



MID-YEAR REPORT 2010

VISION

A Tanzania where healthy and responsible citizens enjoy equitable, affordable and quality health services as their basic right.

MISSION

Sikika works to improve citizen participation, transparency and accountability of health and HIV/AIDS sector in Tanzania. Our current programme Strategy runs from 2006-2010, and it covers the four districts of Kinondoni, Ilala, Temeke and Kibaha. Through this Programme Strategy, over and above, Sikika wants to contribute to realization of the following outcomes:

1. Citizens are capable of demanding accountability from all levels of government officials as a result of undergoing capacity building by Sikika
2. Local government authorities and health service providers are transparent and accountable to the public by providing timely and accessible information on health, implementing participatory district health planning and delivering quality health services
3. Central government is transparent and accountable to the public on health matters by providing timely and accessible information and ensuring participatory health planning, implementation, monitoring and evaluation, including the district and local level
4. The Health sector in Tanzania recognizes the inherent right of all Tanzanian citizens, 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.

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ABBREVIATIONS

BWG	Budget Working Group
CSA	Centre for Social Accountability
CCHPs	Comprehensive Council Health Plans
CAG	Controller and Auditor General
CSOs	Civil Society Organisations
FemAct	Feminist Activists Coalition
HEqG	Health Equity Group
IBP	International Budget Partnership
JAHSR	Joint Annual Health Sector Review
LGA	Local Government Authorities
MDAs	Ministries, Departments and Agencies
MPs	Members of Parliament
MSD	Medical Store Department
MoHSW	Ministry of Health and Social Welfare
MKUKUTA	National Strategy for Growth and Reduction of Poverty
NACP	National AIDS Control Programme
PER	Public Expenditure Review
SWAp	Sector Wide Approach
TGNP	Tanzania Gender Networking Programme
TACAIDS	Tanzania Commission for AIDS
TAF	Tanzania AIDS Forum

1.0 DEPARTMENT OF POLICY AND ADVOCACY – HEALTH

The Department of Policy and Advocacy – Health is working to realize that the central government becomes more transparent and accountable to the public on health matters by providing timely and accessible information and ensuring participatory health planning, implementation, monitoring and evaluation. For the period of January to June 2010, the department was staffed with a Program Assistant who holds a Bachelors Degree in Political Science and Public Administration and two Interns. The process engaged to recruit a programme officer pursued since October 2009 was unsuccessful. To achieve the stated outcome, the department worked on a number of activities as explained below;

Activity 1.1: Conducting Analyses and Engaging with Parliamentarians

The Department of Policy and Advocacy – Health planned to conduct several analytical studies for social accountability purposes. These include; health sector budget analysis, assessment of the effectiveness of oversight bodies, expenditure management and assessment of Government’s commitment and Parliamentary debates. These studies are for assessing and showcasing the situation of planning, resource allocation and the performance. They are used to propose recommendations for efficient public health service delivery. On the part of the citizens, these studies are meant to inform/build their capacity on how to systematically follow up on discussions around the health sector and participate from the planning to the implementation phase.

Budget Analysis

During the first quarter, following the inefficient budget allocation by the Government, especially allocating significant amounts of funds to areas that Sikika considers unnecessary, we conducted an analysis on how the government allocated its budget for the year 2009/2010. Our emphasis was on efficient allocation. The analysis focused on six expenditure items which Sikika considers unnecessary because they have negligible utility to majority of Tanzanians. These include training, allowances, travel, acquisition of new vehicles hospitality supplies and services as well as fuel, oil and lubricants. Our call

for the government is to significantly reduce expenditures in these items and redirect saved funds to development projects that will benefit the majority of Tanzanians.

Our analysis indicates that the government reduced overall unnecessary expenses on their recurrent budget from 683.7 billion Tshs in fiscal year 2008/09 to 530.3 billion Tshs in fiscal year 2009/10. This reduction is equivalent to 22%. To communicate these findings to policy makers and citizens, Sikika produced a policy brief which was titled *'Allowances, Seminars, Vehicles and Travel. A brief on the government to refocus Expenditure'*. Recommendations were therefore provided through this brief on how the funds from these areas could be reallocated to have direct benefits to citizens for example, to strengthen delivery of quality primary health services. This brief was shared with government officials and policy makers. An electronic version was also shared to a mailing list of about 200 recipients ranging from academicians, diplomats and members of CSOs.

However, a recent budget analysis done in June for the current fiscal year (2010/11) indicates that these expenditures have slightly risen to 537 bn TSh, thus clearly contradicting the government's stated commitment to spend its resources more wisely. The Ministries, Departments and Agencies (MDAs) which improved in terms of reducing overall spending on unnecessary expenditures include the department of Public Debt and General Service (-93%), Ministry of Education and Vocational Training (-90%) and the Attorney General's Chambers (-83%). On the other hand the Electoral Commission, the President's Office – Public Service Management and the Ministry of Energy and Minerals increased their expenditure on these items by 2429%, 281% and 154% respectively. A new brief will be published in the third quarter. It will be distributed particularly to decision-makers who have influence in the budget process in order to influence the 2011/12 budget. Forums such as sectoral annual reviews taking place in September will particularly be targeted.

Assessment of Effectiveness of Oversight bodies

Several studies have documented ineffectiveness of oversight functions regarding management and expenditure of public resources in Tanzania. During the first quarter, Sikika utilised its 2009 report on effectiveness of oversight bodies to publish a policy brief titled '*Who is taking care of our health? Oversight of public health resource*'. The aim was to alert members of oversight bodies regarding their ineffectiveness ahead of the release of new audit reports by the Controller and Auditor General (CAG). The brief presents that the Parliamentary Committees as well as the Controller and Auditor General have not been effectively holding the government accountable.

The brief also observed that oversight structures themselves are a problem. For example, the Minister of Finance presents only a consolidated audit report to the National Assembly for discussion. Hence the MPs do not discuss issues that are specific to each MDA. Also, despite the queries by the CAG for the Ministry of Health and Social Welfare, the Hansard of 29th July 2009 indicated that the Chairman of the Social Services Committee did not raise any of these issues in his speech during the budget discussion on the MOHSW. However, the Shadow Minister for Health raised four specific issues on the MOHSW's audit report which unfortunately were not answered by the Minister.

Sikika is now following up whether CAG's recommendations for the Ministry of Health and Social Welfare were implemented in 2009. Several documents have already been referred to including the most recent audit report for the ministry. Few interviews are planned with officials of the Ministry of Health and Social Welfare, Ministry of Finance and Economic Affairs as well as a few Members of Parliament and donors. A report will be released in the third quarter.

Government Health Policy Priorities assessment (2005 to 2010)

It was Sikika's plan to carry out a study to assess the achievement of health related government commitments made for the period 2005 to 2010. The terms of reference for the consultant are in the final stages and the study will start in the third quarter.

Health Sector Budget Analysis (2010/11)

After obtaining the budget guidelines as well as the budget books in the second quarter, the department embarked on the 2010/11 health sector budget analysis. The aim was to assess the overall allocation for the sector and, more specifically, concentrating on human resources for health, medicines and supplies. The efficiency of the health sector budget allocation and issues of under-funding or misallocation of funds were also assessed. Initial findings of the health sector budget indicate that the Ministry of Health's budget is not well linked with corresponding plans and programs. For example, according to the Strategic Plan for Human Resources Development, the Ministry of Health and Social Welfare should allocate at least 20% of its internal budget for human resources to address the current challenges in this respect. Looking at the ministry's budget for the year 2010/11, only 6% of its budget is allocated for this purpose. In addition, pattern of spending in the development budget is in the form of consultancy services, workshops, travels, and inflated fuel prices. This analysis will be finalized in the third quarter and thereafter advocacy campaigns on efficient and effective allocation will be carried out. This will include using the avenues that we have secured with government officials as well as other stakeholders.

