



**Quarter One Report
January to March, 2010**

Department of Policy & 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 | | | |
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| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
| Engagement with Parliamentarian (hold joint consultative sessions with the Parliamentary Committee for Social Services and other key parliamentary committees) | Questions and Answers downloaded | <p>In order to assess Sikika’s engagement with Parliamentarians, we download Hansard from the parliamentary website. From the Hansard, we generate information on health related issues and use it as a tool to gather information for future advocacy purposes.</p> <p>The activity was done and health related questions were downloaded. Policy brief was not produced due to time limit. A policy brief will be produced in the third quarter to review what the MPs are saying about health issues. The brief will be used to stimulate /influence debates on the health sector so as to improve delivery of health services in the country.</p> | 45% |
| Produce analytical summary briefs (carried over from 2009) | <ul style="list-style-type: none"> ➤ Brief on “Who is taking care of our health” ➤ ToR of a consultant ➤ Email correspondent. ➤ News paper articles ➤ Distribution list | A consultant was hired to produce a policy brief on the effectiveness of the oversight bodies. The intention of this study was to assess the responsiveness of the Ministry of Health and Social Welfare (MoHSW) to oversight bodies such as the Controller and Auditor General (CAG), and the Parliamentary Standing Committee on Social Services. A total of 1000 copies were printed and will be distributed to various stakeholders among them, will include Parliamentarian oversight committees which are parasitical organizational committee, LAAC, PAAC and Parliamentarian Committee for Social Services. The purpose is to increase the knowledge of Members of Parliament during budget sessions when they discuss CAG reports for the year 2009/10. We are planning to produce another | 100% |

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| | <ul style="list-style-type: none"> ➤ ToR of a consultant ➤ Email correspondent. ➤ News paper articles ➤ Distribution lists ➤ Draft of ToR for a consultant to undertake the Assessment of the government commitment and parliamentary debates on health sector from 2005. | <p>policy brief in 3rd quarter to assess whether our recommendation were taken by the government.</p> <p>A carried over activity from 2009 is to produce a brief on the government's initiative to refocus expenditure that was identified from Sikika's analytical findings on unnecessary expenditures in particular those that affect HRH and Pharmaceutical management. The intention of the brief is to influence policy makers and implementers to be serious during the preparation of the national 2010/11 budgets with focus on improving HRH and Pharmaceutical. A consultant was recruited to conduct this study and the brief will be finalized in the second quarter. We will conduct a budget analysis for FY 2010/11 to assess whether our recommendations from the brief were considered during the budget process.</p> <p>In 2005 following an election campaign, the government officials promised citizens to improve the service delivery in Tanzania by 2010. We are in the process of finalizing a ToR for a consultant to undertake a study and assess the initiative of the government responding to the commitment made in 2005. We will analyse the plan and policies that were introduced after 2005 in order to see if they reflect policy priorities. 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 who will be encouraged after reading the report to demand explanation from their political leaders. We hope that the report will influence citizens to demand for accountability and commitment of the government. We will document the report to track changes on how the next government will respond to the commitment that is made during the 2010 election campaign.</p> | <p>50%</p> <p>20%</p> |
| <p>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.</p> | | | |

| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
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| Public hearings for Bills, | <ul style="list-style-type: none"> ➤ Invitation letter from the National Assembly office ➤ Presentation paper made during the session ➤ Back to office report | <p>Public policy dialogues are good avenue for Sikika to share findings and call for corrective actions to improve accountability and allocation of resources that benefit the people. Through such dialogues, Sikika represents citizens and contributes to improving the implementation of policies and practices.</p> <p>On 19 January 2010, Sikika staff presented CSO opinion on The Nursing and Midwifery Act of 2009. Our comments were meant to make sure that the new Act will take into account needs of all citizens and especially the marginalized groups. Sikika's comments were based on the overall objective of the bill and the composition of the council. Sikika was involved in the process because of its role in contributing in giving comments and recommendations to various bills and acts which are geared towards improvement of the health sector policies and practices. Our contribution was acknowledged by the Minister of Health and Social Welfare during Parliamentary discussion of the Bill in February 2010. After the passing of the bill to be an Act, we will examine whether our comments were included in the document.</p> | 100% |
| Health Sector Financing Committee | <ul style="list-style-type: none"> ➤ Invitation letter from the Ministry of Health and Social Welfare. ➤ Invitation mails to participate in the working group meetings. ➤ Final copy of the terms of the reference | <p>Sikika attended the health financing committee of the MOHSW and commented on the terms of the reference of the committee. The purpose of Sikika to participate in this committee was to be a representative of over 90 CSOs who are members of the Policy Forum. Sikika has been working with the Ministry of Health and Social Services on different working Groups. The TOR was aimed to lay ground on how the meetings and discussions should be conducted within the working groups. The ToR will help the members of the working to known the time to convene meetings and the term of the chairperson.</p> | 60% |
| Public servant ethics | <ul style="list-style-type: none"> ➤ Invitation letter | <p>On 27 March 2010, Sikika attended a workshop on the Participation of</p> | 70% |

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| | | collective voices together and calling for corrective action against misuse or abuse of resources and policy by elected representatives. | |
| 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, | | | |
| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
| Initiate response to at least one major issue and participate in at least two others initiated by others | <ul style="list-style-type: none"> ➤ Minutes for meetings ➤ Press statement ➤ Invitation mails ➤ Draft of the statement | Sikika staff attended the FemAct Director's Forum meeting held on 23rd February 2010. Sikika was given the task of coordinating a public rally to be held in mid of this year, however due to the poor coordination among the members of the group, Sikika decided to quit from the team. The public rally was aimed at raising citizens' awareness regarding the performance of the parliament during the 18th session. This was due to the fact that Members of Parliament didn't take appropriate action when they were discussing the major burning issues such as the Richmond saga, KIWIRA, evictions of Pastoralists in Loliondo. These issues were not discussed in details by the Parliament despite the fact that they used tax payer's money to form investigations teams. This case will be monitored carefully by FemAct to make sure that the issues raised are worked upon. | 60% |
| Activity 1.5: Tracking Studies on Human resources for Health Deployment, Pharmaceutical | | | |
| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
| Human Resource for Health Deployment tracking study (carried over from 2009) | <ul style="list-style-type: none"> ➤ Draft report of Human Resource for Health Deployment Tracking. ➤ ToR for a consultant ➤ Data questioners ➤ Letter from MOH | The study on human resources for health was conducted following the public outcry on crisis of health professionals. The objective of this activity is to demand for improving the existing human resource for health situation by conducting study to track information on status of human resource for health. The study is still in progress and a report will be prepared by a consultant in second quarter. The report was delayed due to the workload in the department and tight schedule of the | 60% |

