



# ANNUAL REPORT 2011

**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.

**Goals**

Sikika's programme strategy aims to achieve the following outcomes:

**Outcome 1.0**

Enhanced health and HIV/AIDS sector budget efficiency, transparency and accountability at both central and local government levels.

**Outcome 2.0**

Improved accountability and equitable distribution of qualified health workers at all levels of service delivery.

**Outcome 3.0**

Increased transparency and accountability in the procurement and supply of quality medicines and medical supplies at all levels of health care delivery.

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## Welcome Note

*Karibu* to Sikika and be part of us in advocating for quality health services to all Tanzanians. This annual report provides detailed information on what we had planned to implement in 2011, key achievements, and strategies used to score such achievements, challenges and lessons learned during the implementation process. Sustaining the achievements needs continued joint efforts by many actors including you, the reader of this report while challenges and lessons become a resourceful part of our interventions for 2012 and beyond.

Since change is a process, some of the achievements are a result of prior and current interventions such as our continued work with the Parliamentary Social Services Committee and our continued work through Policy Forum. Consolidation of key achievements was a result of coordinated interventions from our thematic departments – Health Care Governance and Financing, Human Resources for Health, Medicine and Medical Supplies, HIV & AIDS together with two cross cutting departments – Monitoring and Evaluation as well as Media and Publishing. Our positive engagement with volunteers and interns counted undoubtedly in 2011 and as such their contribution is commendable.

It should be understood that development cooperation was quite instrumental in realizing achievements for the year 2011, thus contribution of other countries' taxpayers money need to be highly recognized. To this effect, our sincere appreciation should go to the people of Canada through Canadian International Development Agency (CIDA), people of Switzerland through Swiss Agency for Development and Cooperation (SDC), people of Ireland through Irish Aid, International Budget Partnership (IBP), HIVOs and the Foundation for Civil Society who provided financial support towards the implementation of the 2011 Annual Work Plan from which achievements are recorded.

Our gratitude also goes to the Government of Tanzania especially the Ministry of Health and Social Welfare, Ministry of Finance and Economic Affairs, Prime Minister's Office – Regional Authorities and Local Government, President's Office and some level of recognition by the Ministry of Health, Prime Minister's Officer – Regional Administration and Local Government and Ministry of Finance and Economic Affairs as well as President's Office – Public Service Management (PO-PSM), District Medical Officers (DMOs), Members of Parliament (especially Social Services Committee), health services providers and local government leaders (Ward Executive Officers, Community Development Officers, village and Mitaa officers)

We also acknowledge opportunities and collaboration provided by Policy Forum whom we represent to the Joint Annual Health Sector Review process. We further acknowledge collaboration from KIWAJAKO and MVAKO as well as PATUU in Kondoa and Mpwapwa districts respectively.

We would appreciate substantive feedback of any issues contained in this report by sending an email to [info@sikika.or.tz](mailto:info@sikika.or.tz)

*Karibuni Sana!*

Irenei Kiria, Executive Director.

## Abbreviations

|          |  |
|----------|--|
| AIDS     | Acquired Immune Deficiency Syndrome  |
| ARV      | Antiretroviral   |
| CAG      | Controller and Auditor General   |
| CCHP     | Comprehensive Council Health Plan  |
| CD4      | Cluster of Differentiation 4   |
| CSOs     | Civil Society Organizations  |
| DMO      | District Medical Officer   |
| eLMIS    | electronic Logistic Management Information System                              |
| FM       | Frequency Modulation   |
| HGF      | Health Governance and Finance  |
| HOD      | Head of Department   |
| HIV      | Human Immunodeficiency Virus   |
| HRH      | Human Resources for Health   |
| ICASA    | International Conference on AIDS and Sexually Transmitted Infections in Africa |
| JAHSR    | Joint Annual Health Sector Review  |
| MACS     | Multi-Sectoral AIDS Committees   |
| M&E      | Monitoring and Evaluation  |
| MSD      | Medical Store Department   |
| MoHSW    | Ministry of Health and Social Welfare  |
| MoFEA    | Ministry of Finance and Economic Affairs                                       |
| MoU      | Memorandum of Understanding  |
| MP       | Member of Parliament   |
| MTEF     | Medium Term Expenditure Framework  |
| MVAKO    | Muongano wa Vikundi vya Afya Kondo   |
| NHP      | National Health Policy   |
| NMSF     | National Multi-Sectoral Strategic Framework                                    |
| OM       | Outcome Mapping  |
| PATUU    | Pamoja Tupambane na Ukimwi   |
| PBO      | Parliamentary Budget Office  |
| PIFWG    | Pharmaceutical, Infrastructure and Food Safety Working Group                   |
| PLHIV    | People Living with HIV   |
| PMO-RALG | Prime Minister's Office for Regional Administration and Local Government       |
| SADC     | Southern African Development Community   |
| SMS      | Short Message Service  |
| TACAIDS  | Tanzania Commission for AIDS   |
| TAF      | Tanzania AIDS Forum  |
| TB       | Tuberculosis   |
| TC-SWAp  | Technical Committee Sector Wide Approach                                       |
| WAC      | World AIDS Campaign  |

## Executive Summary

Sikika started the implementation of its 2011-2015 Strategic Plan in the year 2011 with key objectives that fall under the program departments Human Resources for Health (HRH), Health Governance and Finance (HGF), Medicines and Supplies and HIV & AIDS. Media and Publishing was created as an independent department that handles all departments' external communication with the media and other actors while the Monitoring and Evaluation (M&E) department fulfils an integral function under the Head of Programs.

The formulation of the new strategic plan has been informed by lessons that have been drawn from the review process of the previous plan. A key innovation is the expansion to rural areas. Accordingly, an office has been opened in Dodoma to support the delivery of our programmes in Dodoma, Manyara and Singida. Other key lessons which the new plan addresses are the necessity to improve existing linkages between our interventions at the facility and the national level and to strengthen civil society organization (CSO) networks such as Policy Forum and Tanzania AIDS Forum (TAF). Such lessons have, therefore, been part and parcel of the activities in 2011.

The overall picture of the implementation of the 2011 annual work plan indicates positive progress. The department of HGF shared with the Parliamentary Committee on Social Services and other MPs the results of the 2011 budget analysis with focus on unnecessary expenditures. This has provoked discussions in the parliamentary sessions, which made MPs refusing their sitting allowances. The official opposition in the Parliament is fighting against unnecessary expenditures and, finally, the Prime Minister recognizes and acknowledges the need to further look on the matter. The department also conducted an analysis of the oversight framework and revealed several reasons for its ineffectiveness.

The department of HRH was able to stand firm on fighting against unethical behaviour among health workers by issuing press releases that called for the investigation on the unethical behaviour portrayed by some health workers in the Mwananyamala saga. As a result of building public pressure, an investigation has been initiated. The department also conducted a survey at health facility level in Dar es Salaam, Kibaha, Kondo and Mpwapwa on the effectiveness of existing complaint mechanism and found out that the system is ineffective. Consequently, a policy brief was produced and shared during the Joint Annual Health Sector Review. The Human Resource for Health Tracking Study 2010 was also published and shared with stakeholders during the HRH Day in 2011.

The Department of Medicines and Supplies was able to conduct a survey on the countrywide surgical gauze shortage. The results show the systematic ineffectiveness of the medicines and supplies-system. The department also conducted a monitoring study on the availability and accessibility of medicines and supplies at facility level. A policy brief together with the surgical gauze report were published and shared during the Pharmaceutical Technical Working Group meeting and during the Joint Annual Health Sector Review 2011. Consequently, the Medical Store Department (MSD) issued a press release announcing that 18 containers of surgical gauze have been ordered to address the situation.

The department of Media and Publishing has coordinated the other departments' efforts, which led to the issuing of several emotionally moving and advocating press releases and feature articles. The establishment of the TIJA FM community Radio is another achievement by the department as the radio station will serve rural people as a platform to interact with their political leaders and service providers.

Moreover, the Outcome Mapping (OM) approach was adopted as a new M&E framework. The M&E department spearheaded several internal learning activities to integrate the OM approach. Correspondingly, Sikika has come up with an M&E framework that will be updated regularly during the implementation of the Strategic Plan. While programme staff participated in courses on Social Accountability Monitoring and a Flagship Course on Pharmaceutical reform, Sikika also sent the Executive Director to attend a Strategic Management Course to ensure the strategic management of the Sikika team.

Sikika actively engaged with policy makers at the central level through the Joint Annual Health Sector Review (JAHSR) and subsequently through the TC-SWAp. Our engagements included taking part in the joint field visit, the preparation of various documents, the actual participation in the Technical Working Groups and the presentation of the CSO position speech during the Joint Annual Health Sector Review 2011. At community level, annual workshops were conducted with local government leaders to inform them about the up-coming activities in 2012 and an annual meeting with volunteers was held to learn from their experiences in the field.

There have been some implementation challenges that affected the delivery of the intended activities. These failures include obtaining government permits on time, delays to access government information such as budget books and delays in receiving donor funds in the beginning of the year, to mention a few.



## Introduction

This implementation report covers the period from January to December 2011. Many of the activities that have been covered during this period serve as the foundation on which other subsequent activities can be built throughout the Strategic Plan period. The first year of the strategic plan will be used to draw many lessons from the field implementation and to improve further interventions.

The activities covered by the report reflect experiences gained in Dar es Salaam, Kibaha and Dodoma. The report is structured by departments' broad and specific objectives as well as progress markers that reflect advancements towards the desired outcomes, which emanate from the OM framework. Much of the reported progress is, therefore, based on the observed behaviour changes of our boundary partners.

The report covers progress for each objective under all Sikika departments. This includes planned activities, actual accomplishments, observable behaviour changes by the boundary partner and areas for advocacy interventions.

The last part of the report highlights some key challenges we faced during the implementation of our activities. While some challenges cut across all departments, others are department-specific.

## 1.0 DEPARTMENT OF HEALTH GOVERNANCE AND FINANCE

The Department of HGF focused its interventions on realizing three objectives, namely increased budget efficiency, transparency as well as improved oversight functions at both central and local level. For the year 2011, the department engaged with its key boundary partners – the Ministry of Health and Social Welfare (MoHSW) and the Social Services Committee of the Parliament to influence changes in the above stated objectives. The following results were achieved.

### **Objective 1: Increased efficiency and effective budgeting in the health sector at both central and local government level**

#### ***Health sector planning and resource allocation***

The department finalized and printed the health sector budget analysis 2010/11. This document highlighted some of the problems which were observed in the budget allocation for the health sector like inefficient allocations and the majority of funds that have been allocated to the central level rather than the local level. The launching of this document was done at the Paradise Hotel in Dar es Salaam on the 21st of May 2011 in a session with members of the Parliamentary Committee for Social Services.

Since most of the members of this committee are new, the meeting was meant to introduce them to Sikika's programs as well as sharing with them our experience with the previous committee. During the session, Sikika presented the budget analysis results and the committee members showed eagerness to continue working with Sikika as well as making follow up of budget shortcomings in the MoHSW.

During this meeting, Sikika and the Committee jointly agreed to have a Memorandum of Understanding (MoU) that would guide the working relationship. Sikika drafted the MoU and shared it with the committee for their input before it was sent to the House Speaker. In this MoU, we highlighted the roles and responsibilities of each party. Unfortunately, the MoU could not be adopted as the committee's clerk responded that they couldn't sign a MoU with any CSO. Alternatively, they proposed to continue with the accustomed system of working together. Sikika is still exploring the best way to improve our working relationship with the parliament.

Our meeting with the Committee was followed up by a press release about the budget analysis, which has been published, by The Citizen, Majira, and Nipashe newspapers on the 30th of May 2011. One of the key progress markers for this activity was a meeting which was convened by the MoHSW specifically for Sikika to provide some clarifications on the report. The officials of the Ministry assured Sikika cooperation in case we need any information from the Ministry.

Another meeting with the Social Services Committee was organized in the third quarter to share our findings. This was done on the 10<sup>th</sup> of July 2011 at the Bunge hall. During this time, we presented the findings of our budget analysis to the members of this committee to provide them with inputs which they could use in the discussion of the health sector budget in the Parliament on the following day. During the discussion in the House, we were impressed to see that some of our findings were shared by members of this committee such as the misuse of resources by the MoHSW which was evidenced by the report of the Controller and Auditor General (CAG).

An analysis of the 2011/12 health sector budget was conducted to see if the allocations matched with policy priorities and the strategic plans that guide the sector to ascertain the efficiency and effectiveness of the budgets. An examination of key documents including the Medium Term Expenditure Framework (MTEF) for the MoHSW, the Health Sector Strategic Plan III, the Human Resource for Health Strategic Plan, the government budget estimates volume II-IV, budget guidelines of the Ministry of Finance and Economic Affairs (MoFEA) and the National Health Policy (NHP) were the starting point for the analysis.

