Sikika's strategic plan 2011-2015

December 23 2010 version

VISION

Quality health services for all Tanzanians

MISSION

Sikika works to ensure equitable and affordable quality health care services through health systems social accountability monitoring at all levels of government

CONTENTS

EXECUTIVE SUMMARY

Like many other sub-Saharan countries, the Tanzania health sector faces heavy burdens, which are reflected by poorly accountable systems, oppressive mortality and infection rates. However, the great efforts, which have been taken in the past years, do show some encouraging results. The government, non-state actors and development partners have managed to reduce the HIV prevalence from 9.4 percent in 1999 to 5.7% in 2008. Thus, the MDG of 5.5 percent in 2015 is within reach. Likewise, Malaria and Tuberculosis rates are being pushed back. These positive developments helped to reduce the Tanzanian under-5-mortality from 147 per 100,000 in 1999 down to 81 per 100,000 in 2010, keeping the MDG target of 51 per 100,000 on track.

However, the provision of quality primary health services arestill a great challenge in Tanzania since financial and human resources are both scarce and inefficiently managed. The situation in health facilities is characterized by long queues of waiting patients, frequently reported stock outs of medical supplies and corruption. The health sector is currently governed by a system that does not adequately ensure accountability, transparency and citizen participation. The function of oversight bodies to the health sector at both central and local government levels is minimal.Hence poor quality of services, misuse and abuse of public resources.

Our focus is to direct attention on social accountability of health care financing, human resources for health, and medicine and supplies.Various levels of decision making such as the Parliament, central ministries, local government authorities, and health facility-governing committees are key in influencing the desired changes.

We have planned to work with all of them in our efforts to monitor and influence the whole cycle from planning to evaluation. We will monitor how the sector plans to use available public resources, how effective these are spent and how service providers perform in implementing their plans. We will also monitor the effectiveness of existing mechanisms to prevent misuse and abuse of public funds as well as official response to oversight recommendations.

Sikika plans to creatively engage citizens at health facility level and amplify their voices and experiences through social media and publications as solid evidence to influence decisions by policy makers at all levels. Citizens will be capacitated to monitor quality and accessibility of healthcare are their respective facilities through observation of available information on income and expenditure, availability of medicine and supplies, and health worker's adherence to professional ethics. They will communicate through SMS or call in live radio shows and community meetings.

This strategic plan sets the overall direction of Sikika for the next five years, covering the period 2011-2015 with the aim to contribute to healthcare quality and accessibility changes through social accountability in the health and HIV/AIDS sector in Tanzania.

1. INTRODUCTION

The history

With the perception that certain organizations ran by youths were not committed, capable and reputable in terms of fighting STIs/HIV infections, to reduce the impact of AIDS in the society reigning supreme, Mr. Irenei Kiria saw it fit to go against the odds by starting an organization named Youth Action Volunteers (YAV) as a voluntary agency in 1999 and registered it in 2000.The organisation's main goal was ensuring that healthy and responsible young men and women are not only empowered but also participate in the national development process. It kick-started with 10 young volunteers working in six wards of Dar es Salaam region, performing awareness creation on STIs/HIV/AIDS and educating the public on reproductive health at grassroots level in order to reduce the impact of the dreaded diseases on fellow youths.

Challenges are never an exception whenever an organisation grows and this proved true for YAV as lack of funding became a major constrain at a time when the organisation was implementing projects like 'Wajibuwetu (Our responsibilities)', which reached out to 70 youths and was aimed at raising awareness on issues of governance, voting, public leader's accountability, political participation and gender issues. Other projects were 'HIV/AIDS impact reduction' and it reached out to 1675 boys and 1317 girls in Dar es Salaam.Another challenge was that reporting to donors on each project proved difficult as each funding agency had different reporting requirements but light began to show at the end of the tunnel when the company decided to go for strategic plan funding which was implemented in 2006.

Strategic plan 2006-2010

The strategic plan for the period 2006-2010 was implemented with its main focus being to empower men and women to take control and responsibility in having equitable, affordable and quality health services as their basic right. This was because a baseline survey was conducted in Kinondoni area and unearthed that the health sector reforms were still not known by the majority of youths (and all citizens in general) at the ward level.In 2006, the company took a step forward towards promoting its goals as it expanded its coverage to include Kibaha district in the Coast region where a total of 70 volunteers from 35 wards were recruited whereas it secured support from Municipal Directors and District Medical Officers, health centers, hospitals and dispensaries.

The organisation's capacity building among citizens increased through media engagement, popularization of government documents and sharing information through its website and had also established a total of 58 School Health Governance Clubs as an additional means to educate and empower a diverse group of youths.

The organisation recorded several achievements including national budget analysis that saw the Prime minister ordering every ministry to seek permission from his office before conducting workshops and trainings. This included production of briefs like "Who is taking care of our health", "Allowances,

seminars and Vehicles", just but to mention two. The organisation believes that its analysis and advocacy efforts played some part in the government's effort to reduce the allocations for these items in last year's budget.

After a critical evaluation from its supporters, YAV decided to change its focus hence changing its name to Sikika which is a Swahili name meaning "To be heard" reflecting its work in the communities. This means that though the activities did not change Sikika decided not only to focus on youths but all Tanzanian citizens.

Our added value

Sikika acts as the society's *watchdog* as it follows the implementation of national policies and targets and continuously reminds the government of its promises, not to mention that it monitors the allocation of resources and exposes any misuse and blasts unwise decisions.

Another unique role played by Sikika is that of *information intermediary*. This means that the organisation informs and creates awareness about citizens' and duties and responsibilities of service providers. It also means that Sikika collects information from citizens and service providers and delivers it to decision-makers. The last role is that of a *researcher or analyser*. This entails conducting proper, high quality policy and budget analysis based on reliable sources and evidence from the ground. As a researcher, Sikika both assists decision-makers in making informed decisions and gives evidence to other stakeholders and the general public through which decision-makers can be questioned and held accountable.

2. SITUATIONAL ANALYSIS

Like many other sub-Saharan countries, the Tanzaniahealth sector facesheavy burdenswhichare reflected by oppressivemortality and infection rates. However, the great efforts, which have been taken in the past years,do show some encouraging results. The government, non-state actors and development partners have managed to reduce the HIV prevalence from 9.4 percent in 1999 to 5.7% in 2008.1Thus, the MDG of 5.5 percent in 2015 is within reach. Likewise, Malaria and Tuberculosis rates are being pushed back. These positive developments helped to reduce the Tanzanian under-5-mortality from 147 per 100,000 in 1999 down to 81 per 100,000 in 2010, keeping the MDG target of 51 per 100,000 on track.2

However, the provision of quality primary health services isstill a great challenge in Tanzania since financial and human resources are both scarce and inefficiently managed. The situation in health

1 United Nations Development Programme Tanzania, GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES, [http://www.tz.undp.org/mdgs_goal6.html], May 2011.
2 Ministry of Health and Social Welfare (2010), Health Sector Performance Profile Report 2010 Update, p. 8.

facilities is characterized by long queues of waiting patients, frequently reported stock outs of medical supplies and corruption. The health sector is currently governed by a system that does not adequately monitor and evaluate the quality of its services. Therefore, the system lacks an incentive structure that would ensure delivery of quality health services hence consequences for the health condition of ordinary citizens.

Human Resources for Health

The government has taken considerable steps to neutralize the shortage of health workers across Tanzania, particularly by implementing the Human Resource Strategic Plan, which contains various strategies to enable equitable distribution of health workers, as well as increased recruitment and retention. Even so, The Human Resource for Health (HRH) situation in Tanzania is still dire given its acute shortage. For example, according to Sikika's Human Resource Deployment Tracking Study (2010) conducted in 103 districts, the overall human resource deficit amounts to 50%. Moreover, the current pre- and in-service training of key cadres, like midwives, is inadequate.

