# 2020 ANNUAL REPORT

Sikika

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## ABBREVIATIONS AND ACRONYMS

| | |
|---|---|
| CAG | Controller and Auditor General |
| CHF | Community Health Fund |
| CHMT | Council Health Management Team |
| RHMT | Regional Health Management Team |
| CSOs | Civil Society Organizations |
| HIV | Human Immunodeficiency Virus |
| HFGC | Health Facility Governing Committee |
| HGF | Health Governance and Financing |
| PAC | Public Accounts Committee |
| HRH | Human Resources for Health |
| LGA | Local Government Authority |
| MOHCDGEC | Ministry of Health, Community Development, Gender, Elderly and Children |
| MOFP | Ministry of Finance and Planning |
| MPs | Members of Parliament |
| LAAC | Local Authorities Accounts Committee |
| NAOT | National Audit Office of Tanzania |
| PFG | Public Finance Governance |
| HGP | Governance Programme |
| PO-RALG | President's Office-Regional Administration and Local Government |
| PPRA | Public Procurement Regulatory Authority |
| SAM | Social Accountability Monitoring |
| CSC | Community Scored Card |
| DANIDA | Denmark Development Cooperation |
| GIZ | Germany Development Cooperation |
| ACHEST | African Centre for Global Health and Social Transformation |
| NACOPHA | National Council of People Living with HIV |

# ACKNOWLEDGEMENT

Sikika worked dedicatedly in the implementation of its Annual Work Plan for the year 2020 and contributed to the improvement of health services provision in the country. The organization was also affected by the outbreak of COVID – 19 which contributed to the delayed implementation of some of the activities, especially those which involved direct interaction with partners, such as social accountability, monitoring and research.

Nevertheless, the organization continued with the implementation of its planned activities, especially through the virtual modalities. The efforts of Sikika were supported by different stakeholders including the government of Tanzania. I would therefore like to thank our government both central and local for their continual support, particularly for the implementation of the Integrated Digital Platform and Community Scorecard at the local government level.

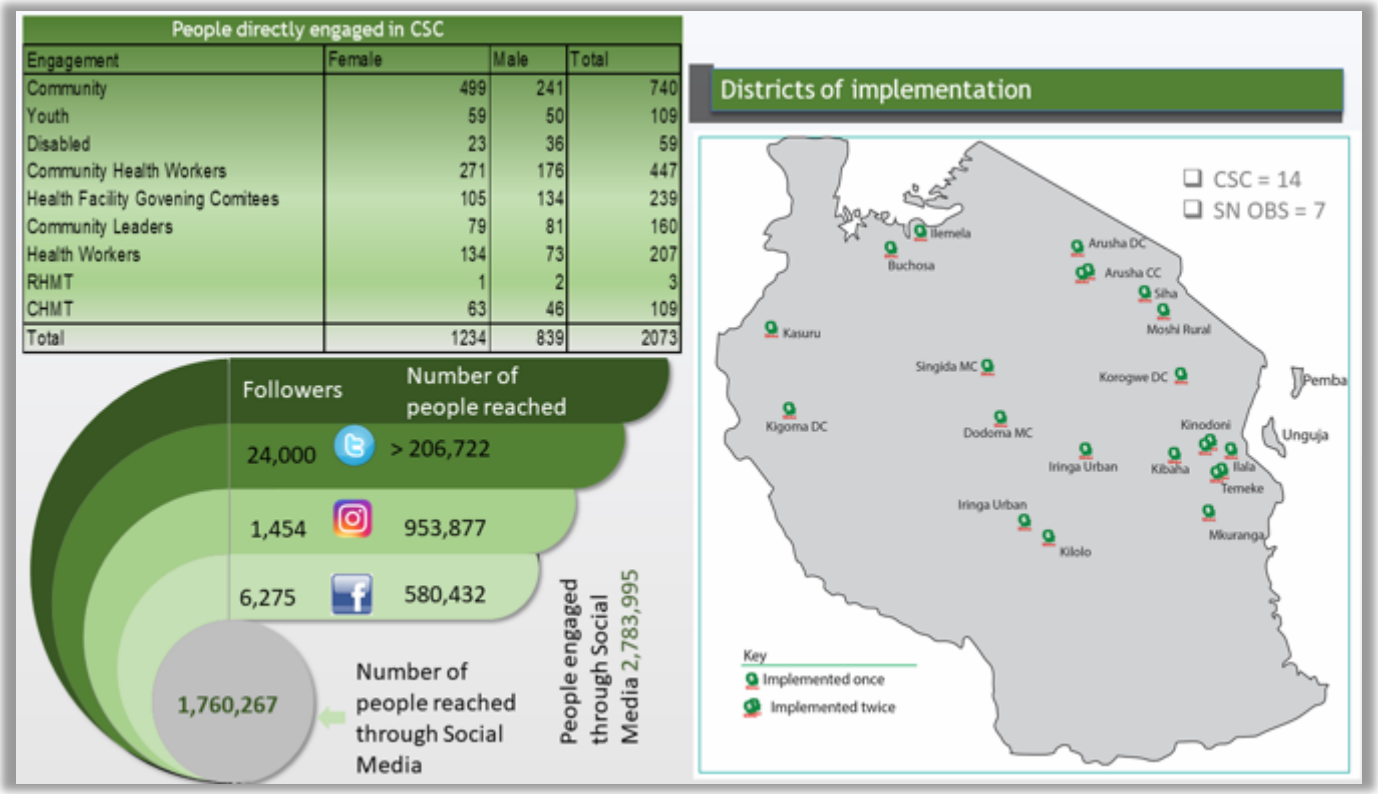
I would also like to appreciate Sikika staff for working tirelessly in partnership with other civil society organizations, government, donors, and community members in the implementation of the activities, which has contributed to the advancement of the health sector.