The budget figures indicate that health is not a priority in the government's budget for the year 2011/12. On the basis of sector allocation changes, health ranks last with an increase of only 0.3% over the last year's budget. Correspondingly, only Tsh 1,209.1 billion has been allocated to health compared to Tsh 1,205.9 billion in 2010/11.

Further analysis of this budget indicates that, out of the Tsh 1,209.1 billion that were allocated to the health sector, Tsh 584 billion is going to the MoHSW of which Tsh 365 billion is earmarked for development expenditures (62%) while Tsh 219 billion is for recurrent expenditures (38%).

Our analysis also shows that the development budget has decreased by 19% from 2010/11 to 2011/12. The decrease is mostly resulting from the declining development assistance : for the year 2010/11, donors contributed 98% of the development budget, while in 2011/12 they are contributing 97% of this budget. Since health is one of the crucial sectors in every country, one would presuppose that the government's share in the development budget is more significant. Our analysis, therefore, raises concerns as it seems that the government has left almost all development projects in the health sector to the donors. This is an area that Sikika will focus on during the implementation of this current strategic plan to ensure that the Government increases its allocation to the health sector and, thereby, reduces its dependency on foreign aid.

The analysis raises further questions concerning the allocations in the MoHSW. For example, Tsh 214.3 million has been allocated to facilitate the participation of the Minister and the Deputy Minister in the Parliament together with visiting their respective constituencies. The budget for such an activity should be covered by the National Assembly Fund and not by the MoHSW. Other activities with questionable value are the Commemoration Days and Events to which Tsh 515.7 million has been allocated.

The efficiency of the budget allocation is also questionable. For example, while the Performance Profile Report for 2010 indicates that the treatment success rates of Tuberculosis and Leprosy in 2008 are 88% and 100%, respectively, the plan for the MoHSW in 2011/12 is to increase the success rate of both TB and Leprosy treatment from 85% to 87% by June 2014. According to the reports, these targets have been achieved, so what needs to be done now is to merely sustain the achievements that have been realized so far. However, the government has allocated over Tsh 15 billion to the TB/Leprosy program in 2011/12. A comprehensive budget analysis report for the fiscal year 2011/12 is being finalized and will be printed for further sharing.

### ***Advocacy interventions***

The findings of this analysis were shared with our strategic partners during the Friday Breakfast Debate which has been organized by Policy Forum on the 24th of June 2011 at the British Council. A press release was also prepared and published by The Citizen, Majira, and Nipashe on the 30<sup>th</sup> of May 2011. Our presentation during the breakfast debate and the press release stimulated active discussion among the

people. As a result, radio Clouds FM made a special live interview with Sikika to get details of the analysis which, thereby, received a wide coverage.

A policy brief concerning the failure of the government to meet the Abuja target was also produced and shared during the JAHSR on the 3rd of November 2011. This brief intended to create public awareness that the government fails to honour its political commitments to allocate at least 15% of public resources to the health sector (Abuja target), that it does not allocate health grants according to the provided formula, and that it fails to cut down unnecessary expenditures in the MoHSW including allowances which have been raised by 94 percent.

Through the Budget Working Group of Policy Forum, a policy brief was produced in October to highlight the main issues featuring in the health sector budget for 2011/12. Some of these findings include:

- The health sector is not a priority at the moment contrary to infrastructure and education. It's (nominal) funding increased only by 0.3% compared to the last year's budget.
- The increased allocation (+94%) to allowances in the MoHSW.
- Development partners have cut down their contribution to the health sector budget.

### ***Advocacy for the reduction of wasteful allocations in the central government budget and local government budget***

For the year 2011, Sikika made follow-up of its past work by tracking how the government implements its commitment of reducing the spending on unnecessary items. The department of HGF used the 2011/12 budget book volume II (recurrent budget for ministries, department and agencies) and III (recurrent budget for the regions) to track six budget items that are deemed to be of limited utility for the majority of the Tanzanians. These items include training, allowances, travel, acquisition of new vehicles hospitality supplies and services as well as fuel, oil and lubricants.

Our follow-up indicates some levels of success. Through one of the department's key boundary partner, the Minister of Finance and Economic Affairs, the government politically committed itself to curb unnecessary expenditure in the 2011/12 budgets in the minister's parliamentary budget speech.

Our analysis of the 2011/2012 budget book Vol. III shows that the regions have managed to reduce their overall allocations to these unnecessary items. They have gone down from Tsh 38.3 billion in 2010/11 to Tsh 30.4 billion in 2011/12. Thus, at the regional level, the directive by the Prime Minister Mizengo Pinda seems to have been implemented. Sikika sees this as an outcome achievement by the boundary partner PMO – RALG.

However, the analysis of the budget estimates volume II (Ministries Departments and Agencies) indicates that, overall, unnecessary expenditures have slightly increased from Tsh 520.7 billion in 2010/11 to Tsh 537.6 billion in 2011/12. Disaggregated figures indicate that allowances (including all kinds) have been reduced from Tsh 262.8 billion in 2010/11 to Tsh 260.3 billion in 2011/12, but the allocation to travel (domestic and foreign) and training (domestic and foreign) have increased for this year.

### ***Advocacy interventions***

The findings of this analysis were shared with stakeholders during the Friday Breakfast Debate which has been organized by Policy Forum on the 24<sup>th</sup> of June 2011 at the British Council. During this session, stakeholders had the opportunity to discuss these findings. Sikika also produced several press releases on this subject to remind to the government to fulfil its commitment. One of the releases was titled 'Government refuses to implement its own commitment to reduce unnecessary expenditures'. The citizen newspaper published this article on the 11<sup>th</sup> of June 2011.

Another press release was commending the Prime Minister's commitment for cutting down unnecessary expenditures at the regional level. However, for some unknown reasons, the media houses never published this release. Also, a feature article has been produced and published by The Citizen and ThisDay newspapers on the 27<sup>th</sup> of July 2011. It explained the weakness of the Parliament, which is unable to prevent the on-going unnecessary spending practices.

To facilitate more public discussion on the need for the government to reduce the spending on unnecessary items, Sikika prepared a concept note for a media engagement in which Sikika sponsors a TV session where a selected Member of Parliament (MP) and other activists would participate. The activity will be held as soon as MPs and other speakers have completed their preparation.

### ***Monitoring the implementation of the 2010/11 CCHPs to ensure that plans and budgets are implemented accordingly***

Sikika, through the department of HGF, intended to continue monitoring the implementation of Comprehensive Council Health Plans (CCHPs) at all levels of district health system in all of its focus districts. The aim is to ensure that districts and health facilities are implementing their plans and budgets accordingly and that this implementation is meant to benefit the general public.

Monitoring questionnaires were developed and the monitoring exercise was expected to start in the third quarter when the government's financial year ends. The department wrote to the MoHSW requesting for the CCHP implementation reports of all districts. In response to our letter, the Ministry directed us to seek for such reports from each individual district. This was a challenge which we failed to meet. Therefore, we could not implement this activity.

## **Objective 2: Increased budget transparency at both central and local Government levels**

### ***Advocate for increased budget transparency at both central and local level***

The department of HGF aims to achieve universal access to public budget information. To kick-start the activity, Sikika produced a press statement which reminded the government to provide the parliament with the budget proposal on time. This statement was published by Tanzania Daima newspaper on the 7<sup>th</sup> of February 2011 and by the Guardian newspaper on the 12<sup>th</sup> of February 2011.

Sikika was able to monitor the implementation of this activity through the Parliamentary Committee for Social Services and through individual Members of the Parliament. Sikika also tracked the availability of this information through visiting the website of the Bunge and the Ministry of Finance and by calling individual MPs and asking them whether they have received budget information or not.

The results of the study were as follows: up to the 22nd of May 2011, just a day before the committees started their meetings with respective government ministries, none of the Members of the Parliament had received the budget books. An MP for Kigoma north, Hon Zitto Kabwe, made it clear to Sikika that MPs have never been availed with the budget information 21 days before the Bunge budget session begins as the Parliamentary Standing Orders require.

It was also revealed by the Social Services Committee that they received the budget books on the 29<sup>th</sup> of May 2011 when the meeting between Sikika and the Committee took place. This was just 2 days before they committee met the MoHSW and actually 7 days before the commencement of the Bunge sessions in Dodoma.

By making sure that budget information is accessible and understood by citizens, Sikika, in collaboration with Policy Forum, produced a "Citizens' budget". This idea was welcomed by the government. As a result, the MoFEA has submitted a list of names from the government's side that will team up with Sikika and Policy Forum to produce the document.

This is also a progress marker that indicates positive change of behaviour by the government: the willingness to learn how to make budget information public. The Citizens' Budget has been produced in collaboration between Policy Forum and the Ministry of Finance and it has been finalized and printed as a government document. Next year, the government, through the Ministry of Finance, will incorporate this activity into their annual work plan. The department of HGF will follow up to see whether this commitment will be kept or not.

At the local level, the assessment was aimed to measure the level of transparency by the local government authorities. A template of assessing budget transparency at health facilities and at the local government offices (wards/street/villages) was developed and administered. Among the 212 local government offices, we visited 124 streets, 51 villages and 37 wards. Only 20% of them have posted the budget information on their notice boards. Likewise, among 50 visited health facilities (including 23 dispensaries, 22 health centres and 5 district hospitals), only 20% of them posted the budget information on their notice boards.

While the collected data indicates scarce budget information at the district level, it has been realized that the study has limitations in terms of its comprehensiveness: while the survey only assessed if these documents are shared through notice boards, some offices/facilities which do not post this information on their notice boards share the information during public meetings.

Therefore, the department intends to develop a more comprehensive survey at the beginning of the next year which takes interactions among local authorities/health facilities and the community into account. It will also explore if and how budget information is utilized during community meetings.

To raise citizens' awareness, the department produced a press statement with the title 'Informed citizens – informed budgets'. The aim of this activity is to inform citizens about the government's move to publish the budget estimates volume II-IV on the website of the Ministry of Finance. We called citizens to reflect on critical questions related to health finances and to voice their concerns towards the members of parliament who approve the budget. Through the press statement, Sikika reminded the government to update the website with new budget estimates 21 days before the parliamentary budget session begins to allow for

sufficient preparation by MPs and counselling by citizens. We will follow up if the government follows our advice.

### ***Advocacy interventions***

Sikika produced a press release on 22nd May 2011 with the title 'Parliamentary Committees lack important tool' and another press release with the title 'Informed citizens – informed budgets' which was published by the African newspaper on November 30<sup>th</sup> 2011. The latter release also received coverage by Radio Clouds FM and the Internet blogs Jamiiforum and East Africa BlogSpot.

### **Objective 3: Improved oversight functions over public resources in the health sector at both central and local government level**

#### ***To improve the legal framework in favor of democracy and oversight control by citizens***

Sikika intended to advocate for changes in the Constitution and the enactment of freedom of information legislation and the establishment of an independent electoral commission. On the 7th of April 2011, Sikika and Policy Forum, in collaboration with Jukwaa la Katiba, Haki Ardhi and Legal and Human Rights Centre, issued a statement and recommendations (in Kiswahili and English) of civil society on the Constitution Review Bill 2011. One of the strong recommendations, which were suggested, is the translation of the bill into Kiswahili language, which is the national language that allows for wider participation in the discussion by the public.

The department participated in two consultative sessions, on the 18th and 24th of March 2011, which aimed at empowering citizens about the constitutional review process in Tanzania. These forums were organized by Jukwaa la Katiba in collaboration with Tanzania Gender Networking Program. Sikika also took part in the public hearing for the constitution bill organized by the Parliamentary Committee for Constitution Legal Affairs and Public Administration, which was held at the Pius Msekwa hall in Dodoma. Since the constitution making process is not yet final, the department plans to continue engaging with other actors in this process to make sure that key issues on health are being incorporated in the constitution as the basic right for all Tanzanians.

#### ***To advocate for improved performance of oversight bodies at the central level***

The department conducted a study, which analysed several institutions to determine the powers and duties of the public sector and its related oversight bodies. This study was intending to assess the effectiveness of the Tanzanian oversight bodies. Important recommendations arising from the study include: curtailing of the president's powers, facilitating political competition, abolishing the cabinet's collective responsibility and improving the National Assembly's integration into the budget process.

Another study was conducted to see how adequately the MoHSW implements the recommendations given by the CAG. To implementing this activity, the department dwelt on the analysis of the CAG's reports to the MoHSW from 1999 to 2010. It became evident that the ministry has not been taking the recommendations given by the CAG seriously. This renders the whole exercise of auditing meaningless. Sikika, through the department of HGF, will keep following-up the implementation of audit queries by the MoHSW.

