

# Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-retroviral Therapy
BoD	Board of Directors
CAG	Controller and Auditor General
CHF	Community Health Fund
CHMT	Council Health Management Team
CSO	Civil Society Organizations
DAC	Development Assistance Cooperation
DED	District Executive Director
DHSB	District Health Services Board
FGC	Facility Governance Committee
FGD	Focus Group Discussions
FHGC	Facility Health Governing Committee
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
IDRC	International Development Research Centre Canada
LFA	Logical Framework Approach
LGA	Local Government Authority
MAC	Multi AIDS Committee
MDG	Millennium Development Goals
MoHSW	Ministry of Health and Social Welfare

MoU	Memorandum of Understanding
MSD	Medical Stores Department
NGO	Non-Governmental Organization
NHF	National Health Fund
NSGRP	National Strategy for Growth and Reduction of Poverty
O&OD	Obstacles and Opportunities Development
ODQ	Organizational Diagnosis Questionnaire
OECD	Organization for Economic Co-operation and Development
OM	Outcome Mapping
PHSDP	Primary Health Services Development Programme
PLWHIV	People Living with HIV
PMO-RALG	Prime Minister's Office-Regional Administration and Local Government
SAM	Social Accountability Monitoring
SDGs	Sustainable Development Goals
TACAIDS	Tanzania Commission for AIDS
ToR	Terms of Reference
TRA	Tanzania Revenue Authority
WANGO	World Association of Non-Governmental Organizations
WDC	Ward Development Committees
YAV	Youth Action Volunteers

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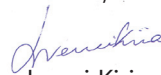
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Irenei Kiria

Executive Director

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# Executive Summary

## Background

SIKIKA is a Tanzanian Non-Governmental Organization (NGO) that works to improve governance, transparency and accountability within the health and HIV/AIDS sectors in Tanzania. The organization implements four broad fundamental health programs. They include health care governance and financing; Human Resources for Health (HRH); medicines and medical supplies; and HIV & AIDS. SIKIKA's key objectives are to (i) enhance health sector budget efficiency, transparency and accountability at central and local government levels; (ii) increase financial allocation, equitable distribution of health workers and their adherence to professional ethics; (iii) increase availability and accessibility of medicine and medical supplies at all levels of health care delivery; and (iv) enhance accountability and oversight functions over HIV/AIDS resources at both central and local government levels.

In 2010, SIKIKA developed its five year Strategic Plan (2011-2015). The Strategic Plan introduced three new organizational decisions and expanded the organizational outreach from four to ten districts in Dar es Salaam, Dodoma, Manyara, Singida and Pwani regions.

In November 2013, SIKIKA commissioned an external mid-term through a competitive bidding process in which Bluwat Tanzania Limited was chosen to undertake the assignment. The evaluation aimed to assess the relevance, effectiveness, outcomes and sustainability of SIKIKA's programs and how the programs contribute towards realization of rights and capabilities in the health sector from 2011 to 2015. The evaluation was also expected to establish, (i) whether the SAM system

and institutional approaches are enabling the realization of SIKIKA's vision, mission, and strategic objectives; and (ii) if the new strategic decisions are adding value to SIKIKA's interventions. The specific objectives of the evaluation were to;

- a. Realign and improve programme design in terms of its relevance, effectiveness and sustainability;
- b. Review the institutional capacity to support implementation of the Strategic Plan; and
- c. Provide information, analysis and recommendations on program implementation as well as internal systems and procedures to realign and or improve interventions.

## Methodology and Scope of Assignment

The evaluation was carried in all ten districts where SIKIKA is operating. These include Simanjiro, Kiteto, Kondoa, Singida Rural, Iramba, Mpwapwa, Ilala, Kibaha Rural, Kinondoni and Temeke districts. The process took place in four phases including an inception phase, design and testing, field work, and data analysis and reporting writing. Data was collected through quantitative (questionnaires) and qualitative (interviews and focus group discussions) methods. These were tested and approved by SIKIKA prior to field work. The evaluation was based on the Terms of Reference (ToR) and OECD evaluation guidelines. The criteria used during evaluation included relevancy, efficiency, effectiveness, outcomes and sustainability of the program.

## Report Structure

This report presents results of the midterm evaluation. It interprets data collected during field work and offers recommendation on how SIKIKA can better perform its activities for the remainder of its Strategic Plan. The report is organized into six sections, an executive summary, and appendices. Section 1 introduces Sikika, the evaluation process and report structure. Section 2 provides a description of the evaluation methodology. Section 3 presents and discusses key findings from each evaluation criteria. Section 4 reviews current and anticipated environmental factors that may impact the organization and its activities. Section 5 outlines key lessons and opportunities. The final section provides conclusions and recommendations for improvements for identified weaknesses.

## Findings

Based on literature review and field findings the team concludes that the measure of outcomes are on track and the measure of relevancy of the Strategic Plan and objectives are appropriate.

The review concludes that there are diverse results as far as effectiveness is concerned. Sikika's objectives and strategies were found effective by most respondents. However, respondents from the Ministry of Health and Social Welfare (MoHSW) and the Prime Minister's Office – Regional Administration and Local Government (PMO-RALG) ranked Sikika's dialogue and advocacy approaches low. Some policy makers and Local Government representatives saw Sikika's Social Accountability Monitoring (SAM) approach as an effective governance tool for promoting checks and balances; while others proposed that the SAM approach should be improved to increase its effectiveness. Sikika's communication and advocacy approaches were highly ranked by respondents from the President's Office-Public Service Management (PO-PSM). Members of Parliament (MPs) highly ranked Sikika's research activities. Collaboration

and coordination was found effective by national service providers and oversight bodies such as MPs and District Commissioners.

Despite the challenges and weakness noted in program work, the review revealed improvements in Health Care Workers SDC learning event professional conduct. Citizen are content with health workers' professional conduct. With reference to progress markers, results showed that SAM participants have highly attained the progress markers as compared to citizens and PLWHIV. Nevertheless, PLWHIV are better off in the attainment of progress markers than Citizens. Conclusion may be drawn that SAM team members have acquired what it takes to advocate for enhanced health services but have done very little to transfer such skills to the other categories of citizens.

The team reviewed the relevancy of Sikika programs to its beneficiaries by assessing the relationship between Sikika's objectives against the government strategies. All respondents agreed that the project addresses the needs of beneficiaries. Furthermore, all Focus Group Discussion outcomes confirmed that Sikika's work is within district health priorities. Respondents recommended that Sikika should explore working in other areas (than HIV/AIDS) that need attention but do not have serious interventions to address them. Such areas are contained in MDG goals, MKUKUTA and other health sector strategies.

Several reservations emerged from government respondents with regard to Sikika's performance. The organization was commended for strong capacity in budget and policy analysis and ability to articulate such issues to citizens. Particularly, Sikika's simplified analyses makes it easy for citizens to understand issues. This creates a basis for questioning and hence contributing to accountability. Sikika's choice to focus on the health sector was also commended. It is evident that Sikika has positioned and differentiated itself from other CSOs as an organization that has solid standing within the health sector.



Findings from peer CSOs was positive. Results indicate that Sikika represents the Policy Forum and other CSOs in a number of activities and in different working groups in the Ministry of Health and Social Welfare. From this representation, Sikika contributes to Joint Annual Health Sector Reviews, specifically delivering CSO policy recommendations within the sector.

The review also revealed that there is a high level of staff satisfaction that manifests into efficient internal organization systems. The establishment of District Coordination Offices by Sikika added value to the organization by bringing activities closer to citizens despite the low outreach observed. Despite the progress, the review identified that the potential of the program to sustain its activities in the long term is limited. This is mainly due to over dependence on donor funding.

## **Recommendations**

The evaluation recommends six measures to address identified lessons and weaknesses. Sikika should improve dialogue mechanisms at the central and local levels. The lack of trust between MoHSW, LGAs and Sikika threatens effective dialogue and hence the ability of Sikika to work on challenges in the health sector. We evaluation recommends that Sikika to engage a consultant to diagnose, design and implement an effective dialogue mechanisms between Sikika, other CSOs and public sector stakeholders.

The organization should reposition its service delivery practices. The recent establishment of District Coordinators justifies the change of Sikika's delivery approach from agents to direct implementers. The approach also allows Sikika to capitalize on decentralization opportunities. Being at the center, Sikika should assume the function of a facilitator working directly with the citizens and the government at the local level to dialogue. This arrangement is possible since the

organization is now represented in districts by district coordinators. Sikika should act as secretariat while the DED should chair the District dialogue platform.

Sikika should transfer SAM to the District Health Service Boards (DHSB) and Health Governing Committees (HGC). The evaluation team is aware that both DHSB and HGC have community members who play an important role in connecting the institutional oversight with citizens. However the team considers that the establishment of SAM teams by Sikika was a duplication to the already existing health governance system. Thus SAM may be unsustainable after Sikika's project duration. To enhance effective use of resources that are already invested, the SAM Team can easily transfer their knowledge to existing health governance systems i.e. the DHSB, FHGC and MAC.

There is need to develop Sikika's values statement to lead the organization in combination with its mission and vision statements. Related to developing Sikika's values, the Board should also reflect on the issue of volunteers that staff members feel needs to be addressed.

Sikika prepares detailed annual plans to lead its activities. The evaluation team found that its work plans include a lot of narration but lack quantification and targets. It is therefore recommended that Sikika should reinforce its M&E and work plans with a Results Based Management approach to address these weaknesses.

In conclusion, the team recommends Sikika to strengthen its field offices. The team considers that current fleet of vehicles to support fieldwork in Dodoma is inadequate. Equipping field offices with reliable transport will enable one coordinator to handle work in two districts. Such an arrangement will enable Sikika to increase its outreach from 6 to 12 upcountry districts. The organization can start by piloting this approach in Kibaha, Ilala, Temeke and Kinondoni districts.

# 1 Introduction

## 1.1 Background

Sikika is a Tanzanian NGO that focuses on health advocacy and governance. Since its establishment in 1999 as Youth Action Volunteers (YAV), the organization has transformed its focus from youth reproductive health to broader fundamental health programs. Sikika's key programs include health care governance and financing; Human Resources for Health (HRH); medicines and medical supplies; and HIV & AIDS.

In 2010, Sikika developed its five year Strategic Plan. The 2011-2015 Strategic Plan introduced three new organizational decisions. They include (i) expansion of the organization's geographical interventions to include up-country regions and empower a wider number of rural and semi-urban citizens; (ii) reinforcing accountability within the local government health systems; and (iii) intensifying evidence based advocacy through Civil Society Organizations (CSOs) networks and rights based coalitions at both local and national levels.

The Strategic Plan's main focus is to monitor utilization of public resources within the health sector, effectiveness in spending such resources, and performance of service providers in implementing their plans. Additionally, the plan focuses on monitoring the effectiveness of existing mechanisms to prevent misuse and abuse of public funds as well as official response to oversight recommendations.

### Box 1: SIKIKA's Vision, Mission & Objectives

#### **VISION:**

Quality health services for all Tanzanians

#### **MISSION:**

To ensure equitable and affordable quality health care services through health systems social accountability monitoring at all levels of government.

#### **OBJECTIVES:**

1. Enhanced health sector budget efficiency, transparency and accountability.
2. Increased financial allocation, equitable distribution of health workers and their adherence to professional ethics both central and local government levels.
3. Increased availability and accessibility of medicines and medical supplies at all levels of health care delivery.
4. Enhanced accountability and oversight function over HIV and AIDS resources at both central and local government levels.

## 1.2 Strategic Plan Focus Areas, Institutional Structure and Approach

The Strategic Plan focuses on each of the four program areas. Under *Health Sector Governance and Financing* the strategy focuses on advocating for increased efficiency and effective budgeting at all levels. This is done by assessing whether health sector budget allocations are in conformity with the national and district plans, policies

and priorities. Under this area Sikika aims to address some of the challenges identified in the CAG reports as well as by organizations. Such challenges include

- Inadequate per capita health spending in Tanzania which was at USD 11.23 in 2009. This is below the World Health Organization's (WHO) recommended target of USD 343<sup>1</sup>.
- Inefficient budget planning, allocation and execution by the government as presented in the Controller and Auditor General (CAG) reports 1999-2008.
- Poor access to information on the budget before parliamentary sessions limits Members of Parliament from discussing and collecting opinions from their constituent members. Evidence shows that budget books were not received 21 days before the Parliament session. This resulted to a poor 2010 Open Budget Index for Tanzania with a score of 45 out of 100 for budget transparency. Source: International Budget Partnership (IBP); website internationalbudget.org

To address challenges in Human Resources for Health, Sikika's Strategy plans to assess through annual reviews, the allocation of funds for training, hiring and retaining human resource at the central and local government levels. The objective is to ensure that the government provides adequate funding to cope with the HRH crisis through its Human Resources Strategy.

The scarcity of medicine and other supplies inhibits provision of quality health care services which is a major requirement for a well-

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<sup>1</sup> SIKIKA Strategic Plan 2011 - 2015 page 8

functioning health system. During the development of Sikika's Strategy, the government was in the process of drafting a Procurement Policy. The Policy is one of the government's interventions to improve access and availability of medicines and supplies. Under its *medicines and supplies* program, Sikika aims to advocate for increased availability and accessibility of medicines and medical supplies from the central to local government.

Under its HIV/AIDS program, Sikika plans to improve HIV/AIDS resources at central and local government levels. New HIV infections that have reached 5.8% (about 1.5 million people) indicate that there are still challenges with regards to HIV prevention among the Tanzanian population despite their knowledge on prevention.

To facilitate implementation of activities under the above program areas, four departments corresponding to each area were established. They are supplemented by communication and Monitoring and Evaluation functions.