The scarcity of human resources and the absence of disciplinary accountability mechanisms cause unethical practices by health service providers such as taking bribes from patients who are either well off or in desperate need. The HRH situation is exacerbated by a weak routine data system that hampers efficient allocation of health workers across the country. Rural areas in particular face difficulties in attracting and retaining additional staff, partly because of weak infrastructure or managerial problems like delayed salary payments. In direct relation to these issues the Performance Audit Report that was currently issued by the Controller and Auditor General (CAG) shows that the workloads of different health centres differ enormously. This is a result of inequitable distribution of both financial and human resources.

In addition, the Ministry of Health's policies and objectives are not adequately aligned with its budget. For example, the MoHSW had targeted an allocation of 20% of its budget for HRH, which it deemed to be a crisis situation. However, in the fiscal year 2010/11 HRH received only 4% of the total budget of the Ministry. Members of Parliament have consistently complained in the Parliament that pregnant women are asked to bring delivery supplies with them during delivery while they are entitled to free healthcare services by law.

Medicines & Supplies

The availability and accessibility of adequate standard medicines is a major requirement for a health system to function fully. The scarcity of medicines results in market prices which create incentives for expropriation where oversight is weak and the supply chain offers many opportunities for corruption. Inefficiency in the planning, budgeting, procurement,distribution and control of medicines and supplies is evident from the perennial essential medicine stock outs and supply of expired and substandard medicine, which adversely impacts the health of citizens. The government is taking some steps to improve the situation, with plans to form a new procurement policy that will hopefully lead to cost-

effective procurement of medicines through widely and fairly advertised tenders, as well as more efficient inventory control that provides better stock forecasts as well as more accurate and up to date knowledge of the medicines that are currently at storage facilities for more efficient purchasing of needed medicines and supplies.

Health Governance & Finance

The amount of available HRH and medicines & supplies is limited by an inadequate health budget. The per capita health spending in Tanzania is USD 11.23 as of 2009, well short of the WHO's recommended target of USD 343. There is evidence that the government's budget planning, allocation and execution is inefficient. For example, during the period from 1999 to 2008, the Controller and Auditor General (CAG) questioned expenditures by the Ministry of Health and Social Welfare amounting to USD 155 million4. According to Sikika's budget analysis for the period 2008 to 2010 the government spent about USD 1.2 billion on what is considered unnecessary or wasteful expenditures. These problems also apply to the district level where health budget planning, allocation and execution needs to be improved to ensure that they benefit the general public.

Government Transparency & Accountability

Higher transparency of the budget process and improved domestic accountability would create the requiredincentives for improved budgeting. During the past four health sector annual reviews, CSOs have consistently demanded a transparent and citizen friendly budget5 to allow timely consultations with stakeholders before the budget is approved by the Parliament6. In addition, the Parliamentary Standing Orders require that the Members of the Parliament (MPs) receive budget books 21 days before the budget session starts. Budget books are usually delayed, and in some cases only shared during the Parliament's budget session7. Consequentially, the 2010 Open Budget Index gave Tanzania a 45 out of 100 score for budget transparency8.

Furthermore, for citizens to monitor the performance of the government and hold it to account, timely access to information has to be ensured at all levels of the government. Article 18 of the Constitution provides for the right of every citizen to access and use information and the freedom to express him/herself. Article 27 further gives mandate to citizens to combat all forms of waste and squander, and to manage the national economy assiduously. However, Tanzania is yet to enact a freedom to information law in order to implement these Constitutional rights. Information about health facility

3 Tanzania Health Sector Public Expenditure Review Update 2008
4 Sikika's commentary on the reports by the Controller and Auditor General for Ministry of Health, 2008
5 A citizens budget is a non technical presentation of a government's budget that is intended to enable the public to understand a government's plan (2010 OBI at www.openbudgetindex.org)
6 See all CSOs statements to the Joint Annual Health Sector Reviews (2007, 2008, 2009, and 2010) at *WWW.SIKIKA.OR.TZ*
7 See Sikika's press release of 14 June 2010
8 www.openbudgetindex.org

plans and budgets is not supplied by service providers and not demanded by service users, citizens do not formally complain when they are dissatisfied with the quality of care.9

Article 63.3 of the Constitution gives the Parliament a mandate to oversee government, including Local Government Authorities. Article 111A(c) of the Local Government Act gives the same mandate to Local Government Authorities. The 2010 Open Budget Index concludes that the oversight provided by Tanzania's legislature is weak because not only does it not have full powers to change the Executive's budget proposal at the start of the fiscal year, it also does not hold open budget discussions at which the public can testify, and it does not have sufficient time to discuss and approve the budget. The Financial Accounting Committees cannot call Ministers to resign if they refuse to implement the CAG's recommendations because the current Constitution states that all "Ministers under the leadership of the Prime Minister shall be collectively responsible in the National Assembly".10

Moreover, the political costs of a vote of no confidence render it an ineffective means of ensuring accountability in the follow up of audit queries.Also, in the current parliament, 75% of the parliament is made up of MPs that belong to the ruling party, CCM. This vote of no confidence becomes even more unlikely when you factor in the knowledge that CCM has the ability to discourage its members from challenging the executive because it can sanction these members by denying their nomination in the next general election.Furthermore, since 2007, Sikika has consistently discussed audit issues with the Parliamentary Social Services Committee and a few Councils, but to date no effective oversight action from the Committee has yet been documented. Time and capacity constraints of individual MPs and Councillors also make it harder for them to perform their oversight roles11.

HIV & AIDS

There are over 1.5 million HIV infected people living in Tanzania, and although significant progress has been made to bring the adult prevalence rate down, it is still at approximately 5.8% according to the National Multi-sectoral Strategic Framework (2008 – 2012) for HIV and AIDS. The continuing occurrences of HIV infections are worrying because the population of Tanzania is quite knowledgeable on how to prevent infection. Factors that are influencing the prevalence of the HIV epidemic include multiple concurrent sexual partnerships, unwillingness to test for or disclose HIV status and mother to child HIV transmission and the risk of stigmatization is still high for people living with HIV & AIDS. Many of the factors that cause the spread of HIV have not been addressed in government policies.However the government is currently working on a new policy for HIV that will hopefully facilitate interventions that will counter all the known factors that contribute towards the spread of HIV & AIDS. There is also a high dependence on foreign funding when combating the epidemic, which leaves the government in a shaky position when having to rely on foreign funds in a continuing effort to stop the spread of this disease.

9 Downward Accountability: The Case of Temeke Municipal Council by Irenei Kiria 2009.
10 The Constitution of the United Republic of Tanzania, Article 53 (2).
11 These constraints were mentioned by MPs in an evaluation session by Sikika on …..in Dodoma

Also in terms of financing, access to information and availability of HIV/AIDS medicines like ARVs, the reservations that have been discussed for the health sector also apply to the HIV & AIDS sector.

Addressing problems with the health and HIV & AIDS sectors

To address the problems associated with HRH, Medicines and supplies, HIV & AIDS and health care financing, the government has developed a number of policy frameworks and strategies such as the MKUKUTA (2005 – 2010), National Health Policy (2007), Primary Health Services Development Program (2007-2017), the Health Sector Strategic Plan III (2009 – 2015), the Human Resource for Health Strategic Plan (2008-2013), and the National Multi-sectoral Strategic Framework (2008 – 2012) for HIV and AIDS. The government has also signed different international agreements, including the Abuja Declaration (2001) which requires the government to allocate at least 15% of its domestic budget to the health sector. Nevertheless, in spite of having some good plans and strategies in place, implementation is poor due to lack of political will and poor synergy between the central government and the grass root level.

When addressing health problems, it is also important for the issue of equity to be taken into consideration, as equitable distribution of health services is a basic requirement for improved service delivery. Notable also is the fact that the inequitable distribution of resources has been affecting the different groups in the population differently. Pregnant women and children seem to be the most affected by the inefficient provision of quality health services by the government. In terms of rural-urban divide, rural areas are more seriously affected as their infrastructures are worse compared to their urban counterparts.

Development partners

In improving the health system, development partners have a very prominent role to play. More than half of the government's funding comes from them, so they can playimportant part to advice the government on budget planning in terms of how funds are to be used. Development partners can promote transparency and accountability in the budget process by strengthening effective oversight mechanism to ensure accountability to citizens as well as good use of their funds. Through funding, development partners can also help CSOs build their capacity to hold the government accountable, as well as their capacity to create awareness among citizens of their basic health rights and the need to demand improvement from the government where it is necessary.