### ***Advocacy interventions***

Sikika issued a press release titled 'Shut down the National Audit Office'. The Michuzi BlogSpot published this on the 10<sup>th</sup> of May 2011. Also it got coverage in The Citizen and Guardian News papers on the 12 and

13<sup>th</sup> of May 2011. It called for the implementation of the CAG's recommendations or to shutting down the National Audit Office since it would otherwise be rendered useless. The report was shared by the Members of the Parliamentary Committee for Social Services during the session we had on the 21<sup>st</sup> of May 2011.

Furthermore, we pursued the agenda on the establishment of the Parliamentary Budget Office (PBO) as a step to enhancing its oversight capacity. On the 5<sup>th</sup> of June 2011, Sikika together with Policy Forum succeeded to launch a PBO policy brief at Dodoma. The policy brief gives readers a general overview of the parliament's oversight performance and how this role could be reinforced by the establishment of the PBO.

The idea of establishing a PBO was very well received by the parliamentarians to whom we presented the brief. Members of the Parliament from both the ruling and opposition parties have been consulted and they are pursuing our agenda. In addition to that, a one-page leaflet has been prepared to address all members of Parliament by outlining the advantages, critical success factors and core functions of a PBO. Currently, the bill, which Sikika helped the MPs to draft, is on the desk of the parliamentary speaker and we wait for its first reading in the parliament. This is one of the key outcome progress markers that Sikika is proud of.

### ***To advocate for improved performance of oversight bodies at the local level***

The department had planned to conduct an assessment of the performance of oversight bodies at the local level, which aims at finding out if actions are taken against those that misuse and abuse public resources. This activity was however not done due to the heavy workload in the department.

During the next year, the department will participate in the national constitutional review process to create broad societal demand for an improved accountability framework. Moreover, we will inform members of parliament about the advantages of a PBO, which would empower them to fulfil their oversight function more effectively.

## **2.0 DEPARTMENT OF HUMAN RESOURCE FOR HEALTH**

The Department of HRH focused its interventions on realizing three objectives, namely: increased financial resources to address the prevailing HRH shortage; improved and equitable distribution and retention of health workers at all levels of service delivery and improved professional conduct of health workers at THE health facility level. The key boundary and strategic partner to track the outcomes by the department are Health Facility Committees, selected citizens at ward level, the MoHSW, Prime Minister's Office responsible for Regional Authorities and Local Government and Presidents Office – Public Sector Management. The following achievements occurred during the reporting period:

### **Objective 1: Improved professional conduct of health workers at health facility level**

This objective aims at advocating for increased health workers' adherence to professional ethics using the level of citizens' satisfaction with regard to health workers' adherence to the established codes of conducts (Public Service Act 2002). Sikika took notice of repeated unethical behaviours of health workers, which have not been seriously attended by responsible organs. Hence, the department conducted a study to assess the level of health workers adherence to their professional ethics. It employed scorecards to assess selected ethical indicators, which included corruption, the use of abusive language, absenteeism and drunkenness. At ward level, 20 citizens (10 Males and 10 Females) were identified and trained on the code



of conduct for health workers and how they can use the scorecards to assess health workers' adherence to the codes of ethics at their health facility. Finally, the same citizens were involved in completing the scorecard.

Through the assistance of the Ward Executive Officers, Community Development Officers and volunteers, 900 male and female citizens were identified in 45 wards in Temeke, Ilala, Kinondoni and Kibaha. In Mpwawa and Kondo, districts citizens were identified through Ward Executive Officers and Village Executive Officers. The department managed to conduct the planned 45 capacity building sessions in Temeke, Ilala, Kinondoni, Mpwawa and Kondo districts. Consequently, 802 completed scorecards have been collected and analysed. The department was invited by the Prime Minister's Office responsible Public Sector Management (ethics promotion department) to share its experiences with citizens in monitoring ethics at community level. Through the department, Sikika was selected as one of the CSOs that will team up with the government in drafting a citizens' manual for monitoring ethical behaviour amongst public service providers.

### **Advocacy interventions**

The data entry and analysis have been completed and a policy brief on health workers' adherence to professional ethics has been produced. However, the planned public dialogues could not be conducted in 2011 due to time limitations. Therefore, they will be conducted between January to March 2012 whereby the information generated by the scorecards will be shared with citizens at the ward level.

The citizens will be informed on how they can take actions with regard to unethical behaviors. During the public hearing sessions, Sikika intends to see representatives of all key actors that are responsible for the functioning of the complaint mechanism at facility level. In the next tracking study, the department will mainstream gender issues by looking into how many of the complaints are gender specific and whether these were taken care of by the responsible organs in the same way as other complaints. Among these organs are the Health Facility Governing Committees.

As a part of its advocacy interventions, the department acted on unethical issues concerning service providers at health facility level. In January 2011, the department promptly responded to a case of infants who were dumped in a small pit at Msisiri Street near the Mwananyamala cemeteries. The department's staff attended a press conference, which had been organized by the Kinondoni district. Moreover, the department wrote a letter and complained about the composition of the commission which was to investigate the incident. Additionally, a press conference was organized to communicate Sikika's dissatisfaction concerning the established commission and called for an independent committee.

Different media outlets such as Clouds FM Radio, Capital TV and ITV covered the press conference. Continuous follow up have been made by department staff especially to get detailed information on the measures taken against health workers who are the suspects of the saga by visiting the Kinondoni District Commissioner's Office and Regional Police Commissioner to get updates. Further, the department wrote another press release to condemn the proceedings and to call for strict measures against corrupt health workers who demanded 2,000 Tshs from an expecting mother to assist during delivery.

Again, through the use of Sikika's SMS campaign number, department staff managed to respond to ethical issue in the Chanika dispensary (Ilala district) where abusive language had been used and informal payment to health worker were made. In response to Sikika's follow up on the issue, the alleged health

worker was summoned before a health facility committee and consequently was suspended from duty. Two radio programs and one press conference were conducted between September to December 2011.

### **Objective 3: Improved equitable distribution and retention of health workers at all levels of service delivery**

This activity aims at advocating equitable planning and budgeting for HRH distribution and retention by gathering information on how health facility plans and budgets incorporate HRH retention related issues and by assessing the effectiveness of the available retention mechanisms. This activity is a reaction to Sikika's HRH Tracking study (2010), which revealed the presence of poor retention and the unequal distribution of health workers across and within districts.

#### ***Monitoring surveys at health facility level***

During the reporting period, the department prepared a questionnaire to track information from health service providers on facilities' budget allocations for the retention and motivation of health workers, the workload of health service providers and waiting times in both outpatient departments (OPD) and maternal, new-born and child health service (MNCH) units. Eight volunteers were trained for data collection and the exercise has been implemented in 57 health facilities. 51 completed questionnaires have been submitted to the department.

In 2012, the department will use the information to develop a data set for 51 facilities including their budget allocation for HRH retention, pay for performance, existing workload and waiting time. The information will then be used as evidence to advocate for the effectiveness of the retention mechanism with particular emphasis on pay for performance (P4P) to ensure the proper motivation of health workers at facility level. Moreover, this database will be updated annually and will be used as supporting evidence to advocate the improved equitable distribution and retention of health workers.

#### ***Desk review of district plans and budgeting for HRH distribution and retention of health workers***

The purpose of this activity is to assess districts' efficiency in planning and budgeting for the distribution and retention of health workers in relation to workload and waiting times. The plan was to cover at least 50 districts of Tanzania mainland including Kinondoni, Temeke, Ilala, Kibaha, Mpwapa and Kondo council. The department was able to collect 32 copies of the CCHPs for 2010/2011 and their implementation reports.

The desk review was not done because the department noted that the Benjamin Mkapa Foundation (BMAF) is doing the same exercise in the same districts. The department's plan for 2011/2012 is to assess how health facilities plan and budget for HRH distribution and retention. The assessment will be done through reviewing health facilities' plan vs. the budget allocation by the districts. The study will be confined to the 57 health facilities in the six focus districts.

#### ***Annual HRH enrolment in health training institutions increased from 5,000 to 10,000 by 2015***

This activity aims at advocating for increased and equitable annual enrolment of pre- and in-service health workers in health trainings institutions by sex and cadre. This is being done through the monitoring of the government's commitment (One Woman One Child) to increase the number of trained health workers from 5,000 to 10,000 by 2015.

From January to June 2011, the department reviewed the HRH Strategic Plan (2008-2015) and the Health Sector Strategic Plan III; it established the template for data collection on the number, type and duration of training at health facility level.

The annual desk review on HRH enrolment at training institutions by cadre and sex could not be done due to the fact that there is no information on the number of enrolled health workers in Tanzania from the MoHSW. Through the HRH Technical Working Group, the department, proposed to the MoHSW to report on the enrolled health workers by cadre from 2012/2013. The group agreed and stated in the 2011/2013 Milestones that, from the year 2012/2013, the ministry will be reporting on the number of enrolled health workers in training institutions by cadre.

### ***Advocacy interventions***

The department shared the results of the desk review for advocacy purposes with service users, Policy Forum, the MoHSW, the Prime Minister's Office – Regional Authorities and Local Government, Council Health Management Teams and HRH Technical Working Group at central level. The department also participated in policy dialogue issues and shared experiences from the field.

Such dialogue issues included annual stakeholders meetings with the Prevention and Combat of Corruption Bureau; Moe Based Health Workers' Cadre; Adherence to Ethical Behaviours by health workers and on Government of Tanzania's commitment to One Woman – One Child. Participating in these policy platforms provided the department's staff with an opportunity to share with other health stakeholders Sikikas' objectives and activities through presentations and discussions. The same arena has been used by department staff to provide inputs that contribute to the improvement of health service delivery in Tanzania.

## **3.0 DEPARTMENT OF MEDICINES AND MEDICAL SUPPLIES**

The Department of Medicines and Medical focuses its programmatic interventions in three objectives, which are specifically aimed at increasing the availability and accessibility of medicine at all levels of health care delivery points. Particularly, the department aims to improve equitable planning and budgeting for quality medicine at all levels; to improve transparency and accountability in the procurement and distribution of medicines and supplies at all levels as well as to increase health facility monitoring of medicine availability and accessibility. During the reporting period, the following points are key achievements:

### **Objective 1: Improved equitable planning and budgeting for quality medicine at all levels**

The plan under this objective was to advocate for an equitable planning and budgeting on medicines and supplies in health facilities of the six districts in which Sikika is working. This activity was conducted in collaboration with the Department of Health Governance and Finance whereby the department of medicine and supplies reviewed the budget allocation for essential medicines and supplies in 2011/12.

The department also assessed how different players contribute to the provision of essential medicines and supplies. The obtained information was compiled by the department Health Governance and Finance and shared in a session with the parliamentary Social Service Committee at Dodoma on the 11<sup>th</sup> June 2011.

In addition to that, the department of medicines and supplies also contacted the Pharmaceutical Services Unit at the MoHSW to obtain the allocation formula, which is said to be used to allocate funds to health facilities.

The departments also managed to become member of the Pharmaceutical, Infrastructure and Food Safety Working Group (PIFWG), where it contributed on the discussions regarding planning, budgeting and the disbursement of the medicines' budget.

### ***Advocacy interventions***

The department was able to get the distribution formula from the Pharmaceutical Unit. The next step is to examine if the formula is used and to advocate for its application if necessary. Through the PIFWG, the department learnt that the allocation formula for medicines and supplies was designed to have two applicable steps to insure the equitable distribution of funds: the first step involves allocating money to districts according to their needs (based on burden of disease, under five mortality, population) and the second step is to cater for service population of each facility within a district.

The first step has been applied since February 2011, but the second step hasn't; hence, the current procedures are leading to an inequitable distribution of resources between facilities within a district. Sikika managed to successfully advocate the use of the CCHP reported service population figures to be used to apply the second step. The acting PSU head agreed to request for the CCHP data and to apply the formula in the subsequent allocations.

The department will continue making follow up of the CCHP through the Department of HRH, which is the one following up those documents with the MoHSW.

### **Objective 2: Improved transparency and accountability in the procurement and distribution of medicines and supplies at all levels**

To substantiate its advocacy strategy regarding efficient procurement, the department developed a questionnaire, which was used to collect data on the forecasting, timing from ordering to receipt, storage, and the distribution of medicines and supplies. The department made contact with the Public Relations Officer of the Medical Stores Department (MSD) requesting for an interview with the Director for Customer Services as well as requesting for documents to be used for the desk review such as procurement reports and MSD Annual Performance Reports.

Further, the department prepared a news article, which was published by ThisDay newspaper on the 30th May 2011 as a reaction against the closure of the MSD and all of its zonal offices for a stock taking process that should last for one month. Sikika expressed concerns that the long closure might adversely affect the availability and accessibility of medicines in health facilities.