Performance and Expenditure Management in the Health Sector

The Department of Policy and Advocacy had planned to conduct a study on budget performance and expenditure management of the Ministry of Health and Social Welfare for the year 2009/10, which would also look at the effectiveness of oversight bodies. The study was not done due to time constraint, however the department managed to draft the Terms of Reference and the work is expected to start in the third quarter after identifying a consultant.

Engagement with Parliamentarians

To realize changes in terms of allocation of the budget, policy makers need to be convinced why the current budget allocation is inefficient and ineffective. After producing the draft of the health sector budget analysis for 2010/11, Sikika shared the findings with the Parliamentary Committee on Social Services on 24th June 2010 in

Dodoma. This was meant to give highlights of the 2010/11 health sector budget to Members of Parliament (MPs). The expectation of Sikika was to enable the MPs to effectively discuss the MoHSW budget which was presented in the Parliament on June 28th 2010.

Excerpts from our presentation were included in the speech by the Chairperson of the Parliamentary Committee for Social Services. The Shadow Minister for Health asked Sikika to help him write his speech, and what Sikika wrote for him, he presented in the Parliament as it was, with little changes. Some of our findings on misuse and abuse of public resources in the MoHSW and insufficient budget allocation for Human Resources for Health were raised by individual Members of Parliament during the budget sessions for the health sector. Sikika monitored the discussion and approval of health budget through television. There was no substantive response from the Minister for Health and Social Welfare. A complete analysis of our interventions and responses of the government will be done in the third quarter.

Sikika has worked with Parliamentary Social Services Committee for the past five years and now we are now winding up our current strategic plan. During the third quarter, we will assess our engagement with Members of this committee to guide us in drafting our upcoming strategic plan (2011 -15).

Activity 1.2: Public Policy Dialogues

The department planned to play an active role in public dialogues which provide a good avenue for Sikika to share different findings from analytical works and to call for corrective actions to improve allocation and accountability of resources to benefit citizens. Through such dialogues, Sikika therefore represented citizens and contributed to improving the formulation as well as implementation of policies and practices.

Between January and June 2010, Sikika got the privilege of engaging with processes of the enactment of laws. Among these include the Nursing and the Midwifery Bill and the Pharmaceuticals Bill. On January 19th 2010, Sikika presented CSOs' opinion on The

Nursing and Midwifery Bill of 2009 to the Parliamentary Committee for Social Services in the Bunge office in Dar es Salaam. The objective of the Bill was to promote and regulate nursing and midwifery services so as to facilitate good implementation of the functions of nurses and midwives. Sikika's recommendations' were meant to address several deficiencies noted in the Bill such as: the composition of the councils, stated procedures for full registration and provisional registration of nurses and midwives and functions of various committees. Our contribution was acknowledged by the Minister of Health and Social Welfare during Parliamentary discussion of the Bill in February 2010. An analysis of how much of our inputs were taken by the committee will be done when the Bill is approved.

On 20th April 2010, Sikika in collaboration with Legal and Human Rights Centre, made recommendations on the Pharmaceuticals Bill 2010. The bill intended to regulate the pharmaceutical profession in different levels and provide for the regulation and control of the Pharmaceutical Council in terms of its powers and practice. This Bill was, however, was not discussed in the Parliament. We will assess our contribution in the new Act once it is enacted.

Sikika is a member of SWAp Technical Committee, Health Care Financing working group and the Task Force for preparation of Annual Health Sector Review. Sikika attended three meetings organized by the taskforce for preparation of the Joint Annual Health Sector Review (JAHSR). This taskforce discussed and agreed on reforming the Joint Health Sector Review Meetings, which will happen bi- annually in the future. Hence in 2010, there will be a small review in preparation for the main review. Draft terms of reference for a small JAHSR in 2010 have been developed by this group. The Taskforce also reviewed the health sector dialogue structure pending approval by the management of MoHSW. This taskforce also sets the agenda for the SWAp Technical Committee meeting which was held on 19th of May. Sikika's focus in this Taskforce has been to represent CSOs that are pushing for a full implementation of milestones and ensure citizen's voices regarding the quality of healthcare and effective budgets are given space in the review.

In this reporting period, Sikika attended one SWAp Technical Committee meeting and one SWAp bi-annual meeting. The major points of the agenda were updates on the implementation's progress of the 2010 milestones, the 2010/11 MTEF for MoHSW and PMORALG, income and expenditure of the MoHSW and PMORALG in the fiscal year 2009/10, strengthening monitoring and evaluation of the MoHSW, and preparation of 2010 mini JAHSR.

Due to lack of time and adequate personnel at Sikika, we only managed to attend one meeting of the Health Care Financing Working Group. This meeting discussed the ToR for the group and agreed on activities in 2010. Among these activities are the Health PER and the development of the Health Care Financing Strategy. The draft's ToRs for consultants are now in place and the implementation will start in the third quarter.

On 27 March 2010, Sikika attended a workshop on the Participation of Civil Society Organizations (CSOs) on improving Public Ethics which was organized by the Vice President - Office Public Service Management. The aim of the workshop was to build up partnership between the government and CSOs so as to ensure accountability among civil servants. The workshop developed an action plan and agreed to meet once in every quarter and work together to improve public ethics. Sikika expects to use this forum to share and push for the agenda of social accountability among public officials by using the findings from its analytical works like the reports of the CAG and ask for proper actions to be taken against those who abuse or misuse public resources.

Activity 1.3: Participation in activities initiated by NGO networks and other partnerships

This activity involves networking with other organizations that want to achieve the same targets as Sikika so as to have a collective voice in advocating for the good use of health resources.

Health Equity Group

Sikika is a member of the Health Equity Group, which is a network of four organizations advocating for quality health services in Tanzania. Between January and June this year, Sikika attended five Health Equity Group meetings including the executive committee meetings. For this reporting period, the group's main agenda was the development of the network's next five year strategic plan starting 2011. This was achieved and Sikika contributed to the plan by working out and integrating its own plan of activities and those it will undertake jointly with the group. The plan has been finalized and submitted to Irish Aid who funds the network.

Policy Forum

In this reporting period, Sikika, as a member of the Budget Working Group of the Policy Forum, participated in three monthly meetings of the Group. The main agenda included the review of implementation of budget working group annual work plan, the MKUKUTA review process, collaboration with International Budget Partnership on budget analysis training, citizen's budget and proposal, and a plan for advocating the Budget Office and Budget Act. The work plan for the Budget Working Group has been reviewed and is being implemented. With the support of the IBP, a two day learning session on citizens' budget was conducted with members of the working group. This was meant to inform them how they can simplify the government budget information into ordinary language. After the workshop, a brief on citizens' budget was prepared in which Sikika prepared the chapter on health. This is expected to be published in the third quarter. CSOs including Sikika provided their inputs in the MKUKUTA review process through PF and the final MKUKUTA document is awaited in order to see how the government will have incorporated their views. In this working group, Sikika is advocating for increased transparency and efficiency in the government's budgets.

FemAct

Between January and June 2010, Sikika attended five FemAct meetings including the Directors' Forum. Among the agenda for this period were the Gender Festival, formation of thematic areas and FemAct Voters' Manifesto. The Gender festival was organized by FemAct and involved the HEqG and it was conducted in Kisarawe on 28th to 30th June 2010 of which, due to workload, only one field assistant from Sikika attended the event. It was a success though there were concerns that it was mostly perceived as an event of Tanzania Gender Networking Programme rather than FemAct. This was because of the visibility of many staff from TGNP and a low attendance of FemAct members. This was discussed and it was agreed that, next time, journalists need to be informed in advance so as to avoid misreporting about the festivals. In the FemAct, four groups based on thematic areas for advocacy were formed. Sikika is a member of the corruption and accountability group. The groups are meant to provide an avenue for the organizations to share what they are doing with others. Sikika joined other members and worked on the voters' manifesto which was meant to highlight the position of CSOs during the election time. This is to be done in October this year, stressing the need of the citizens to be informed so as to elect leaders who are responsible and accountable to citizens' needs rather than self-seekers. Sikika participated in this process as well as during the launching of the election manifesto as one of the strategies of ensuring that accountable and transparent leaders are elected in future and they can take care of the health of the citizens.

