika's website, annual reports, e-newsletter and shared with stakeholders, Board of Directors and donors using online communications or during their monitoring visits. At the end of each quarter, the impact assessment tool will be used to evaluate if the stories collected adhere to the agreed impact each activity should be making.

Departments Progress Reports

To measure and document progress, the M&E Department will continue to document department's activities by collecting timely and results-based quarterly, Mid -Year and Annual reports. This is important for recording our activities and outputs from the logical framework. We will continue to use the activity calendar to make sure that staffs are aware of deadlines and will produce the reports on time. Quarterly reports document progress and status of programmatic activities and sub-activities. Mid-year reports summarise progress made for each activity in the mid year. Annual Report evaluates organisation's work against the strategic plan. Every report will need to use the following format:

- WHAT is the activity
- WHY did you do it
- HOW did you do it
- Results/Findings
- What do/did you do with results
- How did you document them
- Any contextual issues

The Mid-year and Annual Report will include achievements and challenges for implementing the strategic plan. Reports will be compiled and stored in x-change drive and also posted on Sikika's website. The reports will be presented and approved by the Board of Directors for the purpose mentioned in Activity 4.2.

Staffs Weekly Reports

Each staff member will continue to participate in the Monday morning meetings held at 8am every Monday in Sikika's office. The objective is for staffs to report on activities from preceding week, challenges/achievements and their plans for the following week. This continues to be important for monitoring individual's work according to their job description and it is also important for addressing issues before the quarterly reports are due. Every staff member will be responsible for recording the information in the Weekly Reports which will be due by Friday morning of the week. The M&E department will continue to collate the Weekly Reports and evaluate staff's work, delays and indiscretion mentioned in the reports. Issues will be discussed in the following Monday morning meetings. The weekly reports match the roles and responsibilities of staff members and will be reviewed as part of the Annual Performance Evaluation.

Staffs Out of Office Reports

The M&E department will continue to document staff out-of-office participation to make sure that staffs are learning, participating and sharing their experience with others in and outside of the office. Each staff member will be responsible for updating the activity calendar as soon as they have been approved to attend an event/meeting...ect. The activity calendar will be used to inform everyone about staffs whereabouts and also to document important deadlines. In addition, following the event, staff will be responsible to provide feedback and give reasons why such events are important for their specific roles using the Back to Office reports. These reports will be written within 5 working days following the event and need to be approved by the M&E Department before they are documented in the x-change drive. Information from the workshops and trainings will also be shared with other staff members during the Friday Presentations as mentioned in Activity 4.2.

Sikika's Website

To inform our online users and donors about the organisation's work, achievements and events, the department will continue to update Sikika's website as soon as there is a request by department for adding new information on the website. In addition, the department will also monitor new information by looking at the activity calendar for staffs participation in out-of-office events and the deadlines for research/analytical reports. Several reports as indicated in this activity (quarterly, semi-annual, monthly success stories..ect) will have specific deadlines and will be added on the website as soon as they are approved by the ED. New analytical reports and research studies will be labeled with the "new" sign so that stakeholders are aware of the recently added documents. Staffs will be requested to collect pictures from their activities so they will be put on the website. In addition staff will also be requested to select key points from analytical/research reports so they can be used for the rolling news in the homepage.

Sikika's Contact Database

To maintain and develop new relationships with stakeholders and supporters that have access to internet, the M&E department will frequently monitor the upkeep of Sikika's contact database. Staffs will receive frequent email reminders to check old contacts and

add new ones and categorise them based on their level of interest. The database will continue to be managed by the Administrative Assistant of the organisation who will have the administrative rights to add/delete contacts. The M&E objective will be to maintain strong relationships with the online users and expand the contact database so that we increase users interests in Sikika's e-newsletters, invitations and website. Website monitoring tool will be used to monitor the level of intensity on Sikika's website following mass mailings to our Sikika's contacts. This will be used as a pilot study. If the system is successful by third quarter, the M&E department will seek to create an online discussion forum.

Activity 5.4: Coordinating Media Engagement and Information Sharing

The aim of this activity is to act as a focal point of contact for media engagement between the departments and the media houses so that Sikika is sending out consistent messages to the public and also that there is one focal point that is used for documentation and monitoring of all the organisation's media work.

The Media and Communication strategy will be finalised in quarter one in 2010. The strategy defines the target audience and the approach that is needed to communicate to different target groups. It also explains the roles of each department and the media and communication outputs for 2010. The M&E Department will use the Media and Communication Strategy to follow up on deadlines and make sure that the media work is implemented as expected. The Media Coordinator will be the direct link between Sikika and the media contacts. The coordinator will facilitate engagement with the media and respond to issues regarding the health and HIV/AIDS sector, including sending out joint CSO statements on behalf of Sikika. In addition, a monthly progress report on Sikika's media work will be written and shared with staff for evaluation and improvements.