Moreover, to advocate improved transparency and accountability in the procurement of medicines and supplies, the department obtained MSD adverts on invitation of tenders from June 2010 to date and attended tender openings to observe whether the procedures were being done as prescribed by PPRA.

The adverts will later be used to evaluate the bidders who won those tenders, the criteria, which were used to select them and whether there are complaints mechanisms for bidders who did not agree with the selection. The department managed to identify three local bidders to be interviewed in order to get their experience on tendering process at the MSD. The department had called the bidders (Salama, Astra and Shelys pharmaceuticals) for the interview and they have scheduled the appointments with us in quarter three. In addition to that, the department developed a questionnaire, which was to be used to interview the identified private organisations to assess their involvement and experiences in acquiring tenders. The department will follow up the tender process in February when the winning bidders will start delivering the medicines and supplies.

Moreover, the department searched for documents and evidence for misconduct, abuse and misuse of public office in order to advocate for measures to be taken. However, the department only managed to get some information from a news article on the expiration of medicines worth Tsh 8 billion, which was on the MSD hands. The follow up of other documents will be done in quarter three as well as follow up of what happened following that wastage of public funds.

### **Objective 3: Increased health facility monitoring of medicine availability and accessibility**

Under this objective, the department managed to develop a scorecard and a questionnaire as tools for data collection from citizen (service users) and service providers, respectively, with the aim to promote the accessibility and availability of medicines and supplies to citizens at health care facilities. The plan was to identify a group of 20 citizens from each ward where Sikika works and to train them on collecting data whether medicines and supplies are available and accessible to citizens in public health facilities in 6 districts of Ilala, Kinondoni, Temeke, Kibaha, Mwapwa and Kondo. However, the plan was changed and the department selected 5 citizens from each ward who were trained on how to use scorecard for data collection. This exercise took place in 45 wards in Dar es Salaam, Kibaha and Dodoma region where a total of 220 citizens were trained. Each citizen administered four questionnaires. The department has completed the processes of coding, data entry and analysis. A first draft of the report is currently being reviewed and will be ready for printing before end of December 2011. It will be disseminated in the first quarter of 2012.

The department managed to collect data on the availability, accessibility and quality of medicines and supplies in health facilities from the health service providers in 14 wards including 4 wards in Kibaha, Temeke and Kinondoni and all the 10 wards we visited in Kondo and Mwapwa districts.

The department also managed to conduct a survey on a particular medical supply called surgical absorbent gauze. This was a result of the complaints from different health service providers about the stock out of the gauze. The survey applied telephone interviews for 71 District Medical Officers (DMOs) and pharmaceutical personnel in 30 Health Facilities. Also, one DMO and one clinical officer were interviewed face to face as key informants.

The obtained data was analysed and the department managed to write, print and distribute the report on the availability of gauze. The report was used to advocate for solving the current shortage of the appliance as well as solving the general problems in the procurement process. The MSD responded by acting on the problem and promised to work closely with the department to try and solve any problems, which are affecting the availability of medicines and supplies.

The department has also been involved in two high level M&E solutions being proposed by Development Partners and other stakeholders (electronic Logistic Management Information System – eLMIS, and the SMS for life project). The two instruments have the potential to provide real time data on the availability of medicines and supplies at all levels. The SMS for life project currently focuses on the availability of antimalarials with all public facilities reporting on the stock status on a weekly basis. The future of the project was in doubt but with the department's intervention in conjunction with other stakeholders, there is a strong possibility that it will be adopted and funded by the MoHSW (through the National Malaria Control Programme). The eLMIS project is still in its infancy and the department contributed in the design of the system and user requirements.

In addition to that, the department also managed to obtain and install software for receiving text messages, which will be used in an sms campaign. The mobile number for receiving sms was introduced to citizen in all the wards we conducted our capacity building sessions.

#### 4.0 DEPARTMENT OF HIV & AIDS

The department of HIV & AIDS seeks to advocate the improvement of the National Response to HIV & AIDS in Tanzania. It works to improve interventions within the HIV & AIDS sector at the central and the local level.

The department wants to see increased monitoring and utilization of HIV & AIDS resources at both central and local levels of government in relation to social accountability monitoring; that decision-making is transparent, and that citizens are able to demand accountability from all levels of government on issues that are related to HIV and AIDS. The department is also responsible for advocating improvements in the availability of medicines, supplies, services and information related to HIV and AIDS to all citizens, especially those in rural areas. The focus is on the availability and accessibility of such services at health care facilities. Furthermore, in 2011, the department also worked hard to promote increased policy advocacy networking amongst local non-governmental organizations.

##### **Objective 1: Increased monitoring of HIV & AIDS resources at both central and local levels of government**

In 2011, the department planned to conduct a budget analysis in order to monitor and advocate for the appropriate use of HIV & AIDS resources. The department managed to collect copies of plans and reports (PLANREPS) at district level, Controller and Auditors General reports, Public Expenditure Report for 2009 (which is the most recently finalized PER for the HIV & AIDS sector).

The department also collected the MTEF for the Tanzania Commission for AIDS (TACAIDS) as well as budget information on the National Multi-Sectoral Strategic Framework (NMSF) that is funded by a number of donors. Unfortunately, the budget analysis will be postponed until next year because a number of activities were running concurrently during the second half of the year that took precedence over the budget activity.

Also, from our research into the functioning of the Multi-Sectoral AIDS Committees (MACs), we found that the MACs at village and ward level were not functioning, as they should due to inadequate number of meetings and training for members as well as an improper composition to represent the community in accordance with committee guidelines. This pointed to a serious flaw in the ability of citizens to contribute to the planning and budgeting for HIV & AIDS activities at the local level and, therefore, the department decided to prioritize the data analysis and report writing for this activity as well as the activities under objective 2 over to the budget analysis. Moreover, the department was also assisting the TAF in organizing a Civil Society meeting to form a National Advocacy Strategy for CSOs in the HIV & AIDS sector; it also helped TAF's new management and developed an activity plan, an M&E plan and a budget to compliment its strategic plan.

There was limited time that the department was able to put into conducting a budget analysis during the second half of the year. Also, in December, the Prime Minister's Office had still not finalized its MTEF for the utilization of funds for the NMSF grant, and, therefore, the department was missing this information that was important to conduct the budget analysis. Due to these reasons, it was decided that the budget analysis would be postponed to the next year.

Under objective 1, the department also intended to analyse the Global Fund grants by monitoring the Fund's allocations and expenditures, and by examining how the sub recipients of the Global Fund grants plan their activities, spend resources and how they perform. The goal was to monitor how effectively recipients are completing the activities to achieve objectives that were agreed upon through the country proposals, and to examine how effectively the Global Fund's money has contributed to reducing the effect of diseases such as HIV & AIDS on Tanzania.

The department managed to collect the Global Fund proposals from 2002 to 2010, performance reports, Technical Review Panel report (TRP) for the latest Round 10 proposal; and the Office of Inspector General report of the Global Fund for 2009.

After systematically following up with TACAIDS and being referred to the University Computing Centre of the University of Dar es Salaam, the department of HIV & AIDS was finally able to acquire Global Fund Executive Dashboards for the Global Fund Grants to date, which are the main documents that show the money allocated to activities stated in the proposal objectives, indicators for the completion of activities and the progress towards the completion of these activities. The gathering of the executive dashboards was tough and required a lot of time for follow up with representatives of the Tanzania National Coordinating Mechanism and TACAIDS. These documents are instrumental for conducting the analysis of the Global Fund grants and were obtained at the end of quarter three.

Unfortunately, the department was unable to complete the Global Fund analysis because the important documents for Global Fund were obtained late when we had already started other activities such as the data analysis and report writing concerning the MACs as well as the availability of medicines, supplies and services in the view of citizens and service providers. Moreover, lots of time and effort has been put into TAF activities so that we did not have the time required to concentrate on the Global Fund activity in order to bring it to completion.

All documents that are required for the Global Fund analysis are in place, though, and the activity will be undertaken in the 1<sup>st</sup> quarter of 2012. Additionally, the department will also research the grants and

activities supported by other organizations that provide funding for HIV & AIDS, particularly PEPFAR, since it is by far Tanzania's largest donor for HIV & AIDS.

The department responded to cases of mismanagement of the Global Fund grants, which have been revealed by the Office of Inspector General (OIG) towards the end of 2011. A feature article was published in *The Citizen* on the 11<sup>th</sup> February and in *ThisDay* between the 14-20<sup>th</sup> February 2011.

Our last activity under the first objective was to advocate the proper functioning of Multi-Sectoral HIV & AIDS Committees (MACs) at the village/street and ward levels. As mentioned above, it was decided just after midyear to make this an activity due to the results of our research.

The members of MACs in 45 wards from 6 districts in the regions of Dar es Salaam, Coast and Dodoma were interviewed concerning the functionality of the MACs. From this research, we analysed the collected data and wrote a report about our findings. These showed that there were indeed serious flaws in the functionality of the MACS at village and ward level.

The committees were not made up of the representation that they are meant to have, e.g. they did not include representatives of different groups such as people living with HIV (PLHIV), youth representatives, etc. Many of the representatives were not aware of the role that MACs were supposed to play within the community as well as their specific roles as members of the MACs, and many said that they had never received any training from the government as far as what their roles and responsibilities in the committees are concerned. They also said that the government did not provide funding to support the functioning of the MACs specifically in terms of training as well as for meetings in order to carry out the functions of the committee. Since the activity started in the midyear, we had managed to collect and analyse the data of the monitoring activity by the end of this year.

Next year the department plans to follow up on the functioning of the MACs by monitoring the funding that the government has set aside in order to strengthen the MACs as well as to advocate the strengthening of these MACs by having consultative sessions with local government officials and MACs members in conjunction with TACAIDS, along with the Prime Minister's Office, which is the government body responsible for funding HIV activities at local government level. Sikika will also create awareness how citizens can get involved in the planning of HIV activities through fully functioning MACs.

## **Objective 2: Increase access to medicines, supplies and information on HIV and AIDS to citizens in rural areas of Tanzania**

Sikika had two activities under this objective, which were to advocate the availability and access to HIV & AIDS medicines, supplies and services, and to advocate easy accessibility of information on HIV & AIDS medicines, supplies and services for all citizens. During the data collection, phase Sikika introduced itself to community leaders in the 45 districts that Sikika operates in.

The community leaders in each ward helped identifying citizens (PLHIV) that Sikika eventually trained to distribute and collect questionnaires from both citizens and service providers in order to get the information that was needed for our study under this objective. The data for the two activities under this objective was collected within the same data collection process. Once the trained citizens had distributed, collected and returned the questionnaires to Sikika, data analysis was performed and two reports were written: one giving



details regarding the availability and access to HIV & AIDS medicines, supplies, services and information in the eyes of the citizens and one showing the point of view of health service providers.

Specific issues that arose from our findings were huge complaint because of the absence of CD4 machines at many of the health facilities. Each patient must take the CD4 count test in order to establish its eligibility to be put on Anti-Retroviral Treatment. The insufficiency of human resources at health facilities was also a significant complaint, as well as a lack of privacy and confidential areas at health facilities for conducting counselling services. We also found that most health facilities do not share budget information or plans for the improvement of health services with the public and, in some cases, they don't produce budget information for HIV & AIDS services.

The findings from these studies were shared with citizens through a radio program, which was aired at Radio Free Africa on 28<sup>th</sup> November and 5<sup>th</sup> December. The department also prepared two press statements (Kiswahili and English) on the quality of ARVs and urged the government to find immediate solutions as a response to the problem of availability and accessibility of the CD4 count services, to the reported case of side effects caused by ARVs to its users and to shortage of health workers. The press statements were published on September 29<sup>th</sup> in three local newspapers:-The Citizen, Mtanzania and ThisDay as well as two blog spots (Michuzi jr and Michuzi)

### **Objective 3: Increased policy advocacy networking amongst local non-governmental organizations**

In this activity, Sikika helped the TAF to strengthen its ability to coordinate its members to perform effective advocacy to combat HIV & AIDS. TAF is an organization that lacked organizational capacity and needed a lot of guidance and technical assistance to get on its feet. It had very limited financial capacity and, considering that it also had limited human resources, it required support from Sikika in order to carry out the purpose that it was made for. In 2011, Sikika assisted TAF in developing its strategic plan as well as finance and a human resource policy. It also assisted in developing TAF's Memorandum and Articles of Association, and it played a big role in the organization of its Annual General Meeting. The department was also active in helping TAF to reassume its role as the secretariat for the National Steering Committee, a coordinating mechanism of network organizations related to the HIV & AIDS response in Tanzania. This is a role that it had lost due to lack of financial systems before Sikika had assumed the role of Chair of TAF.