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| <p>Pharmaceutical trucking study</p> | <p>➤ Email corresponding</p> <p>Draft of the Terms of references</p> | <p>consultant. After finalising this report in Q2, results will be shared with the MoHSW before they are going to be disseminated to the public including donor agencies, central government and training institutions. After sharing the report with the ministry we hope that the report will be used by the ministry as a working document to assess the deployment of staff. The final 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 occur. We expect to conduct another study in the future to examine if our recommendations have improved the human resource for health status.</p> <p>There have been concerns about shortages of drugs, including the procurement, storage, and distribution in Tanzania. Pharmaceutical tracking study will assess the spending on medicines and supplies, covering levels and sources of funding, procurement, storage and distribution. Particular focus will be on remote rural areas where there is a big shortage of drugs and supplies as shown in CAG performance reports. We intend to undertake this tracking study to gain evidence to advocate for improvement of this situation. In the third quarter, we plan to start searching for relevant documents such as annual reports, financial reports performances and audited reports from 2006-2009, which will help us conduct pharmaceuticals trucking study. This was not done in the first quarter due to the heavy workload within the department.</p> | <p>0%</p> |
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Department of Policy & 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. | | | |
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| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
| <p>Expenditure Management of funds released by the Global Fund for the HIV/AIDS sector (Carried over from Q4 2009)</p> | <ul style="list-style-type: none"> - Terms of reference for the work - Exchange mails with the consultant - Draft report of the work in place | <p>The aim of this activity is to assess how effectively and efficiently are the funds that are released by the Global Fund being spent. A consultant was hired to review how the Ministry of Health and Social Welfare through Medical Stores Department has been fairing in spending financial resources given by the Global Fund. Some of the findings include the limited capacity in MSD and the PMU of the Ministry, poor coordination of procurement planning and overly complex approval processes required by government procurement legislation and regulations. The Tanzania National Coordinating Mechanism (TNCM) which is the principal oversight of Global Fund is also seen not to have been able to play its role effectively. After going through the draft report, it has been decided that the report should be given to another consultant to review it before it is ready for sharing with our stakeholders. A person to review this has been identified and is expected to finalise the report by second quarter.</p> <p>Once finalized, Sikika will use this information as a basis for engagement and discussion at various levels. Sharing will be done with different institutions/organizations, Parliamentary Committee for HIV/AIDS Affairs and with the public through writing of articles in the media to ensure that there is transparency and equity in the implementation of activities related to HIV/AIDS so that quality services are being delivered.</p> | 75% |

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| <p>Annual Performance Assessment for TACAIDS and NACP (Carried over from Q4 2009)</p> | <ul style="list-style-type: none"> - Terms of reference for the consultant - Letter from Sikika to NACP asking for documents including plans and annual implementation reports - Exchange of mails between Sikika and the consultant. | <p>The aim of this sub- activity was to asses the Annual Performance of Tanzania Commission for AIDS (TACAIDS) and the National AIDS Control Programme (NACP) from the year 2006/07 to 2008/09. This work was given to a consultant and it has been delayed due to access to documents from both institutions. After failing to get hold of most of the documents especially from National Aids Control Programme a letter was prepared and given to consultant to make formal requisition of the documents from NACP. Despite all these efforts, it has still been difficult to get hold of these documents and therefore the study has not been started. We are therefore looking for an alternative way of doing this in the second quarter.</p> | <p>20%</p> |
| <p>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.</p> | | | |
| <p>Sub activity</p> | <p>Documented Sources of Evidence</p> | <p>Progress against output/activity</p> | <p>Status</p> |
| <p>Taking a lead in the preparation for CSOs inputs in the on-going review of the HIV and AIDS policy of 2001</p> | <ul style="list-style-type: none"> - Exchange of mails on how to collect views of stakeholders - Minutes of meetings held - Photographs taken during the session - Comments by CSOs to the review committee - Back to office report | <p>Sikika participated in public policy dialogues to improve accountability of resources and policies that address the needs of all citizens especially the marginalized groups. Through such avenues, Sikika was able to apply evidence based findings and lobby for citizens' rights.</p> <p>Taking into consideration changes such as demographic, technological, economic and socio-cultural, there was a need of reviewing the 2001 National Policy for HIV and AIDS. Sikika thought of engaging in this review process through Tanzania Aids Forum. The department of Policy and Advocacy-HIV and AIDS together with Human Development Trust and Action Aid Tanzania led the process of collecting comments of 34 participants of which 15 were CSOs, to input into the new National HIV and AIDS policy. The consultative meeting between different CSOs from Dar es Salaam, Kagera, Mbeya, and Dodoma, Singida, Mtwara, Coast region and Lindi was organized and held on 5th of February 2010 at Blue Pearl Hotel. Recommendations were collected and a consolidated report was produced and sent to TACAIDS for consideration. Our comments were mainly meant to make sure that the new policy will take into</p> | <p>90%</p> |

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| | | account needs of special groups of people like the disabled and that the question of nutrition to people living with HIV/AIDS is included in the policy. This can be ensured through advocating for effective measures for the use of resources allocated for HIV and AIDS as well as to increase staffing that will deliver quality services. We are yet to receive the new policy so as to assess how many of our comments have been included. | |
| Attend and deliver CSOs position in the National Technical Working Group on Finance and Audit for HIV and AIDS in Tanzania | <ul style="list-style-type: none"> - Presentation by the consultant who undertook the PER exercise - Draft report of the PER 2007 – 2009 - Mails exchange regarding the meeting - Back to office report | During the first quarter, the department had planned to attend and deliver CSOs position in the National Technical Working Group on Finance and Audit for HIV and AIDS. . The committee meets once every quarter and in the first quarter, Sikika staff member attended this meeting on 23rd March 2010 in which two topics were discussed: PER Draft Report for the year 2007 – 2009 and LGAs Second Tranche distribution which showed disbursement of funds to the LGAs for the year 2009/10. The discussed documents were to be circulated a week before the meeting, but unfortunately this did not happen and therefore the meeting was attended with inadequate preparation. We managed to get the draft PER report which when finalized, will help us in assessing the performance of the HIV/AIDS sector. We are still looking for a mechanism of getting views of other CSOs together with our issues around accessibility to ART and human resource for the HIV and AIDS sector and present them to the committee. | 80% |
| 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 | | | |
| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
| Participate in activities initiated by NGO networks and other partnerships | <ul style="list-style-type: none"> - Invitation mails - Minutes of the meetings - Documents from these meetings - Photographs taken | This activity involves joining hands with other organizations that are working to achieve same targets so as to bring collective voices together and advocate for good use of resource in HIV and AIDS including calling for corrective action against misuse or abuse of resources and policy. | 80% |

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

| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
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| <p>Initiate response to at least one major issue and participate in at least two others initiated by others</p> <p>Devise and implement a strategic advocacy communication until the respective issue is resolved</p> | <ul style="list-style-type: none"> - Draft article on the Global Fund - Letters to CAG asking for audit reports - Exchange of emails with the Executive Director | <p>The aim of this activity is to 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. In the first quarter, one case was identified on Global Fund and the mismanagement of resources allocated for HIV and AIDS. We prepared an article titled "GLOBAL FUND TANZANIA – ARE WE BITING THE HAND THAT FEEDS US?"</p> <p>The draft article was created using the information from the report of the Office of Inspector General of the Global Fund, but this information was not enough as some data is needed from the audit report of the MSD. Despite the efforts in accessing these audit reports, the department has not been able to get them. Therefore the article has not been published in quarter 1.</p> <p>Once it is finalized, an advocacy strategy will be developed to make sure that the issues raised are worked upon.</p> | 40% |