3. LESSONS FROM THE PAST

This strategic plan is developed against the background of lessons learned from past experiences. It especially takes into consideration the findings of the review of Sikika´s strategic plan 2006-2010. The strategic plan has most notably been informed by the following key lessons learned:

- **Sikika has a clear niche in health sector governance, but it could be more strategic in its focus**. In the past we have had a tendency to move from one topic to another and shoot at all

problems at once. With this strategy, we intend to take our own capacities and resources better into consideration in the planning of programme areas and activities. This means increased focusing. The Theory of Change model that has guided our planning has contributed to us narrowing down our strategic focus on three areas within health and HIV/AIDS sector governance, namely health governance, health workforce and medicines and supplies.

- **Sikika's advocacy work in official dialogue structures is acknowledged and respected.** We are a respected member of health sector official dialogue structures and CSO networks, have good contacts to MoHSW, PMORALG and MPs, and have a good reputation among donors. Members of the Parliamentary Standing Committee for Social Services have been our partners since 2005. It takes time to gain trust and respect, whereas losing it happens quickly. We will nurture the position we have reached through ensuring thatthe quality of our work is of a high standard and that we maintain our integrity.

- **Working with both central and local government authorities.** In the past five years Sikika has worked to mobilize citizens in four districts to monitor transparency and accountability of officials engaged in health service delivery.Information and experiences from these districts have informed our policy advocacy at central level government and the Parliament. This approach will continue as we expand to six new districts, while maintaining the same arrangement at central government and Parliament. A noted challenge in the past has been how to engage with service providers and Councillors at district level. This is an area we seek to strengthen in this strategy.

- **Working through networks and CSO forums.** Influencing high-level decision-makers through networks will continue to be part of our strategic approach in order to minimize the risk of being singled out in cases sensitive to the government. As part of our strategic planning, we have reviewed the target groups for our advocacy and sought to define what changes we expect to see within the networks and forums, so as to ensure that the groups we interact with and target for advocacy are relevant for reaching our outcomes. We will also improve the way we follow up our advocacy actions through networks and forums. (See chapter 7 for more on Target groups)

- **Sikika's publications are valuable and there is high demand for evidence-based analysis.** We have learned that the studies and policy briefs that we produce are useful to stakeholders. There is high demand for evidence-based analysis to support advocacy for change. We will continue filling this analytic gap, focusing even more on district level, collecting data from the ground and monitoring healthcare planning and delivery.

- **Interventions targeted at the entire government.**Doing health sector budget analysis and advocacy is important but some budget classifications are determined by MoFEA for the entire government, central and local. When Sikika started to address wasteful expenditures by the MoHSW in 2008, it quickly proved redundant after discovering that those are fraught in all

government budgets as a result of a budget format from the MoFEA. Analysis on unnecessary expenditures was then expanded to cover the entire government. As of 2010, the MoFEA started to respond and cite Sikika's analysis and promised to reduce unnecessary expenditure across the entire government in the next fiscal year. In this strategic plan, Sikika will continue to monitor progress in reducing unnecessary expenditures by the government.

- **Sikika's work to raise awareness and increase citizen participation is valued, but needs to improve.**We have learned that our longstanding work to create awareness and increase engagement among citizens, especially the youth, is regarded as important among stakeholders. Over the years we have experienced success in encouraging citizens, through youth volunteers, to question service providers and local leaders on transparency and accountability in health care delivery. At the same time we are aware of the challengeswith monitoring results on the ground. We have also faced some shortcomings in the way we have managed our volunteers. Thus we have strengthened volunteer management and coordination through new recruitments.We will continue working with volunteers in the Dar es Salaam region and recruit new volunteers in the regions of expansion. We will explore new ways to share information between volunteers and the citizens through the use of for example mobile phones and community radio.

- **Sikika should improve M&E and find a system that suits the organisation**. Monitoring and evaluation of our programme work has been noted as an area where we need to improve. As part of this strategy, we will focus on improving the way we document, monitor and follow up on activities, as well as assess advocacy strategies and evaluate outcomes. In order to accomplish this, we intend to explore new M&E approaches, such as theory of change and outcome mapping, to find a system that suits both the specific kind of work we do and Sikika as an organisation.

As part of the planning process for this strategy, Sikika conducted an analysis of the Strengths, Weaknesses, Opportunities and Threats (SWOT) for the successful fulfilment of the programme. The below table provides a summary of the analysis (See annex for more details):

Strengths **S**	**Weaknesses** **W**
• Strategic niche • Holistic approach • Active networking • Good reputation • Solid financial management • Motivated staff	• Lack of functioning M&E tools • Overambitious planning and budgeting • Lack of strategic focus • Geographic narrowness • HR strategy
Opportunities **O**	**Threats** **T**
• New beneficiaries • Donors endorse social accountability • Increasing political competition • Falling communication costs • Young, politically active, demographic • Development Partners support social accountability	• Limited access to information • Reduced cooperation with districts • Hostile media environment • Donor's strategic focus might change • Beneficiaries live in remote areas • Unresponsive government • Unstable financial resources

4. SIKIKA'S APPROACH

Quality health care implies effective and efficient funding, the availability of medicines, supplies and adequate personnel, as well as accountability among service providers and users and their satisfaction with the rendered service. As has been described above, the Tanzanian health system features multifarious problems, which include a weak monitoring and evaluation system, inefficient planning and resource management, as well as inequitable service delivery across the country.Sikika is confident that improved social accountability would create the right incentives to both political decision makers and service providers in order to bring the country closer to our vision of quality health services for all Tanzanians.

Social accountability: evidence based-advocacy and active citizen participation

Social accountability means that service users (citizens) have the right to obtain justifications and explanations from the government officials who have the responsibility of managing the use of public resources and services. The service providers not only have the obligation to provide justification and

explanations, but also to take corrective actions in situations where public resources have been misused and human rights not realized.

Sikika will use five processes of the Social Accountability Monitoring cycle to monitor the three focus areas which are: Human resource for health, Medicines and supplies, and Health sector governance and financing. The processes are Planning and resource allocation, Expenditure management, Performance management, Public integrity and Oversight.

The state manages public resources and has the mandate to plan and allocate funds according to people's needs in order to realize people's rights. For implementation to be effective, the five processes of the social accountability monitoring must be taken into consideration. This means resources have to be planned to effectively implement strategic plans, effective execution of plans, discipline in expenditure management, effective oversight systems, and maintenance of integrity across all levels of the government.Sikika's interventions will seek to monitor these processes and provide feedback to the health system as well as advocate for improvement.

Working on three levels: central, district and citizen (local)

Supply of quality health care implies the adequate allocation of resources to the health sector by the central and local governments, absence of wasteful (unnecessary) spending, and corrective actions against misuse and abuse of public resources. It further implies just and transparent public services systems. Sikika holds the view that one needs to facilitate the information flow among all three stakeholders (policy makers, service providers and service users) to promote social accountability in order to improve the management of available resources at all levels of health system for quality healthcare delivery.

The situation analysis above has shown that the system features a deficient governance framework, which does not adequately align the incentives of central and local government and service providers with the citizens' needs. Poor health service delivery remains a persistent problem because public resources are not equitably planned and used, service providers' availability and ethical performance are insufficiently monitored and improved, and persistent quality medicine and supplies stock-outs at health facility level. Moreover, service users lack the means and legal framework to effectively hold their government to account. Relevant information about policies and responsibilities are only sparsely shared and the responsible public officials do not follow up on service users' complaints or suggestions for improvement.

Expanding to new regions

Based on the first strategic plan (2006-2010), Sikika operated in three districts of Dar es Salaam (Ilala, Temeke, Kinondoni) and one district (Kibaha) of Coast region. The districts were chosen due to their close proximity to the office in Dar es Salaam in order to reduce overhead costs and intensify the intervention and coordination. Since these districts are mostly metropolitan, it has become difficult for

Sikika to present evidence from rural districts during the national policy dialogue processes. Since it is the rural poor that are primarily affected by inadequate health care provision, awareness and empowerment, Sikika´s expansion will be towards the rural areas.

