



The United Republic of Tanzania  
**Ministry of Health**

# **MEDIUM TERM STRATEGIC PLAN**

## **2021/22-2025/26**



**THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF HEALTH**

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(2021/22-2025/26)**



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## PREFACE

On behalf of the Ministry's Management, I am delighted to introduce this strategic Plan to be implemented in the period of 2021/22-2025/26. This strategic Plan come into being after a successful implementation in the previous one which was implemented in five years years 2015/16 – 2020/21.

This Five-Year Strategic plan (2021/2022 – 2025/2026), establishes a robust operational foundation whose key objectives are HIV/AIDS Infections and Non-communicable diseases reduced and supportive service improved; National Anti-Corruption Strategy Implementation enhanced and sustained; Institutional Capacity to support service delivery Improved; Preventive and curative health services improved; and Resources for Health service delivery improved.

The Ministry's Management will provide guidance and oversight in implementing the aforementioned strategic objectives a full mindset that it is the people of Tanzania (citizens and public servants), who will benefit from the work of the Ministry of Health, in terms of increased efficiency in the provision of basic health services that are good, quality, equitable, accessible, affordable, sustainable and gender sensitive.

Conclusively, the Ministry would like to express its gratitude for the support from the Government and other stakeholders including development partners and private sectors for their tireless efforts that they injected in implementing the previous strategic Plan. It is our great hope that the same support will be accorded towards implementing this strategic plan so as to ensure that all Tanzanians are provided with efficient health services.



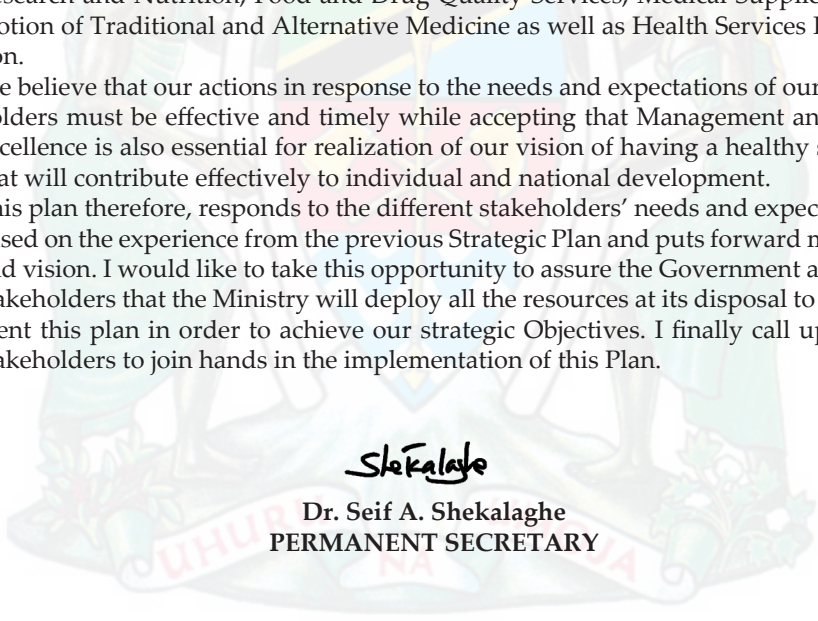
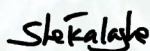
**Prof. Tumaini J. Nagu**  
**CHIEF MEDICAL OFFICER**

## STATEMENT OF THE PERMANENT SECRETARY

This Strategic Plan gives a reflection of the Ministry's alignment and domestication of the national frameworks to set up its priorities with regard to the provision of efficient Health services to all Tanzanians. This Plan calls for a clear understanding of the magnitude of the workload ahead and highlights the strategic requirements for the implementation of the strategic Objectives. It also charts out the Ministry's broad direction towards realizing the priorities in the Vision 2025, the National Five Year Plan Phase III, Ruling party manifesto (2020), National Health Policy (2007), Health Sector Strategic Plan V and Sustainable Development Goals. It is clear that Sustainable implementation of this plan requires holistic planning and stable financing mechanisms to efficiently implement Preventive and Curative Services, Chemical Management Services, Medical Laboratory Services, Medical Research and Nutrition, Food and Drug Quality Services, Medical Supplies, Promotion of Traditional and Alternative Medicine as well as Health Services Inspection.

We believe that our actions in response to the needs and expectations of our stakeholders must be effective and timely while accepting that Management and Staff excellence is also essential for realization of our vision of having a healthy society that will contribute effectively to individual and national development.

This plan therefore, responds to the different stakeholders' needs and expectations based on the experience from the previous Strategic Plan and puts forward mission and vision. I would like to take this opportunity to assure the Government and our stakeholders that the Ministry will deploy all the resources at its disposal to implement this plan in order to achieve our strategic Objectives. I finally call upon all stakeholders to join hands in the implementation of this Plan.



**Dr. Seif A. Shekalaghe**  
**PERMANENT SECRETARY**



## EXECUTIVE SUMMARY

This is the Strategic Plan of the Ministry for the years 2021/2022 – 2025/2026. It has been prepared based on the experiences and challenges gathered from the implementation of the former Strategic Plans (2016/2017– 2020/2021). This strategic plan takes into consideration the Ministry's mandate, roles and functions. It is aligned to the aspirations of SDGs (Goal No. 3), National Frameworks such as Tanzania Development Vision (TDV-2025) and Five Years Development Plan III, National Health Policy 2007, Health Sector strategic Plan V, The President's Speech during inauguration of the 12th National Assembly on 13th November, 2020 and the Ruling party (CCM) manifesto for the general elections of the year 2020.