Activity 2.5: Tracking Studies/ HSSP III Monitoring

| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
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| Conduct tracking studies for Anti Retro Viral | | Following problems regarding procurement, storage and distribution of drugs and supplies by the Medical Stores Department as reported by the | 0% |

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| (ARV) for people living with HIV and AIDS | | Office of the Inspector General of the Global Fund, the HIV and AIDS Policy and Advocacy Department has intended to undertake tracking study on ARVs in order to provide evidence based recommendations to the government, donors, and other stakeholders on how to improve procurement, storage and distribution of ARVs. This expected to start in the second quarter. | |
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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 | | | |
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| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
| Facilitate citizens to monitor transparency in public health care resources and information | <ul style="list-style-type: none"> - Completed monitoring checklists -Printed posters - delivery notice for receiving posters | The aim of this activity is to improve the efficient supply of information by public health care system to its users. The exercise expected to cover 25 villages, 172 streets, 35 wards offices and 47 health facilities (17 Kibaha, 11 Temeke, 10 Kinondoni, 9 Ilala). To fulfil the activity, a standard monitoring checklist was developed to capture all important information in such places. A checklist was developed using 2009 research findings and given to 2 volunteers in each ward (male and female) according to the number of streets and health facilities available in their wards. Before going to the field, volunteers were given instructions in February volunteer meeting on how and where to collect the information. The information monitored includes: 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. | 90% |

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| | | <p>Volunteers were required to submit filled checklists before the end of March; a total of 170 checklists were collected from 101 Mitaa offices, 8 villages, 31 ward offices and 30 health facilities; this is equivalent to 60% of the expected checklists. The rest of the checklists were not collected because volunteers were not able to follow up to streets and dispensaries that were a distance from their home. Several were requested by government officials to have a written permission letter from the Executive Directors or Medical Officers for the respective districts before they were given such information. To improve on this issue, Sikika gave volunteers citation from laws and policies about citizen's rights to demand for such information. In addition, during volunteers meeting, the volunteers who collected the checklists successfully shared experience with others on how they managed to get information so that they learn from each others.</p> <p>The collected checklists are now analysed and report will be written. We are expecting that the information obtained from the monitoring exercise will be shared to not less than 50 stakeholders and partners. This information will also be used as evidence to advocate for improved efficient supply of information by health care providers to health service users; using the media, putting the results on our website, writing articles in the newspapers...etc. In addition, a poster titled "Fuatilia Taarifa Simamia Matumizi bora ya Fedha na Rasilimali za Afya" was developed and produced to raise citizens awareness on their rights and responsibilities in searching for health information and its importance in holding service providers as well as government leaders accountable. In the poster, we cited an Act from the URT Constitution which gives citizens power to information that will empower them to take action against the leaders who are denying their civic rights to ensure accountability. This poster will be distributed to health facilities, local government offices including ward, village/street offices as well as public areas including markets, bus stops etc</p> <p>Volunteers are expected to collect stories from citizens who are monitoring and requesting for specific information at street, ward and at public health facilities. Several stories will be selected to evaluate the situation and publicised by various means.</p> | |
| <p>Update and produce the information package (carried over from 2009)</p> | <p>-Printed books</p> | <p>The aim of this pending activity is to raise citizens' awareness on roles and responsibilities of district health boards, health and HIV/AIDS committees as well as citizen's right on health governance issues. We are expecting through this knowledge, citizens will understand their role in health planning and monitoring. They will therefore hold the health committees accountable by demanding for their rights when necessary. The information package was expected to be updated as per last years' discussion at staff retreat (i.e to print the information package without names and contacts of the members of Health Boards and Committees and to include some cartoons in order to make it friendly and attractive to the readers). In another internal discussion done this quarter, it was further suggested that, since most of the information in the package is also in a book that was</p> | <p>40%</p> |

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| | | <p>printed in 2006 titled “Je, Kijana unashiriki kuandaa na kusimamia mipango ya huduma ya afya,” we will update the book by adding some new information available including the community participation in the street/village assemblies as well as in the health planning. The book will be updated and is expected to be printed in quarter three.</p> <p>We are expecting to distribute 5000 copies of this book to citizens in all four districts and wards. Following the distribution, citizen participation and involvement in different matters including participating in mitaa/village assemblies and in CCHP formulation process will be documented by collecting stories from citizens as changes/results on citizens’ awareness of the rights on health governance issues.</p> | |
| Activity 3.2: Engagement in 2011/12 CCHPs formulation in the four districts | | | |
| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
| Facilitate citizen engagement in the process of the 2011/12 CCHP formulation | <ul style="list-style-type: none"> - mitaa/village assembly minutes - stories from citizens on impact of mitaa meetings -Mittaa report -Timetables for assemblies | <p>The aim is to facilitate citizens through volunteers and school health governance clubs to attend street/village assemblies within their respective streets. Volunteers were told to make follow up of the timetables for these assemblies at their ward and to take minutes of announced meetings. This information will allow us to assess the situation and prepare a strategy in quarter 3, which will increase citizens’ participation to identify communities’ health priorities in December.</p> <p>A minimum of one assembly per village or street was expected to happen in each quarter. However, only 16 volunteers from Yombo Vituka, Kwala, Mlandizi, Magindu, Kigamboni, Mtoni and Kimara wards were able to attend the meetings at their wards and took minutes. The main issues discussed included selection of a water committee, progress of an ongoing water project and the selection of a health committee in Yombo Vituka. Urban planning and ensuring measures to control disease outbreaks were main issues which featured in Kimara ward. Other issues were environmental health, Security and income and expenditures as it was in Kigamboni and mji mwema. At Mtoni saba saba, the main agenda was the report on the implementation of development projects including water, infrastructure, health and environmental sectors as well as security issues.</p> <p>A total of 37 volunteers out of 70 were able to get responses from street/village leaders on the timetable for these meetings but due to the recent local government election, most of the Village/Mittaa chairpersons were new. For this reason, the volunteers were told to wait as timetable for meetings are not yet arranged. The remaining volunteers couldn’t get any responses due to</p> | 50% |

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| | | <p>various reasons (mainly lack of cooperation from local leaders).</p> <p>Volunteers were required to track the number of citizens attending mitaa meeting; for example at Azimio kurasini, a total of 85 community members attended while at Mtoni sabasaba, the meeting was attended by only 46 community members (25 male and 21 Female). Mjimwema street has the largest attendance 104. The monitoring report is in progress since the exercise continued up to the end of March. Findings/lessons learnt will be shared with wider community through interactive radio program where we will encourage citizens to attend these meetings so as to practice their freedom of expression and the right to participate in planning for their own health development. Also, the findings will be used to prepare messages for publications and promotional material which will be used for the same purposes.</p> <p>We are expecting that, through citizen participation in these meetings, they will be able to fully participate in the health plans at their health facilities since the CCHP formulation starts at grass root level. This will later make it easy for citizens to track the implementation of these plans.</p> <p>To measure results/changes, volunteers were requested to collect one story per ward in each quarter about the impact of Mitaa meetings as an entry point in the CCHP formulation. For this quarter, volunteers collected a total of 7 stories from the wards where meetings took place.</p> | |
| Activity 3.3: Monitoring of health care service delivery | | | |
| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
| Monitoring implementation of CCHP 2009/2010 | - Monitoring questionnaire | <p>The aim of this activity was to monitor 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 involves the implementation of CCHP 2009/10 for Quarter one, two and three of the government calendar (from July 2009 to March, 2010).</p> <p>We are currently updating the questionnaire taking into account the 2008/2009 CCHP implementation monitoring results and the consultative meetings. Specifically, we are reviewing the coding of cost points which was done by 2 of our Field Assistants, as we realized that they were not properly coded and have several duplications. Also, we are selecting questions and target interviewee for the questionnaire. The process of data collection will be carried over to quarter two</p> | 40% |