Activity 1.4: Efficient and effective rapid advocacy response

This activity involved producing quick responses to issues related to policies, governance and accountability of public resources through FemAct. Sikika participated in the preparation of public rally which was to be held in mid this year. There were major scandals about corruption, environmental health hazards in the mining areas, and forced eviction of pastoralists in Loliondo which were poorly discussed and concluded by the Parliament. Sikika through FemAct called for accountability of the Parliament over these issues. Through FemAct, Sikika and other CSOs expected the MPs to discuss these issues in light of protecting public resources and rights of the citizens.

Due to other commitments by the organizations, the public rally did not take place. A need for more activism on the part of the FemAct members was proposed as advocacy needs to be done in time; otherwise it will not realize the intended objective.

In June, when the national budget was being tabled in the Parliament, we realized that most of the Members of Parliament had not received the budget documents on time. Budget books were available to MPs two days before the Budget Speech, contravening the Parliamentary Standing Orders which requires MPs to be given budget books 21 days before the Speech. This undermines the quality of budget discussions by MPs. We issued a press statement to remind both the government and Parliament of this requirement. We further discussed this problem with the Members of the Parliamentary Social Services Committee. Some of them testified that in the single party system, budget books used to reach MPs in their constituencies before they assemble in Dodoma.

During the same period of tabling of the budget, there was a concern about the length of the session. Bunge budget session was shortened from the normal period of two months to five weeks provoking complaints by the public for fear of rubber stamping the budget. We released a press statement to remind citizens and MPs that the entire government budget is technically approved during the approval of the Budget Speech by the Minister for Finance. MPs have no constitutional mandate to change anything in the budget unless they want the President to dissolve the Parliament. All sector specific budget discussions which follow after the approval of the Budget Speech by Finance Minister are largely cosmetic since they cannot make significant changes to the budget. Given the fact that these MPs are paid allowances for the whole period of Bunge budget session it therefore becomes a misuse of public money since the sessions don't have any impact in changing the budget being discussed.

Activity 1.5: Tracking Studies

Human Resource for Health

In 2009 Sikika obtained endorsement from the Directorate of Human Resources Development of the MoHSW to conduct a survey on the newly deployed human resources for health in the country. The survey covered 104 Councils out of a total of 132. It aimed at examining the status of new health workers who were posted in the councils according to reports by the MoHSW. Data was analysed and were given to a consultant to collaborate with Sikika staff to write the report which is expected to be completed in the third quarter. The first draft of the report will be presented to the Human Resources for Health Working Group of the MoHSW for inputs and further recommendations. When finalized, it will be presented to the MoHSW and copies will be distributed to various stakeholders such as local government authorities, Members of Parliament, CSO networks, donor agencies, training institutions and media. The findings will be used as a baseline for further interventions to monitor availability of human resource in Tanzania, and for guidance in terms of distribution as well as informing training needs. Sikika will use the avenues that it gets with the government such as during the Joint Annual Health Sector Review and in the Technical Working Groups and other forums and push for this agenda to improve the status of human resource for health in the country using the findings in the report.

2.0 DEPARTMENT OF POLICY AND ADVOCACY – HIV/ AIDS

The department of Policy and Advocacy HIV & AIDS is responsible for social accountability interventions such as monitoring the resource allocations, expenditure management, performance of officials and oversight bodies that are related to HIV and AIDS. The aim is to see that the central government is transparent and accountable to the public, and citizens are able to demand accountability from all levels of government on issues that are related to HIV and AIDS. The department is led by a Program Officer who holds a Masters Degree in Human Ecology and Junior Program Officer who possesses a Bachelors Degree in Sociology. They both have less experience and extensive knowledge on issues related to health and HIV & AIDS, research and social accountability monitoring, community development, project cycle management as well as capacity building and advocacy.

Activity 2.1: Conducting Analyses and Engagement with Parliamentarians

The goal of this activity is to advance social accountability by conducting several analytical studies such as HIV & AIDS sector budget analysis (pre and post); performance management of Tanzania Commission for AIDS and National AIDS Control Program and assessment of Global Fund in Tanzania. These analytical studies were intended to increase the capacity of Members of Parliament to encourage them to raise questions and ask for explanations and justifications during health and HIV & AIDS sector budget sessions held in the Parliament and also to inform the general public on how to systematically follow up on discussions around health and HIV & AIDS issues.

Expenditure Management of funds released by the Global Fund

During the first quarter, the tracking study on the Expenditure Management of funds released by the Global Fund for the HIV & AIDS sector was conducted. This was to assess how effectively and efficiently are the funds released by the Global Fund spent. A consultant was hired to conduct a study and examine funds spent by the Ministry of Health and Social Welfare through the Medical Stores Department. The consultant report was reviewed and revealed some weaknesses in implementing the Global Fund activities in Tanzania such as poor record keeping, extended delay in procurement of drugs and supplies, overstocking/oversupply of drugs and inadequate storage facilities. The subsequent report showed the negative side of the Global Fund's implementation in Tanzania. Thus, Sikika found it necessary to do extra interviews with other recipients of Global fund that have been able to use the assistance efficiently. This was to help showcase the Fund's benefits despite some flaws observed in some institutions especially Medical Store Department (MSD). If utilised efficiently, the resources provided by the fund can benefit a lot of people affected with HIV & AIDS. In the meantime, the questionnaire/interview guide is being developed and efforts are being made to identify institutions that performed well. The findings will be used to advocate for efficient use of resources to benefit the poor.

Annual Performance Assessment for TACAIDS and NACP

Annual performance assessment for Tanzania Commission for AIDS (TACAIDS) and the National AIDS Control Programme (NACP) was planned to be conducted in the first quarter, assessing the performance from the year 2006/07 to 2008/09. This work proved hard to conduct due to difficulties in accessing the documents from both institutions. Despite several efforts made which included writing formal letters to the institutions and sending a consultant, we were not able to obtain the necessary documents and therefore the study was called off until further notice.

Activity 2.2: Participation in public policy dialogues and processes, reviews, public hearings and exhibitions.

We participate in public policy dialogues and processes in order to influence positive changes in different policy setting agenda in order to better represent citizens and realize Sikika's vision of seeing healthy and responsible citizens enjoy quality health services.

Review of the 2001 National Policy for HIV and AIDS

Taking into consideration changes such as demographic, technological, economic and socio-cultural which happened since 2001 when the National HIV & AIDS came to inception, the Government of Tanzania felt that there was a need of reviewing the 2001 National Policy for HIV and AIDS. Sikika took part in this review process through Tanzania AIDS Forum. This department together with Human Development Trust and Action Aid Tanzania led the process of collecting recommendations from 34 CSOs to be used to input into the new National HIV and AIDS policy. The consultative meeting between different CSOs from Dar es Salaam, Kagera, Mbeya, Dodoma, Singida, Mtwara, Coast and Lindi regions was organised. Recommendations were collected and a consolidated report was produced and sent to TACAIDS for consideration. Our proposals were mainly meant to make sure that the new policy would take into consideration the needs of special groups of people (.E.G disabled) into account and that the question of nutrition to people living with HIV/AIDS is included in the policy. Our argument was that this was possible through effective use of resources allocated for

HIV and AIDS. It would also make it possible to employ more staff for the delivery of quality services. We are yet to receive the new policy so as to assess how many of our recommendations have been included.