Its preparation has involved Management and Staff of the Ministry, a team of experts from the Presidents Office Public Service Management and Good Governance as well as other stakeholders. Development of this plan involved identification and critical analysis of the situation in the past, current and future aspirations of the Ministry. The Strengths, Weaknesses, Opportunities and Challenges (SWOC) analysis was conducted to unveil the critical issues which were instrumental in to the development of the Vision, Mission, Core values, outcome-based Objectives, Strategies and smart Targets of the Ministry

The following are the identified critical issues that have formed the basis for developing the objectives for the five years period:

- 1.Strengthen Human Resources in the Health Sector
- 2.Improve Health Service Delivery
- 3.Strengthen Management of Health Commodities
- 4.Improve Public Awareness on Health Issues
- 5.Enhance implementation of the Guidelines and Strategies
- 6.Strengthen Research and Development in health sector
- 7.Improve Infrastructure for Service Delivery
- 8.Enhance Quality of Health Services
- 9.Enhance Health Care Financing
- 10.Improve Health Information Systems
- 11.Strengthen Stakeholders' engagement and collaborations
- 12.Legislations
- 13.Strengthen implementation of Cross Cutting Issues
- 14.Enhance Monitoring and Evaluation in the Health Sector

The plan presents five Strategic Objectives that the Ministry will pursue i.e. from 2022/23 to 2025/2026 in order to address the aforementioned critical issues: These strategic objectives include;

- Reduction in HIV/AIDS Infections and Non-communicable diseases reduced and improvement in the supportive service
- Enhancement and sustenance of the National Anti-Corruption Strategy Implementation

- Improve Institutional Capacity to support service delivery
- Upgrade on the Preventive and curative health services and
- Improvement of the resources for Health service delivery

On the other hand, a results framework has been developed with intent to show how the results envisioned in the ministry's Strategic Plan will be measured as well as the benefits that will accrue to its clients and other stakeholders. In this regard, key performance indicators have been analyzed in a matrix form in order to easy monitoring and evaluation of the plan's performance.





# CHAPTER ONE

## INTRODUCTION

### Historical Background

Tanzania was a Germany colony (1889-1916) and later British Protectorate (1916-1961) prior to its political independence 1961. During the 72-year period of colonization, the western medical services targeted foreigners working for the colonial governments. The health and social services were provided by the Government, Private sector, Non-Government Organizations as well as Civil Societies Organization in the post-independence period. These services were targeted to people from both rural and urban areas. Traditional medicines were provided by traditional healers and traditional midwives especially in rural areas.

In the post-independence period all health and social welfare issues were coordinated by the Ministry of Health until the year 2014 where there was a need to pay more attention to the role of social welfare with the aim of providing more services to vulnerable groups. Despite the aforementioned changes in the provision of health care services in different areas, in 2015, Government integrated Ministry of Health and Social Welfare and Ministry of Community Development, Gender and Children to form a newly Ministry named Ministry of Health. The Ministry through Policy and Planning Department is responsible for overseeing and coordinating the implementation of National Health Policy and other related strategies and laws. In addition, it is responsible for overseeing all institutions under the Ministry including the National Hospital, Specialized Hospitals, Zonal referral Hospitals, Regional Referral hospitals and Academic Councils. Therefore, Ministry of Health is a Statutory body vested with the Presidential directives to oversee Medical, non-medical and tradition practitioners in Mainland Tanzania. The Ministry from the date of its integration in 2015, has been discharging its statutory functions basing on the Presidential Instrument of establishment, National Health Policy, Health Sector Strategic Plans and other National directives.

### Mandate

The mandate of the Ministry of Health, is to facilitate the provision of basic health services that are of high quality, equitable, accessible, affordable, sustainable and gender sensitive as stipulated in the Government Notice No. 144 of 22nd April, 2016 and its amendments of 7th October, 2017

### Roles and Functions

In accordance with the Presidential Instrument of Establishment, The Ministry of Health discharges the following core functions:

- i. Oversees the provision of preventive health services in the country.
- ii. Supervises the provision of curative health services.
- iii. Plans and oversees the implementation of sustainable availability of qualified human resources in the health sector.

- iv. Responsible for the provision of quality Nursing and Midwifery services in the Country.
- v. Provides expertise on health emergency preparedness, international collaboration and sustainable quality improvements in the health services.
- vi. Ensures the provision of quality, equitable and accessible pharmaceutical services at all levels of health care delivery.
- vii. Provides professional health assurance services to identify weaknesses and strengths for better Health services delivery.
- viii. Offers expertise and services on human resource management and administrative matters to the Ministry.
- ix. Provides expertise and services in policy formulation, implementation, monitoring and evaluation.
- x. Runs financial management and book-keeping services for the Sector. The Unit will perform the following activities
- xi. Consults advisory services to the Accounting Officer in the proper management of resources.
- xii. Offers expertise and services in procurement, storage and supply of goods and services for the Sector.
- xiii. Provides expertise and service in information, communication and dialogue with public and media.
- xiv. Responsible for expertise and technological services in management of health information and communication
- xv. Legal counsel expertise and services to the Sector

### **Purpose of the Plan**

This plan has been prepared with the view to guide the Ministry in the five years of implementation of its strategic roles and functions. It is also aimed at creating a common understanding amongst Ministry's Staff and other stakeholders with the view to enhance collective responsibilities in the performance of the core functions of the Ministry.