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| <p>Monitor the availability of quality health services at health facility in your ward</p> | | <p>soon after the questionnaire is finalised.</p> <p>In quarter 2, Sikika will go beyond monitoring health plans, and expects to monitor the availability and functioning of service delivery supplies including stethoscope, thermometers, blood pressure machine, certain essential medicines, queuing time, working hours, adequate sitting,, etc. We will each volunteer to investigate the availability of services and functioning of such supplies on ad hoc basis by visiting their facilities at least twice a month and also speaking to citizens. They then will write a monthly report on the status of health supplies in their facility. Volunteers will also write a story on their experience in accessing such information. We will asses the situation in mid year and if agreed, produce a statement in the media.</p> <p>We are expecting to use the information obtained from this exercise to share with citizens, service providers and policy makers through media, website and produce publication materials such as posters and briefs. Also we will use and refer to these reports to influence policy and quality of health service delivery.</p> | |
| <p>Share draft CCHP Monitoring report at Consultative Meetings (carried over from 2009)</p> | <ul style="list-style-type: none"> - Draft report -Time table for the meetings - Consultative meetings reports -invitation letters -list of participants to both meetings -Printed posters - delivery notice for receiving posters | <p>This sub-activity was carried over from 2009 and it involves conducting consultative meetings to share the draft report of the monitoring of CCHP Implementation for 2008/09 from last year. Before conducting the meeting, a consultant was hired to do the data analysis and report writing. A draft report was submitted and revised by staff. The second draft was shared with key players in the district health system in two meetings done in Dar es Salaam for Ilala, Temeke and Kinondoni Municipals and the other meeting was done in Kibaha. Both meetings involved few members of CHMT and the in charges of the health facilities where we collected data. The aim of this meeting was to discuss discrepancies observed in the implementation of health facility plans and budgets, seek clarifications, and validate the final report. From these results and consultative meetings, the insufficiency of medical and non-medical supplies in health facilities was noted and addressed as the most prevalent problem in the districts. Much of the blame was pointed at Medical Store Department (MSD). As a result, we managed to design and produce a poster called ‘Unafanya nini Kutatua Tatizo la Dawa na Vifaa?’ to advocate for strengthening of procurement and supply procedures of medical and non-medical supplies. These posters have been distributed to health facilities, street/village/ward offices and public places by posting them on walls and/or notice boards.</p> <p>The process of finalizing the CCHP monitoring report is ongoing due to the conductive feedback that was received from the district officials and health providers. Final report will be made public and posted on Sikika’s website. Furthermore, this report will be shared with both Policy and Advocacy Departments in their sessions with Members of Parliament to influence policy and</p> | <p>50%</p> |

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| | | quality of health service delivery. We will continue to monitor the implementation of CCHPs in the following years to see if the recommendations from our report and from our discussions with MPs have changed the situation. | |
| Activity 3.4: Rapid response to issues affecting health care service users | | | |
| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
| Rapid response to issues affecting health care service users | <ul style="list-style-type: none"> - A draft ToR - printed articles/replies from citizens - printed e mails from/to the consultant | <p>The aim of this activity is to identify and rapidly respond to at least one case of poor health care service delivery directly linked with governance, as a means to communicate policies, raise service users' voice, and improve quality of public health care delivery. In this quarter, one case was identified through newspaper, on the congestion of patients in the district hospitals. This is the case especially relevant at Mwananyamala Hospital where at maternity ward, 3-4 mothers are sleeping on one bed with their newborn children. On April 14, Sikika responded to government resolution at Mwananyamala Hospital by writing an article called 'Staff transfers at Mwananyamala Hospital: Wrong solution', which was added in online blog (Michuzi). A total of 6 replies were written on that day on this issue stating that citizens are pleased with this information and they also contributed their ideas to support Sikika's view. Due to the intensity of the problem, we also decided to hire a consultant for carrying out the study to analyze budget allocation and performance for Dar es Salaam region and Muhimbili National hospital in order to determine the challenges of addressing the problem of congestion in maternal wards for the financial years 2007/8, 2008/9, and 2009/10. The ToR for the work is prepared. The report findings will be used to reply to government initiatives and provide recommendations how to address the problem of overcrowding in maternity wards such as the Mwananyamala hospital.</p> <p>We are expecting that the evidence from the selected case will be documented from the identification stage to the point where the problem is solved. We will be monitoring the response to this issue and following the budgets and resources carefully in the studied region and Mwananyamala Hospital.</p> | 40% |
| 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 | | | |
| Sub activity | Documented | Progress against output/activity | Status |

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| | Sources of Evidence | | |
| To request for the documents for conducting the Expenditure management and performance. (carried over from 2009) | -A copy of the request letter sent (1 st time) | The task in this quarter was to request for documents so that Sikika can conduct the Expenditure management and performance including the Annual Report for 2008/09 for Kibaha Municipal. The request letter was sent to DMO office at Kibaha District and the follow up was made through phone. We were told that the letter did not reach the DMO due to the change of office from Mlandizi to Maili moja. Sikika's field assistants were persistently following up by telephone and visiting the office. They also re-sent the letter requesting for the document. We are waiting to hear back from Kibaha Municipal. | 40% |
| Printing of the Corruption book (carried over from 2009) | -reply letter from PCCB - Copy of the edited version of the report -Emails from the consultant showing the status of the work | The aim of this activity is to raise public awareness on the level of corruption in health services and provide recommendations to citizens, government officials and health service providers on how to eliminate corruption. This will be done by sharing findings from a study which was conducted in 2007. This quarter, Sikika was to print a total of 4500 books (1000 cps English and 3500 cps Kiswahili). The publication was intended to involve the collaboration with the Prevention and Combating of Corruption Bureau (PCCB) as it is the central force in the fight against corruption. However they turned down our request arguing that it had shortcomings in the methodology. We decided to continue with the process on our own after consulting different experts who revised the report and provided inputs for improvement. Weaknesses identified are treated as study limitations and will be addressed accordingly in related studies in the future. We have engaged a consultant to publish the report and have so far produced an edited version which was commented on by staff. The consultant is now working on the translation and layout design. The books will be out in next quarter. | 70% |
| Activity 3.6: Monthly volunteers' meetings | | | |
| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
| Conducting Monthly Volunteers Meeting | -list of volunteer participants -agenda and minutes of the monthly meetings - volunteers monthly | Sikika conducts monthly meetings with volunteers to review their roles and responsibilities, share experiences, provide support and guidance with the expectation that volunteers know and perform better their responsibilities. In this quarter, a total of 3 meetings were completed as planned (on 30 th January, 6 th March and 27 th March, 2010). All the agenda discussed from the meetings were documented. | 100% |