Sikika uses Social Accountability Monitoring (SAM) as its core approach in implementing its activities. SAM refers to a broad range of actions and mechanisms that citizens, their representatives, communities, independent media and CSOs use to hold public officials accountable at Municipal level. SAM involves a five cycle process which

includes planning and resource allocation, expenditure management, performance management, public integrity and oversight. SAM Teams work to engage citizens directly to identify challenges and priorities in provision of quality health services and works with municipal councils to address them. The approach empowers citizens and enable them to own the whole process of ensuring accountability in provision of health

services. Activities that are used to execute SAM include research (studies, analysis and surveys), media and publications, and strategic and consultative meetings.

### 1.3 The Strategic Plan Theory of Change and Monitoring & Evaluation Plan

Figure 1 below depicts the current strategic plan theory of change as well as the basis for this evaluation.

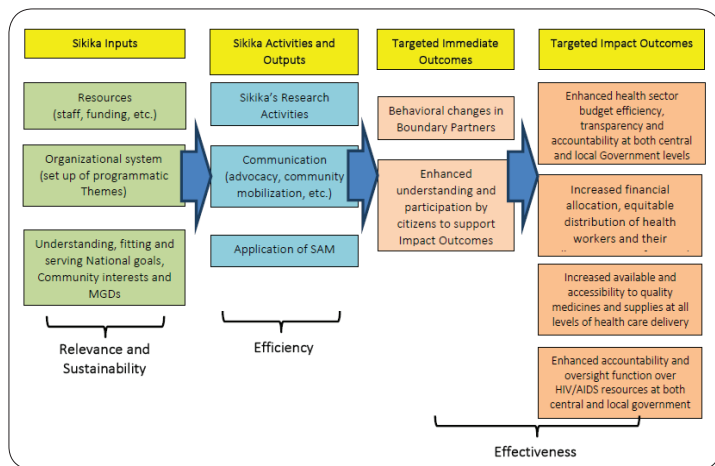


Figure 1: Sikika Theory of change and Evaluation Framework<sup>2</sup>

<sup>2</sup> In the above figure, sustainability is measured as the program's ability to maintain operations and services and fuel sustainable development which requires an acceptable level of continuous flow of benefits in a permanent changing context. It also includes the ability to stimulate positive institutional changes that have the potential to positively contribute to development beyond the program's lifetime.

To achieve the intended impact outcomes, Sikika plans to influence change in behavior, practices, actions and relationships of boundary partners. Additionally, the organization plans to create an enhanced understanding and participation by citizens to support the impact outcomes. The stated scenario will be created by enhanced efficiency through research activities, communication and the application of Social Accountability Monitoring (SAM).

To effectively implement the strategy Sikika designed a hybrid of Outcome Mapping (OM) and a Logical Framework (LFA) for monitoring and evaluating the strategic plan. All LFAs and OM as planning and evaluation tools have drawbacks. To overcome them, Sikika opted to combine the two to strengthen the process.

### 1.4 Objectives and Scope of Evaluation

In November 2013, Sikika commissioned a mid-term external evaluation to assess the relevance, effectiveness, outcomes and sustainability of its programs and how they contribute towards the realization of rights and capabilities in the health sector from 2011 to 2015. The evaluation was also expected to establish (i) whether the SAM system and institutional approaches are enabling the realization of Sikika's vision, mission, and strategic objectives; and (ii) if the new strategic decisions are adding value to Sikika's interventions.

The specific objectives of the evaluation were to;

- d. Re-direct and improve programme design in terms of its relevance, effectiveness and sustainability;

- e. Review the institutional capacity to support the implementation of the Strategic Plan; and
- f. Provide information, analysis and recommendations on the programs' implementation as well as internal systems and procedures to re-direct and or improve interventions.

Evaluation results will be used to

- a. Inform Management decisions on strategic positioning for the remainder of the Strategic Plan implementation.
- b. Inform funding partners of the results that may be used to evaluate programs and funding partnerships.
- c. Improve Sikika's approach and strategies based on feedback and recommendations provided by boundary and strategic partners.

## 1.5 Report Structure

This report presents results from Sikika's mid-term evaluation. It interprets data collected during fieldwork and offers recommendation on how Sikikacan better perform its activities for the remainder of its Strategic Plan. The report is organized into six sections, an executive summary, and appendices. The sections present the following information;

- Section 1: Introduction – provides an overview of Sikika, the evaluation and report structure.
- Section 2: Evaluation Methodology - provides a description of the evaluation methodology.

- Section 3: Findings and Discussions – presents and discusses key findings from each evaluation criteria.
- Section 4: Environmental Scan – presents a review of the current and anticipated environmental factors that impact the organization.
- Section 5: Lessons and Opportunities – outlines key lessons and opportunities for Sikika.
- Section 6: Conclusions and Recommendations – provides conclusions and where appropriate, recommendations for improvements for identified weaknesses.

# 2 Evaluation Methodology

The evaluation was carried in all ten districts where Sikika is operating. These include Simanjiro, Kiteto, Kondoa, Singida Rural, Iramba, Mpwapwa, Ilala, Kibaha rural, Kinondoni and Temeke districts. The process took place in four phases including an inception phase, design and testing, field work, and data analysis and reporting writing.

## 2.1 Inception phase

The evaluation began with a three week inception phase during which the evaluation team met with the client for de-briefing. During this stage, an inception report was prepared and presented to the client for approval. The inception report documented the review process and outlined the scope of work including sample design and methodology. At this phase, agreements were made to focus data collection in three wards per district in Sikika's intervention areas. Data collection tools prepared by consultants were reviewed and approved by the client with support from Sikika's OM advisor.

## 2.2 The Midterm-line Survey

Questionnaires and interview discussion guides were designed using review questions outlined in the Terms of References. Questionnaires were developed to evaluate the performance of the strategic plan from citizens, SAM Team members, People Living with HIV (PLHIV), Village Health Workers (VHWs), health facility governing committees, and District Health Boards. Interview guides were developed to gather data from Members of Parliament (MPs), policy makers, national service

providers and strategic partners. Focus Group Discussions were used to collect data from District Health Management Teams (DHMTs). The overall purpose of interviews and discussions was to determine the *relevance, sustainability, effectiveness and efficiency* of the program towards the achievement of its objectives and behavioural change of beneficiaries (citizens).

The sample size of citizens was determined from a total population of 5,894,725. The citizen population group was set at a 95% level of confidence to detect an expected difference of 10%. Due to treatment effects the sample size worked to 96. When the expected difference was minimized to 5%, the needed sample was 384. The number of citizens interviewed using a questionnaire was 469 which was statistically significant since it was greater than 384, it has the stated 95% level of confidence and expected difference of less than 5%.

Table 1: Determination of Sample Size

District	Population 2012 census
Ilala	1,220,661
Temeke	1,368,881
Kinondoni	1,775,049
Simanjiro	178,693
Kiteto	244,669
Mpwapwa	305,056

Kondo	269,704
Singida	225,521
Iramba	236,282
Kibaha	70,209
<b>Total</b>	<b>5,894,725</b>
Sample size with confidence interval 95% and confidence level 5%	384
Sample size with confidence interval 95% and confidence level 10%	96

Purposeful sampling design was used to select subjects for interviews. In this method, subjects were hand-picked on the basis of specific characteristics from areas and wards where Sikika operated. Purposeful sampling was used because it has advantages of ensuring balanced group sizes when multiple groups are to be selected. In this task it was not possible to use simple random sampling due to challenges in obtaining a complete list of population members. Additionally, random sampling is potentially uneconomical to achieve, it can be disruptive when isolating members from a group, and it takes a longer time during which the sample could change<sup>3</sup>. The programme adopted outcome mapping. It was agreed during the inception phase that in outcome mapping the issue of attribution is of less importance. Table 2 below presents the sample size covered.

<sup>3</sup> Black, T. R. (1999). Doing quantitative research in the social sciences: An integrated approach to research design, measurement, and statistics. Thousand Oaks, CA: SAGE Publications, Inc. (p. 118)

Table 2: Actual Sample Size Interviewed in the Field

	NATIONAL	IRAMBA	KITETO	KONDOA	MPWAPWA	SIMANJIRO	SINGIDA	KINONDONI	ILALA	TEMEKE	KIBAHA	TOTAL
SAM Team Members		3	2	6	4	1	3					19
Citizens		23	32	32	34	25	33	36	33	30	38	316
PLWHIV		6	3	3	2	3	4	3		1	3	28
Facility health governing committee		2		4	2	1	2					11
Multi-Sector AIDS Committee		4					1		1	1	7	14
District Health Boards						1						1
Health workers		9	8	6	7	9	9	7	9	9	7	80
MPS	5											5
Policy Makers	6											6
National Service Providers	3											3
Strategic Partners	3		1		1							5
<b>TOTAL</b>	<b>17</b>	<b>47</b>	<b>46</b>	<b>51</b>	<b>50</b>	<b>39</b>	<b>52</b>	<b>46</b>	<b>43</b>	<b>41</b>	<b>55</b>	<b>488</b>

## 2.3 Evaluation criteria

The evaluation was based on the ToR and OECD evaluation guidelines. The criteria used include;

- **Relevancy** of the program to beneficiaries. The focus was to determine the level that the program and its strategic plan fits within the priorities and policies of the Ministry of Health and Social Welfare and donors.
- **Efficiency** as it is applied to organizational diagnosis. The focus was to assess whether Sikika implemented its strategic plan in the most efficient way compared to alternatives.
- **Effectiveness** in coordination, collaboration, approaches and strategies. The focus was to determine the extent to which program activities reduced exposure and led to strengthened institutions and reinforced awareness of beneficiaries on good governance in health.
- **Outcomes** of interventions. The assessment focused on the changes that occurred as a result of strategic plan interventions. It also aimed to determine existence of unintended positive and negative consequences.
- **Sustainability** of changes brought by the program to beneficiaries once donor funding ends. The key focus was to identify and analyze major factors that are expected to influence the achievement and non-achievement of program sustainability.



# 3 Findings and Discussions

## 3.1 Relevancy

The team reviewed the relevancy of Sikika's program to target beneficiaries by assessing the relationship between Sikika's objectives against the government strategies. Findings based on the review of respondents' answers indicate the following:

### 3.1.1 Programme and the actual needs of the beneficiaries

The team reviewed documents and responses from interviews and Focus Group Discussions with sampled District Health Management members. All respondents agreed that the project addresses beneficiaries' needs which includes availability of medicines and health workers, as well as being in close proximity to health facilities.

### 3.1.2 Programme alignment to government policies

All of Sikika's objectives (presented under box 1) align well with government policies, including the Health Policy of 2007, the Health Sector Strategic Plan III, the National Strategy for Growth and Reduction of Poverty (2010-2014/15), and the Health Services Development Programme 2007-2017. Detailed discussions on Sikika's linkage with the aforementioned national policies and strategies is presented under [section 4.2](#). At the local government level, Sikika's work is within the district health priorities. Responses from Focus Group Discussions with District Health Management Teams in Simanjiro indicated that Sikika's purpose is in line with the District Comprehensive Health Plan whose aim and purpose is on comprehensive treatment and adherence to standard treatment.

### 3.1.3 Relevance of approaches and strategies for programme implementation

Sikika's research activities were evaluated as relevant by most of the policy makers and Members of Parliament. The media and communications methods used was found relevant specifically for citizens since its delivery is in a simple language that is understood by the majority. The MoHSW and PMO-RALG found dialogue methods used by Sikika based on vested interests. To be relevant Sikika has to change to a win-win methodology.

Sikika's SAM approach received different views from respondents. CHMT members felt that there should be more transparency from Sikika's side. The organization should also share its annual plans and budgets with stakeholders. Sikika was also advised to support citizens in the planning process from village to district level rather than only criticizing the process. CHMT Members from Iramba-Singida suggested that the SAM approach should include a follow-up and consultation process with the District leadership to clarify issues raised by citizens prior to publicizing them through the media. Sikika was also advised to consult and involve stakeholders in the planning process prior to project initiation in its target areas.

### 3.1.4 Validity of objectives

The project advocates for equitable access to health through adequate governmental budgetary allocation, access to medicine, improved Human Resource for Health, and equitable access to treatment to

HIV/AIDS. These objectives complement the government policies as highlighted in [Chapter 4](#).

### 3.1.5 Program logic

The first period of implementing Sikika's Strategic Plan has aligned the program's logic into a comprehensive theory of change (as presented on Figure 1). Quantitative indicators have yet to be set out. Work plans could contain some elements of quantitative indicators which should be related to the Strategic Plan. The Strategic Plan should be internally reviewed on an annual basis with consideration of performance from the previous year.

## 3.2 Effectiveness

Effectiveness is interpreted as an extent to which internal and external collaboration, approaches and strategies led to the achievement of Sikika objectives.

### 3.2.1 Effectiveness of Sikika's Strategies to Citizens

According to Sikika's outcome mapping, the organization has set its citizen outcome challenges as presented under Box 2 below.