### **Approach**

This Strategic Plan has been prepared in accordance with the Medium-Term Strategic Planning and Budgeting Manual of the United Republic of Tanzania. The plan was prepared using a participatory approach in which Management of the Ministry, staff and other stakeholders across the sector were involved. The process also involved facilitators from the President's Office – Public Service Management and Good Governance. The preparation of this five years Strategic Plan relied mainly on the documents developed in realizing Tanzania's Vision 2025, National Five Years Development Plan (2021/22 – 2025/26), Health Sector Policy (2007) Health Sector Strategic Plan V (2021 – 2026), Ruling Party Manifesto of 2020 and Sustainable Development Goals (SDGs, 2030)

The development of this plan was undertaken through carrying out situational analysis focusing on the mandate and performance of the Ministry for the period covering July, 2015 to June 2021. The process also included stakeholders' analysis

of strengths, weaknesses, opportunities and challenges (SWOC). The situational analysis unveiled critical issues to be addressed in this Plan. The identified critical issues have been adopted as the basis for modifying Ministry's vision, mission, core values and for developing objectives, strategies, targets and key performance indicators. The objectives and targets were the basis for developing the monitoring and evaluation plan.

### Layout of the Plan

The plan contains four chapters and two annexes. Chapter One provides the Introduction that covers background, approach, purpose and layout of the plan. Chapter Two discusses the Situational Analysis covering historical background of the Ministry, the mandate, roles and functions, performance review, stakeholders' analysis, SWOC analysis and the critical issues which need to be addressed by the Plan. Chapter Three covers Vision, Mission, Core Values, Objectives and their Rationale, Strategies, Targets as well as Key outcome Performance Indicators. Chapter Four outlines the Development Objectives, beneficiaries of the Ministry's Services and Result Chain. It also encompasses the Results Framework and describes how the plan will be monitored, reviewed and evaluated. The Organizational Structure of the Ministry is annexed



## CHAPTER TWO

### SITUATION ANALYSIS

This chapter gives a brief description of facts behind the plan of the Ministry which has been established by (Instrument). It also gives out analyses and choices generated in reviews and other results to be addressed in the Plan as a way forwards because it isn't just a process but a means to generate options. Its components are Current Vision, Mission and Core Value of the existing plan documents such as current Strategic Plan and Structure; Review of Relevant Information such as Results of Institution Service delivery Surveys and its Self-Assessment; Performance Reviews; Stakeholders Analysis; SWOC Analysis; Recent initiative for improving Performance; and Critical Issues. The chapter gives answers on the fundamental question about the Ministry in an analytical way and shows where it came from; where it is now; where it is going; and choices it expects to make in the strategic period ahead that is 2021/22 and 2025/26

#### **Current Vision, Mission, Core Values and Objectives**

##### **Vision**

To be a Model of Excellence in the Facilitation of Health Services Delivery

##### **Mission**

To Facilitate the Provision of Quality Health Services that is Accessible, Sustainable and Gender Sensitive to all People to improve their Wellbeing

##### **Core Values**

1. Professionalism
2. Integrity
3. Customer Focus
4. Teamwork
5. Innovative
6. Accountability

##### **Objectives**

- A. HIV and AIDS Infections Reduced and Supportive Services Improved.
- B. Effective Implementation of National Anti-Corruption Strategy Enhanced and Sustained.
- C. Institutional Capacity of the Ministry to Implement its Core Functions Enhanced.
- D. Prevention and Control of Communicable, Non-Communicable and Neglected Tropical Diseases Improved.
- E. Provision of Curative Services Improved.
- F. Training and Continuous Professional Development for Health Enhanced.
- G. Monitoring, Evaluation and Research Interventions Improve

#### **PERFORMANCE REVIEW**



During the reporting period, The MOHCDGEC has registered achievements, constraints and way forward under the following set of objectives: -

**OBJECTIVE: A:** HIV and AIDS Infections Reduced and Supportive Services Improved.

### **ACHIEVEMENTS**

- i. 60 MOHCDGEC staff declaring their HIV/AIDS status.
- ii. Conducting of preventive interventions to staff including awareness. 6 seminars and 3 HIV/AIDS meetings were conducted. Voluntary counselling and testing were done.
- iii. Provision of nutritional support to 60 staff living with HIV/AIDS
- iv. Provision of Nutrition and Home-Based Care to 60 staff living with HIV/AIDS.

### **CONSTRAINTS**

- i. High proportions of persons are not aware of their HIV/AIDS status
- ii. HIV positive victims who are neither on treatment nor taking care for their own health are a potential source of new HIV infections.

### **WAY FORWARD**

- i. Implement workplace intervention on HIV/AIDS & NCDs
- ii. Provide care and support to affected staff

**OBJECTIVE: B.** Effective Implementation of National Anti-Corruption Strategy Enhanced and Sustained.

### **ACHIEVEMENTS**

- i. Quarterly ethical sessions have been conducted and deliberations on the action plans by the employment authorities.
- ii. The Ministry launched a complaints' week for hearing and resolving various challenges in which a total of 146 complaints were attended.
- iii. Hearing of 170 disciplinary matters and Administrative actions thereon were instituted on the staff involved in corruption incidences

### **CONSTRAINTS**

- i. Existence of corruption allegation and investigation on corruption cases.

### **WAY FORWARD**

- i. Strengthen Good Governance and Anti-Corruption programmes and/or strategies.

**OBJECTIVE C:** Institutional Capacity of the Ministry to Implement its Core Functions enhanced

### **ACHIEVEMENTS**

- i. Implementation of the Electronic Financial Management System. The Target was achieved by 99%.