| | <p>reports -collected stories from volunteers</p> <p>MSD Posters Volunteer distribution list</p> | <p>Among the performed tasks included the monitoring and submission of the completed checklists for the monitoring of information posted on the notice boards in health facilities and local government offices. A total of 153 checklists were submitted. Sikika is collecting stories from the citizens on issues and how Sikika improved their knowledge and enquiry about health service delivery. A total of 17 stories were submitted, the other volunteers were not clear about the assignment and did not report on the stories. They will receive more details on how to improve story collection in quarter 2. These stories will be reviewed by Field Assistants and the staff from the department. The stories that are in line with our activities will be used in our newsletters and website.</p> <p>Moreover, volunteers distributed publications prepared for this period (MSD posters as reported in 2.4 above) in health facilities and public places. Other tasks included the production of monthly report that summarised the duties they performed each month. This report will be used to evaluate volunteer's performance per the targets set/work plan.</p> <p>Sikika documented the volunteers' tasks against outputs in terms of the amount and quality of work they performed. Information from the reports will be reviewed and used for formulating the next strategic plan.</p> | |
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| Activity 3.7: Participate in Central government Working Groups and CSOs networks | | | |
| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
| Participate in Central government Working Group and CSOs network. | <p>-invitation letter -emails regarding the meetings -BoR</p> | <p>The aim of this activity is to participate in to actively engage and use Sikika's experience in various working groups in the Ministry of Health as well as in activities initiated by NGO networks and other partnerships of which Sikika is a member. This quarter, we participated in three meetings at Central Government Working Groups; on January 21st the Private Public Partnership (PPP) meeting, another one on the review of ToR for Regional and District working group held on February 8th, and the District Health Service Meeting held on 17th March. Through these meetings, we were able to advocate for inclusion of accountability issues in working group TORs. We also added inputs for community participation in the new CCHP guideline draft. Once the documents are finalised, we will review whether Sikika's contribution has been included. In addition we will be monitoring their implementation as per agreements made.</p> | 90% |

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| | <ul style="list-style-type: none"> - HEqG meeting minutes - Draft Score Card | <p>In addition, Sikika is a member of Health Equity Group (HEqG), where we participated in two meetings for developing a National score card. In the meeting, Sikika shared experience and ideas from our citizen monitoring exercises for the development of the National score card. The score card will be pre tested in Kisaware as part of the Health Equity Group Campaign in June 2010.</p> | |
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Department of Health Service Providers

| Activity 4.1: Conduct interactive radio programs using multiple radio stations to communicate and stimulate debate and understanding in the public on social accountability issues. | | | |
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| Sub activity | Documented Sources of Evidence | Progress against output/ activity | Status |
| <p>Weekly radio programme (12 sessions) to be aired using multiple radio stations to communicate and stimulate debate and understanding between citizens, policy makers and health care providers regardless of one's economic status or geographical location in Tanzania</p> | <ul style="list-style-type: none"> - Proforma invoice for contracted radio -radio summary report -report of costs per different radio stations - Synovate media report | <p>This quarter we have been recommended to use Synovate media data report (2009) to analyse and identify radio stations that Sikika can use. Radio stations were selected based on the coverage and number of listeners. One mainstream and two community radios were identified which include Radio Free Africa (RFA) for mainstream radio, Sibuka and Mwangaza for community radios. However, it has been agreed that we will not contract community radios for now until we determine which areas RFA does not reach and which community radios are vibrant in those areas. We will assess the situation after first quarter of airing. This is done so as to avoid duplication and make best use of our resources. The actual airing of the radio episode will start immediately from quarter two.</p> | <p>50%</p> |
| <p>Identify and invite at least one individual who has expertise in specific area to attend our radio discussion (carried over to Q2)</p> | <p>None</p> | <p>The objective is to engage experts to participate in our radio discussions and also to allow the public to ask open questions. This sub activity depends on the airing of the radio programs and topics discussed. Because in this quarter we didn't air a single episode, this activity is pending and is likely to be implemented in the following quarters when we start the program.</p> | <p>0%</p> |

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| Develop a radio show monitoring tool for documenting all radio shows conducted | -radio episode monitoring tool | A radio show monitoring tool is in place. This tool will help us track all the shows that are aired and issues raised by listeners through SMS's and calls. Information from this tracking tool will be used to evaluate citizen's interest in specific topics and also allow us to get ideas for future radio topics. | 100% |
| Identify and sign contracts with major telecom companies (i.e.Vodacom, Tigo, Zain, Zantel) to solicit toll free calls, messaging (carried over to Q2) | None | This sub activity was not done because the decision to select radio stations has not been made and no contracts were entered with radio stations. Since the decision to use RFA has now been made, identification and discussions with major telecom companies will be initiated in quarter 2. | 0% |
| Document all shows using the radio show monitoring tool. Retain hard and soft copies of programs for further documentation. | None | Although the tool was developed (as mentioned above), we did not document any shows until Q2 when we plan to start airing. | 0% |
| Activity 4.2: Radio Spots and Television programme | | | |
| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
| Production and airing of radio spots to stimulate citizens awareness, knowledge and active participation on health care delivery budgets, expenditure reports, audit reports, policies, plans, implementation reports, roles of health facility governing committees, and civic rights for | -Proforma invoice of the production companies -Program summary on Problems of access of information in health facilities” | The objective is to air short radio spots to send messages to citizens in more creative and dynamic way. It also ensures that many more people will hear our messages if they are short. The spots will be very short (30-45 seconds) and will be dispersed throughout the day so many listeners can hear the topic. The initial stages which include topic formulation and search for potential production companies is completed. Several production companies were contacted, these include: <i>Nash</i> , <i>Real2Reel</i> | 25% |

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| health and HIV/AIDS sectors. | | and <i>folly wood</i> production. Their capacity is being determined along with their price range. There was an in house process to identify topics for the spots; the first radio spot was identified to be on “ <i>Problems of access of information in health facilities</i> ”. The final process for the production will be carried to quarter 2, 2010. | |
| Daily monitoring of radio spots | None | This activity will commence after the production and airing of the radio spots. A radio set will be purchased for monitoring airing spots by the selected radios. | 0% |
| Initiate discussion with various television stations to obtain at least one free Television programme per quarter on issues of social accountability related to the health and HIV/AIDS sectors. | None (only verbal communication) | To expand our audience we decided to raise social accountability issues through TV Programs. Sikika has several verbal discussions with TV stations aimed at securing a prepaid free slot. We contacted Star TV for this purpose and they promised to give us free space for our program in the second quarter. The department in collaboration with M&E department will continue searching for other TV stations in future for the same purpose and also identify potential topics for the television programs. | 30% |
| Activity 4.3: Produce quarterly newsletter to communicate information about Sikika and update on issues arising within the health and HIV/AIDS sector | | | |
| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
| Produce 2000 copies of quarterly newsletter (carried from q4 2009) | -Approved edited Q3 and Q4 2009 newsletters -Signed Translation contract for | The objective of this activity is to communicate and disseminate findings and lessons learned from our activities, and also to inform the public on issues related to health service delivery, policy processes, planning and governance of health sector. Pending newsletters from quarter 3 and 4 (2009) are already finalised and approved | 40% |