- i. Enhanced health sector budget efficiency, transparency and accountability at the Local Government level

Key issues under this objective include budget efficiency, transparency and accountability. Sikika's review and SAM findings on transparency and accessibility of public information on health care at facility level concluded that most of the visited facilities had no notice boards for posting key information that

### Box 2: Citizen Outcome Challenges

**A vibrant society where citizens demonstrate a basic understanding of their rights, roles and responsibilities within the health systems (including HIV/AIDS systems) and they actively engage leaders and service providers through community meetings, health facility governing committee meetings, planning (O&OD) and budgeting process. They monitor provision of health services in the public health facilities such as availability and accessibility of essential medicines and medical supplies and freely express feedback on public expenditures and performance of health and HIV/AIDS programmes and they hold their Councilors and Members of Parliament accountable regarding their oversight role. SIKIKA also envisages seeing increased citizens' reporting behavior on non-adherence to ethics by health workers through improved usage of the available complaints mechanisms at health facility level and they engage respective institutions for feedback on the lodged complaints, and that are actively participating in constitutional review dialogue at district and ward level to raise issues and their priorities on health and HIV and AIDS sector.**

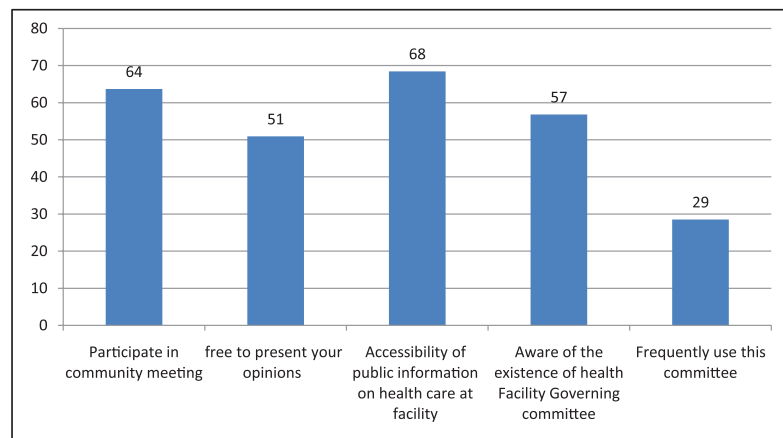
can be accessed by citizens. In cases where notice boards were present, no key information was posted on them. Furthermore, information from key documents such as strategic plans were in English in all visited districts. Thus they are not easily understood by the majority. It was further revealed that citizens have worked with their councilors

and in some areas, they have worked with health facility governing committees in making sure that each health facility has a suggestion box in place for collecting feedback.

The midterm evaluation measured citizens', PLHIV and SAM Team members' perception on the capacity of citizens to participate in community O&D meetings and their role in government planning. Results on citizen's perception are presented in Figure 2 below.

Citizens ranked low on the use of Facility Governance Committee (FGC) (29%) despite of being aware of its existence (57%). Enhanced transparency in health issues is slightly above average. This was rated at 58% by citizens, 59% by SAM members, and 70% by PLHIV. The low ranks in the use of FGC/MAC implies that citizen's knowledge and the impact of the HFGC and MAC are not yet visible.

**Figure 2: Percentage of Citizen that Agreed on the Existence of Health Sector Transparency and Accountability**



ii. Increased financial allocation, equitable distribution of health workers and their adherence to professional ethics

This objective focuses on (i) mobilization of sufficient funding for HRH development activities mainly training, recruitment and retention; (ii) improving the planning capacity for the central government (MoHSW and PO-PSM) and local government to predict HRH needs; and (iii) ensuring that decentralization processes to LGAs is not affecting health workers' employment.

Results from feedback meetings with DMOs and facility in-charges revealed that there is still a mismatch between district staff recruitment requests and actual staff recruitment permits issued by the PO-PSM. There is also lack of staff retention strategies at all levels of health service delivery across districts.

A review of Sikika's studies from 2011-12 on the availability and functioning of complaints mechanisms at all levels of health service delivery revealed that the complaints mechanisms at health facility level are ineffective. The midterm review further confirmed this ineffectiveness. Only 4% of citizens interviewed were aware of the existence of the complaint system in their health facilities.

Non-adherence to professional ethics by health workers contributes to poor health services in Tanzania. When assessing this factor, the review revealed improvements in professional conduct. Citizens were satisfied with the professional conduct of health workers as indicated on the table below.

**Table 3: Perceptions on Health Workers Professional Conduct**

Key issues for comparison with the situation in the past 2.5 years	Percentage of respondents that answered Yes		
	SAM Team	PLWHIV	Citizens
Is the language used by health workers toward service users appropriate?	74%	86%	83%
Is the presence of health workers at a health care facility during working hours appropriate?	79%	81%	80%

The above results indicate that there are remarkable changes in professional ethics during the last two and a half years. This is attributed to Sikika’s project intervention. In spite of these developments, there are other HRH issues that have to be further addressed, such as retention mechanisms, HRH gap including mismatch between districts requests and actual staff recruitment permits from PO-PSM.

**Increased availability and accessibility of medicine at all levels of health care delivery**

This objective addresses the frequent shortages and stock-outs of medicines and medical supplies in health facilities. Key factors that contribute to the shortages and stock-outs include a long order process; limited funds allocated and disbursed from the central government to health facilities accounts; difficulties in accessing alternative sources of funds such as cost sharing (Community Health Fund (CHF)); and poor governance with respect to transparency and accountability of some officials in ensuring medicines and supplies are available and accessible at health facilities at all times. According to Sikika’s 2011 Baseline

Study<sup>4</sup>, 56% of citizens interviewed indicated that they did not receive all prescribed medicines at their health facilities (public health facilities).

The midterm review requested citizens to evaluate the current status in relation to availability, quality, affordability and access to prescribed medicines. 34% of citizens indicated that there is better availability of prescribed medicines compared to 2.5 years ago. The table 4 below presents perceptions of each factor from citizens and SAM Teams.

**Table 4: Citizens and SAM Team Members Perceptions on Availability and Accessibility of Medicines**

Issue	Percentage saying better compared to past 2.5 years	
	Citizens	SAM teams
Availability of medicines	36%	26%
Quality of medicines	40%	53%
Affordability of medicines	49%	56%
Access to prescribed medicines	34%	N.A.

**iii. Enhanced accountability and oversight functions over HIV and AIDS resources at both Central and Local levels**

Accountability and transparency in managing HIV and AIDS resources has been a major setback in central and local government levels. To address this challenge, Sikika planned to understand and influence the accountability cycle at central and local government levels by analysing

<sup>4</sup> The study was conducted in May 2011 at the facility level in the six districts of Dar es Salaam, Coast and Dodoma Regions and covered 44 yards and 60 health facilities

five processes of Social Accountability Monitoring starting with planning and resource allocation, expenditure tracking, performance management, integrity management and oversight function over HIV and AIDS resources.

The evaluation measured PLWHIV level of satisfaction with services offered and issues related to the oversight function body (MAC) as presented in Table 5. When compared to other factors, treatment and CD4 machine functionality scored low at 29% and 24% respectively. However, it could be generalized that the functionality of the CTC/CD4 machines has slightly improved compared to the baseline. The level of dissatisfaction with services is lower at 43% compared to Sikika baseline which indicated that 62% of Care & Treatment Centres (CTCs) did not offer CD4 counting services.

The highly rated (67%) MAC functionality is contrary to Sikika baseline findings<sup>5</sup> that showed that more than 50% of MAC members did not know their responsibilities and many committees were formed without following the national guidelines. Baseline findings further identified that 81% of MAC members did not know about the planning and budgeting processes for their communities. Although MAC functionality was highly rated by respondents, the evaluation team found MAC teams as disorganized and in need of training on guidelines and executing their oversight roles

<sup>5</sup> In 2011 SIKIKA did a survey in six districts of Kinondoni, Ilala, Kibaha, Temeke, Kondo and Mwapwa to find out the availability and accessibility of HIV&AIDS services, medicines and supplies and functioning of the supportive structures, e.g. Multi-Sectoral AIDS Committees (MACs).

*Table 5: Rating of Various Issues for PLWHIV*

Issue/Responses	1 = Very Well	2 = Well	3 = Poor	4 = Very Poor
Were you informed about complications that necessitate seeking medical advice?	50%	40%	10%	0%
Counseling services	43%	38%	5%	14%
Treatment	29%	48%	14%	10%
CD4 machines	24%	33%	14%	29%
Functionality of MACs	67%	11.1%	22.2%	0%

iv. Achievement of behavioral change among citizens

To track the achievement of behavioral changes among citizens, respondents were asked to rank their performance on progress markers set by Sikika. The assumption was that by the time of midterm evaluation citizens should have attained 60-75% of the **“expected to see”** progress markers and at least 50% of the **“like to see”** progress markers. Table 6 below shows the status measured by the percentage of very well and well changed <sup>6</sup>behaviors when compared citizen categories.

<sup>6</sup> The questionnaire was divided in very well and well reflecting a positive change in behaviors and remained the same and declined meaning a negative change in behaviors

**Table 6: Comparison of Different Categories of Citizens on the Achievement of Progress Markers**

Progress Marker	Percentage of very well and well i.e. positive change behavior			Level of progress Markers
	Citizens Normal	PLWHIV	SAM	
I am actively participating in planning and budgeting processes.	49%	57%	83%	Expect to see progress Markers
I am accessing relevant information to address health and HIV & AIDS governance issues.	69%	81%	95%	
I am participating in community and Opportunity & Obstacles for Development meetings.	49%	N.A	67%	
I am aware of my right to health as the basic human right	69%	86%	100%	
I do not involve myself in practicing unethical behaviors such as petty corruptions in accessing medical services	77%	74%	N.A.	Like To see Progress Markers
I am seeking relevant information on implementation over agreed activities and or programs planned on their respective areas.	44%	N.A	84%	
I am monitoring the accessibility and availability of medicines and medical supplies in health facilities.	38%	48%	83%	

A comparison of progress markers shows that SAM participants have highly attained the progress markers when compared to citizens and

PLWHIV. Nevertheless, PLWHIV are better off in the attainment of progress markers than the citizens. We can therefore conclude that SAM team members have acquired what it takes to advocate for enhanced health services but have done very little to transfer acquired skills to other categories of citizens.

v. Citizen comments

The citizen’s questionnaire required respondents to propose issues that will enable Sikika to better serve citizens. Most of proposed issues could be clustered into two main domains which are to enhance availability of medicines and medical supplies, and availability of sufficient health workers.

**3.2.2 Effectiveness of Sikika’s Interventional Approaches**

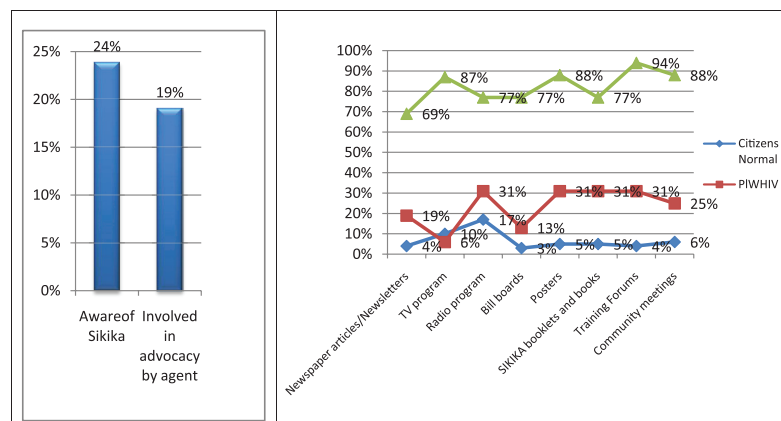
Sikika uses Social Accountability Monitoring as its core approach. Activities that are used to execute SAM include research (studies, analysis and surveys), media and publications, and strategic and consultative meetings. To assess the effectiveness this approach two review questions were developed. The first question looked at the contribution that the media and publications made in the achievement of required outputs and outcomes or targeted objectives. The second question looked at the effectiveness of publications in bringing about targeted changes to communities and audiences with regards to programme implementation.

i. Communication/Media

Citizens were questioned on their awareness of Sikika’s activities and whether Sikika agents involved them in advocating for their rights. With regards to Sikika’s communication activities, different categories of citizens were asked to indicate the type of media they are aware of

or in which they have received information effectively. Results from responses are presented in Figure 3 below.

**Figure 3: Citizens Awareness of Sikika and Type of Media Frequently Used by Citizen Categories**



In general, a few citizens (24%) are aware of Sikika’s activities. SAM Teams that were created for this purpose have done little to involve citizens to advocate for their rights. The analysis shows that radio (17%) and television (10%) are the best communication means to reach citizens. There is a big difference on awareness of Sikika’s activities between SAM Team, the citizens and PLWHIV, thus PLWHIV and SAM Team are more conversant with Sikika program while most of the citizens do not know and or have very little information about Sikika. Which imply that Sikika need to enhance mechanisms for reaching out the citizens.

### 3.2.3 Effectiveness of SAM to LGA Boundary Partners

#### i. District Executive Officers and District Commissioners

There were varied interview results from district level respondents. The majority of respondents saw SAM as an approach that is valuable in implementing good governance while others thought it could be improved to offer policy solutions. The former commended the approach for enabling accountability among civil servants hence assisting the government to solve existing challenges and realize its goals in improving health care.

“...Sikika’s activities and particularly its SAM approach increases awareness and pushes for accountability and transparency among civil servants. Civil servants understand that citizens are now able to question their performance. On the other hand, citizens better understand their rights and are able to question doctors on services and practices. Follow-up activities that is done by Sikika has enabled the District Health Board and the Facilities Health Governing Committees to understand their functions better” ~ Respondent

District authorities initially perceived Sikika’s activities within their district as complementary. However, in the process of implementation district authorities found it difficult to accommodate Sikika’s work. The major concern is in Sikika’s approach to address issues. The Acting Executive Director from Singida indicated that Sikika’s findings that came out of its SAM exercise in the district were not factual or sufficient and the team did not make efforts to clarify and justify findings with the District Executive Director (DED). Instead the organization went ahead and exposed the report to the public through media thus creating

misunderstanding among district officials, councilors and the central government. The respondent further mentioned that Sikika raised issues from a closed CAG report. In his opinion, this was contrary to acceptable practices in government operations. The respondent concluded that Sikika's work in Singida region is based on a faulty approach. It lacks collaborative partnership and mutual sharing of information and findings.

ii. Service Providers, Health Workers and Health Facility Governing Council

To determine the effectiveness of SAM and other Sikika interventions health workers and facility governance committee members were interviewed to measure their performance against Sikika's progress markers. Progress markers were developed based on service providers' challenge outcomes. Results from interviews are presented under table 7.