Sikika's expansion to Dodoma, Singida, and Manyara regions have been endorsed by both the Sikika Management Team and Board based on their low performance in terms of health and poverty indicators and proximity to each other.There is already evidence of strong NGO work to mobilize citizens in these regions to participate in health promotion and education activities, hence our desire to piggy-back on these efforts to carry out social accountability activities by citizens and service providers. Since Sikika is also intensively working with the Parliament, Dodoma is particularly preferred as the first region to start activities in the first year of this strategy.

All these decisions have been made before Sikika has visited these new regions. In the first quarter of the first calendar year of this strategy, Sikika will visit the three regions to collect baseline information for social accountability monitoring activities. Sikika will at the same time consult with regional officials to decide two districts per region in which social accountability activities will be carried out throughout the life of this strategy.

Sikika's objective is to develop partnerships with NGOs and/or networks that are working in these regions on policy and monitoring of service delivery. Forms and function of cooperation will also be determined during the mapping exercise in the first quarter of 2011. The pace of expansion will be moderate and focused on one region at a time. In 2011, Sikika plans to begin the expansion to one region and continue to the remaining two regions in subsequent years. This strategic plan will inform the activities that Sikika will implement together with the partners in the regions.

5. PROGRAMME DESCRIPTION

This strategy is built on three focus areas that all contribute to achieving the shared vision of a Tanzania where everyone has access to quality health care. We have identified one ultimate goal per focus area, which is further broken down into specific objectives. The following will provide an overview of what kind of activities Sikika will undertake under each focus area during the strategic period in order to reach the ultimate goals.(See annex for a more detailed indicative table of activities)In practice, Sikika's work under each focus area is built on three categories of activities, namely data collection, research and analysis, and advocacy and awareness raising.

HEALTH SECTOR GOVERNANCE AND FINANCING

Ultimate goal	**Enhanced health sector budget efficiency, transparency and accountability at both central and local government levels**
Specific objectives	• Increased efficiency and effective budgeting in the health sectorat both central and local government levels

	• Increased budget transparency at both central and local levels of government • Improved oversight function over public resources in the healthsector at both central and local governments

In order to advocate for increased **efficiency and effective budgeting**,we will conduct ananalysis of the health sector budgets in order to assess if allocations are according to plans, policies and priorities.We will also considerthe CAG reports for MoHSW, PMORALG and selected LGAs respectively to track improvement in budget performance. In addition, we will track wasteful spending in the entire government following our recognised advocacy case for reducing unnecessary expenditures.Moreover, Sikika will conduct expenditure tracking to assess how effective spending of public resources by the government. The emphasis will be on our focus areas, which are HRH, medicines and supplies as well as interventions for maternal and newborn health.

At the district level, Sikika will continue to monitor, analyse and influence the Council Comprehensive Health Plans (CCHPs) focusing on areas of human resource for health and medicines and supplies. Health related performance and audit reports of selected districts will also be analysed. Various means of collecting data through citizens, such as SMS, telephone calls, Score Cards, Meetings, research activities will be utilized. Sikika will mobilize citizens in selected districts to conduct social audits for identified health projects in view to monitor effective and efficient implementation of development projects to promote prudent use of public resources.

Limited access to information is a major obstacle in the accountability process. To advocate for increased **transparency in budget processes, policies and results;** Sikika will continuously analyse how different groups – men and women, including MPs, councillors and citizens, access budget information. Advocacy activities will be around timeliness of public information, citizen-friendliness in terms of language used and technical presentation, and ability by men and women to access it.

At health facility level, citizens will be encouraged to demand and use information regarding health facility plans, budget, income, expenditures, types of services available, and governing committee meetings. Aim is to stimulate citizen engagement in social accountability of health care delivery at their facility, and accountability from service providers.

At national level, Sikika will join with other CSOs to advocate for enactment of Freedom of Media and Access to Information Act, which is pending since 2008.

To improve the **oversight function of public resources at central government**, Sikika will monitor the performance of oversight bodies at central and district levels, and provide recommendations for improving the government's responsiveness regarding reoccurring audit queries.

Central to effectiveness of oversight institutions, Sikika we will advocate for drawing of a new Constitution for the United Republic of Tanzania, as it is already promised by the government. Sikika will join other CSOs to ensure the new Constitution de-concentrates powers from the President (executive)

to citizens, increases the autonomy of the Parliament and elected Councillors and establishes an independent Electoral Commission. Furthermore, that the new constitution stipulates rights of citizens more clearly and institutes effective sanctions against public officials who misuse or abuse public resources.

To strengthen oversight function of public health resources, Sikika will work with elected Councillors and health governing committees at selected councils. Sikika will build their capacities to follow the social accountability monitoring process to effectively play oversight to resources earmarked for health care services in their respective districts and health facilities. Annual budgets, expenditure reports, and audit reports will be used to inform advocacy for effective oversight in this area. Citizen's voices will be facilitated through live radio shows, telephone calls, SMS, blogging, where necessary petitions or legal actions. Women will be encouraged favourably.

Our written publications and other forms of media willraise further awareness and spark discussion among citizens about any misuse and abuse of health sector resources. Our goal is that citizens demand for information from their local leaders and service providers, question issues and actively engage in demanding for better use of public resources.

HUMAN RESOURCE FOR HEALTH

Ultimate goal	**Increased financial allocation,equitabledistribution of health workers andtheir adherence to professional ethics**
Specific objectives	• Increased financial resources to address the prevailing HRH shortage • Improved equitable distribution and retention of health workers at all levels of service delivery • Improved professional conduct of health workers at health facility level.

To ensure that the government provides adequate funding to cope with the HRH crisis, we will annuallyreview how much money is allocated for training, hiring and retention of HRH at central and local government levels. Annual performance and expenditures in this area will also be reviewed. Annual plans, strategic plans, budgets and implementation reports will be key documents for this monitoring. Information will be disaggregated by sex as much as it is available and will be used as evidence to advocate for increased and efficient use of budget allocation for HRH at both levels. The Parliamentarians and District Councillors will be our main target to seek increased financial resources for health workforce in Tanzania.

At facility level,Sikika will conduct an analysis of the health facilities' and districts' budget plans, and expenditure reports regarding HRH will be compared withOut Patients Departments (OPD) seen per day and in the Mother and Child Health (MCH) units. Our intention is to see plans and budgets, which are in line with the workload, and actual facility needs. This information will form evidence and be used to

advocate for efficient and equitable planning and budgeting for health workers at both central and local governments

To improve **equitable distribution and retention of health workers,**Sikika will cooperate with districts by trackingthrough annual surveys, a gender sensitive deployment of newly employed health workersin all districts of Tanzania Mainland.In addition, we will collect data regarding workloads and waiting times by sex at health facilities to compare distribution of HRH across and within districts. Our aim will be to demonstrate how equitable recruitment and deployment by cadre and sex would mitigate the differences in workload and waiting timesamong districts. District annual health plans and their implementation reports will also be analyzed to seek to improve measures they have taken to attract and retain health workers differently by sex to their respective districts. Role of District Councillorwill particularly be monitored.

To increase **health workers adherence to professional ethics (accountability to service users)**Sikika will collect data by sex and conduct analysis on citizens' satisfaction with health workers adherence to ethics (experiences of corruption at point of service delivery, health workers' absenteeism,attitude toward clients, case mismanagement). We will also monitor the existence and effective use of facility based complaint mechanisms. The methods will include citizen interviews, SMS, telephone calls, live radio shows, and score cardsat health facility and community level.Information will be gathered and reported by sex, as much as possible and will be used to advocate for improvement.

All the information generated above will be shared through consultative meetings at central and district levelto discuss ways to address both client complaint mechanisms and service providers' professional conduct. Sikika will also use media and various forms of publications to disseminate experiences of facility based complaint mechanisms and professional conduct and give service users space to air their experiences. In extreme case, petition will be signed by citizens and submitted to authorities, demonstration by citizens may be encouraged, and possibly legal measures against extreme chronic behaviour.