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| | <p>Q3 newsletter</p> <p>-Signed editing contract for Q4 newsletter</p> <p>-Signed requisitions for translation and editing of Q3 and Q4 2009</p> <p>-Compiled articles for Q1 2010</p> | <p>for printing.</p> <p>The delay in printing of these newsletters was due to a new consultant who was responsible for translation and editing. However the consultant failed to reach our targeted quality. This resulted in search for a new consultant to do the same task.</p> <p>Articles for quarter 1 newsletter are compiled. Once the content is prepared, we will use the recommendations from 2009 survey to improve the quality of the newsletter.</p> <p>All three newsletters are expected to be printed in quarter 2, 2010. Feedback from our readers will be collected by using assessment form which will be prepared and used in quarter 4. This will allow us to change the style and content of the newsletter and most importantly evaluate the actions our newsletters readers are making to promote and improve health governance.</p> | |
| <p>Sign contract with e-newsletter designer to produce e newsletter.</p> | <p>- Signed contract from consultant</p> <p>- Draft templates of e- newsletter.</p> | <p>The objective with the online newsletter is to share the same news from our above newsletter with our online users. It will give us a bigger access to global networks who read online news. It will also allow us to track the popularity of our newsletters by using website tracking tool that was created in 2009. The consultant has already sent us two different e-newsletter templates. Staff commented and the consultant is working on the comments. The e-newsletter will be launched after the articles for Q1 are finalised. This should occur in Q2.</p> | 70% |
| <p>Activity 4.4: Translate into Swahili and popularize into easy accessible language and format of identified health and HIV/AIDS related policies, strategies, programmes, and reports through publications</p> | | | |
| Sub activity | Documented Sources of | Progress against output/activity | Status |

| | Evidence | | |
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| <p>Identify, translate and popularize key government documents. (carried from quarter 4)</p> | <p>-An improved draft of NHP popular version</p> <p>- An improved draft of HIV/AIDS Act popular version</p> <p>-draft of improved cartoons</p> <p>-One identified policy document of Primary Health Services Development Programme (MMAM)for further popularization</p> | <p>The aim is to popularise documents into easy and accessible language for all citizens of Tanzania to understand.</p> <p>There are two pending documents from 2009. The first is the National Health Plan (NHP) and the HIV/AIDS Act.</p> <p>Since the review process of the draft of NHP popular book by the MoHSW took long time, we decided to continue with the printing.</p> <p>For the HIV/AIDS Act popular version, we already started working on comments from stakeholders including the Ministry of Health and Social Welfare. The cartoonist will be incorporating the changes in the cartoons. Both booklets are expected to be printed this year.</p> <p>MMAM (Primary Health Service Development Programme 2007-2017) document has been selected by many of our staff as one of the books to be popularised this year. This document is important for citizen's knowledge and understanding about Government's plans to develop and improve the primary health services by the year 2017. MMAM's aim is to rehabilitate, upgrade and establish facilities at primary level to ensure equity and accessibility of quality health care to all Tanzanians.</p> <p>As soon as the printing of the pending work is finished, we will start the process to popularise the MMAM document and select another one to popularise. Once the book is popularised, we expect citizens to understand it and hold their implementers accountable.</p> | <p>50%</p> |

| Activity 4.5: Management of school health governance clubs to discuss issues related to social accountability in the health and HIV/AIDS sectors | | | |
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| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
| Identify organizations running student clubs in the same schools where Sikika operates and initiate discussions for possible partnerships. | -Identified organizations running clubs | <p>The objective of school clubs is to build a new generation of citizens who are fully aware and will participate in decisions for improving health service delivery.</p> <p>This year, Sikika wants to reduce the amount of clubs running in schools because in the past, we noticed there are many conflicting timetables between many running clubs. For this reason, Sikika will partner with other school clubs that are working in health and HIV/AIDS sector and develop mutual collaboration.</p> <p>This quarter, volunteers were requested to identify other health clubs in their schools. A total of 4 different clubs run by other organisations were identified (Fema, Shidepha, Takukuru and Donbosco) in 3 schools of Msimbazi secondary, Mbezi Inn Secondary and Mchikichini primary. Sikika has already succeeded potential partnership with Donbosco organisation in Mchikichini primary. Donbosco club is doing peer education on issues of HIV/AIDS and reproductive health. And because their club members are the same as of the Sikika's, instead of having two different timetables which seems to confuse the students, there could be one which could be shared by all clubs in order to reduce time spending of the students in two different clubs. Arrangements for setting up the timetable is its on way to facilitate this partnership.</p> | 20% |
| Facilitate volunteers to conduct at least two discussion sessions on issues related to social accountability in the health and HIV/AIDS sectors | -Schools health clubs discussion reports -Individual club timetables. 37 out of 61 | The discussions in the clubs gave students an opportunity to learn and share information about health care delivery with the communities surrounding them. They also help them to understand their health rights and obligations which will enhance their participation in planning and monitoring of health service delivery. For this quarter, 122 discussions were planed | 70% |

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| | | but only 72 were conducted. This was mainly caused by the holiday season such as the New Year (early January) and Easter (in March) and most of schools were closed. Because of the new year, most of the students had a long holiday break and the clubs' discussions in Q1 was to review last years topics. This year we also selected and oriented new club members in February and launched an essay competition in March. | |
| <p>Identify and prepare themes for student competitions to get students more actively involved and also get feed back regarding their social accountability experiences and information we provide. Set clear criteria to obtain winners</p> <p>Document any cumulative effects as a result of our engagement in these clubs</p> | <p>-Prepared essay question (i.e. <i>What is health, explain quality health services</i>)</p> <p>-over 300 essay papers completed</p> <p>Quarterly reports</p> | <p>Student competitions help to get feedback on their understanding on the sessions Sikika is conducting in the clubs. They also help to actively engage students in social accountability activities in their constituencies as they will be assigned with different tasks to follow up the performance of the health services provisions in their areas. This quarter's assignment was a starting point for the task to be carried on for the rest of the year.</p> <p>Since Sikika is advocating for better health services, our initial idea is to test citizens knowledge on better health service before improvements to their knowledge can be made, Therefore in this quarter, students were given an essay question to evaluate the type of services they are receiving from their health facilities.</p> <p>To respond to this, volunteers posed this question in their clubs during March sessions. Out of 61 health governance clubs, 26 clubs submitted essay papers on time, of which 18 out of over 300 essays were entered into competition following the selection criteria set by the department which included;</p> <p>Understanding of the question being asked, the logical flow of the essay (construction of the essay with heading, essay's main ideas/main body and the conclusion), and the main points/ideas discussed if they reflect Sikika's works.</p> <p>Collection and assessment of the delayed essays will continue in Quarter two and the winners will be posted on Sikika's website and announcements will be made in our</p> | 50% |