- ii.118 Accountants out of 198, (equivalent to 60%) were trained on Financial Management System.
- iii.Five Financial Statements of Vote, Projects/Programs, Councils/Professional Bodies and Hospitals have been prepared in accordance with IPSAS Accrual basis and submitted on time to CAG by 99%
- iv.12 internal and 12 external recruitment meetings were conducted and total of 460 newly hired staffs were employed and deployed.
- v.3,880 staffs and 316 staff have been promoted and re-categorized respectively
- vi.OPRAS for 695 MOHCDGEC staff (HQ), Institutions, and 28 Regional Referral Hospitals, 2 Specialized Hospitals and 1 Zonal Consultant Hospitals were conducted timely
- vii.Fourteen (14) Nursing documentation forms were reviewed and disseminated to 28 RRHs for use
- viii.55% of the National Nursing and Midwifery Strategic Plan was implemented as per strategic activities outlined
- ix.Afya care which is integrated with GePG has been deployed to 14 RRH by 50%
- x.Capacity building conducted to 4167 staff for 14 RRH on AfyaCare
- xi.13 systems have been integrated to exchange data through HIM (HFR, VIMS, eLMIS, DHIS2, NIDA, TCU, NHCR, NACTE, HCMIS, FFARS, EPICOR, TCU and THSCP)
- xii.The Ministry has completed construction of 2 zonal hospitals, rehabilitated 3 zonal Hospitals and 5 Regional satellite Blood Banks are on progress

## CONSTRAINTS

- i.Inadequate staff in terms of number, skills and quality.
- ii.Inadequate ICT infrastructure that hinders efforts to reach more facilities
- iii.Existence of multiple, fragmented electronic health information systems that are not interoperable and/or not well aligned with the workflow in the health sector contribute to extra workload
- iv.The National Health Insurance Act needs various stages of approvals which is out of control of the Ministry
- v.Withdrawal of some of the donors who support the health sector, unreleased approved funds to some donors' projects, delay of funds disbursement from Ministry of Finance

## WAY FORWARD

- i.The Ministry should focus on recruiting contract staff and paying salary from own sources.
- ii.Follow-up with the Internal Auditor General office for additional number of Internal Auditors to facilitate timely performance of planned activities
- iii.Scale up dissemination of nursing and midwifery standards, SOPs, nursing documentation tools and quality assessment tools in all levels
- iv.The Ministry will accomplish the construction of the 2 remaining zonal hospitals, construction of 5 Regional satellite Blood Banks, six storeys HQ Office and rehabilitation of 1 Specialized zonal hospital

**OBJECTIVE D:** Prevention and Control of Communicable, Non-Communicable



and Neglected Tropical Diseases Improved.

## **ACHIEVEMENT**

- i. Number of households with improved toilets has increased from 35.8% to 70%
- ii. Development of 2 strategies, 4 public health regulations, 6 guidelines, and 21 specific PoE contingency plan
- iii. Malaria death rate per 100,000 population reduced from 8.2 (2015) to 3.9 (2020)
- iv. Indoor Residual Spraying (IRS) coverage increased to 25% in 2020 from 12% in 2014.
- v. Increased Hospitals with ICU from 4% to 45.4% (159) by June 2021
- vi. Percentage of Pregnant women tested for HIV at ANC clinics was sustained at 98% from 2016/2017 to 2020/2021
- vii. Percentage of Pregnant women receiving Anti-retroviral Therapy for PMTCT was sustained at 98% from 2016/2017 to 2020/2021
- viii. 5340 Community Health Workers were trained, 145 Religious leaders trained on public emergency issues, 120 Editors oriented on Public Health emergency, 200 reporters, people leaving with disability, Fishermen, various associations of Regional level e.g. Kigoma, Mwanza and Mara
- ix. TB incidence rate reduce by 27% compared to year 2015
- x. Number/Proportion of Facilities providing TB/HIV increased to 74% (6758/9175)
- xi. Number of new HIV infections reduced from 97000 in 2015 to 68000 in 2020

## **CONSTRAINTS**

- i. Inadequate coordination of NCD control from national to community levels
- ii. Rapid urbanization which needs to increase MAT sites
- iii. Lack of offices and houses for accommodating health staff at Points of Entry.
- iv. Lack of transport facilities (ambulance vehicles and boats) for referrals and surveillance.
- v. The 80% LLIN access has not been reached despite mass campaigns and continuous distribution channels.
- vi. The intervention to tackle NTDs and to control the Vector are Controversial.

## **WAY FORWARD**

- i. Upscale 10 Regions to cancer registry to reach at least 50 % of eligible health facilities per Centre
- ii. Reduction of dental cavities in children and adolescents from 75% to 60%
- iii. 50 percent of designated POE to attain core capacity as per IHR 2005
- iv. Build capacity to health workers on prevention issues of HIV, TB, HBV and NCD
- v. National Malaria control guidelines for diagnosis and treatment to be implemented by June 2026
- vi. Scale up the implementation of LLIN to reach 80% of the population
- vii. The NTD Strategic Plan 2021-2026 to be officially launched and disseminated by June 2022

## **OBJECTIVE E: Provision of Curative Services Improved**

## ACHIEVEMENTS

- i.14 (83.4%) out of 17 laboratories have been ISO 15189 accredited
- ii.24 laboratories have been enrolled into SLMTA program using the WHO AFRO SLITA framework.
- iii.2 National and 3 Zonal Laboratories attained accreditation (Health Laboratory and Muhimbili-Upanga and Mlonganzila), KCMC, BMC, Mbeya)
- iv.Super specialized health care services have been established in 3 Zonal Hospitals, Renal Transplant have been established at MNH ,65 Renal Transplant were done
- v.543 health facilities have been upgraded to provide comprehensive emergency and obstetric care
- vi.Systems for clinical auditing in (4 National,4 Zonal and 1 Private health facilities) have been developed by June, 2021.
- vii.29,459 Traditional and Alternative Health Practitioners registered,1028 Traditional and Alternative Facilities registered, 359 Traditional and Alternative Health Practitioners have been trained and 11 traditional medicine firms registered
- viii.Five years (2018 – 2022) National Eye Health Strategy developed and launched in 2018.
- ix.79 % of health commodities available to health facilities as a result of Integrated system for collection and management of funds.
- x.Research on institutional factors affecting medicines availability in the country were done in collaboration with PORALG and NIMR between 16-30th August 2021.