Finance and Audit Committee

Participating in the Finance and Audit Committee for HIV & AIDS is crucial for Sikika since the Committee advises TACAIDS on how to coordinate and guide the policy and programming of financial systems, management, resources mobilization, auditing, good governance and strengthening of pooled funds for the prevention and control of HIV & AIDS in Tanzania. The committee meets once every quarter. In the first quarter, we attended the Finance and Audit Committee meeting, where two topics were discussed: Firstly, the Public Expenditure Review (PER) Draft Report for the year 2007 – 2009 and secondly Local Government Authorities' (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. The documents were circulated late and so we attended the meeting while inadequately prepared. We managed to get the draft PER report which gave a picture of budget trends and constraints within the HIV & AIDS sector. The LGAs Second Tranche distribution document was sent back to the Ministry of Finance for approval. When finalized, the PER report will be used to assess the financial performance of the HIV/AIDS sector.

A similar meeting which took place in the second quarter was not attended by this department, despite our efforts to make necessary follow ups we received an invitation in the eleventh hour and we could not make it.

CSOs Exhibition-Zanzibar

We also attended the CSOs exhibition in Zanzibar in May 2010. The aim of this exhibition was to bring together groups of people, organizations, institutions, scholars, government officials, private sector and civil society organizations' representatives to

share and exchange ideas, experiences and reflections on their engagement in promoting the growth of civil society sector and its contribution to poverty reduction. One of our staff members together with a field assistant attended the exhibition and shared information about our role in advocating and promoting social accountability and good governance. The staff member also gave a speech to the participants on the qualities of good leadership. This was meant to be a wake-up call informing the participants about their duty to advocate for election of good leaders as we approach the General Election.

Activity 2.3: Participation in activities initiated by NGO networks and other partnerships

The aim of being part of networks is to influence broader policies and defend human rights with other CSOs collectively. Networking offers Sikika opportunities to share experiences, information, and learn different advocacy strategies from others and strengthen ours. We also develop relationships with other organisations that in turn support us in our works.

MKUKUTA II

Through this department, Sikika participated in several activities that were initiated by CSO networks and other partners. These included the MKUKUTA review which was conducted in May 2010. It was initiated by the Policy Forum and HakiElimu with the aim of collecting CSOs views for the final MKUKUTA II draft. The review process included 70 CSOs. Sikika was part of the group discussions that sought to come up with an improved version of MKUKUTA II, which is now in government's hands for implementation.

Tanzania AIDS Forum (TAF)

TAF is an Organization that coordinates Civil Society Organization working on HIV/AIDS in Tanzania. In May 2010; we attended a two- day TAF annual general meeting. Part of the agenda was the election of the TAF chairperson and presentation of Tanzania National Coordination Mechanism (TNCM) code of conduct. Sikika's Executive Director

(Irenei Kiria) was elected to lead TAF for two years. The department of Policy and Advocacy (HIV & AIDS) will take a lead role in all TAF's activities.

Citizen's Budget

Given the nature of the budget presentation in Tanzania, it is very difficult for citizens to make sense of what it contains and its implications. In collaboration with the members of the Budget Working Group (BWG) of the Policy Forum, the department participated in developing the Citizen's Budget. Citizen's Budget is a simplified digest of the national budget produced in a format that makes it easy for the ordinary citizen to understand the main feature of what the Government has planned for the financial year. A citizen's Budget mentions in brief where the government is going to get its money and how it has arranged to spend it. The objective of producing such a document is to make budgetary information in Tanzania more accessible and interesting to citizens as well as giving them the opportunity to be more involved in the government's planning and expenditure processes.

The International Budget Partnership (IBP) mentored the BWG in particular regarding the citizens' budget. On April the IBP organized two-day training on how to prepare Citizen's Budget at Regency Park Hotel in Dar es Salaam. We attended the training and assisted in preparing the health section of the Citizen's budget. Upon its completion, it is expected that the citizen's budget will enable citizens to understand the budget and make follow up of its implementation.

In the spirit of the Citizen's budget, Sikika is committed to advocating for enactment of Budget Act, which will legalize the accessibility of the budget as well as budget information on time to the public and in a simplified manner. It is our expectation that, Citizen's budget will enable citizen to understand the budget process and hence increase their participation in the budget process. This will be observed using social accountability monitoring tools.

Activity 2.4: Efficient and effective rapid advocacy response

This department is newly introduced and the staffs were new, so nothing much was achieved. The management used most of the time to orient them to Sikika and introduce them to activities on policy development as well as connecting them in policy dialogue.

Activity 2.5: Tracking Studies

Some major problems have been recorded by the Office of the Inspector General of the Global Fund in areas of procurement, storage and distribution of ARV drugs in Tanzania. Sikika planned to follow up the discovery with a tracking study on ARVs and recommend improvements. More ground work is, however, needed before Sikika engages in this study in collaboration with Tanzania AIDS Forum (TAF).

3.0 CITIZEN ENGAGEMENT WITH HEALTH SERVICE PROVIDERS

Department of Community Mobilization works in Temeke, Ilala, Kinondoni and Kibaha councils. For the past six months, this department has been served by two staff, a Programme Officer who has a Masters Degree in Development Studies, a Programme Assistant who has Bachelors Degree in Political Science and Public Administration and 70 volunteers. The main objective of this department is to advocate for Local Government Authorities and health service providers to be transparent and accountable to the public by providing timely and accessible information on health, implementing participatory district health planning and delivering quality health services.

Activity 3.1: Citizen's engagement to advocate accountability and transparency in public health care systems at district level.

Monitoring efficient supply of information

Through its 70 volunteers (35 Males, 35 Females) and members of Sikika health governance school clubs, Sikika continued to monitor supply of information in both health facilities and local government offices at district level. The main objective of this activity was to determine the status of information sharing between health service providers and health service users. The same activity, in the long run, aims at

increasing transparency in health service provision so as to ensure health service users have timely access to information on health services delivery.

By using Sikika Research Report on Downward Accountability (Kiria, 2009), information monitoring checklist was developed and finalised in late February 2010. This was then followed by information monitoring exercise which was conducted each month from March to June 2010. The exercise used both the developed checklist and face to face interviews with official in-charge of health facilities and/ or local government officials. This monitoring exercise was to cover 25 villages, 172 streets, 35 wards offices and 47 health facilities in Temeke, Kinondoni, Ilala and Kibaha council authorities. Information monitored in this exercise included (but not limited to) announcement of governing committee meetings; agenda of the announced meetings; annual and quarterly income and expenditure reports for respective health facilities, ward and street/village offices, annual and quarterly plans; implementation updates and or reports; activities and administration of daily services.

From March to June 2010, Sikika volunteers managed to monitor 63% of the targeted 279 notice boards in health facilities and local government offices in their respective wards. This monitoring exercise shows evidence, that key information on budgets, implementation reports, annual and quarterly income and expenditure reports for the respective health facilities and local government offices were rarely posted.

Of all 176 monitored notice boards, only 7% of health facilities and 21% of the street/village and ward offices posted information on budgets, implementation reports, annual and quarterly income and expenditure reports for their respective offices. Interestingly, there is notable increase in the number of health facilities posting key information from 7% in March to 12% in May 2010.

Our volunteers took further steps by lodging requests for the information on budgets, income and expenditures from in-charges of health facilities and local government offices. The intention was to stimulate understanding on government's efficiency in

responding to specific information demands by citizens. Following frequent follow-up visits to the respective offices, Sikika volunteers got information on income and expenditures of the respective facilities they monitored; these included 15 health facilities, 43 streets/village and 12 ward offices. Other facilities/offices neither posted information nor shared it with our volunteers. Some government officials considered the information on budget, income and expenditure to be confidential and therefore not to be shared with anyone besides higher government authorities.