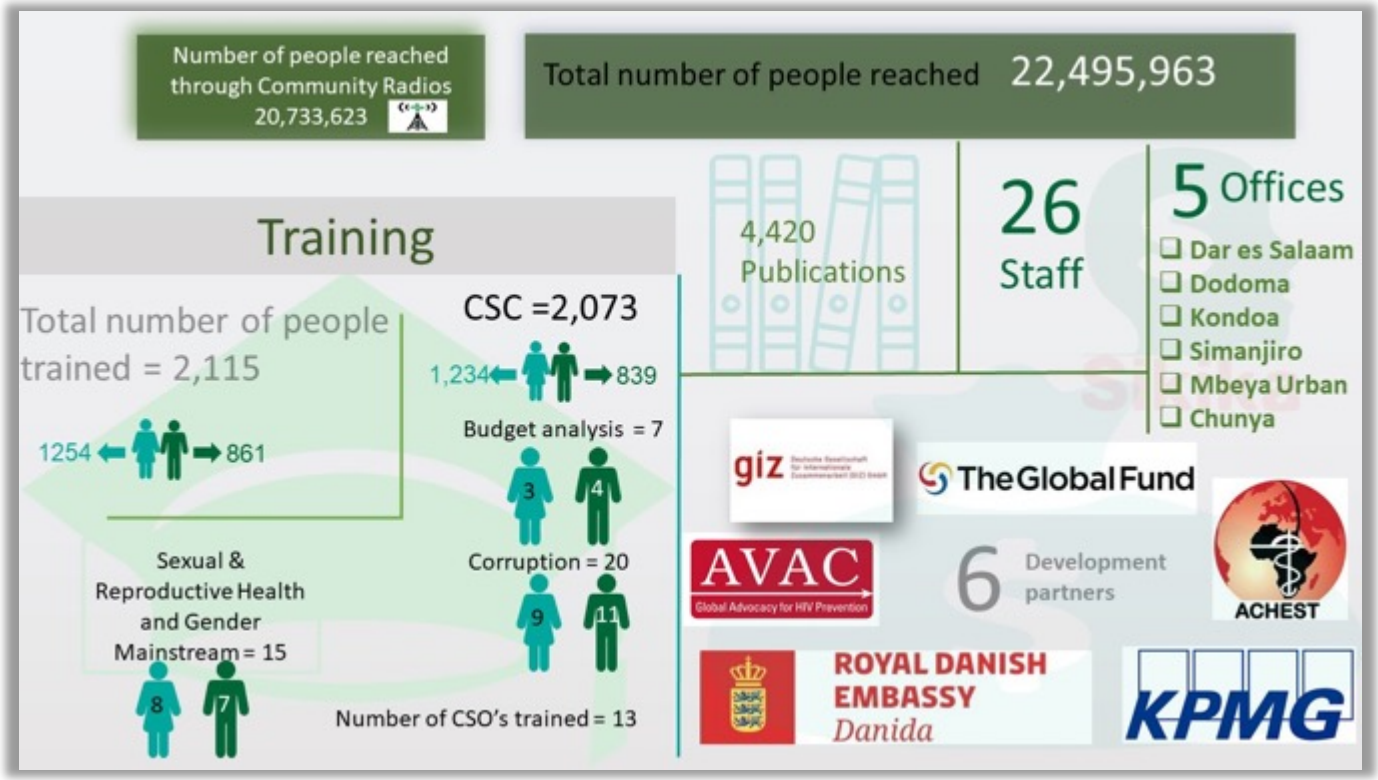
Further, I thank the Board of Directors for playing an important governance and oversight role, in ensuring that the organization delivers commitments made in the Annual Work Plan despite the challenges.

I would also like to thank the Civil Society Organizations working in the health sector, members of Budget Working Group (BWG), Local Government Working Group and Tax Justice Group for their collaboration on strengthening the voices of Civil Society Organization in Tanzania.

I also take this opportunity to express our sincere gratitude to our financial supporters, the DANIDA, GIZ, KPMG, ACHEST, and COMPASS who made our 2020 journey possible.

# SIKIKA IN NUMBERS 2020



# FOREWORD

I take this opportunity to present to our readers and partners, the 2020 Annual Report that highlights key interventions implemented and achievements attained during the year. At the beginning of 2020, the world witnessed the outbreak of COVID-19 which developed into a global pandemic. The pandemic had several political, social, and economic effects on individuals who lost their jobs and loved ones. Tanzania is among the countries which have been affected by the Corona virus disease (COVID-19) and hence affected our operations especially concerning to the timely implementation of activities as most of them required stakeholder's engagement at both the Central and the Local Government Level (LGAs).

To overcome the challenge, the organization adopted the working from home strategy and continued with the necessary engagement at the Local Government Level which aided the implementation of 70% of its annual work plan activities making considerable steps to deliver results and contributing to the advancement of the health sector.

The main activities were implemented through Sikika's two main programmes, the Health and Public Governance in collaboration with the government (central and local levels), development partners, Community members and CSOs.

The main results that were achieved in 2020 include our contribution to the Government's Single National Insurance (SNHI) resulting from our engagements since 2014 to today through policy statements, research, as well as analysis of budgets and political party manifestos, whereas, during the 12th parliament inauguration, President Magufuli announced that all Tanzanians will be enrolled in the Single National Health Insurance system.

Other results include, strengthening of local accountability structures like the Health Facility Governing Committees in 14 districts, enhanced health facilities planning and budgeting, enrolment to community health insurance, CHMTs fighting corruption and the upgrading of emergency preparedness services.

Sikika has also completed the development of an Integrated Digital Health Communication Platform in collaboration with the health promotion department of the Ministry of Health, which aims at communicating health information to the public through its website, app, and local radios.

In the year 2020, Sikika reached a total number of 22,476,727 people, of which social media reached 1,741,031, community radios reached 20,733,623 and community score cards reached 2,073 persons. This is a highest number for the past five years.

Nevertheless, the health sector in Tanzania still faces different challenges, such as resources, governance, shortage of human resources, medicines and medical supplies, which call for more actions for the coming years.

Sikika will use its lessons, which show what worked well and challenges to enhance the 2021 annual work plan and implementation strategies to significantly contribute to the advancement of the health sector in the country.

I trust you will enjoy reading our report.

Thank you,

Irenei Kiria
**Executive Director**

# EXECUTIVE SUMMARY

The year 2020 marks the second year of implementation of Sikika's revamped Strategic Plan 2019 – 2023. Despite the challenges in this year such as the COVID-19 and shortage of funding, the organization has successfully implemented more than 70% of its annual work plan activities, making considerable steps to deliver results and contributing to the advancement of the health sector.

The 2020 Annual Work Plan was implemented through two programmes, namely the Public Finance Governance programme (PFG) and the Health Governance Programme (HGP). The PFG programme promotes sound public financial management and discipline. The HGP promotes healthcare systems strengthening by addressing existing problems such as inadequate finances allocated to the health sector, shortages of human resources for health, and insufficient availability and accessibility of essential health commodities.

Tangible results were achieved in 2020 include Sikika's contribution to the Government's Single National Insurance (SNHI) resulting from our engagements since 2014 to today through policy statements, research, as well as analysis of budgets and political party manifestos. During the 12$^{th}$ Parliament inauguration, President Magufuli announced that all Tanzanians will be enrolled in the Single National Health Insurance System. The government will coordinate the process and share more information for Sikika's further engagement.