## CONSTRAINTS

- i.Limited resources to scaling up super specialized services at Zonal and Regional Hospitals
- ii.Low production of traditional medicine
- iii.Only 2 out of 26 regions have started to train Primary Eye care Workers
- iv.Diabetic Retinopathy Screening and Treatment Services only provided in National and Zonal Hospitals
- v.Outbreak of COVID 19 disturbed resilience of service delivery/health system
- vi.Supply chain Portal not functional due to lack of funds to facilitate training.

## WAY FORWARD

- i.Accreditation of 20 more Laboratories at Regional, District level and 2 new zonal labs
- ii.Strengthening provisions of advocacy and sensitization to 35,000 Traditional and Alternative Health, Standardize products, competence procedures of traditional medicines with modern medicines, Establish safety profile for traditional and alternative medicines, Develop and disseminate traditional medicine manufacturing guidelines
- iii.Scale up of Public Health Laboratory services to 3 Zonal Hospital and 10 Regional Hospitals
- iv.Facilitation of 200 Health Facilities on Implementation of Patient Service Charter
- v.Establishment of system for clinical audit, 4 Zonal and 15 RRH hospitals
- vi.Functionalize the Supply Chain Portal

## **OBJECTIVE F: Training and Continuous Professional Development for Health Enhanced**

### **ACHIEVEMENTS**

- i. Comprehensive Health Sector Staffing Level Guidelines for HRH was reviewed in 2020
- ii. New HRH Strategic Plan 2020-2025 was developed
- iii. National CPD Framework for Healthcare Providers was enacted in 2016.
- iv. National eLearning CPD Platform for Health care workers was developed and launched 2020
- v. Enrolment increased from 25,077 in 2019 up to 26,012 whereby Number of post-graduate students increased from 60 to 315 in June 2021
- vi. Health research agenda 2020-2025 has been developed to facilitate health research in the country
- vii. Training was conducted to about 215 Clinical Instructors in hospitals and 95 skills labs were established.

### **CONSTRAINTS**

- i. Lack of Technical HRH to maintain the platform
- ii. Few enrolments for specialized rare cadres
- iii. Low capacity of colleges to enroll all applicants
- iv. Limited Human Resources for Health Shortage

### **WAY FORWARD**

- i. Monitor implementation of Health Sector Staffing Level Guidelines for HRH
- ii. Finalize construction of infrastructure to 10 Health Training Institutions and Finalize accreditation of the remaining Health Training institutions
- iii. Mobilize fund for research agenda implementations and Establish forum to disseminate and monitor utilizations of research findings
- iv. Review nursing and midwifery education establishment and training standards to improve competencies of nurses and midwives

## **OBJECTIVE G: Monitoring, Evaluation and Research Interventions Improved.**

### **ACHIEVEMENTS**

- i. The online QIP follow up tool was developed and embedded in DHIS as part of QI initiatives and training on how to use online QIP follow up was conducted to 245 health care workers (RHMT and CHMTs) in 6 Regions
- ii. Star rating of 27 RRH was done in Feb – Sept 2018 by using hospital standards for referral Hospital
- iii. A total of 6,993 health facilities were assessed in baseline assessment (2015/16) and 7,289 were assessed in reassessment in 2017/18 whereby only 20% of health facilities achieved 3 stars and above.
- iv. The SRA tool was updated by inclusion and improvements of indicators for: HIV and AIDS; Tuberculosis; Malaria; Nutrition; Non-Communicable Diseases and mental health; RMNCAH; Global health security issues; IPC and WASH.

v. A total of 62 HF's were assessed and mentored using IPC standards and the results show that the average compliance was 41%.

vi. 15 Clinical Audit Tools for Nursing and Midwifery Services were developed

## **CONSTRAINTS**

i. Inadequate monitoring of QIP by CHMTs

ii. Lack of tool to conduct assessment at zonal and national hospitals

iii. Inadequate knowledge among HCWs on adherence to IPC standards

## **WAY FORWARD**

i. Roll out online QIP to 26 regions and 184 district councils and Monitor implementation of QIP

ii. Conduct star rating re-assessment for all 28 RRH and Assess and rate Zonal and National Level hospitals

iii. Strengthen CHMTs capacity to conduct self-assessment, the higher level will do verification of few selected health facilities assessed by CHMTs

## **REVIEW OF RELEVANT INFORMATION**

In order to align with the Global and National plans, various documents were reviewed for the purpose of improving the performance of the Ministry, as explained below:-

### **2.3.1 Tanzania Development Vision 2025**

The Vision 2025 document identifies health as one of the priority sectors contributing to a higher quality livelihood for all Tanzanians. This will be attained through strategies, which will ensure realization of the following health service goals:

- Access to quality primary health care for all; Access to quality reproductive health services for all individuals of appropriate ages;
- Reduction in infant and maternal mortality rates by three-quarters of the levels in 1998;
- Universal access to clean, safe water and sanitation;
- Life expectancy comparable to the level attained by typical middle-income countries;
- Food self-sufficiency and food security; Gender equality and empowerment of women in all health parameters

### **2.3.2 Ruling party manifesto**

The strategic articles 83, 84, 86, and 88 of the Manifesto 2020/2025 aim at ensuring that citizens are in good health to enable them contribute to the economic development in the areas of service delivery, prevention and control of communicable and non-communicable diseases, Nutrition and Control of outbreak of diseases (COVID – 19).