The findings of this access to information activity were shared through interactive radio programs which were aired at Radio Free Africa on May 31 and June 7 respectively. Along with this, one radio spot was produced under the coordination of the Department of Health Service Users and aired during our radio show.

To document changes, volunteers collected a total of 34 citizens' stories about monitoring and requesting for specific information. From these stories, it was observed that citizens are increasingly aware of their rights and have become active in requesting for more information especially on the income and expenditures for their respective facility. Also, service providers are increasingly providing information to citizens when requested. These findings will be used to evaluate the situation and will be publicized by various means. A total of 6 stories have been selected and will be posted on Sikika's website and newsletter.

In addition, a poster titled "*Fuatilia Taarifa, Simamia Matumizi bora ya Fedha na Rasilimali za Afya*" (Search for Information, Monitor Effective Utilization of Health Resources) was developed and produced to raise citizens awareness on their rights to access and use public information. In the poster, we cited a clause from the Constitution of the United Republic of Tanzania which gives citizens power to access and use information. The aim of the poster is empower citizens with legal mandate to access and use public information and take action against the officials who are denying them their civic rights to ensure accountability. This poster has been distributed to health

facilities, local government offices including ward, village/street offices as well as public areas including markets, bus stops, etc. .

Information Package

A pending activity from 2009 included the printing of an information package with roles and responsibilities of members of District Health Boards and Committees; health and HIV/AIDS committees as well as citizen's right on health governance issues. This information is expected to increase citizens' knowledge on their roles in health planning and monitoring and apply it to hold the health committees accountable by demanding for their rights when necessary. The information package was to be updated and printed without names and contacts of the members of Health Boards and Committees, since the members were frequently changed. In quarter three, Sikika staff will update the book by adding new information in particular on community participation in the street/village assemblies and their role in identifying health priorities during the CCHP formulation. We plan to print and distribute 5000 copies of this booklet to citizens in all four councils. After distribution, Sikika volunteers will document changes/results on citizens' awareness of the rights on health governance issues especially on issues of citizen participation and involvement in planning and budgeting processes.

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

The plan was to facilitate citizen engagement in the process of the 2011/12 CCHP formulation to ensure that district, health facilities and local government authorities are implementing participatory health plans. Sikika's staff through volunteers and school health governance clubs encouraged citizens to attend 'street/village assemblies' within their respective streets. For the past six months, our volunteers managed to attend 42 community assemblies in 22 wards and took minutes. With an exception of volunteers from Mwananyamala and Mbagala wards, all other volunteers managed to get either timetable for the meetings for the whole year or dates for specific month/quarter. The collected information (timetable, minutes and agenda) were compiled and used by Sikika staff to write community assemblies' report. We will use the collected information to assess the status of citizens' participation in CCHP planning and hence

prepare strategies for CCHP campaign so as to increase citizens' participation in the 2011/12 CCHP formulation which starts in November 2010.

In order for Sikika to determine the status of citizens' engagement in the 2011/2012 CCHP formulation, Sikika conducted survey whereby volunteers interviewed community members and street leaders by using a questionnaire. As a result of this exercise, 42 questionnaires were duly filled up (7 in Q1 and 37 in Q2) from both community members and street leaders. The information gathered will also be used as a source of data for Sikika to plan and implement CCHP Campaign activity.

Activity 3.3: Monitoring of health care service delivery

a) Monitoring implementation of CCHP 2009/2010

CCHP is a planning and budgeting tool for health interventions at the council level. It is a compilation of health facilities plans and budgets for a government financial year.

The aim of this activity was to monitor the implementation of CCHPs at all levels of district health system in all focus councils. The activity also, intends to ensure that local government authorities and health facilities at district level are implementing their plans and budgets and that the plan represents citizens' priorities. This activity is a continuation of the failed monitoring of CCHP implementation exercise in 2009. In September 2009 Sikika staff used questionnaire to monitor 73 health facilities in Dar es Salaama and Kibaha. After data collection, two consultants were hired and a zero draft report was released. In February and March 2010, Sikika managed to conduct two consultative meetings in Dar es Salaam and Kibaha, with some members of Council Health Management Teams, doctors in charge of health facilities who are responsible for CCHP formulation and implementation. The meeting aimed at sharing the Sikika's 2009 CCHP monitoring first draft report and collect feedback that could be used to finalise the report. During this meeting, it was discovered that the monitoring exercise had some drawbacks such as poor analysis and misleading indicators for performance. Also, there was no reflection on flow of resources from point of disbursement to point of service delivery. After some internal and external consultations, Sikika decided not to

publish the report and instead improve monitoring questionnaire. Among other things the reviewed questionnaire has to include activities and budgets for all cost centres for the respective council i.e. Municipal Medical Office of Health, Municipal Hospital, Health Centres, Dispensaries and community and identify the inclusion/exclusion of citizens' priorities in the plans and budgets for 2009. Consequently, Sikika's plan to monitor the implementation of 2009/10 CCHP has been delayed until the checklist/questionnaire is fully improved.

b) Monitoring availability of service provision (including supplies)

The department has also been monitoring the availability of health service provision and supplies such as: stethoscope, thermometers, blood pressure machine, certain essential medicines, queuing time, working hours and, adequate amount of sitting facilities. The aim of this activity is to ensure availability of quality health services in health facilities at district level. By visiting health facilities, Sikika volunteers managed to monitor a total of 37 health facilities out of the targeted 47 in all 35 wards of Ilala, Temeke, Kinondoni and Kibaha districts. This monitoring of availability of service provision discovered that more than 2 hours was taken for a patient to get services in a given health facility. In Magomeni health centre for instance, one of Sikika volunteer met a patient who claimed to spend more than 3 hours before seeing a doctor. This study also revealed that a patient to health service providers' ratio is still high. One volunteer observed two nurses from MCH unit were attending more than 500 women per day at Sinza (Palestine) Health Centre. The same study detected corruption in health service delivery. Sikika Volunteer witnessed a doctor receiving T.shs 5,000/= from a patient. The same volunteer quoted one patient saying "*ina maana bila rushwa hatuwezi kutibiwa?*" meaning (can't we get services without giving bribes?) Collected information from this exercise has been documented and will be used to produce a publication to advocate for delivery of quality health care service delivery.

Findings from both activities (*a* and *b* above) will be shared in one consultative meeting in December 2010. The meeting will involve most key players in the district health system including councillors, few members of Council Health Management Team,

District Health Board, and 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 district health planning and delivery of health care services at district and facility level. The activity is ongoing throughout the year.

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

The aim of this activity was to identify and rapidly respond to at least one case per quarter, of poor health care service delivery directly linked with governance in public health care facilities. The responses are used by Sikika as a means to communicate about existing policies, raise service users' voice, and advocate for improved quality of public health care delivery. This is done through writing of press releases and newspaper articles in local Newspapers by Sikika staff. During the past six months, three cases of poor health care service delivery were identified through reading local newspapers. One of the three cases was on the congestion of patients in Mwananyamala Hospital in Kinondoni District. It was reported in media that, at maternity ward, 3-4 mothers were sleeping in one bed with their new-borns. Responding to this case, Sikika prepared a press release by the end of March. However, the press release was not published in any newspaper.

To solve patients' congestion and other longstanding poor health care service provision at the Hospital, Kinondoni municipal decided to transfer 96 health workers from Mwananyamala to other working stations in mid April 2010. Sikika reacted to this resolution taken by the Government by writing a news article titled Staff Transfers at Mwananyamala Hospital: Wrong solution' which was added in an online blog (Michuzi) on April 14 Michuzi; where by 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 persistence of the problem of congestion in maternal wards in public health facilities, (From regular reports in Media and Sikika's persistence follow ups on the problem since 2008) Sikika decided to hire a consultant to carry out a study to determine the challenges of addressing the problem of congestion in maternal wards. The study is done by conducting an analysis on budget allocation and performance for Dar es Salaam region and Muhimbili National hospital for the financial years 2007/8, 2008/9, and 2009/10 by using policy documents, including CCHPs' A consultant was commissioned in June 2010 and has compiled a skeleton report. The work has taken more time than expected due to difficulties in accessing necessary documents from districts hospitals as well as Muhimbili Hospital. Access to some documents still remains a problem. For example, one of the district officials denied Sikika staff copies of CCHPs and implementation reports. The study findings will be used to provide recommendations to the government on how to address the problem of overcrowding in maternity wards in public health facilities.