The Department of HIV & AIDS also helped TAF to network and form a relationship with the World AIDS Campaign (WAC). This allowed it to enter into a MoU where it would form an advocacy platform in Tanzania that would be used to promote evidence-based advocacy by civil society in Tanzania.

The department assisted TAF in organizing a civil society meeting at the end of September in order to organize the advocacy platform by coming up with objectives and activities based on priority issues identified in Tanzania. These objectives provided the backbone of a National Advocacy Plan for CSOs. The department also played a part in finalizing the advocacy plan that was then disseminated to the organizations, which attended the meeting.

The Department of HIV & AIDS also assisted TAF with preparing an activity plan for 2011 and 2012 that dictates how the organization moves to accomplish the objectives stated in the TAF Strategic Plan. The department also assisted in developing a budget for this activity plan and worked on a Monitoring & Evaluation Plan for TAF using the Logical Framework Approach. Further, the department provided

technical assistance in matters such as the correspondence with members as well as networking with potential members and donors.

has All those activities took time away from other activities that are important to the department such as the budget analysis activity and the Global Fund research activity. Furthermore, there has been limited support and contribution from other members in terms of helping TAF to improve its functionality as a networking and coordinating organization to facilitate advocacy to improve the HIV & AIDS response. This has meant that Sikika put in a lot more than it has gotten out of it. It has, therefore, been decided that this last activity will be dropped in 2012 in order to make more time for the other activities that the department has to do, particularly since Sikika will no longer be the Chair organization of TAF after the end of 2011. This course of action was decided for the good of the department so that it would be able to make more progress in advocating the improvement particularly in areas of budgeting and good governance in the HIV sector.

### ***Sikika Participation in World AIDS Day***

In 2011, Sikika's volunteers, district coordinators and some staff participated in commemorating the World AIDS Day in all six districts that it operates. In some districts, Sikika cooperated with CHACs in the preparation processes and provided both financial and technical support to make the day a success. In Kibaha, for instance, Sikika made a presentation of the HIV and AIDS Act of 2007 and in Mpwapwa Sikika's district coordinator prepared and presented the CSOs statement concerning HIV and AIDS services. The statement included findings from our monitoring activities. During the day, Sikika's publications, including the popularized HIV and AIDS Act, were widely distributed to citizens, CSOs and other stakeholders.

### ***ICASA Conference***

In 2011, Sikika also attended the International Conference on AIDS & STI's in Africa (ICASA), which was held in Addis Ababa, Ethiopia, from the 4<sup>th</sup> to the 8<sup>th</sup> December. At ICASA, CSOs, government officials, donors and various other individuals and organizations had a chance to share their knowledge, skills and experiences on best practices in fighting AIDS in Africa and they provided evidence based advocacy to serve as an advocacy platform to mobilize African leaders, partners and the communities to increase ownership, commitment and support to the response. At this conference, participants had the opportunity to hold various individuals, such as political leaders, civil society, service providers, communities, etc. to account for their role in scaling up and sustaining response to HIV.

These sessions at the conference helped us to learn more about the HIV situation across Africa, and from the knowledge and experience of others we were able to get advice on how to better formulate our advocacy arguments for the future in terms of financing HIV. We learned about what countries would need to do to take ownership of the HIV & AIDS problem and to raise sustainable funding to combat this problem on their own with decreased help from donors.

We also learned about the importance of health systems strengthening, particularly of laboratory systems, since they improve not only HIV response but also responses for numerous other diseases, particularly by focusing on maternal care and immunization. We also looked at community interventions in other countries and whether they could be related to local level activities that Sikika is currently involved in.

It was a very beneficial learning experience for the department, especially in terms of getting the department to think in terms of the cost efficiency of various interventions for HIV, as well as the importance of advocating for government interventions that would bring about the greatest value for the money in terms

of fighting the epidemic. This is vastly important considering the increasingly limited amount of financial resources available to combat HIV & AIDS in recent years.

### **Engagement with Volunteers**

Sikika has been working with volunteers throughout the year 2011 in the districts of Ilala, Temeke, Kinondoni and Kibaha to implement various activities from all Sikika departments. During this period, volunteers were assigned activities on a monthly basis. During the implementation of their activity work plan, they interacted directly with local government leaders (village executive officers, CDOs, ward executive officers, and councillors), service providers such as head of health facilities and with citizens (service users) and Sikika departments.

It was a privilege working with volunteers on our programs, simply because throughout the year volunteers were in front-line of the organization to interact with Sikika's key stakeholders in their respective wards. Without the engagement of volunteers in programs, which are directly imbedded at the district level, some of our intentioned activities would probably take a long time to be accomplished.

Currently, Sikika has 61 volunteers, out of the targeted 70 volunteers in 35 wards it operates. The gap of 9 volunteers is due to the resignation of some volunteers who seemed to have other commitments like studies and family matters.

#### ***Engagement of Volunteers to Sikika activities***

Sikika's volunteers are engaged in the process of monitoring health service delivery programs in their communities. Based to the volunteers' annual work plan, capacity building session to the citizens were the main activity that volunteers were full engaged in to make sure that each ward has active citizens who collect health information regarding their health facilities. Apart from that volunteers participated in data collection processes for service providers and health committees. The gathered information was timely submitted at Sikika and various reports were made for sharing with our boundary partners.

Volunteers also have been representing Sikika on several social events which have taken place in both district and community level. These events included the world AIDS day, community meetings, health workshops facilitated by other organization like Pathfinder International. At these social events, volunteers used the opportunity to disseminate our publications, to publicize the SMS campaign number and to interact with various groups and organizations, which are engaging health advocacy programs. Thereby, they learn a lot about the work with communities.

#### ***Performance evaluation and capacity building***

Sikika managed to design and develop an evaluation form that has been used to evaluate volunteers' performance for the year 2011. The evaluation was done during the end of quarter three. The results of this evaluation were shared during the annual volunteers meeting where 5 volunteers were honoured for their outstanding contributions to the organization. Also, the evaluation report was shared during the staff retreat where some controversial issues were discussed and decided by the management.

#### ***Recruitment process***

Sikika recruited some new volunteers for the wards Kimara, Soga and Vingunguti. A number of volunteers resigned due to different personal commitments including school issues. For the next year, Sikika will

continue recruiting volunteers in those areas with no volunteers, to replace volunteers who resign due to different reasons or who perform poorly. The target is to have a total of 70 volunteers across all wards.

## 5.0 MEDIA AND PUBLISHING DEPARTMENT

The primary objective of this department is to spearhead and facilitate Sikika's communication activities. In other words, it is the department's duty to make the organization's voice heard and this is achieved through press releases and conferences, feature articles, Sikika newsletters, website, twitter, facebook, TV and radio programmes and spots, and various publications.

Traditionally, various departments executed media work but due to lessons learnt from the review of the 2005-10 Strategic Plan, the organization established the department, which has been manned by media specialist and two interns.

### **Newspapers Engagement**

For this year, the department has recorded a number of newspapers engagement achievements and Sikika enjoyed wide media coverage.

### **Press Releases and Feature Articles**

In collaboration with other departments, 32 press releases (15 were in Swahili, 17 in English) and eight feature articles have been produced and published by different media houses and blogs such as Mwananchi, The Citizen, The Guardian, Majira, Daily News, ThisDay, Business Times, Nipashe, Mtanzania, Tanzania Daima, The African, Jamii forum Issamichuzi, The east Africa BlogSpot, allafrica.com, Pamona.com, East Africa Radio, Radio Maria, clouds FM, Clouds TV and Passion FM.

Some of the covered topics stimulated debates on various blogs. Examples of topics on which we received positive feedback include '*Political advertising, budget analysis*' which stimulated debates on blogs and was published by some media organisations with a teaser, which reflects an important story that can sell the paper. Another topic that saw our work making an impact is '*Shut down the National Audit Office*' which was published due to the lack of seriousness and failure to address the CAG's observations and recommendations. This contributed to the government announcing that they are going to work on CAG recommendations during a parliamentary session in Dodoma.

Also, a day after we sent out a press release on *availability of medicines and medical supplies*, the government announced that urgent measures had been put in place to import the medicines and supplies, which were demanded by facilities. In collaboration with the responsible department (medicines and supplies) we advised all DMOs (through calls and messages) to report stock outs to the MSD.

With our press release on *unavailing of budget information* on the MoFEA's website, which we wrote three times, we saw the information being uploaded on the website. As a follow up, we commended them for doing their duty, but, at the same time, we advised them to make sure they release such information on time for the benefit of both the legislators and the citizens. The press release was titled *informed citizen-informed budgets*. We also wrote a letter to the Commissioner for budget commending them for the good move and at the same time advising them to make sure they upload the information on time.

We have been monitoring the media and documented all published press releases in both soft and hard copies together with the feedbacks.

As for the feature articles, one was from the Medicine and Supplies, three from HGF, one from HRH and one from HIV&AIDS department. One of the feature articles about the *MSD closure for stock tacking* caused some officials to play detective as they suspiciously continued to call and threaten us. The feature articles from the HGF department were about the budget analysis.

### **Press conferences**

Sikika organizes press conferences in order to convene journalists, release new information on any topical issue on health governance (within our three focus areas) and to highlight an upcoming event or action. For this year, we had planned to organize four press conferences but we only managed to organize two. The first was about the Mwananyamala saga. During this event, Sikika shared its views and recommendation on the Mwananyamala issue where 11 bodies of infants were found dumped in a shallow rubbish pit passed for a grave.

The event was covered by eight media organizations out of the nine, which attended the event. The media houses who published the event include: ITV, Clouds TV, Capital TV, Clouds FM, Guardian, Citizen (on front page), Thisday (with good pictures) and Majira.

Another press conference was on medicines and medical supplies availability report, using the absorbent gauze availability survey as an entry point. The media houses that covered our event include: The Citizen, Nipashe, Mtanzania, Tanzania Daima The African, Majira, Habari leo, The Guardian, Clouds TV and Radio One. We saw the government reacting the following day by announcing that 18 containers of absorbent gauze had been imported and were ready to be distributed to all health centres according to their needs. We, therefore, informed all DMOs who were interviewed during the research and advised them to report to MSD all kinds of stockouts of the important medical supply.

### **Production and Airing of Interactive Radio Programs**

Sikika, through this department, contracted one mainstream radio station (RFA) to air interactive radio programs. Listeners had the chance to ask questions, contribute and respond to the discussions through short message services (SMS). These were read during the programmes and those with questions were answered.

For the year 2011, the department has supported other departments to produce and air eight radio programs from HIV/AIDs, HRH, Medicines and Supplies and HGF departments.

We recorded more than 147 SMS from different places including Mbeya, Mwanza, Dodoma, Morogoro, Gaita, Songea, Nzega, Lamadi, Shinyanga, Moshi, Kiloleni, Nyasamba, Magu, Manyara, Mtwara, Magungu, Mpwapwa, and Kondoia etc. Most of them were explaining situations in health facilities of which most were negative. One department managed to invite a citizen for a testimonial during the airing of the program on adherence to health professional ethics.

### **Production and Airing of Radio/TV Spots**

Spots, commonly known as adverts (since they convey a brief message to the general public) are one of the communication tools Sikika used this year.

We continued to air two radio spots we produced last year (one on transparency and another on availability of information on noticeboards) with RFA due to the relationship we now have with them.

Both spots were aired eight times; one spot was aired at the beginning of every radio program and another at the end of every program free of charge.

The department also commissioned a production company to produce three radio spots for the SMS campaign from three departments. Scenarios and scripts were produced and the production of the radio spots is still in progress. We expect to air the spots from the beginning of next year.

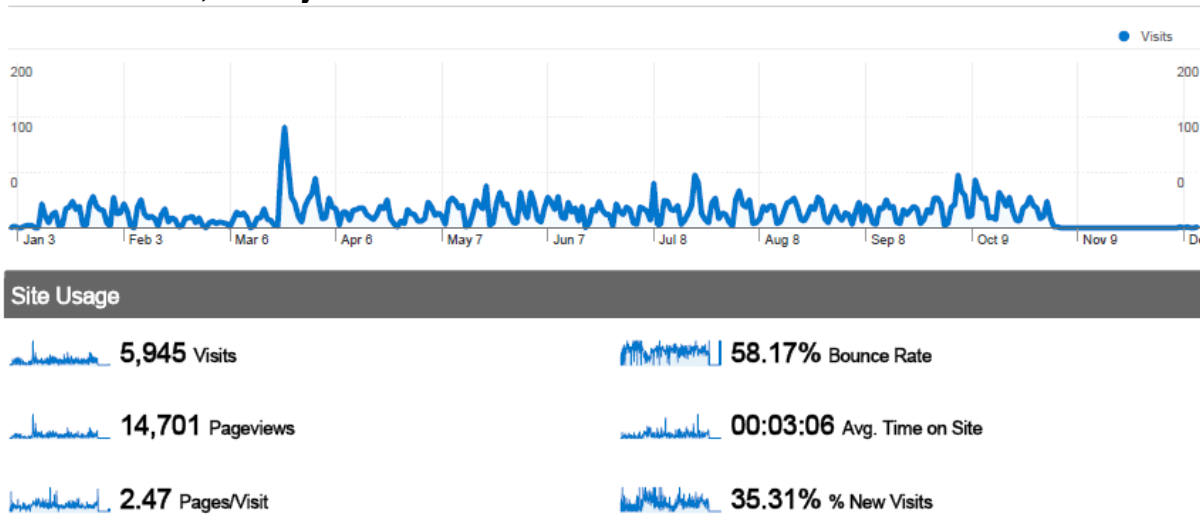
### Sikika Website

The department updates the organization's website regularly in order to keep our stakeholders informed and it produces analytical reports indicating the number of people visiting it. The department has embarked on upgrading the website such that it is now user friendly and our stakeholders can comment on the information uploaded on our website.