## **National Five-Year Development Plan**



The third Five Years' Development Plan 2021/22 – 2025/26 (FYDP III) targets to improve quality of life and human wellbeing. The emphasis is on the

- Upscaling curative and preventive services through sensitization to communities on the communicable diseases (CD),
- Improvement in the collection of funds for health commodities through health insurance schemes,
- Engagement of the private sector, non-governmental organizations (NGOs) and DPs in improving access to health care, emergency and disaster responses to reduce risk or death related to emergencies/ disasters,
- Enhancing Information and Communication Technologies (ICT) usage to improve health and support services including telemedicine and financial management,
- Improvement of research and development in health services,
- Increased availability of health professionals,
- Widening the availability of safe blood and other blood products,
- Strengthening the referral system, specialized and super-specialized services, traditional and alternative medicine.

## Health Sector Strategic Plan V

The Health Sector Strategic Plan V (HSSP-V) priorities have been reflected into this plan. To implement the priorities in the HSSP V, the ministry will continue to strengthen health systems in order to sustain achievements made in improving reproductive, maternal, newborn, children and adolescents' health as well as results attained in the control of communicable and non-communicable diseases. Also, the government will strengthen leadership, governance and accountability in the sector in order to safeguard these achievements.

## National Health policy, 2007

The National health policy (2007) aims at improving health and health status of all Tanzanians. The focus is on those most at risk by establishing a health service delivery system that meets the needs of citizens and increase the life expectancy and quality of life of citizens. The Strategic plan has considered all the policy objectives intending to reduce morbidity and mortality in order to increase the lifespan of all Tanzanians by

- Providing quality health care, ensuring that basic health services are available and accessible to all;
- Preventing and controlling communicable and non- communicable diseases; sensitizing the citizens about the preventable diseases; creating awareness to citizens on the responsibility taking care of their own health, families and society at large,
- Improving partnership between public sector, private sector, religious institutions, civil society and community in provision of health services

- Planning, training, and increasing the number of competent health staff; Identify and maintain the infrastructures and medical equipment; and Reviewing and evaluating health policy, guidelines, laws and standards for provision of health services

## STAKEHOLDERS ANALYSIS

The Ministry of Health works with various stakeholders in the provision of quality health services. Health Services provided are aligned with the current Health Sector Strategic Plan motto of “Leaving No One Behind” by providing equitable, accessible, affordable, gender sensitive and sustainable health services. This can only be achieved if all the stakeholders involved are well coordinated, monitored and evaluated for maximum synergy and efficiency by utilizing the limited resources available.

### List of main stakeholders

1. General Public
2. Non-State Actors (FBOs and NGOs)
3. Civil Society Organizations,
4. Private Health and community development, gender, elderly and children
5. General Public
6. Development Partners
7. Ministries, Independent Departments and Executive Agencies
8. Employees of the Ministry
9. Students in MoHCDGEC Training Institutions
10. Regional and International Organizations
11. Politicians
12. Media
13. Vulnerable Groups (people with disabilities, children in conflict with the law, elderly, orphans, minors and street children)
14. Other supportive service providers



**Table 1: Stakeholders Analysis**

NO	STAKEHOLDER	SERVICE OFFERED	EXPECTATIONS
1.	General Public	<ul style="list-style-type: none"> <li>Information on health services</li> <li>Technical advice on health matters</li> <li>Complaints handling</li> </ul>	<ul style="list-style-type: none"> <li>Reliable accurate and timely information</li> <li>Relevant and professional advice</li> <li>Timely response and feedback on complaints</li> </ul>
2.	Non-State Actors (FBOs and NGOs)	<ul style="list-style-type: none"> <li>Information on health issues</li> <li>Technical Support</li> <li>Policies, legislations, regulations, circulars, Guidelines and Standard Operating Procedures</li> <li>Collaboration on joint tasks</li> </ul>	<ul style="list-style-type: none"> <li>Accurate, timely and credible information</li> <li>Timely and quality technical support</li> <li>Clear Policies, legislations, regulations, circulars, Guidelines and Standard Operating Procedures</li> <li>Strong collaboration</li> <li>Transparency and Accountability</li> </ul>
3.	Civil Society Organization	<ul style="list-style-type: none"> <li>Information on health issues</li> <li>Technical Support</li> <li>Policies, legislations, regulations, circulars, Guidelines and Standard Operating Procedures</li> <li>Collaboration on joint tasks</li> </ul>	<ul style="list-style-type: none"> <li>Accurate, timely and credible information</li> <li>Timely and quality technical support</li> <li>Clear Policies, legislations, regulations, circulars, Guidelines and Standard Operating Procedures</li> <li>Strong collaboration</li> <li>Transparency and Accountability</li> </ul>
4	Private Health and community development, gender, elderly and children	<ul style="list-style-type: none"> <li>Information on health services</li> <li>Policies, legislations, regulations, circulars, guidelines and standard operating procedures</li> <li>Registration and accreditation</li> <li>Skilled professionals</li> <li>Financial and nonfinancial resources according standard and procedures.</li> </ul>	<ul style="list-style-type: none"> <li>Accurate, timely and credible information</li> <li>Clear Policies, legislations, regulations, circulars, Guidelines and Standard Operating Procedures</li> <li>Timely registration and fairness in accreditation</li> <li>Competent staff Technical support</li> <li>Timely disbursement of financial and nonfinancial resources.</li> <li>Transparency</li> <li>Feedback</li> </ul>