Other programme results are the strengthening of local accountability structures like the Health Facility Governing Committees in 14 districts, enhanced health facilities, planning and budgeting and increased enrolment to community health insurance. CHMTs have increasingly taken measures to improve services provision, for example the fight against corruption in Kasulu and Kondoa Districts, addressing the shortage of medicines - especially for opportunistic diseases for PLHIV and the upgrading of emergency preparedness services.

Sikika has also completed the development of an Integrated Digital Health Communication Platform in collaboration with the Health Promotion Department of the Ministry of Health, which aims at communicating health information to the public through its website, app, and local radios. The platform has been approved at directorate level in wait for official launching in 2021.

In the year 2020, Sikika reached a total number of 22,476,727 people of which social media reached 1,741,031, community radios reached 20,733,623 and community scorecards reached 2,073 persons.

With regard to challenges, Sikika has specifically experienced delays to timely implement some of its activities due to COVID- 19 and long-time taken to acquiring research clearances. Therefore, some of these research activities will be finalized in the year 2021. A shortage of funding is still a challenge and the organization will continue with fundraising: till the closure of the year 2020, it has submitted 10 prominent funding proposals.

Sikika acknowledges DANIDA, KPMG, GF, GIZ, ACHEST and COMPASS for the financial support during the implementation of the annual work plan 2020.

# 1.0 INTRODUCTION

This report describes the implementation of the organization's activities from January to December 2020 including achievements, challenges, and lessons learned. During the reporting period, Sikika managed to implement more than three-quarters of its annual work plan for the Health and Public Finance programmes.

The implementation of activities of the two programmes included the national, local and community level in partnership with different stakeholders such as the Germany Development Cooperation (GIZ), NACOPHA, and the BENJAMIN MKAPA FOUNDATION. At the national level, the implementation included policy meetings, Joint Annual Health Sector Review meetings, and Technical Working Groups meetings prepared by the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and the President's Office–Regional Administration and Local Government (PO-RALG). Sikika also arranged meetings with the Ministry of Finance and Planning (MOFP) for its PFG programme.

At the local level, the implementation included 19 districts, namely Ilala, Kinondoni, and Temeke in the Dar es Salaam region; Kibaha and Mkuranga in the Coast Region; Arusha City Council and Arusha District Council in the Arusha region; Moshi DC and Siha in the Kilimanjaro region; Ilemela and Buchosha in the Mwanza region; Iringa urban and Kilolo in the Iringa region; Kigoma DC and Kasulu in the Kigoma region; Dodoma City Council; Morogoro Municipal Council; Singida Municipal Council, and Korogwe in Tanga region.

The main activities of the health programme were the health sector budget analysis for the year 2020/21, the strengthening of financial integrity, accountability and transparency of direct health facility financing (DHFF), advocacy to accelerating the realization of Universal Health Coverage (UHC), and the analysis of political party manifestos.

The main activities of the public finance governance programme include research on the drivers of voluntary non-tax compliance, dialogue on public sector cost

management, dialogue on the transparency of inter-governmental transfers, and the Sub national Open Budget Survey (SN OBS).

This report has 4 sections. The first section explains the activities under the health programme and their achievements; the second section highlights activities implemented in the Public Finance Governance Programme and its achievements, the third section highlights media engagement and the fourth section describes the organizational development.

# 2.0 MAIN RESULTS ACHIEVED IN 2020

2.1 Findings from the political party manifesto analysis have contributed to the writing of political parties' manifesto for the period 2020-2025. These include a commitment to implement strategies to deal with corruption, to establish national health insurance, and to address challenges in health commodities and human resources for health. These manifestos are of CCM, CUF, CHADEMA and ACT. As a result, President Magufuli has announced during the 12th parliament inauguration that all Tanzanians will be enrolled in the single national health insurance, which the government will coordinate and share more information for further engagement.

2.2 The IDCP has been completed and the radio programmes have started, till the end of the year, a total of 3,167 spots on different topics including COVID - 19 as well as family planning and HIV/AIDS were aired through Dodoma FM, Pambazuko FM, Jamii FM, Ruangwa FM, Unyanja FM, Sibuka FM, Mpanda FM, Kahama FM, Chai FM, Nuru FM, ORS FM, Triple A FM, Uvinza FM and Uyui FM and reached 18,022,623 people.

2.3 Local health accountability systems like the Health Facilities Governing Committees (HFGCs) were improved after CHMT attracted committee members on their roles and responsibilities and other health guidelines during refresher courses in 11 districts.

2.4 The enrolment to the community health insurance (ICHF) was enhanced after the implementation of Community Scorecards in 11 districts. For example, in Misugusu and Visiga dispensary in Kibaha District, the enrolment increased from 110 to 221 and from 49 to 85, respectively; in Sangabuye, enrolment rose from 12 to 98, and a

funder in Kabusungu ensured enrolment of 1,350 children. The increased enrolment will help citizens to access health services anytime and it contributes to the reduction of health commodity shortages as more than 50% of insurance revenues are directed to the purchase of medicines and supplies. It also deters corruption as there will be less of out-of-pocket payments. The increase happened in a one-month time – from November to December 2020 – after implementing the community scorecards and agreed action plans. According to the Misugusu health facility in-charge, the enrolment was enhanced by using community radios for community sensitization and by adding registration outlets within the ward.

2.5 The community scorecard also led to improvements in health facilities' planning and budgeting. The monitoring results show that CHMTs in all 11 districts ordered the facilities' in-charge to include medicines for infectious diseases for PLHIV, supplies for Tuberculosis, and the renovation and expansion of buildings. These items were included in the 2021/22 facilities' budget which becomes part of the Comprehensive Council Health Plans for 2021/22.

2.6 The activity also contributed to an enhanced provision of services, especially for HIV/AIDS, Malaria, and Tuberculosis. CHMTs, community health workers, and Health Facility Governing Committees in 11 districts have started awareness programmes to sensitize communities on existing stigma that make PLHIV dropping out treatments. Also, the availability of condoms has been enhanced and they are being distributed in highly populated areas such as Arusha City Council, Buchosha and Ilemela Districts. During the implementation of the community scorecard, it was found that CTC services were combined with other outpatient department services, which interfered with the privacy of PLHIV. Recent monitoring reports show that the Bugando health facility in Ilemela District has separate rooms for CTC to provide privacy. The delay of Tuberculosis test results has been decreased from 3 or 4 weeks to 1 or 2 weeks maximum in Ilemela District. Arusha DC, Kibaha and Moshi Districts have included a budget for TB supplies for the fiscal year 2021/22 to enhance TB services. More education on Malaria is provided to communities and private hospitals to remove the existing confusion over MRDT (rapid test) and blood slide test in all 11 districts as it had adverse effects on Malaria treatment.