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| | | newsletters. | |
| Activity 4.6: News articles and cuttings | | | |
| Sub activity | Documented Sources of Evidence | Progress against output/ activity | Status |
| Write at least one article to respond to current issues affecting health sectors in each quarter. | - news article (<i>Tupambane kutokomeza TB</i>) | This activity was done in order to share Sikika's experience regarding social accountability and governance in health and HIV/AIDS sectors. It also raises people's awareness on health rights and obligations. In this quarter, one article about TB ' <i>Tupambane kutokomeza TB</i> ' was prepared. In this article, we highlighted the challenges in the control of spread of TB and called on the government to create awareness among citizens regarding the new techniques that can be used to control the disease which was announced in this year's TB's Day. The article was published by <i>Tanzania Daima</i> newspaper on 27 th March 2010. We will monitor the results and improvements in using the technique in the next year TB's Day. | 100% |
| Document newspaper cuttings through filling the articles to produce a compilation bound of health related news based on health service delivery issues such as equity, affordability and quality as well as professional conduct and the challenges in overall health sector. (carried over from Q4 2009) | - newspaper cuts | The objective of the newspaper cutting is to document the health and HV/AIDS topics that journalists publish in the newspapers, in particular review how many topics are related to health governance issues and responses made to Sikika's advocacy work and media engagement. The quarter 4 newspaper analysis is pending due to inadequate human resource in the department to cut and document newspaper cuts. Previously the activity was carried out by the field assistants. This activity is now handled by the office attendant who will finish it. We expect both Q4 2009 and Q1 2010 newspaper analysis to be completed and shared with our stakeholders in the coming quarters. Analysis will be shared on our website, via email and compiled | 30% |

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| | | 2010 book will be printed at the end of the year. | |
| Activity 4.7: Disseminate Sikika's work on social accountability for health and HIV/AIDS sectors through Sikika's volunteers to Ilala, Temeke, Kinondoni and Kibaha. | | | |
| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
| Disseminate publications produced by Sikika or any other partner on social accountability for health and HIV/AIDS sectors to citizens through volunteers, ward executives offices, school health governance clubs and different partners | <ul style="list-style-type: none"> - Publication distribution list - Poster tracking forms | <p>We expect that the publications will help citizens to get knowledge on social accountability and also help them to participate in different health planning and resource tracking processes.</p> <p>The dissemination was largely done by volunteers who receive these publications during monthly meetings.</p> <p>During this quarter, a total of 3133 Sikika publications and 200 Fema publications were disseminated in 35 wards of Ilala, Kinondoni, Temeke and Kibaha municipals.</p> <p>Our goal was to have each volunteer disseminate 100 posters per quarter, however only 50 posters were given to each volunteer for dissemination. This was done mainly to avoid damaging usage and dumping of posters in the public. The other 50 posters will be given to each volunteer during monthly meetings to replace the damaged ones. The posters were disseminated in newly strategic areas which included; street walls, electric polls, shops, market places, old buildings, building fences.</p> <p>Apart from posters, Sikika's publications were disseminated through school health clubs, in ward offices, citizens through meetings and events that staff attended this quarter.</p> <p>The materials disseminated are as follows:</p> <ul style="list-style-type: none"> - 450 copies of informative booklet on the popularization of the | 100% |

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| | <p>-Copies of booklet: “Jinsi ya Kushiriki katika mipango ya utoaji huduma za afya ya wilaya</p> <p>- Copies of q1 and q2 2009 YAV newsletters</p> <p>- Copies of posters: “Dai Taarifa za mikutano ya bodi ya afya ya wilaya na kamati ya afya katika kata yako, Ratiba na hatua za kuandaa mpango madhubuti wa kutoa huduma za afya wilayani(CCHP), Paza Sauti Dai huduma bora za afya and Unafanya nini kutatua Tatizo la Dawa na Vifaa?(MSD)”</p> <p>-Copies of fema publications “ Fema and Si mchezo”</p> | <p>CCHP formulation guidelines were disseminated</p> <p>- 730 copies of Sikika’s newsletters. The newsletters helped to inform stakeholders on Sikika’s progress, experience and sharing of information about health governance. They are also the venue to advocate for accountability and transparency in the health and HIV/AIDS sectors.</p> <p>- 1953 copies of four (4) different posters were distributed. Poster 1 addressed the timetable for development of CCHPs; Poster 2 addressed information sharing on health plans and reports, Poster 3 calls for citizens to raise their voices to demand for quality health services and Poster 4 addressed issue of inefficiency of the Medical store department in delivering timely medical supplies and equipments.</p> <p>- 200 copies of Fema publications were disseminated to citizens to empower them with knowledge on reproductive health and HIV/AIDS.</p> <p>At the end of the year, Sikika plans to conduct a survey to assess citizen’s knowledge and their engagement in health and HIV/AIDS issues by applying information that came from our publications. The survey will be used as a baseline study for the coming year strategic plan and will also be used to assess the changes/achievements from this activity.</p> | |
| <p>Identify and select a minimum of five partners who will include Sikika’s messages in their posters, banners and any other publications</p> | <p>None</p> | <p>In 2009, many of our posters have been taken down. In 2010, our approach is to partner with other companies/organisations that display posters and are willing to put our messages on them. This will give us an opportunity to maintain Sikika’s messages for longer period of time.</p> | <p>30%</p> |

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| | | <p>Following verbal conversation with different stakeholders, we managed to get free space from <i>Si Mchezo</i> magazine by Fema organization to publicize Sikika to the general public. Fema was chosen because their publications are very well known throughout Tanzania and therefore our messages will reach a wider public. From this space, Sikika's advocacy messages will be publicized to enhance good governance and accountability health and HIV/AIDS sectors. Identification and submission of Sikika advocacy messages to <i>Si Mchezo</i> magazine will be carried over to quarter 2. We are having problems selecting the other four partners but will continue to pursue new opportunities in Q2.</p> | |
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Department of Monitoring and Evaluation

| Activity 5.1: Development of Sikika's Strategic Plan 2011-2015 | | | |
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| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
| Review approaches taken by other NGOs to facilitate strategic planning for Sikika. | <p>IBP proposal</p> <p>Theory of Change Model by IBP</p> | <p>In quarter 1, we expected to review processes taken by other NGOs who have developed a 2nd strategic plan and assess which approach Sikika should take. We took several steps in developing our strategy, which includes identifying our focus area which will be HRH, Pharmaceutical and financial management. We also will use a Theory of Change model which came to our attention by our partner called International Budget Partnership (IBP). to identify objectives and activities that will continue in the next</p> | 20% |

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| | | strategic period. We will continue with the planning in quarter 2. | |
| Activity 5.2: Program Development and Implementation | | | |
| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
| Organise Board of Directors Meetings and monthly Management meetings | <ul style="list-style-type: none"> - Invitation letter to Board of Directors Meeting - Agenda for Board of Directors Meeting - Board of Directors Minutes - Email invitations - Management meeting minutes - Meeting agenda | <p>This quarter, one Board of Directors meeting was held on January 22, 2010. The main objective of the meeting was to receive approval from the Board on 2009 Annual Report, 2010 Activity plans and budgets. The Board Members approved our reports. In addition, the Board Members were informed about the issue of recruitment and the fact that our Program Officer post for Policy and Advocacy-Health remains open since 2009.</p> <p>A Management Meeting was held on February 25th. In the meeting the main areas of discussion was to update the Management in fundraising, and also introduce our new Programme Officer for Policy and Advocacy -HIV/AIDS. In addition, Sikika's expansion to new regions was discussed and two staff were designated the assignment to search for possible regions and districts where Sikika can expand.</p> | <p>100%</p> <p>35%</p> |