Moreover, our website can now switch to Swahili, a language that is known by many stakeholders and it is also connected to Sikika's blog through a link, making it easy for visitors to switch to our blog for more information. It is also connected to Twitter and Facebook in order to reach a wider audience.

We have uploaded all the press releases, feature articles, e-newsletter, and publications that we produced, job adverts etc.

### Sikika Website Visits, January to December 2011



As the above diagram indicates, we had 5,945 visits to our website of which 2,099 (35.31%) were completely new visits! The highest viewing was for employment (752 visits) and the lowest was for our contacts (645).

The visitors were spending on average 03:06 minutes on the site. The visits came from 84 countries/territories. Most of them are based in Tanzania, (4,799); many were from United States (210), Switzerland (168), United Kingdom (161), others from Canada (54), Kenya (53), South Africa (44), Brazil (35), and Germany (33).

Out of the total visits, 3,228 (54.30%) directly typed our web address, ([www.sikika.or.tz](http://www.sikika.or.tz)) while 11,743 (29.32%) used search engines and 974 (16.38%) came from referring sites.

The report indicates that most people visited our website mid- March 2011, the time when we uploaded two press releases (*Vichanga vilivyotupwa jalalani Mwananyamala kwa kopa* and *Make budget books available on time*) a feature article about the Global fund and *job opportunities at Sikika*.

As compared to last year, our website visits have increased by 443 since last year we recorded 5,502 visits.

### **Sikika Newsletters**

We produce newsletters (both conventional and e-newsletter) in order to inform our stakeholders about our activities.

This year we managed to register our newsletter in Sikika's name after a long struggle due to bureaucracy in the registration process. We produced and printed Q1, Q2 and Q3 Newsletters and shared them with our stakeholders. We are in the process of producing the Q4 newsletter.

The department also produced an assessment form to get our stakeholder's views on our newsletters and we plan to distribute it early next year.

### **Establishing Sikika blog, Facebook and Twitter**

In order to reach a wide audience and create a discussion forum with our stakeholders regarding HRH, Medicines and Supplies, HGF and HIV/AIDS issues, this department has created Sikika social media platforms such as Facebook, Twitter accounts and blogging as advocacy tools for mobilizing people. The main aim of these platforms is to provide/receive health information to/from our stakeholders such as the general public, policy makers, CSO's and NGOs.

On Twitter, we are following 446 people while 287 are following us, but the number increases as each day that passes. Through Twitter, we were one of the first who noticed that budget information had been posted on the MoFEA website and we responded immediately (*refer to activity 5.1.1*).

On Facebook, we are friends with 56 people and through this communication tool we have been able to come across stories that affect our area of work and we responded immediately. For example, we got information about a lady who could not get service at the Kigamboni clinic after being severely assaulted by her husband. We rapidly responded to the issue through interviews and produced a feature article, which was published by two newspapers.

### **Establishment of Sikika Radio Station**

To intensify the organization's engagement with various stakeholders and giving a platform and voice to the voiceless such as ordinary citizens, Sikika has initiated discussions at community level in Mpwapwa and

Kondoa to assess the level of communication gap between service users (ordinary citizens) and service providers and policy makers.

As a follow up, Sikika is in the process of establishing a community radio station in Dodoma. One of the initial stages was to produce a concept note and which has been shared with our stakeholders. We also joined a network of community radios (COMNETA), which is managed by UNESCO. Through this network, Sikika received training and can draw from a pool of community radio experts.

This department produced a feasibility study, but after facing some difficulties, it engaged a consultant to advice on the actual requirements for the establishment of the station. We are waiting to be called for an interview to defend the study and results will be communicated during the next reporting period.

Radio equipment was bought from a reputable company in Australia and the soundproofing of the studio is complete. The radio station, registered as TIJA FM, a name, which was suggested by the Dodoma community, expects to start operating fully early next year.

### **Production and Dissemination of Publications**

This department is also involved in publishing whereby we support other departments to produce and disseminate high quality publications in order to publicize our findings, commentaries, analysis, reports etc.

Sikika has produced nine publications namely Post-election Advertising, Budget Analysis, press release compilation, CAG report, The Ineffectiveness of the Tanzanian Accountability Framework, Unnecessary Expenditures at Local Level, medicines and supplies availability report, HRH in Tanzania and Sikika Strategic Plan, three briefs include; *Effectiveness of complaint mechanism, Availability of Medicines and Supplies and Abuja Declaration*

From January to December, a total of 30189 Sikika publications and 300 publications from Fema were distributed to different individuals and Institutions. These include Posters on the inefficiency of the MSD and access to information in the health facilities (1452); brochures on Doctor's food and Chakula cha Daktari (2645); Booklets for the Popularized HIV/AIDS (Prevention and Control) Act and NHP 2007 and primary Health Development Program (147398); Corruption books-Swahili & English versions (1005); Budget analysis booklet (2092); 300 Fema publications; Post Election Political Advertising (310); Unnecessary Expenditure (247); Annual Report 2010 (745); Policy brief on allowance (260); posters (1918); Who takes care of our health (30); Do our report effect financial discipline, integrity and accountability (713); The ineffectiveness of the Tanzania accountability framework (623); Heath advocacy press release 2010-2011 (93); Review of Sikika's organizational and strategic plan (83); Medicines and supplies availability report (597); HRH in Tanzania (624); Brief-Medicine and Supplies Availability Survey May to August 2011 (215); Brief-The ineffectiveness of complain mechanisms in the Tanzania Health sector (245); Brief-health government and finance (95).

The dissemination process was mostly done by volunteers and staffs through local government offices, school health governance clubs, health facilities, seminars and events such as Tanzania Gender Networking Programme (TGNP) seminar and Public Ethic Commission meeting held in Morogoro as well as Youth Event that was held in Temeke and has been attended by volunteers.



As for the impact of our publications, we have been getting requests of our publications from different individuals and NGOs who want to use them in their advocacy activities. Two publications that we produced and shared online stimulated heated debates on various blogs like Jamii forums Issamichuzi and another publication, which showed impact, is the gauze report (*refer to activity 5.2.2*).

Also we received feedback from Coast Youth Vision association (CYVA) regarding 'The Ineffectiveness of the Tanzanian Accountability Framework'. They deeply appreciated our efforts towards change and they acknowledged that the publication is very useful for both CSOs and non-CSOs; it strengthened the association's power and capacity building.

The department in collaboration with the M&E department plans to continue tracking changes caused by our publications. Actually, we have developed a questionnaire, which is yet to be approved to get views from the public about our publications and how they brought changes to their lives.

### **Challenges**

Despite all the above-mentioned achievements, the department has been facing some challenges such as the lack of cooperation from some sections of the media, especially state owned media who do not publish our press releases and articles for political reasons. The resignation of the HOD who had been engaged with us for a month left a gap within the department as it had to be manned by one staff member for the better half of the year.

## **6.0 MONITORING AND EVALUATION**

### **Programme Monitoring and Evaluation**

The M&E department is a very critical program component of Sikika that aims at monitoring, evaluating and analysing programme's progress. In order to conduct monitoring and evaluation, Sikika selected OM as a monitoring and evaluation tool. OM focuses more on the changing behaviour of boundary partners and these changes are classified into three components which signify immediate, intermediate and long term changes.

Since the approach was new to Sikika, the organization has conducted a series of internal discussions and learning moments to all its staff members. The benefits for using the approach are that it provides an opportunity to revise and review interventions based on the feedback from beneficiaries; it provides clarity on the level of change which can be associated with Sikika's interventions and it is easy to record progress using progress markers. The clear shortcomings are that it is complicated when it comes to complex issues and that it demands acknowledgement of the boundary partners, which may prove a bit difficult for advocacy based activities.

After analysing the shortcomings and strengths of the approach, Sikika has decided to adopt the approach. The entire team is still in the learning process on the application of the approach. The M&E framework draft is in place for testing and review. During the reviewing process we consulted OM expertise and experienced for the purpose of improving it. We consulted the Centre for Social Accountability in South Africa, HakiElimu and Restless Development, which are organizations that have made good experiences with OM. We also received assistance from the OM Learning Community, which is an online learning centre.

We consulted Julius Nyangaga a Regional Monitoring, Evaluation and Learning Manager for the International Institute of Rural Reconstruction (IIRR) in Nairobi Kenya who has been a steward of the OM Learning for the past five years to assist the organization in developing the OM frame work. We did online consultation and we succeeded to improve the OM framework for Sikika which will be shared with donors during early January. In January 2012, all of Sikika's staff will attend training on OM.

### ***Back to Office report***

In order to make follow up and knowing how staff are contributing to outside events as well as the way staff are gaining from trainings, seminars and workshops, we use back to office report as a monitoring tool. Each staff member is required to fill in back to office report after attending either of the above. These reports help the M&E department to monitor the contributions we made and also to see how staff uses knowledge and skills which they gained during their trainings.

### ***Monday Debriefing and Weekly Report***

Sikika convenes Monday debriefing weekly reports as a monitoring tool. Each staff/department reports on what was achieved during the week, key challenges encountered and the plans of engagement for the current week of activities. The meeting provides an avenue of inter-departmental learning and thus strengthens synergies between departments. The meeting also helps the M&E department to know if the indicators are ok and if not allows discussion on how to change the indicators.

### ***Friday Presentations***

Staffs have different skills and knowledge in their working area of specialization. To improve their quality of work they need to acquire various skills and knowledge. Sikika dedicated one hour in each Friday for the purpose of learning. The topics are generated through identified core skills requirements and through individual performance requirements. This method helps to reduce training costs and gives staff an opportunity to learn from each other. During the reporting period, staffs were able to cover topics such as statistical skills, research methods (SPSS) and questionnaire development, writing skills and OM and stress management. All these sessions have considerably increased staff's capacity in those specific areas.

### ***Organizing Board of Directors Meeting***

The Board of Directors is the organ that advice the organization on the implementation of programs. In 2011, the Board of Directors met twice. The first meeting took place on March and aimed to discuss and approve the 2010 Annual Report, 2010 Accounts and Audit Reports, 2011 Activity Plan and 2011 Annual Budget. The board also discussed and approved the revised Personnel Policy, the Financial Procedure Manual and vacant positions in Sikika. The board also discussed and approved the expansion to Dodoma, Singida and Manyara. All the documents above were approved and, consequently, Sikika started implementing the 2011-2015 Strategic Plan. The second meeting was held in November to discuss on financial matters on expenditure and the selection of the auditor for 2011. The Organization and Efficiency Consultant (Orefco) was approved as our 2011 auditors.

The meeting also discussed the programme's progress on the expansion to Dodoma, Singida and Manyara. In the expansion process, we managed to open a sub office in Dodoma managed by staff. We also hired two districts coordinators in Kondoa and Mpwapwa who officially started to work in November 2011. In these two districts, we did not open offices. Rather, we are working through boundary partners' offices. In Kondoa, we are working in KIWAJAKO and Mpwapwa in the PATUU office. Further, the Board

discussed on the progress on community radio station (TIJA FM), it has been informed on the progress of the M&E framework (OM) and it also discussed the 2012 activity planning and the staff retreat.

### **Program Development and Implementation**

The expansion to new three regions, namely Dodoma, Manyara and Singida is one the key processes during the implementation of this strategic plan. Since this process needs to be managed, Sikika has expanded to Dodoma. A visiting team went to Dodoma and introduced Sikika to the regional authorities and of the local government (in Mpwapwa and Kondoa).