Since Sikika advocates for effective use of public resources for benefit of citizens, we further responded to the case of misuse of free Insecticide Treated Nets (ITNS) during the Malaria Haikubaliki Campaign. After observing media report on the misuse of mosquito nets which were meant to be distributed for free and benefit children under the age of five years. A press statement with the title "Distribution of ITNs should not be used for personal gain" was released and published in THISDAY newspaper of 7th June 2010.

Sikika shared the above articles/press statements with other stakeholders like CSOs through e mails and we posted them in our Website.

Activity 3.5: Conduct analytical works on Social Accountability

Sikika planned to conduct analytical works (some of which are a continuation from 2009) for social accountability purposes in the district health service delivery. These include planning and resource allocation, expenditure management, performance management, public integrity and assessment of the effectiveness of oversight for

affordable and accessible health care services. These studies have not been done due to a combination of factors including inadequate staff in this department, as a Programme Office is on maternity leave since May. Other reasons include difficulties in accessing necessary documents, and limited availability of funds at Sikika.

Publish Book on Petty Corruption in healthcare delivery

The plan was to disseminate findings of a study on petty corruption in healthcare service delivery in Dar es Salaam and Coast regions which was commissioned by Sikika in 2007. The process for publishing the book in Swahili and English version started in 2009. Review of the findings, professional editing, translation and layout has been done under the supervision and coordination of this department. A total of 4500 copies of this book will be published and distributed in the third quarter. The aim is to raise public awareness on the level of corruption in health services by sharing findings of the study and providing recommendations to citizens, government officials and health service providers on how to eliminate petty corruption in the delivery of healthcare services.

Activity 3.6: Monthly volunteers' meetings

Sikika has a total of 70 volunteers (35 Males. 35 Females) who have been recommended by their fellow citizens in their respective areas and have the blessings of ward offices. These volunteers carry the following activities: monitor and submit completed checklists, collect information from the citizens, distribute publications, produce a monthly report on their activities. Meetings between Sikika staff and volunteers are conducted every last Saturday of each month at Sikika office. The purpose of these meetings is for Sikika staff to instruct and guide volunteers on their daily activities including reminding them of their responsibilities as volunteers. The meetings have been also used by Sikika staff to get feedback from volunteers on the status of their activities, challenges they met during the implementation of their activities and even collecting volunteers' views on their performance. From January to date, 6 monthly volunteer meetings were conducted (30th January, 6th March, 27th March, 24th April, 29th May and 26th June, respectively). Following these meetings, both

challenging and interesting feedback was collected. For instance a volunteer from Azimio ward was selected as a member of PET committee in his ward following his persistence follow ups on information on income and expenditure within his ward.

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

Government Working Groups

Department of Health Service Providers has been engaging in District and Regional Working Group in the Ministry of Health. The main objective of this activity is to utilize available national level opportunities for Sikika to participate in establishing and reviewing National Policy Documents which inform district health system. In such working groups as 'District and Regional Working Group' Sikika is updated on any policy changes impacting on district health systems. In addition, these central government working groups are platforms for Sikika to strengthen its relationship with central government.

For the past six months, Sikika staff participated in five meetings, organized r by the Ministry of Health and Social Welfare to implement annual milestones for the health sector. Agenda discussed included updates on the Zero draft CCHP, Guideline and setting mode of memorandum, review of guidelines for establishment of Council Health Service Boards (CHSBs) and Health Facility Committee (HFCs). Other issues discussed were: Regional hospitals strategic and annual plans, Regional Health Management Team (RHMTs) activities, updates on hospital reforms, updates on consolidation of the CCHP annual report 2008/09 and CCHP plan 2010/2011. We also commented on RHMT assessment criteria report and provided our inputs in the Technical Working Group.

Through these meetings, Sikika was able to ensure inclusion of accountability and transparency frameworks/requirements and strengthen community participation in the on-going review of policies, the processes are yet to be finalised. Sikika's arguments

and recommendations were informed by our experiences working with district health systems and various studies. Once the reviews are concluded, we will document our engagement in these processes.

4.0 CITIZENS AS HEALTH SERVICE USERS

The department is striving to empower citizens to smoothly interact with health service providers and policy makers for the purpose of realizing equitable, affordable and quality primary health care services through enhancing active community engagement, transparency, and accountability within the District health systems. For the past six months, the department has been operating under a Senior Programme Officer who holds a Masters Degree in Public health and a Programme Assistant who holds a Bachelors Degree (Sociology). There is a vacant position for a Programme Officer.

Activity 4.1: Interactive radio programme

This activity is aimed at disseminating information regarding health care delivery, budgets, expenditure, policies, plans, implementation reports, roles of health facility governing committees, and civic rights for health and HIV/AIDS sectors. This is in order to stimulate citizens' awareness and knowledge as well as active participation in health planning, decision making and tracking of health resources. Although our initial plan was to use multiple radio stations (one mainstream radio and two community radios) to cover all over Tanzania, we decided to start with one mainstream radio to measure the coverage and listenership in order to avoid duplications that could occur when using more than one radio.

In the first quarter, we were in the process of identifying a radio for our programme. This process involved visiting various Dar es Salaam based radio stations, assessing cost of airing by different stations, and assessing coverage and listen ship using a media study done by Synovate in 2009. We finally picked Radio Free Africa (RFA) due to its high coverage and moderate cost. Up to 31st June 2010 we managed to air 9 episodes, which run every Monday from 16:15 to 16:45 hours. The programmes aired involved the topics such as the functions and responsibilities of the oversight bodies, involvement of

in citizens in Health bodies and Committees, access to information as well as the budget issues.

For documentation purpose all shows presented will be recorded and filed. In addition, a monitoring tool was developed to capture issues raised by the listeners via SMS concerning the aired topic where situation such as poor service delivery in health facilities and the inaccessibility of information were evident among listeners who sent their sms. Due to great response from listeners through sms the planned negotiation with telecommunication companies to solicit toll free calls and messaging for our radio programme will no longer continue.

Activity 4.2: Radio Spots and Television programme

We planned to develop and air a short informative radio spots (30 to 45 seconds) which are aimed at arousing people's actions towards demanding for better health services and advocating for accountability and transparency in health and HIV/AIDS sectors. In quarter one; in-house topic searching for the first radio spot and identification of a production company has been completed. A topic titled "*Problem of access to information in health facilities*" was selected by staff and Real2Reel Company was selected for the production of the radio spot. The actual production process started in quarter two whereby two draft spots were submitted for staff to review and pre-test with citizens (about 45 citizens participated in pre testing). Comments and recommendations from pre-testing were submitted to the production company and the spot is now at the final stages, expecting to be aired starting in Quarter three.

Partnership with TV Programmes

This activity is not done because it demands intensive consultations while the department is not fully staffed.

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

Quarterly Newsletters

We use the newsletter to communicate to stakeholders about our findings, lessons learned from different studies, challenges and the progress made on our activities. It also serves to inform the public on issues related to health service delivery, policy processes, planning and governance of health and HIV/AIDS sectors.