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| Advertise vacancies as necessary | | We did not have any new vacancies in this quarter. We continue to headhunt for the open position of Program Officer-Policy and Advocacy –Health since 2009. | 0% |
| Conduct in house or out of office trainings to build staffs capacity | <p>-back to office reports</p> <p>-IBP application form</p> | <p>Sikika’s staff members attend various workshops and seminars organised by other organisations to build staffs capacity in their area of work and to improve the implementation of their activities and also to network and learn from alike organisations that are working in similar areas.</p> <p>Sikika’s documentation and media work needed some improvements. For example staff failed to document reports from out of office events. In addition, the role of Media Coordinator in 2009 was not synchronised with department’s activities. On January 21, several staff visited Hakielimu to learn about their media and documentation work. The objective was to learn from Hakielimu, an organisation that is heavily engaged in media and has strong documentation system. Since this year, Sikika will heavily engage with the media, it was a good learning opportunity for staff on improving relationships with media and documenting our work. Information from this meeting was shared with other staff members. As a result, our documentation in x-change drive and filing of hard copies has been improved in quarter one. The M&E also conducted a presentation in quarter 1 how to better document their work.</p> <p>A Program Assistant for Policy and Advocacy-Health and Senior Programme Officer for District Health Accountability attended</p> | 100% |

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| | <ul style="list-style-type: none"> -Invitation letter -Back to office report -Education material from the workshop -email invitation - mainstreaming material -Email communications between SDC and partners | <p>an IBP budget workshop that was held in South Africa from March 1st to March 10th. The workshop built staffs capacity on research, analysis and advocacy to improve health allocations /expenditure and overall to enhance the impact of our health activities. This workshop is also one of the partnership initiatives between Sikika and IBP.</p> <p>On February 16th, the Programme Assistant from the M&E Department attended a video conference facilitated by EAAG on Monitoring and Evaluation Systems. In particular, the conference covered: Principles and Systems of Monitoring and Evaluating, Designing an effective M&E system, Designing a change monitoring framework. Soon after this event, the Programme Assistant went on maternity leave. After the end of her leave, the department will seek clarification from the event and use the skills in improving the M&E.</p> <p>Between February 16-18, the Programme Coordinator and Programme Officer Policy and Advocacy –HIV/AIDS attended a gender and HIV/AIDS mainstreaming workshop facilitated by SDC. In this workshop, the staff had an opportunity to exchange, share experiences and network with other organisations. In addition, it gave us an opportunity to learn about the model that SDC uses to develop their mainstreaming tools. It came in good time for Sikika and the lessons will be applied when Sikika develops the new strategic plan.</p> | |
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| <p>Conduct Friday Presentations to share learning with other staff.</p> | <p>Friday presentation schedule Friday presentation documents</p> | <p>February 22-24, the Programme Assistant-Health Service Users participated in REPOA meeting. In this meeting, she learned about the effective use the budget information to influence decision making at central and local levels in order to enhance transparent and accountable system. This knowledge will strengthen our budget analysis work and foster a team working environment.</p> <p>The objective of Friday presentations is to share information from our analytical studies, results from our activities and our out of office events/trainings...ect. This is a good learning opportunity for all staff. Fridays can also be used as a workshop where Departments can collectively work on an assignment. This quarter a total of five Friday presentations were conducted. The main topics presented include: Dialogue Structure of Health sector at central and district level, Sikika's engagement with volunteers, Advocacy work at Sikika and feedback from IBP's budget workshop (IBP).</p> | |
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Activity 5.3: Programmatic monitoring, evaluation is documented and frequently updated

| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
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| <p>Success Stories/ Stories of Change</p> | <p>Success story template February Volunteer meeting minutes</p> | <p>This quarter, the department did not document any success stories; however initial steps were taken for collecting stories. For example, we assisted the Health Service Providers/Users Department in identifying topics from our 2010 activity plan for collecting stories. A template for story collection was drafted and introduced in February volunteer meeting. Several stories were collected in one month (March). Staff will select some of the stories and share them in the public.</p> | <p>15%</p> |

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| | <p>-Weekly Reports form -Weekly Monitoring Tool and analysis</p> | <p>The objective of the weekly reports is to understand the short term activities staff are doing and the workload for the coming week. It is also a good way for all staff to receive update on each departments work. The M&E Assistant continues to monitor staffs weekly reports as they are due every Friday morning.</p> | <p>54%</p> |
| <p>Departments' Progress Reports</p> | <p>-BoR Reports -Sikika's Activity Calendar</p> | <p>The objective of Back to Office Reports (BoR) is to document evidence of staffs out of office events. In addition it allows us to document the purpose of the events, how it benefits Sikika and future steps that will be taken to implement the lessons learnt. We started to also document Sikika's inputs in various public hearing on bills and national technical review meetings. This information will be used to determine if any of our recommendations have been taken up and also to document changes/results from our work.</p> | <p>75%</p> |
| <p>Staffs Back to Office Reports</p> | <p>Website</p> | <p>The department manages the website to share new information with online users. This quarter, we added new information in the rolling news section. In addition 4 press (English and Kiswahili) releases on malnutrition in Tanzania leading to child death. In addition one policy brief titled "whos taking care of our health" has been uploaded. We have recruited a consultant who will create a new website template that will reflect Sikika's work in policy and governance. The changes will include new section on policy and advocacy and success stories from citizens who are raising issues and taking action for improving quality of health services. In addition, new software will be used that will make managing of the website easier for non-technical staff.</p> | <p>80%</p> |
| <p>Sikika's Website</p> | | | |

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| Sikika's Contact Database | Google Analytics tracking tool Website monitoring report | We are tracking visitors on the website using an online tool from google called Google Analytics. A report was written to announce the frequency of visits to our website. | 100% |
| | Contact database Email announcements | The department continues to update Sikika's contact database. For example this quarter, new partners and NGOs have been added in our database so they can receive letters from Sikika about our change of name. Over 250 letters went out to stakeholders that were originally not in our database. In addition, we sent out our press release on "who's taking care of our health" to selected contacts in our database. | |

Activity 5.4: Coordinating Media Engagement and Information Sharing

| Sub activity | Documented Sources of Evidence | Progress against output/activity | Status |
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| Improve Media Coordination within the organisation and also documentation of engagement. | Press releases Quarter 1 report | The objective of the Media Coordinator is to be the main point of contact between Sikika and the media. The Media Coordinator is to make sure that Sikika's information goes out to the public and that the organisation responds to any issues affecting health and HIV/AIDS governance. Improvements have been made to Media Coordinator's role in 2010 as indicated in the 2010 Activity Plan. For example, the Media Coordinator is fully engaged in reading newspapers on daily basis and informing respective departments about current news that requires Sikika's attention. In addition, each department in 2010 activities is responsible for writing articles in the newspapers and engaging in interactive radio programmes. Documentation of press releases, new articles and chart for our radio programmes has been developed. | 65% |
| Hire a consultant to promote | ToR Consultant | A consultant was hired on February 2, for publicising our work as | 50% |

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| Sikika's new name including the design of logo and other material | Sikika's Logo Website template Envelope Letterhead Brochure (draft) Business cards | Sikika. The consultant designed Sikika's logo, letterheads, business cards, re-designed the website template and some promotional items. other material. | |
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