The following has been accomplished so far: program wise, Sikika has identified a meso-level health related network in each district. For Mpwapwa, Sikika will work through a network called Pamoja Tupambane na Ukimwi (PATUU) while in Kondoa Sikika will work through a district level health network called *Muungano wa Vikundi vya Afya Kondoa* (MVAKO) which is an umbrella organisations for NGOs, FBOs and CBOs that focus on Health issues.

In order for Sikika to have evidence on the health status, we planned to conduct a baseline survey, which will give us more details and guide us on where to start. Sikika identified a consultant to conduct the baseline survey. We managed to prepare a proposal for the baseline survey, a contract and submitted a letter to the PMO-RALG requesting for permission to conduct the survey in Kondoa and Mpwapwa districts.

We managed to get the baseline permit on October 2011 that allowed Sikika to conduct a baseline survey in three regions, Dodoma (Kondoa and Mpwapwa), Manyara (Kiteto and Simanjiro), and Singida (Iramba and Singida Rural). The baseline will also be conducted in Kinondoni, Ilala and Temeke in Dar es Salaam and Kibaha in Cost region.

We also did an amendment to the contract, which initially covered four to ten districts. Due to some difficulties, which we faced, the baseline survey has been postponed to January 5, 2012.

### **Human Resource**

With the new strategic plan (2011-2015) Sikika came up with the new organogram that reflects the workload of each department and expansion to three regions of Dodoma, Manyara and Singida. In order to fill the vacant positions created in the new strategic plan, Sikika advertised four positions which are one Head of Programs, and Heads of the Department of Medicines and Supplies, Media and Publishing, HGF and the Finance department. On March 22nd 2011, the job advert appeared in two newspapers namely Mwananchi and The Guardian. We also sent the advert to four blogs, which are Issamichuzi, issamichuzijr, Jami forums and Pambazuka. The shortlisting, interviewing and selection of candidates were done in April.

The interview process was successful whereby we were able to recruit Head of programmes and Heads of Medicine and Supplies and Media and Publishing departments. They officially started to work with Sikika on May. Unfortunately, we did not get a qualified head for the HGF department. For this post we re-advertised and received new applicants for this position. Even for the second time we missed a person for this position. In the meantime, one of the program officers has been promoted to the head the HGF department. In July we advertised two posts for district coordinators in Kondoa and Mpwapwa. The advert was posted in different notice boards in Kondoa and Mpwapwa through PATUU and MVAKO. The interviews were conducted in August and the successful candidates were selected to occupy the position. After this recruitment process was finalized, Sikika has 26 full time employees.

## Capacity Building

In order to build capacity for Sikika's staffs, the organization has been able to organize internal and external learning sessions. Five staffs attended external training through partnerships. One program officer from the HGF department attended training on Fundamentals of Social Accountability Monitoring, which was organised by Centre for Social Accountability in South Africa. This training aimed at providing participants with the knowledge on how to use Social Accountability Framework in ensuring that public resources are well utilized.

This training will help improving Sikika's performance as the organization is using Social Accountability Monitoring to monitor the implementation of public resources. One staff from Media and Publishing department attended a workshop on awareness rising through community radio, which was organized by UN Women and UNESCO. The workshop aimed at equipping participants with technical aspects on content development and the production of radio programs. The training was fruitful to Sikika as the media specialist is now facilitating the establishment of the community radio station in Dodoma including the preparation of the feasibility study that includes radio programming.

The Medicine and Supplies department attended a Flagship course on Pharmaceutical reform, which was organized by Southern African Development Community (SADC) and SARPAM in South Africa. The Framework of this training was designed to provide participants from SADC countries with a practical approach for analysing pharmaceutical systems performance, and for designing and implementing effective reform initiatives. This training provided the venue for Sikika to discuss the problems facing the Tanzanian public pharmaceutical sector together with the relevant authorities from the MoHSW, MSD and TFDA and we could propose possible solutions.

This is an avenue that Sikika will capitalize on since our government in part of the SADC framework. The established relationship with these central government authorities will possibly make it easy for Sikika to access public documents through the ties that were strengthened during the workshop in South Africa.

Sikika's Executive Director took part in a Strategic Management Course in Geneva. This will be of great value to Sikika since senior managers will lead the teams effectively in making sure that Sikika's work is sustainable. Sikika also got an opportunity to attend training on Aids pan Local watchdogs. The training aimed at CSO's to be effective watching Global fund issues. In this training, few CSO's were identified to take the lead role in the Global fund activities whereby Sikika was one of the CSO's that was identified.

The organization will still continue conduct internal capacity building and, where necessary, we will look for external training for staffs that needs advanced training to enhance their capacities to deliver the intended department and organisational objectives.

## Lessons and Success Stories

### **Sikika provides sustainable structure for strengthening role of the parliament**

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Sikika in collaboration with Policy Forum is spearheading the establishment of Parliamentary budget Office (PBO) which is meant to improve the oversight function. In other words, the PBO will not only assist MPs to keep a close eye on the executive and holding them accountable but also improve budget transparency.

A PBO is an independent non- partisan entity, totally separate from the executive, which provides analytical support to the legislature to help inform their decisions when examining annual budget and other policy proposals presented for debate by the executive.

In order to present the PBO establishment concept, Sikika in collaboration with Policy Forum launched a brief (One-page leaflet addressing all MPs by outlining the advantages, critical success factors and core functions of a PBO) on the 5<sup>th</sup> of June 2011.

Despite differences in political ideology, the idea was well received by many parliamentarians from both ruling and opposition parties and it has changed the behaviour of MPs such that they initiated drafting of a bill concerning the PBO. Sikika, together with Policy Forum, supported a group of MPs in drafting the bill, which is currently on the Speaker of Parliament's desk.

We believe the bill will be taken to Parliament, anytime in 2012, for first reading. When the bill is approved by the Parliament, it is expected that MPs will have increased access to information, which will be used to play their oversight role more effectively and thereby improve the performance of the executive. Sikika is awaiting first reading and approval of the bill in the parliament and once it goes through, it will pave way to improved oversight role by the MPs.

### **Sikika's SMS campaign offers an alternative user-friendly complaints channel**

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Mr. Nassoro, from Chanika ward, sent a text message to Sikika's SMS campaign number after a bitter experience at Chanika dispensary.

Mr. Nassoro's wife had earlier been to the dispensary for some lab tests where she was told she needed to pay Tsh. 3000/= for the tests. Unfortunately she only had Tshs. 2000/= so she explained this to the laboratory technician and said that she would be phoning the husband to come with the additional Tshs. 1000/=. Instead of the Technician being sympathetic to the situation, he proceeded to verbally abuse her and tearing the results slip complaining that she had wasted his time!

When Mr. Nassoro arrived at the dispensary he bravely went to see the in-charge and voiced his dissatisfaction over his wife's treatment, he also mentioned the fact that he had sent an sms message to Sikika on the matter. The in charge apologized for the Technicians behavior and promised to act on the matter, but he also pleaded to Mr. Nassoro not to report the matter any further to Sikika.

As a follow up Sikika got in touch with a member of the Health Facility Committee who promised to raise the matter in their next meeting for necessary remedial action to be taken against the errant health worker. Mr. Nassoro was subsequently invited to a Sikika radio programme to share his experience with the wider community and hopefully encourage other patients to report any bad experiences they encounter whilst accessing public health services.

### **Sikika's advocacy work bears fruits**

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Sikika conducted a survey between May 2011 in 71 districts and 30 health facilities in Tanzania main land to assess availability of essential medicines and medical supplies, (surgical gauze being the main focus) in public health facilities.

The survey was a response to complaints from service users and providers about the persistence lack of surgical gauze in the public health facilities. Tanzania had been facing a critical shortage of the important medical supply for an average of six months prior to Sikika's survey.

#### ***Why the shortage of surgical gauze a problem***

Surgical gauze is one of the very essential medical supplies in health facilities. It has a multiple uses ranging from performing surgeries, cleaning wounds and other laboratory uses. Its absence had resulted into postponing or stopping of some elective surgeries by facilities running out of stock of the gauze, which resulted into a number of problems to citizens including avoidable deaths. Throughout the period of the shortage, the health care service provision in public health facilities had been deteriorating.

#### ***Findings from the research***

The survey results showed that, the absorbent gauze was unavailable at 48% of the districts interviewed, and this had persisted for a period ranging from three to six months. Only 8% of the districts had sufficient quantities. Similarly, 37% of the facilities did not have gauze at all, and only 10% of the facilities had sufficient quantities. Following the shocking results, Sikika presented the facts to MSD officials, before and after the report was finalized. We also shared the results with the general public through a press conference, newspaper articles and physical dissemination.

#### ***What was the government response toward the problem?***

Two days after Sikika released the report, a number of newspapers reported that the MSD had ordered the surgical gauze in bulk to redress the situation. This was a quick response from the government. It is a sign that our voices are heard and our recommendations are implemented.

#### ***What are the future plans for Sikika in relation to the past experience?***

Sikika will continue advocating improved medicines and medical supplies in public health facilities. We will be making a close follow up on our recommendations provided in the survey report to pressurize the government to implement them. We will continue monitoring availability and accessibility of essential medicines and medical supplies in the health facilities for the improvement of service delivery.

### **“District Hospital responds to Sikika’s HIV patient care advocacy work!”**

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During the months of June and July, 2011 Sikika visited the Districts of Mpwapwa and Kondoa in Dodoma where we conducted a survey on the availability and accessibility to CD4 count machines services amongst other services and health commodities.

The survey was conducted in facilities designated as HIV Care and Treatment Centers (CTCs), which included the two district hospitals of Mpwapwa and Kondoa. Through interviews with citizens (patients) and services providers we found that Mpwapwa district hospital was not offering CD4 counting services to HIV patients and this had persisted for a period of about twelve months. The patients reported that the hospital did not have a CD4 machine whereas the hospital said that they did but was temporarily out of order.

Sikika raised the matter through the Media, including in a national newspaper the story being that “Mpwapwa HIV patients were receiving substandard care and treatment as a result of not having access to the CD4 count service”. A CD4 cell count is the stand measure that determines the course and nature of treatment regimen for a HIV patient, hence not having this compromises the whole treatment process.

Sikika learnt later that the district hospital officials were not happy with the media reports and in fact had summoned our district coordinator to voice their disquiet. Nevertheless the hospital has acted on the report and we now know that CD4 counting services are currently available at the hospital.

## Crosscutting Challenges

There were delays in the commencement of activities this year due to two main reasons. Firstly, Sikika had just finished conducting 2006-2010 Strategic review to inform the 2011-2015 strategic plan. Sikika had to reflect on the lessons from the past before embarking on the new activities. This process consumed a considerable amount of time before the formal implementation of the current Annual Work Plan. In conjunction to this, funds flow from donors was also another challenge that delayed the commencement of activities in full. In the third quarter, we had to scale down and postpone a number of activities due to funding gap. In the fourth quarter, funds were received from Irish Aid and this financial support enabled us implement a few of those activities that were postponed. The fact that it was already towards end of the year, we could not implement all activities as envisaged in the Annual Work Plan 2011.

Access to basic public information – budget books, Council Comprehensive Health Plans (CCHPs), CAG Reports, Global Fund Implementation Reports together government's bottleneck in providing basic research permits has been almost a permanent challenge in the implementation of our activities and probably – for many other actors who work to promote accountability and transparency within the perimeters of government systems. For example, the permit for conducting baseline in Kondoa and Mpwapwa was requested in the month of May 2011 without feedback despite our continuous follow-up. The permit only came out in November 2011. The Department of HRH conducted HRH Trucking Study and requested for publication permit from the Ministry of Health several months ago without any response until November 2011 when Sikika decided to publish the report. A letter was sent to the Kinondoni Municipal Director to allow Sikika conducting a verification study on the availability of basic medicines and a verbal feedback was given to seek ethical clearance from the Ministry of Health and Social Welfare. The department of Medicines and Medical Supplies requested MSD's audited report from the CAG office that directed Sikika to request the report from MSD that in turn, directed Sikika to get the report from Ministry of Health and Social Welfare. Up the end of this reporting period, the Ministry of Health and Social Welfare never responded to the request. Sikika requested for CCHP implementation reports and budget books to support budget analysis work. The budget books could not be made available while Sikika was directed to request implementation reports from specific districts. These are a few examples that cause delays thus affecting our work. To overcome these challenges, informal means have been capitalized such as through Members of Parliament and other CSOs.

At field level, program delivery was affected by challenges such as communication barriers as Swahili language was not common to all the population utilizing services at facility level thus it was a bit challenging to randomly identify capacity building participants for the monitoring survey. To address the situation, a deliberate mandatory criteria was made during recruitment of district coordinator, henceforth, district coordinators for Mpwapwa and Kondoa speak the local languages of the respective districts. Others are illiteracy as some identified citizens could not read and write and lack of citizens' confidence to uncover malpractices such as unethical behaviour, misuse of public funds, and participation to the planning process. To address the situation, capacity building process is being considered for 2012 with production of citizen's manual that will inform citizens of their basic rights and how they can constructively contribute in community level dialogue with health service providers.