MEDICINES AND SUPPLIES

Ultimate goals	**Increased availability and accessibility of medicine at all levels of health care delivery**
Specific objective	• Improved equitable planning and budgeting for quality medicine at all levels • Improved transparency and accountability in the procurement and distribution of medicines and supplies at all levels • Increased health facility monitoring of medicine availability and accessibility

To improve **equitable planning and budgeting for quality medicine** Sikika will compare district annual health plans with plans by health facilities to identify any planning gaps. The aim is to see if actual medicine needs by health facilities are reflected in the District plans. This comparison will also be made between the district councils and national budget for medicine to determine if the central government has made adequate plans and budget to respond to medicine needs of the country. Implementation, expenditure, and audit reports relating to medicine (national and district levels) will also form part of this annual analysis.

This analysis (plans and budget) will be shared with policy makers such as the MoHSW itself, MoFEA, Parliament, and District Councillors. Planning and budgeting gaps will also be shared through media to build citizen understanding and participation to influence better planning and budgeting for medicine. Sikika FM radio will be instrumental in steering discussion around equitable planning and budgeting for medicine.

To improve **transparency and accountability in the procurement and distribution of medicines and supplies,**we will regularly monitor experiences of public accessibility of information regarding procurement processes at central, district and facility levels. Regarding distribution, we will monitor the stock control at health facility level, ordering and delivery of medicine with the aim of tracking any delays, wrong ordering or wrong deliveries. We will compareamounts and types of medicines ordered and received by health facilities in comparison to budget allocations.

Service users access to information regarding medicine at health facility will be monitored.Furthermore, we willmonitor corrective measures taken against any misconduct, abuse and misuse of public office or resources at central and district levels.

The findings will be used to advocatefor transparency, and accountability in medicine forecasting, financing, tendering, ordering, supply, storage, and distribution through consultative meetings, media, publications, letter writings, and community gatherings.

To **monitoravailability and accessibility of medicine at health facility level,**we will monitor stock-outs and accessibility of some antibiotics, anti-malarial medicines and medicines used specifically in relation to maternal health at health facility level. Availability and functioning of supplies such as thermometers and stethoscopes will also be monitored. Encouraging citizens at points of service delivery to send SMS to Sikika regarding these medicines and supplies will do the monitoring. Telephone calls to the health providers will be made and where possible Sikika FM radio will be used to engage live discussions between service providers and service users. Formal surveys will be conducted on annual basis to consolidate experiences of medicine and supplies availability and accessibility.

All the information about availability and accessibility of medicines and supplies at point of health care delivery will be shared with policy makers at central government, Parliament, and Councilors and donors in view to improve the situation.Consultative meetings, formal reports, use of media in creative ways will be the modality for sharing and asking.

HIV AND AIDS

Ultimate goal	Enhanced accountability and oversight function overHIV and AIDS resources at both central and local government levels
Specific objectives	• Increased social accountability monitoring of HIV and AIDS resources at both central and local levels of government • Increase access to ART and information on HIV and AIDSto men, women and children in rural areas of Tanzania • Increased policy advocacy networking amongst local non-governmental organizations

In order to increase**social accountability monitoring of HIV and AIDS resources at central government level**,Sikika work to understand and influence the accountability cycle at central government level. This will follow the five processes of social accountability starting with planning and resource allocation, expenditure tracking, performance management, and oversight function over resources of HIV and AIDS in Tanzania. In this process, Global Fund processes will be monitored separately as it is the major source of funding for HIV and AIDS in Tanzania. Much of success in this cycle will depend on degree to which public information and public policy spaces are accessible. In this case then Sikika will lobby for these at the same time doing the social accountability monitoring.

The strategy will involve carrying out analysis at each stage of social accountability monitoring process, identify critical accountability issues, advocate for their improvement through various stakeholders and document the impact. At the end Sikika intends to see efficient planning and budgeting, greater access to services such as ART, efficient financial mananagent and effective oversight of public resource in the area of HIV and AIDS.

The process at local government level will follow the same framework except that we will be dealing with local government accountability structures such as elected councillors, service providers and various governing committees.

To increase **access to ART to men, women and children in rural areas of Tanzania**, Sikika will collect and analyze data from points of service delivery in selected districts in view to assess availability, quality, and accessibility of information, medicine and supplies related to HIV and AIDS treatment. We will work through local accountability structures, involving as many citizens as possible. Findings will be used to influence change for improvement at both local and central government levels through consultative meetings, radio, SMS and publications.

To increase policy **advocacy and networking** amongst local non-governmental organizations, Sikika will work through Tanzania AIDS Forum to build capacities of local NGOs and improve quality of policy advocacy engagement with the government and development partners. Sikika will strive to work through existing dialogue structures such as Technical working groups at governmental level, elected

representatives such as Parliamentarians and councilors. TAF will provide platform for local NGOs to build consensus and plan advocacy interventions while at the same time developing own NGO capacities. Working through and with the media will be key in the process to influence policy and public budget understanding and decisions.

6. TARGET GROUPS FOR ADVOCACY AND AWARENESS RAISING

This chapter will give an overview of the target groups, meaning the central, district and citizen level decision-makers, stakeholders and partners that Sikika aims to influence and cooperate with during the coming years. The chapter also indicates what kinds of changes we would like to see within the target groups as results of our advocacy and awareness raising efforts.

CENTRAL LEVEL

The Ministry of Health and Social Welfare (MoHSW): The MoHSW is responsible for developing policies and guidelines for health delivery. This includes setting standards for staffing as well as allocation, distribution and procurement of medicines and supplies through the Procurement Management Unit (PMU) and Medical Stores Department (MSD). The Ministry works through Technical working groups, parliamentary standing committees, departments and agencies. With political will and commitment, most changes which we try to seek through this strategy can be achieved through this Ministry.

MoHSW Technical Working Groups: The Technical Working Groups have been established to provide space for stakeholders to engage with particular area of focus such as HRH, medicine, financing, etc. There are similar structures for HIV and AIDS. Sikika will strategically engage with some of these working groups to provide evidence of issues we are asking for change, advice, and influence decisions.All works of Technical Working Groups culminate at the Swap Technical Committee, which Sikika has a seat to represent CSOs.

Parliamentary Committees: Members of the Parliament have a duty of discussing and approving the government budget as well as the audit reports. Also, through Parliamentary Standing Committees, MPs have the responsibility of playing the oversight role and advice the government on how to improve the living conditions of citizens. These committees provide Sikika with an opportunity to discuss health and HIV&AIDS budgets and policy priorities. It is also the responsibility of these standing committees to question Accounting Officers regarding budgets, performance and integrity of the sector. Expected change: raised awareness among the new Committee members about the issues Sikika is advocating for, MPs raise issues of HRH, health care financing and medicines and supplies during the Bunge session.

Development partners (DPs): DPs contribute to the health basket of the government. They have significant influence in government policies, budgets and how plans are implemented from the central to the local level because more than 50 percent of the health sector budget is donor funded. Sikika will

seek to work with the DPs to amplify voices and evidence for effective policies and guidelines on HRH and for medicines and supplies and to reduce unnecessary expenditures. Substantial amount of budget information, which can help Sikika in doing analysis can also be accessed through them. Expected change: DPs take up governance issue of HRH, medicines and supplies and finance as a priority.

Civil Society networks: These networks provide a foundation where Civil Society Organizations can support each other in advocating for change in policy through a united voice. These networks provide opportunities to spread results based advocacy to a broad range of groups, from citizens to central and local government through CSO representatives of working groups and committees. CSO networks that Sikika expects to work with include Policy Forum, Tanzania Aids Forum, and FemAct.

DISTRICT LEVEL

Prime Ministers' Office- Regional Administration and Local Government (PMO-RALG) is the government ministry responsible for service delivery and strengthening the functioning of local Authorities. It is also responsible for overseeing financial transparency and accountability in Local Governments. We plan to collaborate with the PMO-RALG to achieve effective and efficiency budgeting at district level, availability and accessibility of medicine, and availability and accountability of health workers. Expected change: Improved oversight function through strengthening the capacity of citizens, heath service providers and local government officials in authorities.