Table 7: Achievement of Progress Markers by Health Workers and Facility Governance Committee

Progress Marker	Health workers	Facility Governing Committees	
Involving service users in planning process to obtain citizens priorities regarding health and HIV & AIDS.	85%	60%	Expect to see progress Markers
Ensure allocation of resources is planned according to 'Equity'	83%	27%	
Taking a lead role in managing public health resources	85%	33%	
Encouraging citizens to use effectively available complaint mechanism	81%	50%	

Progress Marker	Health workers	Facility Governing Committees	
Seeking relevant public information concerning health related issues on governance and accountability.	82%	27%	Like To see Progress Markers
Making evidence based decisions which ensure equitable budget allocation by using identified allocation formula.	69%	54%	
Raising questions on relevant committees and forums for HIV & AIDS, Medicine, medical supplies, equipments, human resource for health and governance.	83%	45%	
Attempts to become responsive to citizens' concerns/ issues in various formal/ informal meetings	87%	50%	
Supervising and make sure that all strategic plans are implemented accordingly	69%	54%	
Ensure effective use of complaint mechanisms.	80%	27%	

On average, health workers achieved all the progress markers when compared with their oversight body - the Health Facility Governance Committee (HFGC). Based on the assessment situation on the ground, the evaluation team deems health workers result as prejudiced while that of HFGC as a reality. Interviews and observation made during



field work indicate that there were less concerted outreach efforts to familiarize HFGC members with the SAM approach. Members of the HFGC (who are also SAM members) have received limited support from Sikika to gain sufficient knowledge on SAM approach.

### iii. District Health Management Board

The team interviewed the Simanjiro District Health Management Board. The Board was also given an opportunity to conduct self-assessment. Results showed that the Board knew very little about Sikika and had not interacted with the organization. Self-evaluation results may be treated as a baseline that provides Sikika an opportunity to develop a strategy to deal with progress markers that scored 3 and below. The scores assigned were justified by respondents through giving examples and evidence. Detailed results of the evaluation under this section are presented under table 8 below.

*Table 8: Performance Achievement as Perceived by the Simanjiro DHMB*

Outcomes					
Please state to what extent do you agree to these statements	Agree strongly	Agree	So-so	Disagree	Disagree strongly
	I am accessing relevant information regarding health and HIV & AIDS related issues.	1	2	3	4
I am ensuring that the allocation of resources is planned according to 'Equity'	1	2	3	4	5
I am taking a lead role in managing public health resources.	1	2	3	4	5
I am encouraging citizens to use effectively available complaint mechanisms	1	2	3	4	5
I am seeking relevant public information concerning health related issues on governance and accountability.	1	2	3	4	5
I am making evidence based decisions which ensure equitable budget allocation by using identified allocation formula.	1	2	3	4	5
I am raising questions on relevant committees and forums for HIV & AIDS, Medicine, medical supplies, equipments, human resource for health and governance.	1	2	3	4	5

Outcomes					
Please state to what extent do you agree to these statements	Agree strongly	Agree	So-so	Disagree	Disagree strongly
	Attempts to become responsive to citizens concerns/ issues in various formal/ informal meetings	1	2	3	4
Supervising and make sure that all strategic plans are implemented accordingly	1	2	3	4	5
Ensure effective use of complaint mechanisms.	1	2	3	4	5

### 3.2.4 Effectiveness in Collaborating with Policy Makers

Sikika collaborates with the central government and departments termed by the programme as government boundary partners. They include the Ministry of Health and Social Welfare (MoHSW), Prime Minister Office-Regional Administration and Local Government (PMO-RALG), President Office –Public Services Management (PO-PSM) and Ministry of Finance. In addition, Sikika collaborates with service departments and authorities such as Tanzania Food and Drugs Authority (TFDA), Medical Stores Department (MSD), Pharmaceutical Services Section, and TACAIDS/NACP. During the evaluation, the team consulted government boundary partners to assess how Sikika and its programs informs and improves their roles as the central team. Respondents from this group were also asked to provide possible recommendations

to improve Sikika’s programs. Data was collected through literature review and interviews with Sikika’s heads of departments and government representatives. Box 3 below presents Sikika’s outcome challenges to policy makers.

#### Box 3: SIKIKA’s Outcome Challenges to Policy Makers

- **Policy Makers**
  - **Increase sources of finance to boost the National Budget,**
  - **Ensure efficient use of funds,**
  - **Take action on recommendations from the CAG and directives from the Parliament,**
  - **Ensure an increase in budget allocation for health especially on human resources for health, medicines and medical supplies and HIV/AIDS.**
- **Ministry of Finance avails user-friendly budget information to the Parliament according to (Parliamentary Standing Order of 21 days) and the general public.**
- **MoHSW ensure implementation of HRH strategies including enrolment, recruitment, and equitable distribution and retention mechanisms of health care workers as well as adherence to professional ethics.**
- **MoHSW through PSS, MSD and TFDA ensure availability and accessibility of quality medicines and other medical supplies including Anti-Retroviral drugs for people living with AIDS at all levels, acting promptly where substandard or counterfeit medicines and other medical supplies are discovered through TFDA.**
- **Policy makers provide guidelines, which are understandable by service providers and hold to account Services Providers in misconduct and or misuse of public funds.**

The literature review found that by the end of 2012 Sikika reported achievements in the following outcomes by policy makers. There were significant improvements in the government's willingness to share budget information such as MTEF (Medium Term Expenditure Framework) and PMO RALG circular to local government authorities instructing them to avail members of Policy forum 19 documents that have been agreed on in a memorandum of understanding with the ministry. The Minister of State in the Prime Minister's Office declared that the policy to curb down unnecessary expenditures would be implemented comprehensively and in favor of CSOs advocacy activities. Further, the MoHSW also increased the proportion of its budget allocation for strengthening HRH activities.

Interviews with senior officials from the MoHSW, PMO-RALG, Ministry of Finance, PO-PSM and the LGA were conducted to evaluate the effectiveness of collaboration between Sikika and policy makers. The MoHSW indicated that Sikika has strong capacity in budget analysis and effective communication to target groups. However, it still has weaknesses in creating dialogue, research, fundraising and proposing solutions. The PO-PSM also commended Sikika for strong communication programs and focus. It recommended that the organization should improve its geographical outreach. PMO-RALG felt that Sikika could improve its dialogue approach. However, PMO-RALG found Sikika's capacity to represent citizens as very effective. District Executive Directors thought that SAM findings could benefit from further consultation between the government and Sikika before presenting them to the public and media. Detailed views from each government boundary are presented below.

## **Policy Makers Remarks on Strategies Implemented by Sikika**

### **i. Ministry of Health and Social Welfare**

Interviews were conducted with departments responsible for health care financing, preventive services and pharmaceutical services. Their responses are presented below;

### **Directorate of Policy and Planning-Health Care Financing**

In 1994, the Tanzanian government instituted Health Sector Reforms (HSR) to improve efficiency and access to quality health service delivery. One of the key elements of the reform is the involvement of stakeholders in health governance and delivery systems. Sikika is recognized as a key stakeholder in the health sector and it stands as a CSO representative within the sector. The organization has been involved in Technical Working Groups as well as the Sector Wide Approach (SWAp). These are dialogue mechanisms that the government uses to engage stakeholders such as donors, CSOs and development partners to address sector challenges. Opening up stakeholder participation has increased transparency within the sector.

Sikika has been involved in the government's budget preparation and reviews. The organization has at all times advocated for budget increase. Sikika has also maintained that the government should abide by the Abuja Declaration. The government has increased the budget allocation to the health sector, although at a small scale. However, the government does not favor adherence to the Abuja Declaration alone. Instead, per capita spending is used in the health sector as the most appropriate measure. The government therefore recommends the use of a mix of the Abuja approach and per capita spending on health.

The Directorate indicated that Sikikahas strong capacity on budget analysis. The analyses produced are also well simplified thus making it easy for the majority of citizens to understand and question budget allocation issues. This contributes to accountability.

The Directorate advised Sikika to also focus on contributing to resolve some of the issues rather than always commenting on the problems and areas of weaknesses. For instance, Sikika can engage donors for support in areas where the government has inadequate funds for interventions. Sikika should not duplicate researches that are done by other stakeholders such as those done by the Ministry. Instead, it may work on the areas that have missed attention. For instance, work on Non Communicable Diseases, diabetes, cancer and so forth instead of HIV/AIDs.

### **Preventive Service Department**

The department views Sikika as a watchdog organization that advocates for its views and position more aggressively than other NGOs. Sikika's expansion to rural areas is effective. Through their expansion they are able to reach and consult with the majority of the population that reside in rural areas. Sikika's negative reporting culture puts the image of the country at stake even though such reports are factual and negative matters do exist. Reports should be balanced. The positive outcomes should be mentioned but also complimented by measures that the government has put in place to address them. Overemphasis on negative reporting may result into loss of external funding that would ultimately affect the majority of Tanzanians, specifically poor citizens that Sikika is advocating for. The Department recommends that Sikika should, (i) rethink its reporting approach; (ii) work towards resolving the bottlenecks in the health sector instead of focusing on

criticisms; (iii) further extend its work close to citizens within districts, wards and villages; and (iv) build capacity of other CSOs and stakeholders on budget analysis.

### **Pharmaceutical Services Department**

The Department appreciates working closely with Sikika, especially through the Pharmaceutical Infrastructure Food Safety Working Group. Sikika brings on board useful inputs and advise although sometimes the advice is generic. The input contributes directly to the Sector Wide Approaches (SWAp) where Sikika represents other CSOs. The organization has strong capacity for analysis and articulating key issues within the sector.

The Department observed that Sikika's work and research often focuses on negative issues. The organization does not take further steps into solving identified problems and it is unwilling to get into direct intervention or contribute to the budget. However, the organization is effective in communicating messages and issues through different means including publications, leaflets and other communication tools. Sikika's focus on negative issues has helped to create awareness among citizens and enhance accountability in the public sector. The Department recommends Sikika to;

- Further research how the organization can contribute to solving some of the challenges in the sector.
- Liaise with donors to raise funds to resolve identified challenges.
- Spend its resources on investigating other issues rather than researching on issues that are already known by the government and the ministry.

- Advocate and engage the Treasury for increased budget allocations in the health sector.
- Get involved in resolving sector challenges in collaboration with the government and other stakeholders.
- Engage government officials in field work to enhance sharing of experiences and clarify identified issues before they are reported. This will eliminate biased reporting and enhance transparency.
- Conduct a trend analysis of the health sector situation within the past five years to enable the ministry to get an independent view of its progress towards attaining its vision and mission.

#### ii. President's Office Public Services Management (PO-PSM)

The Communication Unit within the PO-PSM confirmed that it has been interacting with Sikika from the time that the organization was engaged in youth reproductive health. Sikika has had a strong focus on health care governance which has helped the organization to position and differentiate itself from other CSOs that often change their focus to fit financing needs. The organization focuses on a vital sector which is a pillar for the nation's productive capacity and productivity. Sikika's impact is impressive, especially in articulating and communicating key issues to the wider population. The Unit recommends Sikika to;

- Expand its operations to more districts to reach the majority of citizens.
- Ensure its activities are sustainable beyond donor and other external support.

- Thrive to extend its information dissemination to more citizens. Some criticisms from citizens are a result of inadequate knowledge and understanding of the issues. This will also enhance accountability.
- Conduct more health related researches and enhance collaboration with the MoHSW.
- Share results of its midterm evaluation with its stakeholders.

#### iii. Prime Minister's Office- Regional Administration and Local Government (PMO-RALG)

PMO-RALG recognizes Sikika as a lead organization in representing citizens' views and concerns. The organization is also part of the SWAp dialogue where it play an important role in following up key issues as well as leading dialogue processes. The organization overly focuses on pointing out problems that are already known to the government without offering constructive solutions to address them. However, its 2012 Annual Report was balanced and constructive.

With reference to Sikika's advocacy on reaching the Abuja targets of allocating 15% of the government budget to health; the Government considers that there is no technical basis for such decisions. Thus we recommend and focus more on per capita spending indicators on allocating health funds.

PMO-RALG recommends that,

- The government should engage Sikika more closely to change its approach and style of criticism and focus more on addressing identified challenges. The engagement will

provide Sikika with a platform to air raised concerns. A chance that the organization does not get during working groups and SWAPs meetings.

- Sikika should explore the possibility of organizing training of logistics skills in the pharmaceutical delivery value chain. This would be among the solutions to resolve complaints on delays in availability of drugs and medicines. Government has sufficient resources to purchase drugs. The key challenge is making them available at the right time, at right place and right quantities, the quality of drugs is no longer the major concern.
- Sikika should expand and build capacity of teams in every region and eventually district.
- Apart from the government, Sikika's work should look into other systems and stakeholders within the health sector and evaluate their participation, performance and operations since they are important stakeholders in the value chain. These include the private sector, NGOs, FBOs, and CSOs.
- Sikika should assist the Government to disseminate the Health Service Schemes to the ward level; this will ensure all stakeholders participate in the health delivery system.
- Sikika should work towards advocating and establishing a regional and district level dialogue mechanism similar to the Working Groups and SWAPs.
- The organization should engage other stakeholders to increase participation in the national budget and government plans.