**2.7** Eleven (11) Health Facilities members and 11 Facilities In charges were trained on corruption in Kondoa District. Before the training, it was hard for the health workers to differentiate corruption from gifts of recovered patients.

*"After treating patients, sometimes relatives or even the recovered patients do offer us gifts. Will that be considered as corruption or as an incentive? If such offers are provided to us, can we accept them or not? How could we respond to such an act without offending the ones who are offering?"- Health In charge - Kondoa District*

**2.8** HFGCs and Health workers in Kondoa and Kasulu Districts have demonstrated a clear understanding of what constitutes corruption and pledged to work with community members, PCCB and the local government authority in fighting corruption at their jurisdiction.

*"I will fight corruption with and by all means, as I have understood its adverse effects on health services provision and human rights, I'm no longer afraid to fight and sensitize community members to report" - HFGCs member - Kasulu District.*

2.9 The PCCB promised to work with authorities to ensure that whistle-blowers are protected. For instance, the Kondoa District PCCB Chief Bureau shared its mobile number asking Health Facilities Governing Committee members to work with citizens and report corruption allegations directly to its office. Most citizens would not report corrupt acts as they will still go to the same health facility after the reporting and perhaps be denied their rights to access health services.

*"The citizens fear to report corruption because they are not sure of what will happen to them after disclosing the incidents to PCCB as "We will still use the same health facilities when we get sick. How can one access health services without fear after reporting corruption? How would the whistleblowers be protected against vengeance?"- HFGC Chairperson.*

**2.10** In Kasulu District, different forms of corruption happening at the health facilities were identified in collaboration with health workers, health facilities committees' members, and communities, such as the creation of fake shortage of medicines, or reducing registration fees and not issuing receipts. As a result, the CHMT has planned to conduct training to all health workers on corruption in the district in 2021 and to

establish proper revenue collection systems in all facilities to avoid losing track of records.

2.11 In all 14 districts where the community scorecard was implemented, facilities are sharing price-lists for provided services and necessary budget information for health facility governing committees' members and community health workers. A lack of transparency was identified as one of the main causes of corruption during the training in Kasulu and Kondoa districts and, therefore, it was agreed that ensuring transparency is one of the means to reduce opportunities for corruption at the health facility level.

> *"Registration fee for each visit is TZS 5,000 but in some facilities the heath workers collect TZS 3,000 whereby, a client cannot demand a receipt as payment is less" said one of the Health Workers.*

2.12 Our budget analysis and partnership with MAT contributed to President Magufuli's decision of hiring 1,000 health workers supported by a budget of TZS 8,156/- billion. The recruitment and posting of newly recruited staff started immediately in March 2020.

2.13 Sikika has also continued to adhere to internationally accepted finance and accounting standards. As a result, the organization was awarded second place in the category of NGO with the best-presented financial statement. This award has been received for the third consecutive year.

# 3.0 COVID-19 RESPONSE

At the beginning of 2020, the world witnessed the outbreak of COVID-19 which developed into a global pandemic. The pandemic had several political, social, and economic effects on individuals who lost their jobs and loved ones. Tanzania is among the countries which have been affected by the Corona virus disease (COVID-19). It is estimated that by May 3rd, 2020 about 580 people were affected by COVID-19 and among these 29 died. To prevent the spread of Covid-19 in the country, the Government, through the Ministry of Health Community Development, Gender, Elderly and Children, implemented robust interventions including the promotion of community

awareness, the suspension of air travel, and restrictions to cross border movement of persons, restriction of public gatherings and closure of institutions, promoting the use of traditional medicine, faith healing, social distancing, public masking, hand washing, contact tracing, quarantine measures, and case isolation.

On Sikika's side, the pandemic contributed to the delayed implementation of some of the activities, especially those which involved direct interaction with partners, such as social accountability, monitoring and research.

3.1 *Measures taken during the period*

3.1.1 Sikika took several measures to protect its staff and the general public during the pandemic. The office was closed for 3 months, from March to June, during which staff worked from the home.

3.1.2 During the same time, Sikika started building a robust digital communication platform to address limited communication among service providers, community health workers, policymakers, politicians and communities. The platform also allows health workers (facility-in-charges or other responsible frontline personnel) to communicate both ways with district authorities, districts with regions and national level; and similarly link service providers and community workers to citizens.

Kiswahili was suggested to be the main language of information transmission while ensuring that the platform is well-linked with community radios in all regions in Tanzania to relay and amplify information to and from citizens across the country. These community radios were expected to be linked with the government's technical teams to clarify information and to conduct question-and-answer sessions.

3.1.3 In collaboration with the Department of Health Promotion in the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), Sikika developed the integrated platform which includes website, a mobile app that allows users to access the platform through their mobile phones, and the integration with local community radios. To facilitate internal and

external communication with the Government, Sikika provided the Ministry of Health with various accessories including 4 TV sets, Zoom Log-ten systems, 25 Tablets, 65 Rugged Tablets, 2 Laptops, and 1 Desktop.

The platform has been approved at the directorate level waiting for official in 2021. Nevertheless, the operationalization of the platform has started, and, so far, the platform is linked with 14 programmes through the local radios Dodoma FM, Pambazuko FM, Jamii FM, Ruangwa FM, Unyanja FM, Sibuka FM, Mpanda FM, Kahama FM, Chai FM, Nuru FM, ORS FM, Triple 'A' FM, Uvinza FM and Uyui FM.

The platform has hundreds of radio spots with health information. Through local radios, 3,167 radio spots have been aired on different topics including COVID-19, Family Planning, Breastfeeding, PMTCT-ARVs, Sickle Cell, HIV/AIDS, Anti-corruption and Ethics for health service providers. The aired spots have reached an estimated number of 18,022,623 people in Tanzania Mainland.

3.1.4 The Department of Health Promotion is also currently preparing online courses and materials for community health workers and other health professions. The online courses are expected to start in the year 2021 targeting all 68,647community health workers in the country.[1]

In the future, the IDCP is expected to reach more people and it can be used by MOHCDGEC, PO-RALG, and other government agencies for various purposes such as surveillance, prevention, diagnosis and treatment, providing information, training materials, and guidance to service providers as well as citizens.