At health facility level, sometimes cooperation from service providers was very limited due to misconception of the monitoring exercises by health service providers as some of them found the exercise to be irritating.



On the media side, the main challenge was lack of cooperation from some sections of the media, especially state owned media who do not publish our press releases and articles for political reasons.

## **Risks & Risk Mitigation**

Among the potential risks that we were exposed to in the implementation of 2011 activities was possibility of being associated with work of some political opposition parties. This was due to the fact that although our political target for the “In effectiveness of Tanzanian Accountability Framework study”, “Budget Analysis and Unnecessary Expenditure” was primarily targeting – Social Services Committee of the Parliament, it was members from the opposition political parties that took up the agenda in the parliament. To mitigate the this political risk, our interventions continued with the broader Social Services Committee without having special focus on the opposition party MPs who are basically interested with our work. In addition, we decided to work with Policy Forum (on the case of Parliamentary Budget Office) so that we have solid legitimacy and recognition. In this case, we were able to target broader representation of MPs from all political parties represented in the parliament. Based on this approach, all of the MPs who took part in this strategic meeting agreed with the proposal and they signed a petition towards the drafting of the Bill.

Reduced cooperation with the districts is another risk, which we anticipated in the beginning of the year. The main reason being – advocacy, a new concept amongst many government officials. Experiences show that government offices are all receptive in the beginning but they tend to change when Sikika publishes results that have negative implications on their side. To mitigate the risks, we were able to have introductory meetings with all key focal staff members of district councils informing them of what we exactly do. We also decided not opening Sikika office in the districts but rather operate from an office of a local CSO in the district. Furthermore, we explored possibility of becoming a member to the CSO umbrella organisation in the district to promote coalition building in the districts.

## Annex A: LIST OF BOARD OF DIRECTORS, CONSULTANTS, STAFF MEMBERS AND VOLUNTEERS FOR THE YEAR 2011

### Board of Directors

|   |                 |                    |
|---|-----------------|--------------------|
| 1 | Pili Mtambalike | Chairperson        |
| 2 | Sakina Dato     | Vice Chair         |
| 3 | Irenei Kiria    | Executive Director |
| 4 | Abel Minja      | Member             |
| 5 | Usu Malya       | Member             |
| 6 | Dr. Eva Matiko  | Member             |

### Consultants

|    |                      |
|----|----------------------|
| 1  | Daniel Mvella        |
| 2  | Ally Masabo          |
| 3  | Phares Maugo         |
| 4  | Antoni Keya          |
| 5  | Dominic Gema         |
| 6  | Emmanuel Mlindoko    |
| 7  | Tuma Abdallah        |
| 8  | Mr. Revocutus Andrew |
| 9  | Ramadhani Mkotsollah |
| 10 | Clarence Kipombota   |

### Staff Members

| S/N | Name              | Position                     |
|-----|-------------------|------------------------------|
| 1   | Abubakari Msafiri | Intern                       |
| 2   | Agness Kapinga    | Mpwapwa District Coordinator |
| 3   | Agness Milanzi    | Junior Program Officer (HRH) |

|    |                      |   |
|----|----------------------|---|
| 4  | Aisha Hamisi         | Junior Program Officer (HIV & AIDS)           |
| 5  | Daniel Mugizi        | Program Officer (HIV& AIDS)                   |
| 6  | Donath Lasway        | Office Attendant                              |
| 7  | Eugenia Madhidha     | Media Specialist                              |
| 8  | Essau Mzuli          | Intern (HRH)                                  |
| 9  | Eva Emmanuel         | Program Assistant (Governance & Finance)      |
| 10 | Florian Schweitzer   | Head of Department (Governance & Finance)     |
| 11 | Frank Lyimo          | Intern (HIV & AIDS)                           |
| 12 | Frank Magiri         | Finance Officer                               |
| 13 | Godfrey Philemon     | Kondoa District Coordinator                   |
| 14 | Godwin Kabalika      | Junior Program Officer (HRH)                  |
| 15 | Haruna Nassor        | Intern (HRH)                                  |
| 16 | Hashim Mdetele       | Intern (Medicines & Supplies)                 |
| 17 | Hellen Ghati         | Receptionist                                  |
| 18 | Hope Lyimo           | Dodoma Coordinator                            |
| 19 | Irene John           | Accountant                                    |
| 20 | Irenei Kiria         | Executive Director                            |
| 21 | Jackson Sikahanga    | Volunteers Coordinator                        |
| 22 | Joachim Mnyawami     | Intern  |
| 23 | Lydia Kimwaga        | Head of Department (HRH)                      |
| 24 | Mariam Rangi         | Program Officer (Medicines & Supplies)        |
| 25 | Nicholas Lekule      | Program Officer (Governance & Finance)        |
| 26 | Norah Mchaki         | Intern (Tanzania AIDS Forum)                  |
| 27 | Patrick Kinemo       | Head of Department (Medicines & Supplies)     |
| 28 | Scholastica Lucas    | Junior Program Officer (Medicines & Supplies) |
| 29 | Seveline Selestine   | Intern (Media)                                |
| 30 | Simon Moshy          | Program Officer (Governance & Finance)        |
| 31 | Stella Munis         | HR & Admin Manager                            |
| 32 | Thabit Habib         | Intern (Tanzania AIDS Forum)                  |
| 33 | Thomas Ludovick      | Intern (Media)                                |
| 34 | Tusekile Mwambetania | Head of Department (HIV & AIDS)               |
| 35 | Venarice Maro        | Driver  |

|    |                  |             |
|----|------------------|-------------|
| 36 | Victoria Amandus | M&E Officer |
|----|------------------|-------------|

### Volunteers

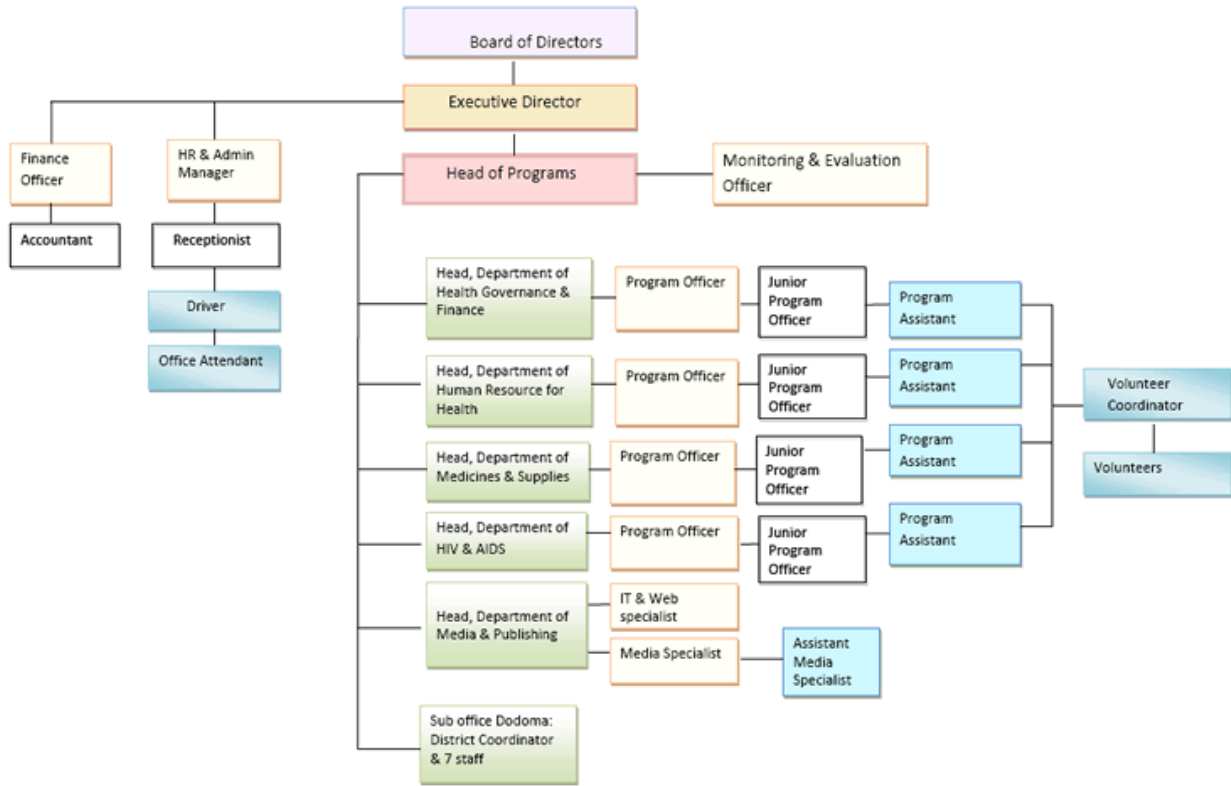
|    |                      |              |
|----|----------------------|--------------|
| 1  | Abdul H. Pazi        | Mtoni        |
| 2  | Abiudi Malanga       | Bugurini     |
| 3  | Adolf Linga          | Charambe     |
| 4  | Alana Mbawala        | Charambe     |
| 5  | Alice Mathias Yombwe | Kawe         |
| 6  | Ally Salehe          | Toa Ngoma    |
| 7  | Anderson Denis       | Ukongu       |
| 8  | Angel Alfred         | Chanika      |
| 9  | Ansila Aloyce        | Segerea      |
| 10 | Arbano Tesha         | Mbezi        |
| 11 | Bahati Shabani       | Mbagala Kuu  |
| 12 | Daudi Nassoro        | Vingunguti   |
| 13 | Diana Masawe         | Magomeni     |
| 14 | Emanuel Josephat     | Kigamboni    |
| 15 | Emmanuel Peter       | Kawe         |
| 16 | Ezekia William       | Kitunda      |
| 17 | Failuna A. Husein    | Mwamanyamala |
| 18 | Fatuma Seif          | Ilala        |
| 19 | Fatuma Shabani       | Ruvu         |
| 20 | Hafidha Ally Omary   | Tabata       |
| 21 | Hamisi Mdetete       | Soga         |
| 22 | Hessein A. Makwendo  | Mbalala      |
| 23 | Husna Abdul          | Mji mwema    |

|    |                     |              |
|----|---------------------|--------------|
| 24 | Ignoris Maganga     | Kijitonyama  |
| 25 | Irene Misana        | Mbagala      |
| 26 | Joseph Sindi        | Tabata       |
| 27 | Juma H. Kambajeck   | Mwananyamala |
| 28 | Kassim Kibugira     | Kimara       |
| 29 | Kisuwa Mshenga      | Magomeni     |
| 30 | Leticia Fredy       | Kiwalani     |
| 31 | Lilian Walter       | Magindu      |
| 32 | Mathias Budodi      | Segerea      |
| 33 | Mbilo Z. Juma       | Buguruni     |
| 34 | Mohamed S. Kabesha  | Mji Mwema    |
| 35 | Moza Mambo          | Mlandizi     |
| 36 | Mshauri B. Abdallah | Ruvu         |
| 37 | Mussa Mziray        | Azimio       |
| 38 | Mustafa Vulu        | Mlandizi     |
| 39 | Neema Antony        | Soga         |
| 40 | Nelis Kamuhabwa     | Kigamboni    |
| 41 | Nurdini A. Mamba    | Temeke       |
| 42 | Pascasia Robert     | Kijitonyama  |
| 43 | Philipo Mazengo     | Goba         |
| 44 | Prisca E. Masaki    | Goba         |
| 45 | Revina Manyika      | Mbezi        |
| 46 | Said Maulidy        | Kiwalani     |
| 47 | Saidi Mnana         | Yombo Vituka |
| 48 | Samira Twalib       | Yombo Vituka |
| 49 | Sarah Uyaga         | Kimara       |
| 50 | Selemani Juma       | Chanika      |
| 51 | Shamsi K. Kussy     | Tandale      |
| 52 | Sikujua M. Bena     | Tandale      |
| 53 | Sophia Bakari       | Toa Ngoma    |
| 54 | Steven Gumbo        | Ilala        |
| 55 | Sultani Kibeku      | Kwala        |

|    |                    |             |
|----|--------------------|-------------|
| 56 | Sylvia P. Salanga  | Azimio      |
| 57 | Yona Yohane        | Magindu     |
| 58 | Zamaradi Idd Gumbo | Vingunguti  |
| 59 | Zuhura Masoudy     | Temeke      |
| 60 | Zulfa Chuma        | Sinza       |
| 61 | Zulpha Abdul       | Mchikichini |

## Annex B

### 2011 Sikika Organogram



**Financial Report (see separate Annual Financial Report)**