#### iv. Ministry of Finance and Economic Affairs

The Ministry of Finance and Economic Affairs, specifically the budget and planning section has never interacted with Sikika. The ministry has only heard of the organization during an event organized by the Policy Forum.

### 3.2.5 Effectiveness in Collaborating with National Service Providers

#### i. Medical Stores Department (MSD)

With regard to Sikika's collaboration with MSD, the review aimed to assess (i) MSD's perceptions on its collaboration with Sikika in solving challenges related to transparency and accountability in drug procurement and distribution process; and (ii) MSD's perceptions on Sikika's contribution towards reduction of ALU stock out in 5080 healthy facilities countrywide. Data was collected through literature review and interviews.

Results showed that MSD is Sikika's key stakeholder in its program activities. The two have collaborated to collectively fulfil each other's mission and vision. MSD regards Sikika as a key stakeholder in its interventions. The Department initially questioned Sikika's activities. This view was however changed after collaborating with Sikika for more than a year and proving that the organization is an evidence based NGO that adds value to the Department's work.

With reference to Sikika's intervention in ALU, MSD indicated that Sikika's information on ALU stock out was not substantive because reports on stock outs were based on signs of stock outs and not actual stock outs. Additionally, reports did not analyze or explain the root causes of possible stock outs. ALU is donor funded therefore presence of stock is dependent on availability of donor funds.

MSD is prepared to collaborate with Sikika to reduce challenges that limit accessibility to quality drugs, supplies and medical equipment. The key challenges include lead-time in ordering drugs; lack of an efficient database to determine demand and order points; drugs winding-up in the wrong hands; and delayed payments from the MoHSW. Some of the solutions that can be implemented to solve the above challenges include;

- Encouraging local production of drugs and supplies.
- Putting in place an efficient database for proper record keeping at facility level.
- Reforming inefficient procurement processes and observing procurement processes and transparency.
- Improving the financial base for funding drugs and medicines production and supply. This includes adherence to the Abuja Accord by the government and extension of membership through the National Health Insurance and the Community Health Fund.
- Engraving most of the drugs. This includes conducting a study to assess the cost and benefits of engraving compared to the value of drugs that is diverted from Government facilities to illegal channels.
- Controlling drugs supplied through budget support to ensure drugs that are near expiry do not enter the market. Lack of control is what causes allegations that MSD is pushing some of the unwanted drugs out of its stock.

## ii. Tanzania Commission for Aids (TACAIDS)

The review aimed to determine TACAIDS perception on Sikika's role in raising concerns on governance issues related to HIV/AIDS at the central and local levels. TACAIDS provides leadership and coordination in implementing national multi-sectoral responses to HIV/AIDS. The Commission found Sikika's competencies in budget analysis as adequate. Sikika's analyses provide clear predictions on achievements of planned outputs. However, it is difficult to determine if the organization advocates well for health service delivery. Though it can be argued that through budget analysis the organization ensures that specific budget lines are properly funded hence positively affecting service delivery.

### 3.2.6 Effectiveness in Collaborating with Strategic Partners

Sikika works with CSO networks and right-based coalitions to promote accountability and reduce victimization risks. Sikika collaborated with the Legal and Human Rights Centre (LHRC), TAMWA, TAWLA and other organizations to address the 2012 medical doctors' strike. The main focus of the intervention was to ensure that the government together with doctors address challenges facing doctors. This was done in consideration of the government's ability to address demands. The evaluation team consulted the Medical Association of Tanzania (MAT), LHRC, and Policy Forum to assess Sikika's effectiveness in the collaboration and provide recommendations.

The Medical Association of Tanzania indicated that Sikika created awareness on the need for HRH among medical practitioners, policy makers and the general population. It advocated for training,

recruitment, deployment and retention of health workers. During the doctors' strike, Sikika played its role without any conflict of interest. The organization workers to balance the tension between doctors and the government by addressing facts related to the strike and the need for both parties to negotiate and resolve existing problems.

LHRC indicated that Sikika played a role in advising the government to implement policies related to human resource retention. Through media, face to face meeting and other advocacy strategies Sikika convinced the Minister of Health and Social Affairs on the importance of reconciliation. Sikika monitored and documented the strike, specifically communication and dialogue between doctors and the government. Findings were used to inform different activities that aim to strengthen the health sector.

The Policy Forum (PF) acknowledged that Sikika collaborates with other CSOs in advocating for budget increase in the health sector and accessibility of HIV/AIDS services. The organization leads an active role in Policy Forum's Budget Working Group. Sikika represents the Forum and other CSOs in a number of activities including MoHSW Working Groups. The organization takes part in Joint Annual Health Sector Review where it has been able to present policy

recommendations such as the increase of health sector budget, and efficient use of public resources to improve provision of health services. Such recommendations are presented to the MoHSW through a formal CSO Statement prepared by Sikika with inputs from other members.

Sikika contributes to the activities of the PF through analysis of the national budget and provision of views and recommendations. These are presented in form of policy briefs which are shared with the wider audience for informing discussions around the national budget. The last budget analysis was narrowed down to the MoHSW alone. This is partly due to unavailability of important documents. PF looks forward for further engagement with Sikika to ensure efficient and effective budget allocation and spending in order to positively impact service delivery.

#### **Box 4: Outcome Challenges for Oversight Bodies**

**The programme intends to see Oversight Bodies (Members of Parliament and Councillors) scrutinize plans, resources allocation, expenditures and performance reports as well as public integrity reports in relation to provision of health services. They should follow-up on recommendations made by Parliamentary internal audit and CAG reports. They should engage citizens for opinions on issues related to health and HIV/AIDS. They should advocate for increased financial resources to strength Human Resources for health, medicines and other medical supplies, HIV/AIDS as well holding to account policy makers and services providers whenever there is misuse of public funds.**

#### **3.2.7 Effectiveness in Collaborating with Members of Parliament**

Under this section, the team evaluated Sikika's support to MPs which is provided to enhance their oversight role as presented under Box 4. Interviews were conducted with the Chairperson of the Parliamentary Social Services Committee and selected Members of Parliament. All Members of Parliament

interviewed found Sikika's budget analyses are useful in reinforcing their debates and proposed issues related to improvement of access to health within their constituencies.



*“SIKIKA collaborates with and contributes to the work of the Parliamentary Social Services Committee. Its budget analyses provide useful data input and evidence that the Committee uses as reference when conducting budget analysis for the MoHSW”*

*~ Hon. Margret Sitta Chairperson of the Parliamentary Social Services Committee ~*

*“SIKIKA’s budget analyses helps Committee members to better understand the health sector budget and provide advice to the MoHSW when setting priorities. The organization’s trainings and seminars builds capacity of members in addressing key sector issues. SIKIKA should focus its advocacy activities on reducing the scarcity of medicines and medical supplies in hospitals and health centers. This is a major problem within communities. The organization should undertake studies on health worker compensation specifically for health workers that operate in difficult working conditions. Findings should be used to advocate for improvement of staff shortage and compensation”*

*~ Dr. Mbaso – Shadow Minister of Health ~*

*“SIKIKA adds value to Members of Parliament through provision of information inform of reports and study findings. Its capacity building activities, particularly trainings and seminars helps MPs to improve the health sector within their communities”*

*~ Dr. Kigwangala, Member of Parliament ~*

*“SIKIKA findings play a crucial role in advocating for HRH challenges. The organization should focus more on understanding the human resource crisis in Tanzania and refocus its advocacy activities on health worker compensation, specifically for health workers in difficult working conditions”*

*~ Dr. Mbaso – Shadow Health Minister*

*“SIKIKA assists MPs to raise awareness on issues of availability and accessibility of medicines and medical supplies. Trainings conducted by the organization further raise our knowledge on key sector issues. This enables MPs to better advocate for key issues, specifically the scarcity of medicines and medical supplies.*

*~ Member of Parliament ~*

*“SIKIKA’s findings related to HIV/AIDS provide a good basis for MPs to advise the government to improve related health services. Furthermore, the findings provide direction on key points to address when raising awareness on HIV/AIDS issues”*

*~ Member of Parliament ~*

By 2012 Sikika achieved the following outcomes with MPs. The Social Parliamentary Services Committee is increasingly playing its oversight role in scrutinizing the Ministry of Health and Social Welfare budget. Based on Sikika's influence, the Committee rejected the MoHSW budget proposal due to the government's failure to meet the Abuja targets and insufficient funding for essential medicines. Both aspects were raised a week earlier during Sikika's presentation to the Committee. Additionally, the Committee members met Sikika twice without claiming any sitting allowance. This was amongst Sikika's key challenge up to 2011.

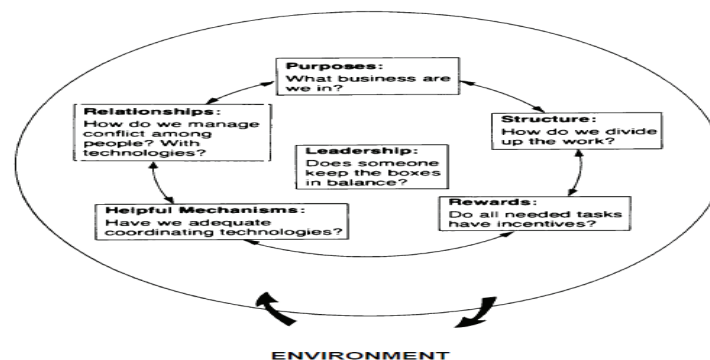
The following views are from interviews with members of the Parliamentary Social Services Committee and other members of parliament on Sikika's collaboration.

### 3.3 Efficiency- Institutional Review

The institutional review was conducted to determine Sikika's effectiveness in achieving its objectives. Under this section the team addressed four ToR questions related to (i) program structure; (ii) annual work plan and budgeting; (iii) coordination of program activities; and (iv) organizational structure including procedures and internal systems related to finance and human resource management. Two approaches were used during this assessment – the Organization Diagnosis Questionnaire (ODQ) and interviews. ODQ is based on Weisbord's practitioner-oriented theory<sup>7</sup>. The ODQ generates data in each of Weisbord's suggested six areas as well as in a seventh area, attitude toward change. The questionnaire was supplemented by staff interviews with heads of departments and deputies.

<sup>7</sup> M.R. Weisbord's, *Organizational Diagnosis* (1976): Six places to look for trouble with or without a theory. *Group & Organization Studies*, 1976, 1(4), 430-447.

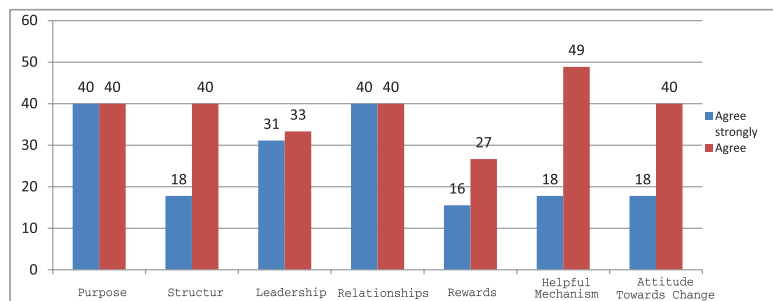
Figure 4: The Six-Box Organizational Model



#### 3.3.1 Results from Staff

The staff questionnaire included a total of 35 statements clustered around the purpose of the organization, structure, leadership, rewards, relationships, helpful mechanisms and attitude towards change. Questionnaires were distributed by email to all staff members. The questionnaire measured staff satisfaction on a Likert scale of seven scores, from strongly agree (1) to strongly disagree (7). Figure 5 provides results of the respondents.

Figure 5: Staff responses on various organizational issues in Percentage



Staff responses reflected the following;

- 80 percent of staff strongly agreed and agreed with Sikika’s purpose. They understand the purpose of the organization, and indicated that Sikika’s goals are clearly stated and in agreement with their job related goals.
- 80% of staff strongly agreed and agreed on relationships. Staff felt that their relationships with team members and supervisors are professional and friendly and they can access professional support from fellow staff members and supervisors.
- Rewards were ranked low by respondents. Staff agreed that (i) the pay scale and benefits within the organization treat all employees equally; and (ii) work related tasks are associated with incentives. Staff slightly disagreed with the following issues
  - The priorities of this organization are understood (purpose)

- The manner in which work tasks are divided is a logical one (structure)
- The division of labor in this organization actually helps it to reach its goals (Structure)
- The leadership norms of this organization help it progress (leadership)

- There was no score that strongly disagreed with any issue.
- Staff members prioritized the following recommendations
  - Develop and monitor implementation of individual work plans (not departmental)
  - Improve staff motivation
  - Improve leadership and management.
  - Develop strategies to retain staff and reduce turnover.
  - Improve working incentives to all staff (for instance transport during field work).
  - Strengthen HR policy to influence career development.

Other staff priorities are listed in Appendix 3

### 3.3.2 Assessment of Financial Performance

The evaluation team reviewed Sikika’s audited financial statements from the past three years (2010-2012). The review revealed that the organization received unqualified audit opinion. The following recommendations should therefore be considered;

- Based on the financial statements, the evaluation team noted that Sikika has changed auditors over the past three

years. Howarth Tanzania, OREFCO, and Innovex were used in 2010, 2011 and 2012 respectively. Although the team did not enquire on the reasoning behind this move, it felt that such a decision denies the organization an opportunity to enjoy optimum services from one auditing company. This is with regard to experience and a deeper understanding that an auditing company is able to gain when it works with Sikika for a longer period.