The department will also benefit health workers (facility-in-charges or other responsible frontline personnel) to communicate among district authorities, regions, and the national level authorities; and link service providers with community workers and citizens.

[1] Data from the MOHCDGEC- Health Promotion Department

Sikika, the Ministry of Health, PO-RALG, and other stakeholders will periodically use the platform to carry out studies and assessments regarding knowledge, attitudes, and practices (KAP Studies) of different social groups, service providers, and policymakers. These studies will offer important insights into the response and management of COVID-19 and other pandemics, and it will further the provision and promotion of health service after COVID-19.

*The Sikika Executive Director, Mr. Irenei Kiria (right), handing over the IDCP equipment to the MOHCDGEC-Health Promotion Deputy Director, Dr. Amalberga Kasangala from the Ministry.*

# PROGRAMME IMPLEMENTATION

This report has 4 sections. The first section explains the activities under the health programme and their achievements; the second section highlights activities implemented in the Public Finance Governance Programme and its achievements, the third section highlights media engagement and the fourth section describes the organizational development.

# 1.0 HEALTH PROGRAMME

**Main Outcome: Health Care Systems Strengthened**

**Activities Implemented and Results**

## 1.1 *A Health Sector Budget Analysis for 2020/21*

An analysis of the health sector budget was conducted for the year 2020/21 to assess the allocation in the key areas that Sikika works to improve, which include Health Governance and Finance, Human Resources for Health, and Health Commodities. The budget analysis covered allocations for capital development and recurrent expenditures financed by domestic resources as well as development assistance from donors. It also explored the trend of shifting budget allocations away from the Ministry of Health to the local level (in part due to Direct Health Facility Financing). The analysis also compared the health sector budget allocation with the costing of the Health Sector Strategic Plan IV.

Sikika used the findings in the Health Financing Technical Working Group to advocate the improved costing of the upcoming Health Sector Strategic Plan V to ensure that the costs are aligned with available resources. The members of the TWG include the Head of Policy and Planning (MOHCDGEC), a representative from PO-RALG's health department, a representative from the MoFP, CSOs, and development partners, such as the WHO, UNICEF, and USAID, who have a great influence on the costing of the

formulation of HSSPs over the past years. Sikika awaits the HSSP V to analyse whether its recommendations are going to be implemented.

The budget analysis benefited 6 health-related NGO's which received capacity-building to perform similar work in the future. These organizations are TAYOA, UMATI, Tanzania Health Promotion Support, Youth Wings, Tanzania People Advocating against Drug Abuse, and the Tanzania Network of Women Living with HIV. The training enhanced their understanding of budget allocations which relate to their areas of expertise such as family planning, sexual reproductive health, and HIV & AIDS.

The budget analysis was also used to conduct advocacy on the importance of citizens' participation in the budget process through community radios. Sikika reached 2,711,000 community members from Morogoro, Iringa, Singida, Manyara, Arusha, Kilimanjaro and Tanga regions. As a result, requests came from the citizens calling for more public awareness programmes on how citizens can participate in such important processes, but also requested LGAs to share budget information with them before the process begins. The engagement is expected to lead to more citizens participating in the 2021/2022 budget process. Sikika will track their participation at district levels.

### 1.2 *Finalization of the Human Resources Health Tracking Study Report*

The study on the availability and distribution of health workers has been finalized. The study aimed to determine the availability of health workers, their distribution, reporting rate at the work station, and those who left their duty stations after the reporting. It is anticipated that policymakers, medical associations e.g. MAT, and other stakeholders will gain useful insights from this report, as they strive to enhance the equitable distribution of health workers in the country. The report will be disseminated in 2021 through different forums including Technical Working Group meetings on Human Resources for Health.

### 1.3 *Advocacy on Human Resources for Health*

The organization has continued to work with partners to advocate the improved availability and working environment for Human Resources for Health. One of the partners is the Medical Association of Tanganyika (MAT). On February 21st, 2020 the MAT Chairperson used the budget analysis conducted by Sikika to prepare a speech for

the meeting with the President, seeking for an increased budget allocation to enable the absorption of 2,500 trained medical doctors into the health sector. According to the MAT chairperson, the inadequate health sector budget allocation and the inability to employ enough human resources contributed to congestions of patients at health facilities, burnout among health care workers, and a deteriorating quality of services.

As a result of that meeting, the President indicated that the government employed 13,479 health workers over the past four years with a budget of worth TZS 109,947 billion and announced the hiring of 1,000 health workers supported by a budget of TZS 8,156 billion. The recruitment and posting of newly recruited staff started in March 2020.

### 1.4 *Training of CSOs on Sexual Reproductive Health and Gender Advocacy*

Sikika conducted a three-day training, to strengthen the capacity of the CSOs and equip them with knowledge and skills, that will enhance their ability to effectively implement SMART advocacy activities that catalyse meaningful action and policy change. The training focused on gender and sexual reproductive health (SRH) to address barriers in accessing sexual and reproductive health services, including family planning.

The training was conducted with 7 CSOs from 5 regions which are implementing sexual and reproductive health programmes. These CSOs are COSITA and PHCM from Manyara Region; DOYODO from Dodoma Region; KYCO from Tanga Region; Kinara for Youth from Morogoro Region; and Dignity and well-being of women living with HIV in Tanzania from Dar es Salaam Region. The training was held on 25$^{th}$ to 27$^{th}$ of August 2020 in Morogoro, attended by 15 participants (8 male and 7 female) and facilitated by 2 experts on 'sexual reproductive health' and 'gender'.

As an immediate result, Sikika received an appreciation letter from one of the CSOs and remarks from the participants that the training brought changes to their daily practice on health advocacy.

## 1.5 *CSOs Annual Reflection Meeting*

Sikika has been working with different CSOs to improve health systems in Tanzania. Between 2019 and 2020, a total of 30 CSOs have been trained on advocacy in the area of sexual and reproductive health and gender mainstreaming. In 2020, Sikika conducted an annual meeting with the trained CSOs for a reflection on lessons learned and how the training affected results. During the meeting, the participating CSOs also had an opportunity to set advocacy objectives to improve access to health services in their respective districts/regions.

The results include an expanded engagement of CSOs into the programme:

1.5.1 EAHP Tanzania reported that their specific advocacy campaign on improving adolescent girls and young women's (AGYW) access to quality SRH information and services has increased from 720 AGYW to 4,310 AGYW and three facilities established a focal health worker for AGYW.

1.5.2 Another CSO in Babati, COSITA, has trained a total of 8 CHWs to address the HRH gap in Mbulu health centres for 2020, while 2 out of 8 trained CHWs got placement in the government.