NO	STAKEHOLDER	SERVICE OFFERED	EXPECTATIONS
5.	General Public	<ul style="list-style-type: none"> <li>Information on: Policies, Training, guidelines, treatment, referral services, preventive measures and clarification on issues, registered professionals and health facilities</li> <li>Health education and sensitization</li> <li>Mobilization of resources for Health services</li> <li>Coordination of health disaster risks management</li> </ul>	<ul style="list-style-type: none"> <li>Accurate, transparent, timely and reliable information</li> <li>Quality services</li> </ul>
6	Development Partners	<ul style="list-style-type: none"> <li>Information on health services</li> <li>Policies, regulations and guidelines</li> <li>Strategies and plans on health interventions</li> <li>Periodic reports</li> <li>Collaboration in setting MoU</li> <li>Coordination of the development partners' interventions</li> <li>Enforcement of the compliance to the guidelines and regulations</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive, timely and credible Reports</li> <li>Accountability</li> <li>Comprehensive Plans</li> <li>Transparency</li> <li>Reliable information</li> <li>Information sharing and feedback</li> <li>Involvement in health, issues</li> <li>Value for money</li> </ul>
7	Ministries, Independent Departments and Executive Agencies	<ul style="list-style-type: none"> <li>Information on health services</li> <li>Provision of technical staff on joint tasks</li> <li>Provision of advocacy on cross cutting issues affecting health</li> <li>Technical advice on health matters</li> <li>Policies, legislations, regulations, circulars, guidelines and standard operating procedures</li> <li>Reports</li> </ul>	<ul style="list-style-type: none"> <li>Accurate and timely information</li> <li>Technical support</li> <li>Competent technical staff</li> <li>Clear Policies, Legislations, regulations, Circulars Guidelines and standard operating procedures</li> <li>Strong collaboration between sectors</li> <li>Effective communications and feedback</li> <li>Adherence to ethical conduct and practices</li> <li>Gender sensitive services</li> </ul>

NO	STAKEHOLDER	SERVICE OFFERED	EXPECTATIONS
8.	Employees of the ministry	<ul style="list-style-type: none"> <li>Information on the ministry's policies, legislations, job description, regulations, circulars, guidelines and standard operating procedures</li> <li>Continuous professional development</li> <li>Provision of working tools</li> <li>Health and safety</li> <li>Timely promotion, compensation and other motivations</li> <li>Good working environment</li> <li>Staff establishment</li> </ul>	<ul style="list-style-type: none"> <li>Accurate and timely information</li> <li>Clear Policies, legislations, regulations, circulars, job description, Guidelines and Standard Operating Procedures</li> <li>Adherence to continuous professional development plan and scheme of services</li> <li>Conducive working environment</li> <li>Fair Human Resource practices</li> <li>Transparency</li> <li>Teamwork</li> <li>Confidentiality</li> <li>Job security</li> <li>Job satisfaction</li> </ul>
9.	Students in M o H C D G E C Training Institutions	<ul style="list-style-type: none"> <li>Information regarding relevant policies, regulations, guidelines and circular</li> <li>Quality training services</li> <li>Accommodation services</li> <li>Health services</li> <li>Students by-laws and Standard Operating Procedures</li> </ul>	<ul style="list-style-type: none"> <li>Accurate, timely and credible information</li> <li>Comprehensive training package tailored to curriculum requirements</li> <li>Conducive learning environment</li> <li>Timely and quality health and student social services</li> <li>Transparency and feedback</li> <li>Clear students by-laws and Standard Operating Procedures</li> </ul>
10	Regional and International Organization	<ul style="list-style-type: none"> <li>Health updates</li> <li>Technical expertise on health issues</li> <li>Cross border interventions in disease prevention and control</li> <li>International disease notification</li> <li>Provision of technical staff on joint tasks</li> <li>Statutory contributions</li> </ul>	<ul style="list-style-type: none"> <li>Accurate, timely and credible information</li> <li>Quality technical expertise</li> <li>Effective Integrated Disease Surveillance and Response (IDSR)</li> <li>Competent technical staff</li> <li>Enforcement of International Laws and Regulations on Health</li> <li>Compliance to International Standards and Agreements</li> </ul>

NO	STAKEHOLDER	SERVICE OFFERED	EXPECTATIONS
11.	Politicians	<ul style="list-style-type: none"> <li>Information on: Policies, legislations, regulations, circulars, Guidelines and Standard Operating Procedures, clarification on health issues</li> <li>Strategies and plans on health, interventions</li> <li>Health education and sensitization</li> <li>Mobilization of resources for Health services</li> <li>Reports</li> </ul>	<ul style="list-style-type: none"> <li>Transparency and accountability</li> <li>Reliable and accurate information</li> <li>Value for money</li> </ul>
12.	Media	<ul style="list-style-type: none"> <li>Information and sensitization on health issues</li> </ul>	<ul style="list-style-type: none"> <li>Accurate and reliable information on health issues</li> <li>Media friendly package information</li> <li>Strong collaboration</li> <li>Transparency</li> <li>Timely payment</li> </ul>
13.	Vulnerable groups (people with disabilities, children in conflict with the law, elderly, orphans, minors and street children)	<ul style="list-style-type: none"> <li>Information</li> <li>Training services</li> <li>Meals and accommodation services</li> <li>Preventive and Curative services</li> <li>By-laws and Standard Operating Procedures</li> <li>Rehabilitation services</li> <li>Special need treatment and support</li> <li>Legal and moral support</li> <li>Financial support</li> </ul>	<ul style="list-style-type: none"> <li>Accurate, timely and credible information</li> <li>Comprehensive training package tailored to curriculum requirements</li> <li>Conducive learning and living environment</li> <li>Clear by-laws and Standard Operating Procedures.</li> <li>Timely and quality health and social services</li> <li>Transparency and Accountability</li> <li>Feedback</li> <li>Timely disbursement of funds</li> <li>Equity in legal services</li> </ul>
14	Other Service providers	<ul style="list-style-type: none"> <li>Information on business opportunities</li> <li>Policies, legislations, regulations, circulars, Guidelines and Standard Operating Procedures</li> <li>Health promotion</li> <li>Environmental health services</li> </ul>	<ul style="list-style-type: none"> <li>Timely information on business opportunities</li> <li>Clear Policies, legislations, regulations, circulars, Guidelines and Standard Operating Procedures</li> <li>Timely payments</li> <li>Transparency and Accountability</li> <li>Feedback</li> <li>Service Agreement</li> </ul>