- Sikika enhanced its reporting structure for income statements which increased transparency. The 2010 income statement clusters expenditure according to departments rather than natural classification. This process was further enhanced in 2011 when explanatory notes were introduced. It is recommended that further enhancement to reporting be done through providing details of individual as well as combined program costs.
- The financial records indicated that Sikika had large cash reserves in 2011. The financial report does not reveal whether the surplus cash was reinvested (short term fixed deposits, treasury bills, etc...) to generate income for the organization. This may have enhanced its liquidity position.
- The note to the financial statement quotes that “in the opinion of the Directors, Sikika enjoys exemption for corporate tax”... The evaluation team advises that this should be made official by obtaining a written confirmation from the government and the Tanzania Revenue Authority (TRA) to verify that no future tax liabilities shall arise for the organization.

- Sikika receives the majority of its income from donors. The organization should initiate the process of developing a sustainability plan to enable it to continue its intervention with or without donors. This can include establishment of an endowment fund, investing in immovable assets and so forth. A study should however be conducted to establish the most feasible options.

### 3.3.3 Organizational Policies and Procedures

The evaluation team assessed Sikika’s policies and procedures. The organization has the following policies, General Personnel Policy (also Human Resources Policy), Communication Policy, Computer Policy, Procurement Policy, Fixed Asset Policy, and Finance Policy. Sikika could make further improvements in HR Policies regarding salary scales and the performance evaluation system. The organization should also broaden its communication system to enable all staff members to understand what is happening internally and at the field (within district coordinating offices). Sikika needs further skills in policy analysis and dialogue. These are not indicated in its competencies dictionary.

## 3.4 Potential Sustainability

The team reviewed the level of involvement of various members in program interventions. Groups consulted under this section include community members, citizen’s representatives; vulnerable groups such as People Living with HIV/AIDS and disability groups; LGA leadership; and other relevant authorities such as District Commissioners, District Executive Director and District Medical Doctor. The following was observed:

- Cases of citizens that continue to inquire on health worker performance indicate that programme activities relating to accountability can be sustained.
- Sikika has to engage and increase dialogue with the District Executive Director and his offices. The DED is responsible for coordinating implementation of activities, specifically those raised through the SAM system. This engagement will ensure that the SAM system and other initiatives are sustained. Considerations should be taken to turn District Commissioners into SAM champions to increase engagement.
- Sustainability is threatened if Sikika does not take deliberate efforts to engage CHFC and the Village/Ward Social Welfare committees to better understand the SAM approach and Sikika's activities.
- There is need to secure long term funding sources to enable sustainability of Sikika's activities. The team's review revealed that Sikika's donors are decreasing and there is no donor commitment beyond 2015.
- A review of internal capacity revealed a high employee satisfaction rate that could be synonymous with retention. On the other hand, there is a considerable level of staff dissatisfaction with rewards, unclear salary scales, and recurrences of ad-hoc activities. Additionally, staff are unable to predict their future due to unclear termination and conflict resolution systems. These factors may increase staff turnover hence hamper the organization's sustainability due to losing valuable talent.

# 4 Environmental Scan

Environmental scan in this context implies an objective review of the current and anticipated environmental factors that impact the organization. These include the political, economic and demographic environment in which the organization is operating. Included also are other important areas such as, the regulatory environment, philanthropic and donor trends, and other organizations providing similar services or competing for the same funds.

## 4.1 A Reflection on the SWOT Analysis

The environmental scan conducted when preparing Sikika’s Strategic Plan identified issues and clustered them as strengths, weaknesses, opportunities and threats (SWOT). The 2011-2015 Strategic Plan was designed to eliminate identified weaknesses. Some of these weaknesses were eliminated by creating a stronger strategic focus, putting in place tools for M&E, developing a HR strategy and expanding the geographic focus. Table 9 below presents a comparative SWOT analysis at the time of baseline and during the midterm evaluation.

Table 9: A Comparative SWOT Matrix

Strengths		Weaknesses	
Baseline	Midterm	Baseline	Midterm
<ul style="list-style-type: none"> <li>▪ Strategic Niche</li> <li>▪ Holistic Approach</li> <li>▪ Active networking</li> <li>▪ Good reputation</li> <li>▪ Solid financial Management</li> <li>▪ Motivated staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Motivated staff</li> <li>▪ Solid financial Management</li> <li>▪ Strategic Niche</li> <li>▪ Increased geographic outreach</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of functioning M&amp;E</li> <li>▪ Overambitious planning</li> <li>▪ Lack of strategic focus</li> <li>▪ Geographic narrowness</li> <li>▪ HR Strategy</li> </ul>	<ul style="list-style-type: none"> <li>▪ M.E and Work Plans lacks quantitative targets</li> <li>▪ Policy analysis and dialogue skills</li> </ul>
<ul style="list-style-type: none"> <li>▪ New beneficiaries</li> <li>▪ Donors endorse social accountability</li> <li>▪ Falling communication costs</li> <li>▪ Young, politically active, demographics</li> <li>▪ Development partners support social responsibility</li> </ul>	<ul style="list-style-type: none"> <li>▪ A growing economy</li> <li>▪ Decentralization by devolution</li> <li>▪ Policies supporting health</li> <li>▪ Development partners supporting issue based Dialogue platforms</li> <li>▪ Public Private Partnership Act</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limited access to information</li> <li>▪ Reduced cooperation from Districts</li> <li>▪ Hostile media environment</li> <li>▪ Beneficiaries live in remote areas</li> <li>▪ Unresponsive Government</li> <li>▪ Unstable financial resources</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limited access to information</li> <li>▪ Hostile media environment</li> <li>▪ Health not a priority in Big Results Now</li> <li>▪ CSO/Public dialogue lacks mandate/ institutional alignment</li> </ul>
Opportunities		Threats	

## 4.2 Policies and Strategies Guiding the Health Sector

Key government policies and procedures that Sikika can capitalize on while advocating for good governance in health include;

- **The 2007 Health Policy<sup>8</sup>** which guides the health sector development in Tanzania. The policy recognized the challenges of consolidating the principles of the previous health policy in community involvement, improved health services provision, access and equity while addressing the different dimensions of reforms that were taking place in the Public Sector. The vision of the policy is a healthy well-being and welfare citizenry contributing fully to their personal and national development. The purpose is to provide health services that are geographically equitable distributed, acceptable quality, affordable and sustainable.
- **The 2009 – 2015 Health Sector Strategic Plan III<sup>9</sup>** guides annual planning and planning activities at sub-national levels. The plan envisages 11 strategies, one other issue and 6 cross cutting issues. The strategies include i) district health services; ii) referral hospital services; iii) central level support; iv) human resources for health; v) health care financing ,vi) public private partnerships, vii) maternal, newborn, and child health, viii) prevention and control of communicable and non-communicable diseases, ix) emergency preparedness and response, x) social welfare and social protection, xi) monitoring, evaluation and research. Health improvement will be driven by increasing the number of primary health facilities, increasing the number of competent staff and improving equipment and supplies in health facilities. The strategy recognizes the involvement of Communities in MNCH as a means of improving reproductive health practices.
- **The Second National Strategy for Growth and Reduction of Poverty (NSGRP II) (2010/11- 2014/15)<sup>10</sup>** is a medium term mechanism that translates Vision 2025 aspirations and MDGs into measurable broad outcomes that are organized under three clusters i) Cluster I: Growth for Reduction of Income Poverty; II) Cluster II: Improvement of Quality of Life and Social Well-being; III) Cluster III: Governance and Accountability. Health falls under cluster II whose objective is Improvement of Quality of Life and Social Well-being.
- **The Primary Health Services Development Programme (PHSDP) 2007 - 2017<sup>11</sup>** aims to accelerate the provision of primary health care services for all by 2012. The main areas of focus include strengthening the health systems, rehabilitation, human resource development, the referral system, increase health sector financing and improve the provision of medicines, equipment and supplies. The following strategies were also developed: i) human development, recruitment and training, ii) Strengthening health system, iii) Procurement of

8 URT Ministry of Health and Social Welfare Sera yaAfya 2007 accessed at [http://ihi.eprints.org/538/1/ihi.digital.pdf\\_\(16\).pdf](http://ihi.eprints.org/538/1/ihi.digital.pdf_(16).pdf)

9 URT ( ) The Health Sector Strategic Plan III July 2009 – June 2015 accesses on 5/24/2013 at <http://www.mamaye.or.tz/sites/default/files/evidence/HealthSectorStrategicPlan.pdf>

10 URT (2010) The National Strategy for Growth and Reduction of Poverty (NSGRP II accessed on 11/5 at <http://www.tz.undp.org/docs/MKUKUTA.pdf>

11 URT (2007) Primary Health Services Development Programme (PHSDP) 2007 - 2017 accessed on 11/5/ at [http://www.unfpa.org/sowmy/resources/docs/library/R222\\_MOHTanza\\_nia\\_2007\\_PHC\\_2007-2017.pdf](http://www.unfpa.org/sowmy/resources/docs/library/R222_MOHTanza_nia_2007_PHC_2007-2017.pdf)

Essential Equipment, supplies, Renovations iv) procurement and distribution of radio calls and ambulances, v) Behavioral change communication, vi) Advocacy for maternal, newborn and child health at all levels, and vii) Community mobilization and empowerment

Sikika's Strategic Plan as shown in discussions under relevancy matches all the above government policies. This provides Sikika an advanced opportunity for dialogue with the government. Good governance and an opportunity for dialogue are enshrined in MKUKUTA. While all of Sikika's objectives relate to the strategies, Sikika has not managed to articulate well section 4 of the 2007 health policy. SAM for example would have been positively received if it could have evaluated the responsibilities of the government as well as citizens for instance the concept of citizens' contributing to health.



# 5 Lessons Learned and Opportunities

This chapter summarizes key lessons learnt from the review. The chapter is a synthesis of findings and discussions in chapter 4 which also enabled the team to develop conclusions and recommendations in the next chapter.

## 5.1 Lessons Learned

### Relevance

The purpose of the review was to assess the relevancy of program interventions to the main beneficiaries (citizens). The key question under this criteria assessed the level of compatibility between Sikika's programs and its strategic plan with the priorities and policies of the Ministry of Health and Social Welfare and donors. The following was revealed;

- a. The programme addresses the real needs of beneficiaries. For instance, challenges such as shortage of drugs, poor quality of health services and staff. These issues are determined by citizens during the planning process.
- b. The programme is aligned to the policies and strategies that the government is implementing. Additionally, Sikika's strategic plan fits well with the priorities of the 2007 Health Policy.
- c. Both communication and SAM approaches used on the ground are a misinterpretation of the Health Policy of 2007. Messages propagated could be misinterpreted by the citizen to assume that the government is solely responsible for free treatment. For instance, section 4 of the policy defines citizens' responsibilities and it shows the responsibilities at dispensary level which includes preventive measures and contribution to health services. These

responsibilities are not reflected in the SAM processes hence the critiques on the SAM system.

- d. It is difficult to quantify the validity of Sikika's objectives. However, Focus Group Discussions held with DHMTs determined that both the objectives and problems that are addressed by the program are valid. Nevertheless, not all problems have been entirely solved by the program.
- e. The revised intervention logic developed during the inception phase realigned the activities, outputs, intermediate outcomes, and outcome impacts. These are now compatible with program goals. It was however identified that planning and preparation of outcome indicators did not fully involve citizens and other boundary partners.

### Effectiveness

In relation to this assignment, effectiveness was defined as an extent to which internal and external coordination and collaboration, approaches and strategies led to achieving programme objectives. The key question assessed how program activities reduced exposure or led to strengthened institutions or awareness of beneficiaries and stakeholders on good governance in health.

With reference to **strategies and approaches**, table 10 presents citizens'<sup>12</sup> evaluation on the effectiveness of key strategy issues as low or high.

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<sup>12</sup> Issue assessed above 50% is ranked high and 50% below is ranked low in other instances the observation on site by the evaluation team was used to countercheck the biases

**Table 10: Level of Effectiveness of Sikika’s Strategies and Approaches to Citizens**

Strategy	Issue	High	Low
Enhanced Health Sector Budget efficiency, transparency and accountability at the Local Government Level	Capacity to participate in Community (O&D) meetings	X	
	Free to present opinion	X	
	Access to information		X
	Aware of existing of HFGC	X	
	Frequent use of committee		X
Increased financial allocation, equitable distribution of health workers and their adherence to professional ethics	Good language use and present at work place	X	
	Equitable distribution and number of HRH		X
Increased availability and accessibility of medicine at all levels of health care delivery	Availability, quality, affordability access to prescribed medicine		X
iv. Enhanced accountability and oversight functions over HIV and AIDS resources at both Central and Local level	Information on complications, Counseling services, Treatment	X	
	CD Machines, Functionality of MAC		X
Achievement of progress Markers		X	
Effectiveness of Sikika’s approaches to citizens	Communication/media		X
	Involved in advocacy by agent/SAM team		X
<b>Total</b>		<b>6</b>	<b>7</b>

It was noted from the above results that, the achievement of **expected to be and like to see** indicators for citizens is high. 55 percent of issues related to Sikika’s objectives wereranked high.Communication and SAM teams involving citizens (Sikika approaches to citizens) were both ranked low. However, radio programs and posters were ranked as the most appropriate communication means to reach citizens at 47% and 44% respectively.

Sikika uses **coordination and collaboration** approaches presented under Table 11. The following lessons could be generalized from assessing Sikika’s effectiveness with stakeholders in coordination and collaboration.