## 1.6 *Implementation of Community Scorecard (CSC) in 14 districts*

Sikika uses community scorecard as a tool to promote accountability, transparency, and engagement of community members in the improvement of health service provision at the facility level. It uses the evidence to influence policy-making at the national level.

*Buchosa District community members in a group discussion.*

The community scorecard was implemented in 14 districts, namely Ilala, Kinondoni, and Temeke in Dar es Salaam Region; Kibaha and Mkuranga in the Coast Region; Arusha City Council and Arusha District Council in Arusha Region; Moshi DC and Siha in Kilimanjaro Region; Ilemela and Buchosha in Mwanza Region; Iringa urban and Kilolo in Iringa Region and Kasulu in Kigoma Region. The CSC reached 2,073 people (1,234 female and 839 male) including the community members representing PLHIV, people with disabilities, women and youth, health workers, community health workers, health facilities governing committees' members and CBOs like KONGA.

The implementation was conducted from August to December 2020, which included the monitoring of immediate results in the 11 districts.

The CSC covered different thematic areas including HIV/AIDS, Malaria, Tuberculosis, community systems, emergency preparedness, domestic resources mobilization, and Human Resources for Health.

The immediate results of the CSC include the development of an agreed action plan highlighting areas that need improvement. The action plans were developed by the participants, and thereafter, endorsed by the office of the District Executive Directors, to be implemented under the leadership of Districts Medical Officers.

*Acting DMO Dr. Martha Macha from Temeke Municipal endorsing the action Plan on behalf of Municipal DED.*

The key messages of the action plans are the need of improving local-level accountability in the management of health resources through the budget process, enhancing the functionality of the Health Facilities Governing Committees in

performing their roles, the engagement of citizens in planning and budgeting according to existing guidelines, and improving transparency through publishing income and expenditure information, price list, and client rights. The key messages contributed to the improved financial management of health resources; reduced opportunities for corruption, and to a strengthened voice of the citizens during the planning and budgeting process; improved understanding of their health rights, and willingness to hold leaders to account in case of corruption and other misconduct; the enhancement of the HFGCs capacity, and more transparency in health services provision.

### 1.7 *Other tangible results after one month of implementation include:*

1.7.1 Improvement of services in the local health accountability systems. Health Facilities Governing Committees (HFGCs) have a better understanding of their roles, and CHMTs committed to taking the HFGC members through refresher courses in 11 districts. This measure has been included in all agreed action plans.

1.7.2 Increased enrolment in community health insurance mechanisms. For example, in the Misugusu and Visiga dispensaries in Kibaha district, the enrolment increased from 110 to 221 and from 49 to 85, respectively; in Sangabuye, it rose from 12 to 98, while in Kabusungu, a funder provided insurance for 1,350 children at both dispensaries in Ilemela district. The increase happened in one month, from November to December 2020. The strategies that enhanced enrolment included the use of community radios and increasing the number of registration outlets.

1.7.3 The monitoring results of CHMTs in all 11 districts indicate to have ordered the facilities in charges to include budget items that needed improvements such as medicines for infectious diseases for PLHIV, supplies for TB, and the renovation and expansion of buildings. The mentioned items are included in the 2021/22 facilities budget which will form the Comprehensive Council Health Plans for 2021/22.

1.7.4 Possibility of enhanced provision of services, especially on HIV/AIDS, Malaria and Tuberculosis. For instance, the CHMTs, Community Health Workers,

and Health Facilities Committees in 11 districts have started awareness programs to sensitize communities on the existing stigmas that make PLHIV drop out of treatments. The availability of condoms has been enhanced and distributed in highly populated areas such as Arusha, Buchosha, and Ilemela districts. Formerly it was revealed that the combined CTC with other OPD services interfered with the privacy of PLHIV. Recent monitoring report shows that dispensaries now have separate rooms for CTC to provide environment for privacy. The delay of Tuberculosis test results in Ilemela district has improved. The timeframe has decreased from formerly took 4 or 3 weeks to now 2 to 1 week. The budget for TB supplies, such as the gene expert machine and x-rays, have also been included in the 2021/22 budgets of Arusha DC, Kibaha, Buchosa and Moshi districts. To improve Malaria-related services, more education was provided to communities and private hospitals to deter the existing confusion on MRDT (rapid test) and blood slide test in all 11 districts.

1.7.5 Capacity building of 11 Health Facilities members and 11 Facilities In charges trained on corruption in Kondoa district. Before the training, it was not easy for the health workers to differentiate between corruption and gifts of recovered patients.

1.7.6 Identification of different forms of corruption happening at Kasulu District health, in collaboration with health workers, health facilities committees' members, and communities, such as the creation of fake shortage of medicines, or reducing registration fees and not issuing receipts. As a result, the CHMT planned to conduct training to all health workers on corruption in the district in 2021 and to establish proper revenue collection systems in all facilities to avoid losing track of records. The District Executive Director also ordered the office of the DMO to discipline all health workers who fault their code of conduct in accordance with stipulated sanctions. Examples of misconduct sighted are the misuse of involved public resources amounting to TZS7,845,000 at Kimwanya Health Centre and TZS5,450,000 at Nyakitonto Health Centre, and the theft of medicine and medical supplies amounted to TZS7,196,332 at Nyenge Health Centre. The 4 alleged staffs were interrogated and disciplinary measures were taken including filing cases in the court of law.

1.7.7 Improved access to information by the communities, health facilities are now paving the way to sharing price list and budget information with health facilities governing committees' members and community health workers. Lack of transparency was identified as one of the main causes of corruption during the training in Kasulu and Kondoa districts and, therefore, access to information was deemed as one of the means to reduce opportunities for corruption at health facilities level.

# 2.0 PUBLIC GOVERNANCE PROGRAMME

**Main Outcome: Sound Public Finance Management and Discipline**

**Activities Implemented and Results**

## 2.1 *Dialogue on Public Sector Cost Management*

The findings of the public sector cost management report were presented to the budget department of the Ministry of Finance and Planning (MoFP). The presentation showed that the guidelines for the preparation of plans and budgets to control costs and reduce expenditures, were effectively implemented leading to a reduction of certain budget items. The representatives of the Ministry indicated an interest in understanding bottlenecks during decision-making on public sector cost management. They also recommended analysing ongoing initiatives such as wage bill management, cost indicators, as well as indicative pricing documents. They further insisted that the National Planning Division should be involved in discussions around weaknesses of public investment management. The Ministry also expressed interest in studies to reduce costs of development projects, such as building bridges, without compromising quality. The MoFP showed a willingness to discuss public sector cost management through the Development Corporation Framework (DCF) in 2021. The frame work guides Tanzania's development process ensuring that resources are used effectively and efficiently to support national development priorities. Sikika expects that the discussion of public cost management recommendations will inform the framework decision by looking at how to improve public cost management.