In this period, two pending newsletters from Quarter three and Quarter four (2009) were finalized. A total of 2000 copies for each version were printed and distributed. Production of Quarter 1 and Quarter 2 (2010) newsletters has been late due to delays in obtaining the new registration of our newsletter after YAV changed its name to Sikika. This delay is caused by the on going evaluation process of the existing newspapers done by the government. The follow up is still going on to know when the process will end. In order for our newsletter to accommodate stakeholder's interests, we applied survey findings from 2009 to make some changes to the content and approach of the newsletters. This includes adding citizens' stories and a column for students from school health governance clubs.

Quarterly E-Newsletters

These will be an online version of the newsletter produced that will be emailed to stakeholders in Sikika's mailing list. This will enable us to reach a large population at a minimum cost. A consultant was hired for that purpose and produced two templates of the e-newsletter which were circulated to staff for their comments. A final template was approved. The process of inserting articles for quarter one and two as well as circulating the e-newsletter to stakeholders is expected to be completed in Quarter three.

Activity 4.4: Translation and popularization of policy documents

This activity is aimed at making key health and HIV/AIDS policy documents understandable and accessible to all citizens for knowledge and awareness creation to follow the government implementations and hold the officials accountable. During this period we managed to finalised and publish 10,000 copies of popularised document on the HIV/AIDS Act of 2008, which was pending from last year's work plan. The other

pending document on the National Health Policy is on the review stage. The expectation is to print it in quarter three.

In this year's plan, Primary Health Service Development Programme 2007-2017 (*pango wa Maendeleo ya Afya ya Msingi-MMAM*) document was selected by staff for translation and popularization. MMAM aims at rehabilitating, upgrading and establishing facilities at primary level in order to provide fair, equitable and quality health services to citizens. Popularizing this document will help citizens to be aware of the programme so as to be able to track how the government carries out implementation by monitoring performance and holding into account the health service providers in improving primary health services by the year 2017. The knowledge gained from this document will also help the implementers (government and other stakeholders) to clearly understand their roles and responsibilities in the implementation process, due to simpler form of the document. A consultant was hired in the second quarter and the popularization process is on progress. We expect to finalise and publish the document in quarter three.

Activity 4.5: Management of School Health Governance Clubs

The aim of the School Health Governance Clubs is to prepare students to become active members to participate in health planning, decision making and monitoring of health resources. Students are motivated to participate in monthly discussions on different issues on governance in health and HIV/AIDS sectors. Overall, in this period 155 out of 244 planned dialogues were conducted and reports compiled on what transpired. Topics discussed were mainly on civil rights and the access to information on budget and expenditures.

Moreover, to make students more active, Sikika introduced essay competitions in all clubs whereby in Quarter 1 students were asked to write an essay on the characteristics of quality health services. A total of 300 essays were collected, among them 18 from quarter one and 2 from quarter two were recognised as best. Gifts for the winners will be prepared.

In quarter two; students were actively engaged in their clubs by assigning each member of respective club, on quarterly basis specific tasks to monitor the information posted on the notice boards in public health facilities at their wards. The aim of this task is to encourage students to question and hold accountable their local leaders and service providers on the issues which affect their health. The monitoring was done by using an information tracking checklist developed by Sikika. Feedback collected in quarter three will be used by the Department of Service Providers in analysing citizens' engagement in social accountability issues.

Through such clubs, Sikika also disseminated publications such as newsletters, posters, policy briefs and popularized books with assumption that students will share the information, knowledge and publications with their families and the communities at large to influence social change.

Activity 4.6: News articles and cuttings

The aim of news article monitoring on health sector activity is to enable us to respond to issues specifically related to quality of 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. The department liaised with Media Coordinator from M&E Department to prepare articles for that purpose whereby a total of five articles (one from Quarter 1 and four from Quarter 2) were published in local newspapers, those articles were:

“Tupambane kutokomeza TB” Published on 27th March 2010 by Tanzania Daima

“Don't misuse free mosquito nets, Sikika urge public” Published on 7 June 2010 by Thisday

“MPs decry delays in getting budget documents” Published on 10 June 2010 by the Citizen

“Wasomi wataka bajeti ya tabasamu” Published on 10 June 2010 by Mwananchi

“No need for further Budget debates: NGO” Published on 14 June 2010 by The Citizen

It should be noted the sub activity on newspaper cutting was not done due to inadequate human resources in the department. We expect to resume this activity in the coming quarters after the human resources problem is resolved. The aim of this sub

activity is to create a one stop centre for health governance news reported in the local newspapers by cutting, analysing and sharing with our stakeholders on the health governance news frequently published in newspapers.

Activity 4.7: Dissemination of Publications

Access to information is a fundamental human right as stipulated in the Constitution of United Republic of Tanzania and other policy documents such as National Health Policy 2007 and the Client Service Charter 2002. Information is power and gives direction for social change. To ensure that access, Sikika disseminates different information to citizen mainly on public health issues but also on other public interest matters.

During this period Sikika distributed a total of 11,810 publications which includes: popularised booklets on the CCHP, formulation guidelines and the HIV/AIDS Prevention and Control Act of 2008 (The popularisation of these documents was done to translate and simplify the English and technical language used so as to make them to be understood by the ordinary people); policy briefs addressed the issues of unnecessary expenditures on the health sector, budget analysis, transparency and accountability in the use of health resources, as well as the issues of malnutrition as well as brochures advocating on the citizens' participation in the CCHP. Also posters addressed the timetable for development of Comprehensive Council Health Plans (CCHPs), information sharing on health plans and reports, calls for citizens to raise their voices to demand for quality health services, issue of inefficiency of the Medical Store Department in delivering timely medical supplies and equipment. They also addressed the issues of access to information in the health facilities. Newsletters with findings, lessons learned from Sikika activities as well as any current health issues noticed in the health and HIV/AIDS sectors were also distributed.

These publications are distributed by our volunteers through School Health Governance clubs, Ward offices, health facilities, different community concerts, meeting and other events taking place in wards and attended by volunteers. Also we distribute through meetings and events that staffs attended.

The information obtained from these publications are aimed at increasing citizen awareness and knowledge on health care delivery budgets, expenditure reports, audit reports, policies and plans in order to enhance citizenry to actively participation in the planning, implementation and tracking of health resources. For monitoring and evaluation of the results achieved through this activity, the department in collaboration with M&E department will use information from the Downward Accountability of District Health Care System (Kiria, 2009) report and conduct a follow up survey at the end of 2010 to measure changes in knowledge gained by citizens.

5.0 DEPARTMENT OF MONITORING AND EVALUATION

This department coordinates other departments' activities including monitoring and evaluation. It plays a pivotal role in making sure that Sikika realizes its goals and is manned by a Programme Coordinator who has a Masters Degree in Business Administration and Masters Degree in Natural Science, and a Programme Assistant who holds a Masters Degree in Science and Information Technology and Management and a Diploma in Journalism.

Activity 5.1: Development of Sikika's Strategic Plan 2011-2015

In order to set our direction and mobilise resources in relation to our mission, vision and objectives, this year we have embarked on the development of a new strategic plan to cover year 2011 to 2015. In 2009, the Board of Directors approved the Management's proposition to develop the strategic plan. A consultant will be recruited in the 3rd quarter to review and assess Sikika's performance and progress against objectives in the current strategy (2006-2010). Feedback, lessons learnt and recommendations will inform the development of the second strategic plan (2011-2015).

Several steps have already been taken in 2009 and 2010 to review and plan for Sikika's strategy. For example, several reports (i.e. Downward Accountability study, street/village assemblies, questionnaire filled by the Members of Parliament, monitoring of CCHP implementation) will be used to evaluate the impact of Sikika's work from 2006

to 2010. In addition, we will make use of assessments done by our current and future donors as part of their funding support in the coming years. These include: case studies, evaluation of log frame and financial management capacity and risk assessment.

Focus areas have been identified for the next 5 years. It has been agreed that Sikika will use the following indicators to measure impact: 1. Human Resource Management 2. Pharmaceutical Management 3. Financial Management.