- a. Over all, Sikika’s collaboration with boundary partners is effective with a score of 10/18 (56%) on evaluated issues. Sikika demonstrates strengths in budget analysis, differentiation and focus, and a high capacity to effectively communicate with and reach citizens.
- b. There is mistrust between Sikika and the policy makers (especially the MoHSW and the Local Government Authority). This leads to ineffective collaboration and dialogue.
- c. Oversight bodies interviewed (MPs and the Parliamentary Social Services Committee Members) indicated that Sikika’s budget analysis is supportive to its oversight function.
- d. Other CSOs regard Sikika as a CSOs’ champion on health governance.

**Table 11: Summary of Sikika Effectiveness with Stakeholders in Coordination and Collaboration**

Boundary Partner		Issue	High	Low
Policy Makers	LGA-District Executive District	SAM		X
	MOHWS –Health care financing, Preventive services,	Strategic dialogue vs. vested interest		X
		Budget Analytical capacity	X	
		Research		X
		Communication to all in simple language	X	
		Policy Analysis/Policy briefs		X
		Offering problem solving solutions		X
		Fund raising capability		X
	PO-PSM	Communication/media	X	
		Differentiation/Focus	X	
		Geographical outreach		X
PMO-RALG	Capacity to speak for the citizens	X		

Service Providers	Health workers s	Achievement of progress markers	X	
	TACAIDS	Budget analysis	X	
	MSD	Reduction of ALU		X
Interaction/solving issues related to transparency and accountability			X	
Over-sight bodies	Parliamentary social services Committee	Budget analysis assisted to influence health budget in parliament	X	
	Members of Parliament		X	
<b>Total</b>			<b>10</b>	<b>8</b>

### Potential Sustainability

Under this section, the review analyzed the level of involvement of primary beneficiaries (citizens) and secondary beneficiaries (HFGC)<sup>13</sup> in program activities. Their involvement is considered a key factor in determining program sustainability. The review revealed that sustainability is threatened by the low level of citizen’s awareness on Sikika’s activities (24%) and low involvement of citizens in advocacy activities through Sikika agents (SAM Teams). The lack of trust between bureaucrats at central and local government levels threatens program sustainability.

<sup>13</sup> Here we emphasize the Health Facility Governing Committees as Councilors and MPs are involved with many issues

## Institutional Efficiency

The evaluation team conducted a SWOT analysis on Sikika. The following issues emerged;

- a) Implementation of the 2011-2015 Strategic Plan and support from donors enabled the organization to grow and expand its geographical outreach.
- b) Establishment of district coordinators brought Sikika closer to its beneficiaries (citizens).
- c) The purpose, structure, leadership, relationship, reward, facilitation mechanism and attitude towards change were highly ranked by Sikika staff. However, absence of a statement of values expose Sikika to sustainability vulnerability and poor identification with ethics and code of conduct that leads the organization. Staff also raised concerns over Sikika abandoning volunteers.
- d) Sikika can address most weaknesses identified in the SWOT analysis through capacity building and adjusting its attitude towards change.

## 5.2 Opportunities

Tanzania is still behind in achieving health related MDGs. However, health governance presents opportunities for Tanzania to reach MDG goals and focus on the forthcoming Sustainable Development Goals. This section elaborates opportunities presented in the SWOT analysis.

- **A growing economy:** Tanzania has maintained an average growth of 6%. It is anticipated that with the discovery of gas, the economy could grow at 10%, a desired rate for poverty reduction. The government has also developed policies that will ensure growth benefits will translate in equitable distribution of health in that regard it has prioritized agriculture development including infrastructure development (rural roads, water and electricity specifically rural electrification). With the economy growing at 10%, it is expected that the government will be able to allocate sufficient budget to health. Its dependency on donors will lessen, while the capacity of citizens to contribute to health through Community Health Fund and health insurance will also improve. It is anticipated that the government's improved economic capacity and reduced dependency on donor funds will encourage the government to fund CSOs as agents of change and thus improving the sustainability of Sikika programs. This is possible under the government's Public Private Partnership Act.
- **Decentralization by Devolution:** Tanzania introduced the Decentralization by Devolution reform. The Local Government Reforms envisages local government that are i) largely autonomous institutions; ii) Strong and effective institutions; iii) Democratically governed; iv) Deriving legitimacy from services to the people; v) Fostering participatory development; vi) Institutions that reflect local demands and conditions; and vii) Conducting activities with

transparency and accountability. The vision also states that the *raison d'être* for the devolution of roles and authority will be the local government capacity and efficiency in delivering services to the people. With reference to decentralisation reforms, Sikika's Head Office should research and benchmark success reforms that transferred adequate resources not only to the health sector but to Local Government and identify how these resources could also be transferred to the village level. Sikika with PO-OM/PMO-RALG can to establish LGA Citizen Service Charter specifically in the health sector.

- **USAID-Tanzania Capacity Development for Partners of Accountability (CDPA).** CDPA is a four-year program funded by USAID. The program provides selected Tanzanian CSOs and government Institutions of Accountability (IOA) with an array of technical assistance and support in areas of advocacy and organizational development. Assistance provided through CDPA enables targeted CSOs and IOAs to engage in a sustainable issue-based dialogue. This empowers citizens in targeted regions – including youth, women, and marginalized populations – to hold their governments more accountable, resulting in increased responsiveness and transparent public resource management and decision-making. Program activities are implemented in Dodoma, Iringa, Morogoro, Mtwara, and Zanzibar. They are based on three main objectives (i) strengthening the capacity of USAID/Tanzania partner CSOs in various sectors; (ii) supporting USAID's management of direct grant awards to CSOs; and (iii)

strengthening Government of Tanzania IOAs. With regards to this program, Sikika would benefit from all components, particularly dialogue. The support could enable Sikika to further expand its geographic outreach.

### 5.3 Threats

Sikika is operating in an environment that poses the following threats:

- **Limited access to information and unfavorable media environment.** These threats were present from the time that the strategic plan was developed. According to Sikika 2012 annual report, the organization through its constant lobbying and advocacy is now able to access information from LGAs. This is supported by a directive from the PMO-RALG that allows the LGA to provide information to Sikika. A supplementary bill that had a purpose of controlling media was rejected by the Parliament, depicting that legislators are supporting media freedom. However, the Ministry of information is drafting a bill that may limit media freedom. Sikika through its advocacy efforts should use its collaboration with other CSOs to influence removal of articles that will hamper media freedom.
- **Health is not a priority in Big Results Now.** Health is a priority sector in Tanzania's first five-year-plan developed by the Ministry of Planning. However, health is not prioritized in the government Big Results Now program. Sectors included in the Big Results now are likely to be prioritized in budget allocation. Sikika's

collaboration, coordination and dialogue efforts with the MOHSW and Commission of Planning could enable the health sector to be included as a priority in the second phase of the program which is due in the next two years.

- **CSO-Public dialogue lacks mandate and institutional alignment.** To sustain dialogue especially with the public sector a mandate is essential. CSO/Public dialogue should take place through a formal mandate. This can mean anything from a mission statement drafted by participants to a presidential decree of establishment. In some cases, organizations even have a formal mandate with legal backing, making the consultation process mandatory. Closely associated with the question of mandate is that of institutionalization. Some Public-Private Dialogues are formal institutions, others are informal initiatives. Some begin as informal initiatives and transform into formal institutions. All need to be aligned with existing institutions to avoid the risk of duplicating efforts. In Tanzania dialogue between the private sector and the government has been sustained as it is mandated by the presidential decree and is institutionalized through the National Business Council (NBC) that is chaired by the President. The NBC has morphed and has been mainstreamed to the Regional and District Business councils and these have been sustained through two phases of governments. Sikika could take the experience of the private sector and mandate a sector based dialogue as elaborated in the opportunities.

# 6 Conclusions and Recommendations

This chapter draws conclusions based on the findings and recommends the way forward.

## 6.1 Conclusions

To comply with the TOR the consultant used the Development Assistance Cooperation (DAC) criteria to assess the relevancy, effectiveness, impact (outcomes) and sustainability of the Sikika Strategic Plan. At the same time, 5 issues were also assessed. The following section concludes the study findings.

- **Outcomes:** Performance markers were to measure whether there are changes to the beneficiaries without attribution. It was identified that the attainment of performance indicators is on track.
- **Relevancy:** The Strategic Plan objectives are relevant. Strategies used to implement activities (research and communication) are relevant. However, SAM approach and dialogue needs to be improved to increase relevancy.
- **Effectiveness:** Sikika's objectives and strategies are effective. Policy makers at the national level ranked communication, research, budget analysis and the capacity to articulate citizen's interests as Sikika's strongest areas. Oversight bodies (MPs) found Sikika's budget analysis useful and supports their arguments for increased budget allocation for the MoHSW. Collaboration and coordination was highly ranked by CSOs

and national service providers. The MoHSW ranked Sikika low on dialogue, collaboration and coordination. Additionally, the PMO-RALG ranked Sikika low on its dialogue effectiveness. Some respondents that used the SAM approach found it is an effective governance tool that promotes checks and balances. Various members at LGA level felt that the SAM approach needs modifications to increase its effectiveness. This includes consultation and verification with LGA on identified issues prior to publicizing them in the media.

- **Institutional SWOT – Efficiency:** The high level of staff satisfaction establishes that internal organization systems are efficient. The establishment of District Coordination Offices added value by bringing Sikika activities closer to its beneficiaries despite low outreach observed.
- **Potential sustainability:** As proposed in the recommendations section, SIKIKA has to change some of its delivery approaches to enable the organization to sustain its programs and specifically enable citizens to continue with dialogue with their government and representatives.

## 6.2 Recommendations

The evaluation recommends the following measures to address lessons and conclusions presented above.

### 6.2.1 Recommendation 1: Improve Dialogue Mechanisms at the Central and Local Levels

The lack of trust between MoHSW, some LGAs and Sikika threatens effective dialogue and hence the ability for Sikika to work on challenges in the health sector. It is recommended that Sikika should engage a consultant to diagnose, design and implement an effective dialogue mechanisms between Sikika, other CSOs and the public sector stakeholders. This includes but is not limited to:

- **Diagnose:** Map the existing dialogue/advocacy mechanism and identify strengths, weaknesses, opportunities and threats. The diagnosis may review four relevant aspects necessary for effective dialogue/advocacy:
  - **Public sector:** How strong is the capacity, political will to engage, and leadership?
  - **CSO:** How organized is the CSO? To what extent does it have leadership? Do communities/those represented by the CSO feel a basic sense of security in speaking out to Government without fear of retribution?
  - **Champion:** To what extent are there credible and respected individuals with the expertise, profile and ability to attract participants and media attention?
  - **Instruments:** What is the quality and capacity of the tools (research, SAM, policy briefs, road maps) used, support personnel, logistical facilities, and seed funds?
- **Design:** Based on the above findings the consultant can propose the most effective mechanism to conduct dialogues.

Some of the issues can include, mandate and institutional alignment, structure and participation, champions, facilitator, outputs, communications and outreach, monitoring and evaluation, sub-national stakeholders and donors.

- **Implementation and Monitoring:** The consultant can propose different strategies to be used during different phases as outlined below;
  - **Discovery phase-** focused on building trust between the public and the CSO sector, educating the actors on how to behave with one another, and discovering what works and what does not in terms of reform proposals submitted and processed through the partnership.
  - **High impact phase-** usually characterized by more capacity, better results, improved products but more conflict.
  - **Sustainability phase-** the assumption of this phase is that PPD initiatives often come to birth to fill an institutional gap between the CSO and public sectors. If confidence and dialogue are established or restored and if citizens' concerns are taken into account by administrative officials, the future of dialogue could take different options. Using the key question (what is the future ahead in the consultative mechanism?) the consultant will suggest exit strategies for Sikika.
  - **Monitoring and evaluation** - the consultant will propose a monitoring and evaluation framework for dialogue.



### 6.2.2 Recommendation 2: Reposition Sikika's Service Delivery Practices

The key issue for the past three years has been Sikika's position as a change agent. The organization delivered its services to citizens through representatives. The organization focused on creating SAM Teams and working with the teams for delivery. This process was justified since Sikika was only operating from Dar es Salaam. However, the approach resulted in minimal outreach of Sikika's activities to citizens who are expected to dialogue with the LGA, Councilors and their MPs. The recent establishment of District Coordinators justifies the change of Sikika's delivery approach from agents to direct implementers. The approach also allows Sikika to capitalize on decentralization opportunities. Being at the center, Sikika should assume the function of a facilitator working directly with citizens and the government at the Local level to dialogue. This arrangement is possible since the organization is now represented in districts by district coordinators. Sikika should act as secretariat while the DED should chair the District Dialogue platform. As a facilitator or head of district dialogue platforms, Sikika's functions may include;

- Consulting with stakeholders (Citizens and LGAs) to determine their interest in health governance dialogue at the district level; willingness and ability to participate; and ways of reaching out to foster broad representation from the Citizens.
- Working publicly and behind the scenes to lead the dialogue between Government and Citizens – identifying opportunities, negotiating, and developing a shared agenda. Encouraging the Government to allow dialogue to play a role in new policy initiatives related to the health sector development.

- Liaising with development partners and providing necessary inputs including, expert policy advice, independent evidence-based research, and specialized technical assistance.
- Building dialogue capacity of all participants on issues related to health governance. Developing the agenda and vision for the dialogue. Introducing new energy while paying close attention to detail through keeping accurate and transparent records.
- Providing impartial and timely summaries of meetings.

As mentioned in the opportunities section, the starting point could be the development of the LGA service charter in health as discussed in section 5.2. The above dialogue will revolve around the Service charter.

### 6.2.3 Recommendation 3: Transfer SAM to the District Health Service Boards (DHSB) and Health Governing Committees (HGC)

The team is aware that both DHSB and HGC have community members who play an important role in connecting the institutional oversight with citizens. However the team considers that the establishment of SAM teams by Sikika was a duplication to the already existing health governance system. Thus SAM may be unsustainable after Sikika's project duration. To enhance effective use of resources that are already invested, the SAM Team can easily transfer their knowledge to existing health governance systems i.e. the DHSB, FHGC and MAC.