The Minister of Finance and Planning mentioned during his inauguration speech that the Government is committed to reducing unnecessary expenditures. The programme is arranging to meet with the Minster during quarter one of 2021 to discuss past and future engagement on this matter.

## 2.2 *Dialogue on Sub-national Open Budget Survey*

The Sub-national Open Budget Survey (SN OBS) was conducted in 7 LGAs in seven LGAs namely; Kigoma; Dodoma City Council; Morogoro Municipal Council; Singida Municipal

Council and Korogwe in Tanga region. The findings indicate that citizens' participation in the budget formulation process is inclusive but limited in scope, as consultation mechanisms are only applied to local community projects. Meanwhile, the LGAs' main budget documents were found to include valuable information to promote fair allocation of intergovernmental transfers, mobilisation of own-source revenues, efficient, effective, and responsible use of available resources. However, budget documents are not publicly available despite existing Access to Information legislation, as well as lack of clear guidelines on how budget information should be proactively published.

Sikika will carry the agenda of the findings forward and hold discussions with LGAs and policymakers in 2021 to ensure that laws and regulations which promote participation, transparency, and accountability at the local government level are followed.

### 2.3 *Networking to Strengthen Utilization of Budgetary Information*

Sikika joined an international network composed of ActionAid USA, Wemos (Netherlands), Eurodad (EU), the Southern and Eastern African Trade Information and Negotiations Institute and Centre for Health Human Rights and Development (Uganda), and Instituto de Estudos Socioeconômicos (Brazil) to strengthen domestic resource mobilization (SDG 17.1), address gender inequality, and enable governments to more effectively fulfil economic and social rights.

Sikika invited other Tanzanian advocacy CSOs namely, the Open Mind Tanzania, Agenda Participation Initiative, Tanzania Coalition on Debt and Development, and Pwani Youth Network) to build a network that advocates for the consideration of alternative fiscal and monetary policy options.

# 3.0 MEDIA ENGAGEMENT

## 3.1 *Training on corruption*

Sikika in collaboration with the Prevention and Combating of Corruption Bureau (PCCB) conducted training on anti-corruption for Health Facility Governing Committees (HFGCs) and Health Facility in-charges in Kondoa District. The purpose of

*Ms. Dorothea Mrema, a PCCB official, leads on anti-corruption training for health facility in-charges and HFGC members in Kondoa district.*

the training was to create awareness and encourage the participants to report corruption using available legal mechanisms. The training was attended by 21 participants: 10 were members of the HFGC and 10 were health facility in-charges from 5 health facilities and 5 dispensaries. Among the attendees, 11 participants were female and 9 were male.

The participants agreed to work in collaboration with the PCCB

> *"Some of service users may perceive that lack of some services provided is a motivation of corruption move, not knowing that the required service is beyond the facility's limit. Health service in-charges must ensure that available services are published on their public notice boards to avoid misunderstands."- Godfrey Mmasi - CHMT member.*

to report all forms of corruption at the facility level. Further, facilities' in-charge were instructed by CHMT member to post all services rendered together with their rates, in order to avoid complaints by some community members who reported that they are denied some services because they don't have money to offer bribes. On the other hand, the practice helps to minimize misunderstandings by citizens who perceive that unavailability of services is a sign of corruption, although these are not supposed to happen at the dispensary level.

### 3.2 *Website engagement*

Sikika's website traffic tool recorded a total of 14,021 visitors coming from Tanzania (5,303 visits), United States (5,342 visits), South Africa (1,964), Russia (204 visits), Germany (261 visits), Ukraine (103 visits), Great Britain (503) and Kenya (341). For the first time, came new visitors from Colombia & Montenegro. The average time visitors spend on the website is 1 minute and they normally go through Sikika's research and analytical works.

### 3.3 *Social Media Engagement*

Our posts have resulted in an increased number of followers/visitors trailing our social media: outlets:

| SOCIAL MEDIA | NUMBER REACHED | FOLLOWERS |
|---|---|---|
| Twitter | 206,722 | 24000 |
| Instagram | 953,877 | 1454 |
| Facebook | 580,432 | 8086 |

The results of our social media engagement include enhanced public awareness on health trending issues such as the COVID-19, the availability of health commodities, human resources for health, accountability, and the health sector budget. To support this, one of the members of Parliament's Social Services Committee commended Sikika's work and said, *"Sikika is doing a great job in promoting the health sector to the public"*. This acknowledgement demonstrates how our boundary partners accept Sikika's work.

### 3.4 *Production of Posters & Banners*

The department produced and disseminated online banners on different topics and campaigns: The citizens' budget, International Women's Day, Public Awareness on COVID-19, and commending health care workers in the fight against COVID-19.

### 3.5 *Popular Publications*

**Women's Day Celebration March 2020**

Sikika celebrated an International Women's day by applauding and appreciating women from all walks of life who played notable roles in bringing about positive changes in the health sector, including women who had been engaged in social accountability monitoring at the communities. Below are some testimonies from the engaged women:

> *We had challenges accessing information regarding the availability of medicines at Masoko HC. I took initiative to reach out to the in charges and to this effect information is displayed" - Anastansia Lawi - SAM team member - Kilwa*

*I participate in planning and budgeting and I will continue to do so because it brings solutions to the challenges that we face in our localities - Salama Salumu - SAM team member - Kondoa*

*I speak openly and confidently by following rules of laws and guidelines. My views and that of others have contributed to the improvement in HIV/AIDS services. The services are a priority, available and community understanding of HIV/AIDs has been enhanced compared to a few years back" - Tabu Samila - SAM team member - Mpwapwa.*

*Women have so many challenges on issues of reproductive health. I thank the training I received by SAM that has given me strength to continue participate in community meetings, educating and promoting other women's participation in planning and budgeting as well as uplifting their voices to be heard in improving maternal, reproductive and child health" - Oliva Mgeni - SAM team, Mbeya*

# 4.0 ORGANIZATIONAL DEVELOPMENT

## 4.1 *Human Resources and Administration*

### 4.1.1 Reviewing and upgrading of the human resources policy

The organization has reviewed the Human Resources policy to address gaps that were observed. Sikika has engaged a consultant to work with the internal team to accommodate inputs that will support the organization's development and the successful implementation of the strategic plan.