Members of Health Boards and Committees: Members of health Boards and Committees as well as Multi-sectoral AIDS committees (MACs) have the power to raise issues affecting quality of health care delivery both at district and health facility level. They can monitor, oversee and supervise health care service delivery and are by default more closer to both service providers and users.It is also the responsibility of these committees to involve the community in planning and implementation.Expected change: Prepare health and HIV/AIDS plans which are participatory (involve citizens), with performance based indicators for HRH, set complaints mechanisms in health facilities and handle complaints raised accordingly, put more budget for retention of health workers and for medicines and supplies. Also members are expected to monitor the availability of medicines and supplies since they have the mandate to do so according to policy for medicine. MACs should also play a role in ensuring that HIV and AIDS interventions are properly included in council comprehensive plans.

Local government officials: These are theinstitutionalized leaders at ward level. They are responsible for making sure that citizens' demands are met.Expected change: to regularly arrange and organize the community assemblies at street/village level where citizens are gathered to be informed as well as raise their demands and needs concerning the HRH, Health governance and financing and medicines and supplies issues.

Councilors: These are political leaders at district level. Citizens elect them and they are representatives of the community in the full council meetings. They also act as the link between district authorities and

the citizens. They have the mandate to approve or disapprove district budgets. Expected change: To demand for efficiency and affective budgeting and implementation of plans at district level.

District and or Regional Commissioners: These are president appointees who represent the president in their respective districts/region. They are responsible for all activities that are conducted within their areas of jurisdiction. Expected change: To improve transparency and accountability of government officials in their respective districts/regions.

Health Workers: These include doctors, nurses, administrative staff and all the service providers at health facility level responsible for provision of health care services. Expected change: For medicines and supplies need to follow procurement procedures and ensure that there is enough stock and accessibility of medicines and supplies for all patients. Provide information to Sikika on accessibility, timeliness, adequacy and even the quality of medicines and supplies. For health governance and finance need to make sure that budgets are followed properly and spending is done in both transparent and accountable manner. As for human resource, need to adhere to ethics in health services and administration.

CITIZEN LEVEL

Citizens: These are the users of health services at district level. They have a room to influence decisions on the local government through the street or village assemblies. Expected change: Play a watchdog role as far as health service delivery system is concerned in their respective areas. Play a role in budgeting process since they are supposed to participate in planning process by identifying their priorities through formal meetings. Monitor the CCHP implementation, question on the income and expenditures of their respective health facilities especially in terms of budget for medicines and supplies, monitor the equitable distribution and availability of medicines and supplies in health facilities and make health service providers responsible and accountable. Also to complaint about unethical conduct at the health facilities.

Volunteers: These are among the service users but they have the direct role of assisting the organization to meet its objectives by serving a role of the medium of information between Sikika staff and service providers and other stakeholders. Expected change: To link Sikika with other stakeholders including local government officials, members of health boards and community representatives. Facilitate discussions in school health governance club on HRH, Health governance and financing and medicines and supplies issues.

Media: They perform vital tasks of informing, socializing, communicating and articulating the power of the public towards good governance. Expected change: Through media, the public, service providers as well as government will be informed of their roles and responsibilities as far as the provision of quality health care services is concerned. Citizens will be encouraged to question and demand for their participation on budget processing, availability of medicines and supplies as well as skilled and accountable health workers.

Community Representative: These are among the members of Health Boards and Committees at district level and health facility level respectively. However they are the link between citizen and those boards and committees. Expected change: To present citizens' demand and concern to the boards and committees concerning the availability of medicines and supplies at health facilities, citizen's participation in the budget and poor service provision. To provide feedback from boards and committees to the citizen on measures taken to account health workers with unethical conduct at the health facilities.

7. GOVERNANCE AND ORGANISATIONAL DEVELOPMENT

LEGAL STATUS, CONSTITUTION AND ORGANISATIONAL POLICIES

Sikika Company limited (in short, Sikika) is a non-governmental organisation registered in November 2009 to take over the work and properties of Youth Action Volunteers (YAV). The Memorandum and Articles of Association (MEMATs) are the main legal and policy documents guiding Sikika's governance and operations. They are further supported by various specific organisational policies, such as on personnel, finance and administration. These policies have been implemented since 2001 and have been improved several times as a result of periodic external organisational reviews. As we embark on this new strategy, and as a way of implementing recommendations from the Review of Sikika's Strategic Plan 2006-2010, we intend to further update our policies on personnel, finance and administration.

ORGANISATIONAL STRUCTURE

In the past the organisational structure of Sikika has consisted of the Board of Directors, the Executive Director, the Management Team, four programme departments, plus additional departments for Finance and Administration and Monitoring and Evaluation. This organisational structure will for the most part stay intact in this strategic plan. However, the programme departments will be organised under the new focus areas, namely Governance and Finance, Human resource for health, Medicines and supplies. In addition, we will have a department focusing on HIV/AIDS due to the separate dialogue structures and processes in health and HIV/AIDS.

The decision-making bodies are the Board and the Management Team. The Board is responsible for general oversight and comprises eight independent members elected every three years, with one possible re-election. The present Board consists of two journalists, a medical doctor, a gender specialist, plus two volunteer representatives and the Executive Director.The Management Team takes care of operational activities and comprises the Executive Director, the Programme Officers of the four departments, the Programme Coordinator, as well as the Accountant and the Office Manager. The Executive Director leads the Management Team and holds responsibility for final decisions. In this strategy there are going

Other members of staff take part in the decision-making through consultations within the respective departments led by the Programme Officers prior to the Management Team meetings. Participation is also facilitated through weekly Monday morning meetings and monthly staff meetings. At the Monday morning meetings every staff member shares what he or she did during the past week and what he or she plans to do during the week at hand. The main purpose of the monthly staff meetings is to discuss issues affecting overall staff wellbeing. Decisions on activity plans are taken at the annual Staff Retreat, where each department presents their plans for the year ahead.

The above described governance structure will continue to be implemented in the next strategy implementation 2011 -2015. Few areas will have to be improved as per recommendations by the Review.These will include strengthening roles and voices of all staff at each level of governance structure and improving communication upward and downward. Skills mix and realistic workload will increasingly be taken into consideration when drawing up individual and departmental work plans.

STAFF AND VOLUNTEERS

As of November 2010 Sikika has 20 full time staff and 70 volunteers who are based in Dar es Salaam and the Coast region. To address observations by the Review of Sikika's Strategic Plan 2006-2010, more skilled and specialised staff will have to be hired and volunteer management to be strengthened. In addition, our geographical expansion into three more regions will definitely require new staff and volunteers.

Shortage of skilled and experienced human resource is a problem shared across all policy advocacy NGOs in Tanzania, which is a reflection of our current education system. To address this challenge within Sikika, a separate strategy for human resource development will be implemented in view of improving certain skills such as policy analysis and advocacy. On the basis of the Review, members of staff are generally satisfied with the learning and carrier development opportunities provided by Sikika both in terms of specific training courses and on-the-job-training. In the next five years, however, Sikika will invest resources in further strengthening the capacities and skills of both full time staff and volunteers. While we intend to continue to benefit from skills development trainings by some of our partners, Sikika will also pay for staff to attend specific trainings aimed to improve quality of work of our staff.

In addition, Sikika will seek to invite interns from local and international levels to help reduce workload and increase learning.If necessary, skilled and experienced persons from outside the country may be hired with the view of upholding the quality of our work. Alternatively, Sikika could seek to virtually engage and seek for the needed skills and competencies for some specific pieces of analytical works (this has so far worked between Sikika and IBP). The aim should not be to replace local skills, but rather help local staff gain analytical new skills and improve the quality of our advocacy work. Strong and independent heads of departments will be mentored/hired as part of a strategy to reduce the noted current over-dependence on the executive director.

The Review concludes that many activities and processes are heavily dependent on the Executive Director and as a result, the Executive Director is overworked, which tends to delay approvals and processes. To mitigate this, and in view of the expansion to six new rural districts, Sikika plans to create a new position of Head of Programmes and to strengthen both the M&E and the finance departments. An M&E specialist will be hired in 2011 and a Certified Public Accountant will be recruited to lead the Finance department.