We will use a Theory of Change model proposed to us by International Budget Partnership (IBP) to develop the next strategic plan. This model is a self monitoring tool that allows users to create connection between actions and consequences. Using this approach, we will be able to track and monitor the effectiveness of our activities and make necessary adjustments for more effective implementation that will lead us to achieve our goals.

Activity 5.2: Program Development and Implementation

With the support from key stakeholders and Sikika's staff, this activity is aimed at reviewing and improving the quality of programme work through operational planning and development.

Board of Directors Meetings

The Board of Directors makes decisions regarding the on-going business of the organisation and ensures that Sikika fulfils its mission and objectives. They held their first meeting on January 22. They shared and received 2009 Annual Report and 2010 Activity Plans and Budgets. The second Board Meeting was held on May 7, where the main topics of agenda included the review and approval of Audited Financial Report (2009) and the revision of Memorandum and Articles of Association (MEMARTS); making amendments in relation to the change of Sikika's name. The Board of Directors approved the reports and complemented Sikika's timely reporting.

Management Team Meetings

Sikika organises Management Team meetings to discuss activities agreed by the Board and make decisions about plans, finances and employment. Two Management meetings (out of the 3 planned) were held within the mid year. The first was held on February 25. The Management was updated on funding opportunities, new Programme Officer for Policy and Advocacy-HIV/AIDS was formally introduced and Sikika's plan to expand to regions outside Dar es Salaam was discussed. A Management meeting held on April 19 continued the discussion on expansion of Sikika's programme along with the review of draft audited report for 2009 and the agenda for the next Board of Directors Meeting.

Vacancies

We have continued to seek a replacement for the Program Officer for Policy and Advocacy-Health this year to fill the capacity gap in Sikika. In quarter two, we hired two qualified interns who are new graduates in various disciplines. The interns were placed in the Department of Policy and Advocacy-Health. They give other staff an opportunity to share and exchange knowledge. They are also being developed to gain new skills in policy and analysis.

Staffs Capacity Building

By mid this year, Sikika's members of staff have attended various capacity building trainings and workshops. They learnt new skills to enable them improve performance and quality of work.

a) Out of office Capacity Building:

During the 6 months, Sikika's staff participated in 6 workshops/conferences as detailed below:

- March 1- 10, International Budget Partnership (IBP) workshop in South Africa on how to improve health allocations and expenditures using research, analysis and advocacy.

- February 16, A video conference that was organized by the EAAG on the principles and systems used to improve monitoring and evaluation.
- February 16- 18, Gender and HIV/AIDS mainstreaming workshop organized by Swiss Development Cooperation. This workshop, informed the participants about the “Web of Institutionalisation” tool that can be used to develop mainstreaming strategies.
- February 22-24, REPOA meeting with the goal to influence decision makers at both the central and local level using budgets. The training provided great skills and knowledge on making a follow up on the Government budget and also gave tools for making analysis on the whole budget process
- April 12 - 23, Fundamentals in Social Accountability Monitoring in South Africa: this course was organized by Centre for Social Accountability (CSA). It covered three topics: 1. Planning and resource allocation, 2. Expenditure management, 3. Performance monitoring, public integrity and oversight. This course informed the participants about the current approaches and improvements for public resource monitoring work - a core activity of Sikika.
- 19 -28 April, “The struggle for Health” in Great Lakes University of Kisumu (Kenya). The objective of the course was to share Sikika’s work on citizen participation in health planning with a global network of people who are concerned about improving health activities using the People Health Movement (PHM). We will use what we learn at the course to develop a network of young activists in Tanzania who want to promote public health.

Information from the capacity building workshops is stored in hard and soft copies.

b) In-house Capacity Building

Sikika facilitates in-house capacity building sessions where staff shares information from out of office events, summarise recent work and also gather feedback and ideas on their activities. We call this Friday presentations and within the mid year, a total of 9 presentations were held. The major topics of discussion included: Dialogue Structure of Health sector at central and district level, Sikika's engagement with volunteers, Advocacy work at Sikika, feedback from IBP's budget workshop (IBP), feedback from Public Ethics Workshop, discussion on CCHP Monitoring from 2009 and improving Sikika's documentation. Information from the in-house sessions is stored in soft and hard copies in the M&E Department.

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

Success Stories

The objective of documenting the success stories is to show the effectiveness of implementation of our activities. This is also a good way to measure citizens' engagement in our work and the action they are taking after we increase their knowledge on key social accountability issues. Within the mid year, we received 34 stories from citizens complaining about poor quality services in terms of availability of publicly posted information, issues of village assemblies and availability of health supplies- just to mention a few (*please refer to activity 3.1*).

Weekly Reports

In order to monitor and evaluate staff work plans, each staff writes progress made on their weekly activities. In the Monday morning meetings, staff report on activities they have implemented in the preceding week and their planned activities for the current week. The idea of these meetings is to keep every staff abreast on what is happening within the organisation, streamline work and monitor performances. These meetings also help to assess each staff's workload, identify problems and find solutions to ensure smooth implementation of our activities.

Back to Office Reports

In an effort to improve time management, Sikika's staffs are required to fill in a management tool called Back to Office Report (BoR) every time they have an engagement outside the office. Information from BoR is stored in internal drive on our computers and also hard copy is filed in the M&E Department. Information from out of office events/workshops is shared with other staff during Friday presentations.

Sikika's Website

The department regularly updates the website to share new information with online users. The main areas that are updated include: rolling news, publications, events and news section. Over the past six months we uploaded 9 press releases. In addition we uploaded policy briefs, "Who's Taking Care of Our Health?" and "Allowances, Seminars, Vehicles and Travel April 2010". We are tracking visitors on the website using an online tool called Google Analytics. Actually, the report indicates that from January to June 2010 we had 2,201 visits on our website and they were spending an average of 02:35 minutes on the site. Of the total amount of visits, majority were from Tanzania while the rest came from Switzerland, San Marino, United States and United Kingdom. Others were from Germany, China, Netherlands and Kenya. Starting in June, the Media Coordinator will write monthly reports to announce the frequency of visits on our website.

Contact Database

Announcements on our new policy briefs are shared with stakeholders that are in our contact database (mailing list). This also includes any other announcements that our contacts might be interested to receive. For example, in quarter 1, Sikika sent out approximately 250 letters to the contacts about the change of our name from Youth Action Volunteers to Sikika. In addition, we sent out emails introducing the two policy briefs. The mailing list will continually be updated to enlarge our contact database. We will also find new methods to increase our engagement with online users.

Activity 5.4: Coordinating Media engagement and Information Sharing.

The main objective of this activity is to make sure that Sikika's information goes out to the public and that the organization's voice on any issues affecting health sector with an emphasis on HIV/AIDS governance is heard.

Our first step in accomplishing the objective was to hire a consultant that was to change our image from YAV to Sikika. The consultant has specifically assisted the organization in designing a new logo, letterheads, business cards and proposed changes to the website which already had been registered in Sikika's name.

In order to continue promoting the changes Sikika wants to see in Tanzania, this year we have strengthened our media engagement. The Media Coordinator works very closely with all departments and advises on rapid responses. From January to June 2010, Sikika responded to several articles published in the daily newspapers such as: The Guardian, The Citizen, and The Daily News. We produced a total of 13 press releases out, of which four of whom through collective efforts with Policy Forum and Uwazi. The press releases acted as a wakeup call to the parties involved in issues we responded to. A total of 10 out of the 13 press releases were published by several media outlets such as The Guardian, The Citizen, Thisday, Mwananchi and online blogs. To ensure the quality of our media engagement remains high, the Media Coordinator along with support from departments, will seek ways to develop follow up strategies to ensure that the topics discussed in our press releases are documented up to the point when issues raised are resolved.