### 4.1.2 Recruitment and selection

The human resources department has recruited a program officer for the Health Commodities Department. The newly recruited staff's main role will be to undertake advocacy activities related to the availability and accessibility to essential health commodities. The staff will be based at the Dodoma office. Moreover, two office assistants were recruited. One is based at the Dar es Salaam office and the other is at the Dodoma field office.

### 4.1.3 Finance and Accounts

During the reporting period, the Finance and Accounts Department continued with financial management and assisted in developing funding proposals budgets. The department has been preparing monthly and quarterly financial reports.

### 4.1.4 Monitoring and Evaluation

During the reporting period, the M&E department reviewed the results framework to accommodate anti-corruption activities from KPMG. It also continued with managing the programmes progress through the weekly debriefing sessions, back to office reports and monthly reports. The department also organized a reflection session on M&E, which was held on February 07$^{th}$ to 09$^{th}$, 2020. The department has led the monitoring of community scorecard progress in 11 districts.

# CHALLENGES AND LESSONS LEARNED

Several lessons have been learned:

5.1 Utilization of online meeting platforms like Zoom and Teams to facilitate communication with its stakeholders to respond to the challenges brought by COVID-19. The change of approach into using more of social media and community radios to share and present its results as opposed to traditional media like newspapers and TVs has yielded more results. With this changed approach, the organization increased its coverage to reach more people than in previous years.

5.2 Joint collaborative strategy with other stakeholders has also enhanced implementation approach with networks, CSOs, and CBOs to conduct combined advocacy, which has proved to be more effective. For instance, the organisation worked with the Benjamin Mkapa Foundation as well as NACOPHA and KONGA to implement community scorecards in 11 districts.

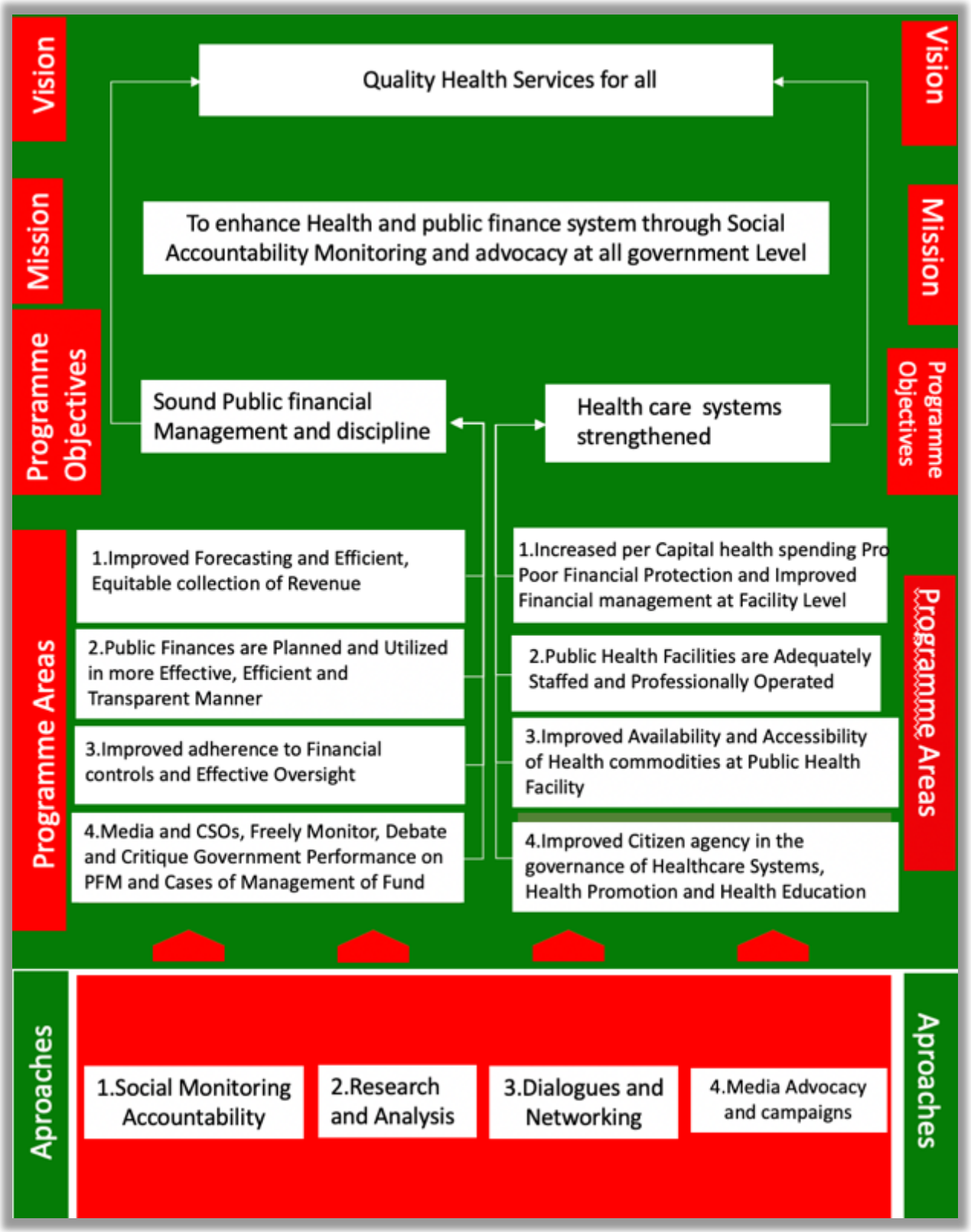
5.3 Sikika has specifically experienced difficulties implementing its activities in time due to COVID- 19 and delays in acquiring NIMR ethical clearances. Henceforth, some research activities such as Direct Health Facilities Financing, Human Resources for Health Tracking study, and Universal Health Coverage will be finalized in the year 2021.

5.4 The shortage of funding is still a challenge. To mitigate the risk, the organization continued with fundraising and it has submitted 10 funding proposals, including the Global Fund, PEPFAR for HIV/AIDS, and Adolescents' Health Rights in collaboration with Marie Stopes Tanzania.

5.5 COVID-19 has been an advantage for Sikika to properly utilize online meeting platforms like Zoom and Teams to facilitate communication with its stakeholders during the implementation of annual work plan activities.

5.6 The experience of COVID -19 and enhanced networking at the community level is anticipated to improve the focus of the annual work plan activities for 2021 in terms of time management and inclusion of community health-related challenges which arose during the implementation of 2020 activities.

# VISION, MISSION AND APPROACHES



**Sikika works to enhance health and public finance systems through social accountability monitoring and advocacy at all government levels**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