A person dedicated to the management of volunteers has already been hired and some of the identified challenges have already been, or are in the process of being, resolved. However, with additional volunteers due to the expansion, learning and sharing amongst volunteers and between volunteers and staff will be strengthened through implementation of effective systems.

FINANCIAL MANAGEMENT AND DONOR RELATIONS

Sikika has a ten-year consistently good record on financial planning, expenditure, and management in accordance with International Financial Standards and National Board of Accountants and Auditors of Tanzania. Under its sound management system, supervised by both the Board and Management Team annual budgets are drawn, expenditures discussed by the board, and annual audits carried out. Our audit reports from the past ten years are open for scrutiny and some of them are online. According to the Review, Sikika has a very low risk rating. The Financial procedures manual will be finalised before 2011, and more system strengthening will periodically be done.

In view of our past experiences where funding agreements have been entered between Sikika and individual funding partners, in this strategic plan, wecontinue to seek core support from individual funding partners and will develop a joint Memorandum of Understanding between all donors and Sikika.This will align reporting times and enable Sikika to focus on delivering results. Coordination meetings between Sikika and the funding partners will be convened at least twice a year. Contribution from a single funding partner should not exceed 45% of the total annual budget at any calendar year. Early funding commitments will eliminate the problem of unrealized annual budgets experienced by Sikika in the previous strategy.

8. MONITORING AND EVALUATION

Sikika's programme runs under the core-funding scheme. As part of the core or 'basket' fund scheme, Sikika will continue to distribute one set of narrative and financial reports to all the funders. Reporting to funders on the implementation of our programme is guided by the monitoring and evaluation plan explained below. However, this will be reviewed in the first half of the first year of the Strategy in view to combine theory of change and outcome mapping frameworks.

It has been noted in the 2006-2010 Strategic Plan Review that although the Monitoring and Evaluation (M&E) systems are in place in at Sikika, M&E is still not an integral part of the programme. Departments

have difficulties with writing their periodic reports since they do not have a full understanding on how M&E fits into their plans. In addition, reporting and documentation is usually done at the end of the period rather than during the implementation. In this strategic period, we will emphasise the value of M&E within the organisation through periodic discussions held with the management and improved reporting formats. The strategic plan is built on lessons learnt and we enhanced the monitoring system and processes based on the Theory of Change model. This will allow staff to conduct proper monitoring and documentation that feeds into reviews and reports. Using the theory of change model will also give us flexibility to change our approaches if our activities are not reaching the targeted objectives.

The monitoring and evaluation plan, including the logical framework matrix, for 2011-2015 has been developed collaboratively with all staff members in a staff retreat held in November (2010) (see Annex 2 for details on the matrix). This has given all staff an opportunity to learn about the importance of M&E systems and identify measurable and realistic indicators that will be monitored during the five years to come. Making this process participatory also means that staff will make M&E as a function of their responsibility rather than the accountability of M&E Department only.

Annual reports and Work plans

Sikika will continue to facilitate a staff retreat (annually in November) with all staff members and available Board of Directors. At the staff retreat, performance of the current year will be discussed. Lessons learnt and challenges will be addressed and improvements will be made when preparing the annual work plan for the following year. Work plans will be developed taking into consideration the previous years' performance while keeping the core objectives the same. The plans will be shared with Board of Directors for approval following the retreat.

Quarterly Reports and Matrix

Taking into consideration the work plans, each department will develop an annual matrix, which will guide their work and assist in monitoring progress made against the logical framework matrix. On quarterly basis, staff will write a narrative quarterly report on achievements and challenges against the objectives in the quarterly matrix. Quarterly reports will focus on results and changes and will be shared with the management team and M&E Department on quarterly basis.

Weekly reports and discussions

The purpose of weekly reports is to capture the ongoing work and share information with all the staff members regarding what was achieved in the previous week and what will be done the following week. Each staff will share their reports at a Monday debriefing meeting where everyone has a chance to provide feedback and learn about the ongoing work of the team. The strategic review report noted that while the Monday debriefings are considered useful by all staff, they are seen to add most value to the M&E department. It was recommended to make the Monday debriefings more meaningful to all by increasingly reflecting on what was achieved, what did or did not work, why and recommendations for

improvements. Under the current strategy, Monday debriefings will be more focused, engaging and useful to all staff.

Evaluation of progress

Review and evaluation will be made in several forms. Program Officers will frequently assess the progress made in the department's work through the quarterly reports as described above. A complete evaluation will be done at the annual staff retreat. A feedback mechanism will be developed to document and analyse the advancements made to meet the ultimate objectives. In the mid-term of the strategic period (June 2013), a more thorough evaluation will be conducted, followed by an end of period evaluation in 2015. If necessary, Sikika will hire independent evaluators to guide the organisation in this work. Findings from the end of period evaluation will also be used as a baseline when developing the new strategic plan.

9. BUDGET

(Please find it in a separate file)

ANNEXES

ANNEX 1: SWOT-ANALYSIS OF SIKIKA

Strengths

Strategic niche

Sikika has a clear strategic niche. It is the only Tanzanian NGO which focuses on health governance and accountability issues. This makes the organization to be an important partner who adds legitimacy to health sector multi-stakeholder consultation processes. This goes along with many opportunities for advocating activities.

Holistic approach

Sikika has a good holistic approach cooperating with citizens, health service providers and policy makers. This ensures wide political influence and feedback from the ground which opens up possibilities for advocacy guided by community's actual needs.

Good reputation; trusted partner

Sikika is seen as an independent organization with good communication systems, expertise and a reliable implementation of activities. The gained reputation is an asset which facilitates potential cooperation with its partners in the future. This is a precondition for effective advocacy – one of Sikika's core activities.

Sound financial management

The existing financial management systems, procedures and control mechanisms minimize financial risks and buttress the economic viability of the organization. The diversification of the funding base has also contributed to an improved sustainability. Long term cooperation with donors will hopefully lead to increased speed and predictability of disbursements which in turn facilitates effective operational planning and implementation of activities.

Motivated staff

The members of staff are all well qualified and share a clear idea and opinion about the role Sikika plays in the social accountability context of the health system. They are eager serving the society and appreciate the high motivation of their co-workers. This facilitates team-oriented activities that leverage and value the talents of every individual

Weaknesses

Lack of functioning monitoring & evaluation tools

The strategic plan for the period 2005-2010 features a logical framework, but the monitoring tool is currently not applied satisfactorily, partly because an activity's outcome is difficult to realize within the aimed time horizon.

Overambitious planning and budgeting

Another concern is the overestimation of available budgets and the amount of planned activities. In the past, the lack of financial resources and time has lead to revisions of the working schedule implying difficulties implementing other activities on time.

Strategic focus

Sikikas active participation in various CSO networks and government-lead consultative sessions offer many opportunities but are also time consuming. Therefore, the organization should revise the effectiveness of its networking activities and proceed more strategically in the future.

Geographic narrowness

Sikika gains legitimacy and attention first of all because of its close relationships to communities which inform about health conditions on the ground. The current narrow coverage of districts in Dar es Salaam limits both Sikika's access to information in remote areas and also the number of potential beneficiaries implying limited awareness and legitimacy of advocacy activities.

HR strategy

Sikika's success depends on the competences of its staff. Furthermore, it is a rapidly growing organization which is presently developing plans to expand towards other regions. This requires further recruitment of additional staff, retention and the development of available human resources through training. These challenges call for developing a strategy that facilitates human resource management.

Opportunities

New Beneficiaries

Sikika has got many opportunities to expand to other regions on which we are working to promote social accountability and to increase citizen's capacity to demand for transparency. Sikika's expansion to ManyaraSingida and Dodoma will create an avenue to influence more transparency increase the participation of men & womenin several health development plans.

Growing political competitions

The new political situation in the country will also make citizen aware of their basic rights as many political parties are struggling to influence their opinion and ideologies. On other hand, the situation will help us advocating effective spending of the public recourses due to the facts that politicians face

growing incentives to build credibility to their voters and also to ensure that public monies are spend as planned.