To implement this recommendation, SAM experts within Sikika should conduct a training needs assessment to MAC, DHSB, FCHGC and

design a hands-on training for the committees. Training should be aligned to section 4 of the 2007 Health Policy and they should enable the committee to undertake their oversight functions better. It was noted that, the FHGC at health facility and dispensary levels are only involved in checking medicine kits but lack the capacity to understand inventory control. SAM training can concentrate on how MTUHA records could be used in record keeping and how such records are represented in a simple manner that is easily understood by facility team members and citizens. A civil engineer could be invited and briefed on how they can supervise civil construction.

#### 6.2.4 Recommendation 4: Develop Sikika Values Statement

As discussed in the previous chapter, it is essential for Sikika to develop a value statement. Like Vision and Mission statements, a value statement is a domain of the Board of Directors. However, they should be developed in a participatory manner. A retreat could be organized to brainstorm on Sikika's key values. To develop relevant values, it is essential that there is a good understanding of the code of conduct and ethics of NGOs. An example can be viewed at <http://www.wango.org/codeofethics/COEEnglish.pdf>.

Related to developing Sikika's values, the Board should also reflect on the issue of volunteers that staff members feel are valuable.

#### 6.2.5 Recommendation 5: Reinforce Sikika M&E and Planning with a Results Management System

Sikika prepares detailed annual plans to lead its activities. The evaluation team found that its work plans include a lot of narration but lack quantification and targets. Additionally, the M&E framework includes incomplete qualitative indicators. Likewise, quantitative

indicators are yet to be set with indicative targets. The evaluation team advises Sikika to adopt a Results Based Management (RBM) approach to address these issues. Appendix 3 and 4 presents results based matrix for institutional and programme Targets respectively.

Establishing the RBW will entail a review of annual plans to identify targets that were achieved and focus on how targeted indicators related to the strategic plan will be met. The annual plan can further breakdown annual indicators and reflect how they will be achieved on a quarterly basis. The annual plan targets should be linked to the appraisal system where a head of department will review the monthly, quarterly and an annual performance and recommend remuneration increase in case of outstanding performance.

#### 6.2.6 Recommendation 6: Strengthen Field offices

The team considers that current fleet of vehicles to support fieldwork in Dodoma is inadequate. The team also discovered that if District Coordinators were offered adequate shared transport they could expand their outreach to an extra region. It is therefore, recommended that Dodoma field offices should be equipped with reliable transport. This will enable the one coordinator to handle two districts. The arrangement will enable Sikika to increase its outreach from 6 to 12 upcountry districts. This can be piloted in Kibaha, Ilala, Temeke and Kinondoni districts. Sikika should explore the possibility of stationing two permanent coordinators using the above recommendation.

# 7 Appendices

## 7.1 Appendix 1: Citizen Suggestions and Priorities

Issue	Iramba	Singida	Simanjiro	Kiteto	Kondoa	Mpwap-wa	Total
Ensure availability and accessibility of Medicine and Medical supply on time	1	1	15	5	7	8	37
Recruit enough and equal distribution of health workers to meet the demand	1	2	2		13	14	32
Ensure frequent community meeting /training addressing the issue of monitoring of quality and affordable health services to the people	1		1		3		5
Sikika need to advocate the establishment of Health Centers in each ward to avoid the issue of long distances				5			5
CHF cards are not issued on time , Sikika must also focus on this and improve its quality			1		2	1	4
Sikika must visit health centers several times so as to uncover the real situation of those centers				4			4
Advocate on quality health services without practicing unethical behaviors such as petty corruption in accessing medical services	1			1		1	3
Expansion of maternal ward		2					2
Health workers must be shifted several times so as to bring efficient (from business as usual to business unusual)					1	1	2
Expansion of health center in order to accommodate the number of service users.	1						1
Build good relations between health workers and service users		1					1
Many Centers lack Midwives			1				1
Advocate for provision of ambulances for each facility				1			1
Provide CDC machines for all facilities				1			1
Health care workers must be available at health care facility during working hours					1		1
Improve the working conditions of facilities					1		1
Health workers are requested to use friendly language to patients					1		1
Health Centers/Dispensaries must be opened on time						1	1

## 7.2 Appendix 2: Prioritized Staff Recommendations

1	2	3	4	5
Develop and monitor implementation of personal/individual work plans (not departmental)	Manage department/personal work plans depending on ad-hoc activities (requires management decision to postpone, reduce scope, or drop certain activities).	Monitor and evaluate (selected or systematically) of activities to improve planning of future activities	Create competence-based career development plans (training and promotion).	Create staff performance incentives
Motivation	Opportunities for growth to junior staffs	Transparency	Management Skills	Salary increment to staffs that served Sikika for a long time
Leadership and management	Right now the activities are well coordinated however there are rooms for improvements including ownership of the activities...	Improve staff training to increase knowledge and skills...of staff	Staff performances should be accompanied with incentives i.e. salary increment, promotions and awards	Improve standard operating procedures
Keeping Staffs for a long time	Strengthen the offices in the district (up country)	Adding more staff to up country offices.	Flexibility in important issues that happen in the programs	Allowing staff to go for further education either by paying their schools fees or by allowing them to go and come back at work.
Improve working incentives to all (like transport when doing field works)	Develop skill/ professional/educational development strategy that is visible and feasible	Strengthen Access to information through social media (Monitoring strategy should be developed to ensure that staff do not misuse opportunity for using social media at work)	Ensuring that the Organization has the capacity to respond to issues and mark future challenges	Ensuring that organizational assets at each level of the Organization like (resources including staff and convening power) are most effectively used for better results

1	2	3	4	5
Strengthen HR policy to influence carrier development	Set Organization principals and way of doing things clearly and elaborated them to the all employees	Ensure staffs familiarization of the organization and departmental activities to be implemented	Invest in strengthen relationships between individuals and organization and fairly treatment of individuals as well as creation of loyalty	
Creating better functional links between staffs, stakeholders and activities under implementation	Train staff on new issues that needs to be implemented by the organization. Good example is Social Accountability Monitoring (SAM) and the evaluation-monitoring tool like Outcome Mapping (OM).	Ownership of activities and independence to demonstrate professionalism		
Strengthen leadership and high decision making bodies I.e. MGT & BOD	Motivation (Establishing a clear and transparent pay scale which staff will see how to grow both vertically and horizontally, establish reward mechanism)			
The Governments should recognize Sikika roles at both central and local level	Boundary partners at both local and central level be accountable			

### 7.3 Appendix 3: Responses of Health Workers opinions on Various Issues

<b>18: In your opinion what are the appropriate ways for citizens to present their complains</b>		
Approach the medical in charge & other hospital leaders		27
Channel complaints to board & health committees		12
Mass media		4
Special office for suggestions		3
Suggestion box		2
Community meetings		1
Tell concerned person directly		1
<b>23. In your view can you please suggest any appropriate measures that the Government including the citizens they can take to improve the living conditions of HRH</b>		
Increase number of h/w		22
Increase motivation (for example through allowance		10
Houses for workers		8
Improve health education to citizens (e.g. RCH, CHF)		3
Improve health facility infrastructure to accommodate more patients		3
Improve security at working area		2
Improve medical supply		2
Increase health worker relation to community		2
Improve/increase services at the facility (ambulance, theatre & labs)		2
Education advancement to health workers		1

Education on preventive disease		1
Health worker challenges be worked on time		1
Reliable water supply		1
<b>According to your suggestion, what should be done to improve the availability of medicines at your health facility</b>		
MSD improve medical supply		27
Improve CHF		3
Early medical reporting		1
Facility to have mandate to buy some supply		1
Improve drug qualities supplied to the h/c		1
No problems with medical supply at the centre		1
Open near h/c		1
Supply on time		1
Timely ordering		1
Use of NHIF and DRF (drug revolving fund)		1
Establish medical store at district level		1
Recruit more health workers		1
Sometimes short delivery		1
Supply essential drugs in large quantities		1
<b>55: Is there anything you would like to share with us</b>		
Increase medical supply		10
Increase health workers		4
Increase number of h/w		2
Working in health worker complaints		2
Enjoyed with Sikikaevaluators visit		1
Feedback on research		1
Government to work on community demands		1

	Housing accommodation and toilets	1
	Improve facility supervision	1
	Increase CHF	1
	Increase the amount of salary	1
	Introduce ambulance services	1
	NHIF be involved in medical supply	1
	Sikika have frequent visits to h/c	1
	Sikika should have a two way judgment, from h/w & community	1
	Sikika to advocate against high taxes	1
	Sikika to cooperate with stakeholders	1
	Sikika to hold more meetings than on newspapers	1
	Supervise health worker services	1
	THERE IS INCREASED NUMBER OF pts FOLLOWING Sikika	1
	Training to HRH to improve services	1
	We thank Sikika to raise health issues for Government response	1
	CHF be directed in medical supply	1
	Citizens to get educated especially on RCH	1
	Houses for health workers	1
	Improve working environment	1
	Increase health worker opportunity study	1
	Increase health workers	1
	Increase medical supply	1
	Monitor hospital leadership	1
	Motivation to health workers	1

	Sikika support facilities by recruiting Health Workers	1
	Sustainability of Sikika is important	1
	Improve laboratory services	1
	Increase infrastructure	1
	Making meetings with health workers	1

## 7.4 Appendix 4: Results Based Matrix- Institutional Targets

Quantitative Outcome indicators	Unit Measure 2010	Baseline Value	Cumulative Target values					Data source/ Methodology
		2011	2012	2013	2014	2015		
1. Increased budgetary allocation to health and HIV and AIDS towards 15% target (Abuja declaration 2001).	% of Health Budget to total National budget						15	
2. Numbers of Health Care Workers trained and distributed to rural/hardship communities	%of dispensaries managed by Clinical Officers							
3. Increased access to information to services users, services providers, policy makers and oversight bodies.	%ge aware and practicing as per their Customers services charter							
4. Increased use of allocation formula in distribution of health and HIV and AIDS resources.	%geadherence to allocation formula							
5. Number of functioning complaints mechanisms at both central and local Government level	Number of complaints channels increased							
6. Number of health facilities and local Government offices that publish budget information	%ge							
7. Increased availability and accessibility of essential medicines and medical supplies in health facilities	%ge of supplies/requested by HF							



8. Decreased in circulation of substandard and counterfeit medicines, medical supplies and medical equipment.	% decrease								
9. Increased quality of essential medicines and medical supplies	%ge increase								
10. Extent to which procurement and distribution system are transparent	%ge of tenders advertised and processed as per PPRA guidelines								
11. Extent to which service users (citizens) are aware of the available health and HIV and AIDS services provided in health facilities.	%ge								
12. Proportion of HCWs adhering to Public Servants Act	%ge								
13. Number of cases reported with regard to accountability of health Services Providers	Number								

## 7.5 Appendix 5: Results Based Matrix- Programme Targets

Quantitative Outcome indicators	Unit Measure	Responsible Department	Baseline Value	Cumulative Target values				Data source/ Methodology
<b>1. Citizens</b>								
1.1. Citizens attending public dialogues	%ge							
1.2. Citizens attending and discussing health related issues in community and O&OD meetings	%ge							
1.3. Citizens accessing information on facility notes board	%ge							
1.4. Citizens monitoring accessibility of medicines, medical supplies and equipment	%ge							
1.5. Extent to which citizens use complaints mechanism to report unethical behaviors and issues related to health and HIV and AIDS services delivery	%ge							
<b>2. Policy Makers</b>								
2.1. Extent to which policy makers provide information to the public	%ge response as stated in Customer Services charters							
2.2. kind of measures taken by Policy makers to ensure equitable budget allocation in accordance to allocation formula	% of policy briefs resulting in reforms (administrative procedures, directive, regulation, law- Hard vs. soft outcomes)							

Quantitative Outcome indicators		Unit Measure	Responsible Department	Baseline Value	Cumulative Target values					Data source/ Methodology
2.3. Lead/Amount of time taken to act upon reported incidence of confirmed and suspected cases of substandard or counterfeits medicines and medical supplies.	Days									
2.4. Number of functioning complaints mechanisms	Number									
2.5. Extent to which citizens use complaints mechanism to report unethical behaviors and issues related to health and HIV and AIDS services delivery										
<b>3. Service Providers</b>										
3.1. Number of services providers participating in community meetings.	%ge									
3.2. Number of actions taken by services Providers to ensure timely disbursement of funds in all health facilities.	%ge									
3.3. Number of issues related to distribution and retention of Health care workers discussed and worked upon.	%ge									
3.4. Number of issues addressed with regard to procurement of medicine and medical supplies	%ge									

Quantitative Outcome indicators	Unit Measure	Responsible Department	Baseline Value	Cumulative Target values				Data source/ Methodology	
3.5. Number of Village & Ward MACs participating in the O & OD process	%ge								
<b>4. Oversight Bodies</b>									
4.1. Extent to which oversight bodies seek relevant information concerning health related issues.	%of planned meeting to actual conducted								
4.2. Extent to which oversight bodies are responsive to citizens' concerns on health and HIV and AIDS issues.	% of solution to number of complains								
4.3. Number of actions taken by oversight bodies to ensure budget allocation is done through allocation formula	Number								
4.4. Extent to which Oversight bodies encourage the use of complaint mechanisms to service users	Number of awareness meetings conducted								
4.5. Number of actions taken by oversight bodies to hold to account health care workers with regard to unethical behaviors	No of cases filed in court based on CAG revelations								