Young demographic

The presence of a young demographic is another issue for considerations. Especially students are more receptive to new ideas and policies. By sharing our information, they enhance the demand for the social accountability in the country. Through these awareness rising activities, we expect citizens to increasingly participate in planning meetings from the ward to the district level.

Active networking

Sikika plays an active role at various dialogue forums such as SWAp technical working groups as well as civil society networks such as Policy Forum, FemAct, Health Equity Group and Tanzania Aids Forum. These relationships provide ample opportunities to receive and share information with other stakeholders of the social accountability process.

Engagement with parliament and government

The good relationships with the government provide opportunities which Sikika can use to expand their works on the issues of the social accountability. Sikika's engagement with parliamentary committees and within the health dialogue structure will enable Sikika to expand its activities to other committees such as Public Accounts Committee and Local Government Accounting Committee. Trough this intervention, members of these institutions will be informed about our findings and we hope that they will use the information to improve public service delivery.

Threats

Limited access to information

This is a big threat to Sikika as an organization because a lot of our analytical work involves the gathering of information from government entities. Information helps us to support our arguments with more evidence.

Limited collaboration of government officials

Another threat which Sikika might face at the district level is limited collaboration with new district authorities. The government officials at the district level might fear to collaborate due to burecratic red tape or the fear that their mistakes will be revealed.

Hostile media environment

Media is an important agency for passing information to the citizens. The threat to our work is that as long as the media houses are owned or influenced by the government, they will refuse to publish our

findings to their audience, except for those media which are most vibrant and independent. The government's control of media can imply that information which we want to pass to the citizens is scrutinized and censored.

Financial dependence on donors

To perform its set activities, every organization requires a lot of resources such as human resources and materials. Sikika is depending on the contributions from donors. This poses a threat to the implementation of our activities. Sikika will face a lot of problems when donor disburse funds lately or withdrew from financing. This might cause that some of the activities will be lagging behind.

Unresponsive government

Some of the social accountability activities will reveal some substantial issues on the spending of the public funds. The threat we see from the social accountability activities is that the government will not respond to some of the queries which we will raise to them.

ANNEX 2: SIKIKA INDICATIVE ORGANOGRAM

(Please find it in a separate file)

ANNEX 3: DEFINITIONS OF KEY CONCEPTS IN THE STRATEGIC PLAN

1. Quality of health care

Background of Quality Health Care Delivery in Tanzania

The World Health Organization (1947) defines health as a state of complete physical, mental and social well- being and not merely the absence of disease or infirmity. However, for a country to be healthy, the quality of delivered health services in that country is a key element to be considered in health system. Understanding the importance of quality element in health care delivery system, both the 1990 and 2007 Tanzania National Health Policies, share the common objective of achieving quality health care delivery to all Tanzanians. Moreover, in its efforts to ensure quality healthcare services, MoHSW developed the Client Service Charter for use with both healthcare service providers and users. The charter outlines kind of services to be offered to citizens, roles and responsibilities of service providers and users, rights, guiding principles, and complaint mechanisms (URT, 2002). According to this Charter, the Standard (quality) services imply Responsiveness, Clarity, Accuracy, Appropriateness and Access. However there seems to be regular complains of public health service users regarding among other things their dissatisfaction with the quality of the provided health services in public hospitals.

Quality of health care

Defining quality of health care is a complex matter since the term quality itself is complicated. Some people claim that there can be no definition or measure of quality that is acceptable to each and every one. Quality of health care is a multidimensional concept which means different things to different people. For example while health service users define the quality of health services in their own terms, health professionals define quality of health services in their own terms. However, Focusing on three areas namely Human Resource for Health, Medicines and Supplies and Health Sector Governance and Financing, we include the definition of both health service users and health service providers in defining the term 'quality' of health services. For this reason, therefore, we opt for the (1989) Donabedians' definition of quality which suggests for quality of care to be assessed by combined evaluation of its separate dimensions. These dimensions are **structure**, **process** and **outcome**. All of the three dimensions of quality will be assessed by us though monitoring of health service delivery in all health facilities in Kibaha, Ilala, Kinondoni and Temeke council authorities.

The **structure** dimension assesses the quality of health care through a study of the setting in which the care takes place. This includes availability and adequacy of facilities and equipments, cleanliness,

availability of drugs and qualifications of medical staff. Basing on the structure dimension, we will be tracking the availability and quality of first line malaria medicine, ARTs, and qualified staff in all public health facilities in Temeke, Ilala, Kinondoni and Kibaha councils. This tracking exercise will be conducted both on monthly and annual basis through the use of the template to be established by us. By doing these tracking studies we aim at improving the quality, and unequal distribution of both medicines and human resources for health in health facilities.

The second dimension (the **process**) assesses the quality of health care through health service providers to patients' interaction. This includes health care providers' communication with patients and the acceptability of care to health service users. Following this dimension of quality, we will be observing the status of service providers to patients' interaction through visit to health facilities and even interviewing the patients who will be found in those health facilities during the time of visit. The aim of this activity is to identify the status of patients' to service providers' interaction in the context of healthcare delivery system in the said councils. In the long run, we believe that both service users and providers will be responsible and accountable to each other and thus quality health care delivery will be attained.

The third dimension (**outcome**) relies on patients satisfaction with the service rendered. For us to assess the level of patients' satisfaction in the provided services, we will be interviewing patients' through the template to be established by us. The template will track the level patients' satisfaction on the provided health care. We will further try to see whether patients are satisfied with the utilization of resources that are directed in the health sector. Following this dimension we aim at making service providers responsible to service users and thus make service users satisfied with the provided health services by the former. Moreover, at this area we aim at attaining effective and efficiency utilization of resources that are directed in health facilities.

We will use the information found from the process of monitoring the above three dimensions of quality of care (structure, process and output) to do the following:

First, conduct analytical studies which will identify the status of quality health care delivery in the mentioned districts. Second, produce publications (posters, books, policy briefs and newsletters) to communicate the information with key stakeholders including citizens and health service providers. Third, conduct consultative meetings with key stakeholders to get their views on what can be done to improve the quality health care delivery in health facilities.

2. Equity

Equity in health is defined in different ways. The principles of equity derive from the fields of philosophy, ethics, economics, medicine, public health and others. One thing that appears common to the definitions of health equity is that certain health differences are unfair or unjust.

In relation to healthcare, discussions on equity concentrate on issues of access to care, utilization and quality. Equity in health services implies that there are no differences in health services where health

needs are equal (horizontal equity) or that enhanced health services are provided where greater health needs are present (vertical equity)12.

The International Society for Equity in Health (ISEqH) defines equity as the absence of potentially remediable, systemic differences on one or more aspects of health across socially, economically, demographically or geographically defined population groups or subgroups13. Equity in our strategic plan therefore refers to fairness, justice, non-discrimination, and honesty in the allocation and use of public resources for the benefit of service users.

Distribution of both financial and human resources in the health sector has not been equitable enough. This has been one of the reasons for failure to provide quality health services by the government. Many of the policies and guidelines have been neglecting this aspect of equity at the expense of quality. For example the staffing norm by the Ministry of Health and Social Welfare seems to ignore issues of equity.

To promote fair distribution of available resources to the citizens, performance and volume of activity should be taken into consideration. This may be achieved through establishing performance-based criteria relating to the performance at the specific Health Centres14. Equitable distribution of resources is therefore supposed to take care of the different variations of the population knowing that certain groups of people or society have different health service needs and therefore the population should not be treated as if it was uniform with the same rate of falling sick and with the same measures of treatment.

It is due to the understanding that the country has scarce financial and human resources and that the available resources have not been distributed equitably that Sikika is embarking on this mission of advocating for equitable distribution of the available resources. While advocating for increased resources is central to our strategic plan, urgent measures need to be put in place to ensure equitable distribution of the already available resources as evidence has shown that both financial and human resources are not distributed according to workloads. It is expected that equitable re-distribution of the available resources will greatly contribute to improved health service delivery in the country.

12 Whitehead M: The concepts and principles of equity and health. International Journal of Health Services 2001

13 http://www.iseqh.org

14 A General Report of the Controller and Auditor General on the Performance Audit Reports for the Period Ending 31st March, 2010