## SWOC ANALYSIS

### STRENGTH

- a. Availability of pyramidal structure of health service delivery, Internal Policies, Circulars, Guidelines and Manuals
- b. Availability of functional public institutions and agencies under the Ministry responsible for improving health of the population
- a. Existence of support from other ministries PO-PSM, PO-RALG and MOFP, development partners, private sector and civil societies.
- b. Good established collaboration mechanism through SWAp, TWGs, TC-SWAp, JAHSR, BF
- c. Existence of various health service reforms and programme.
- a. Increased production/supply capacity of HRH
- b. Availability Tanzania Quality Improvement Framework (TQIF) strategy for registration mechanism and clear procedures for star rating of health facilities.
- c. Institutionalization of CHW in order to link community and health facilities.
- d. Existence of NHIF as a complementary health financing mechanism.
- e. Good mechanisms for resource mobilization to enable provision of health services without pay to individuals affected with TB, HIV/AIDS and Malaria.
- f. Existence of Electronic Public Finance management (EPFM)
- g. Existence of client's service charter.
- h. Availability of Public Health Emergency Operation Centre to coordinate public health emergencies.
- i. Availability of regulatory bodies to govern code of ethics and conduct of health professionals
- j. Existence of Ministry website, Communication Unit and Monitoring and Evaluation of Health Sector.

### WEAKNESS

1. Absence of scheme of service for some of super specialists.
2. Slow pace in meeting accreditation standards.
3. Failure to meet some of the customer needs and expectations.
4. Limited capacity to execute contractual agreements, policies, laws and regulations.
5. Inadequate utilization of research findings by the Ministry for policy decision-making.
6. Insufficient mechanism to conduct comprehensive stakeholders mapping.
7. Inadequate awareness programmes on health-related community rights.
8. Inadequate Infrastructures and Facilities in the Ministry.
9. Fragmented health information system e.g. Private, specialized hospitals and zonal hospitals not feeding to DHIS 2
10. Insufficient capacity of regulatory bodies to fulfil their mandates.
11. Absence of Kiswahili translated version of some health guidelines and SOP's
12. Insufficient mechanism to plan for dissemination of policies and guidelines
13. Delays in requesting for funds from the financing mechanism.
14. Slow burning rate of resources.



15. Insufficient HRH planning, forecasting, career development, and succession planning capacity.
16. Failure to enforce referral system of health service delivery.

## OPPORTUNITIES

1. Decentralized health planning and budgets in RSs and LGAs.
2. Availability of complimentary health funding mechanism such as CHF, SHIB and TIKA to improve UHC.
3. Willingness of stakeholders to support the Ministry.
4. High level political and policy thrust
5. Availability of accreditation bodies for health training institutions.
6. Political will to improve well being of the population.
7. Availability of guidelines and SBCC materials.
8. Availability of agencies, bodies and councils focusing on health protection e.g. NEMC, OSHA, WCF, TACAIDS
9. Availability of non-state actors who act as community whistle blowers
10. Existence of international conventions, agreements, protocols and declarations of which Tanzania is a signatory
11. Functional RRHAB, CHSB and HFGC which governs health facilities.
12. Existence of open source and licensed technologies to improve health outcomes.
13. Availability of medical equipment and related supplies in the market.
14. Existence of parliament which can review and formulate legislation to regulate health issues.
15. Existence of sector and cross cutting reforms e.g. LSR, PSR, PFMR
16. Presence of mechanism to request funds from financing institutions.
17. Availability of global and national development goals to promote health and well-being of the population.
18. Existence of policies and overall strategies on D-by-D and PPP.
19. Efficient mechanism for resource mobilization from bilateral and multilateral organizations to strengthen Monitoring and evaluation/HIS.
20. Collaboration with in-country, regional and global health research institutions.
21. Existence of implementable CCHPs in LGAs.

## CHALLENGES

1. Limited number employment permits on HRH hindering absorption capacity of the Ministry.
2. Attraction and retention of HRH in hard-to-reach areas eg. Optometry and Physiotherapy.
3. Under production of some cadres e.g. Lab, Pharmacy, Optometry, physiotherapy, environmental health and dental
4. Insufficient allocations for the health sector financing
5. Low enrolment of population into health insurance.
6. Mismatch between population growth vs. resource availability
7. Inadequate financial resources from MOFP to cater for the provision of medicines and related medical supplies, surveillance, prevention and control of communicable



8. Inadequate financial resources to cater for
9. Climate change, disasters, emerging and re-emerging diseases
10. Over reliance on donor funding
11. Conflicting health priorities and interests between Government and DPs.
12. Partial fulfilment of government obligations on health programmes
13. Over reliance on donor funding

## PESTEL ANALYSIS

### POLITICAL

The improvement made in the health sector is attributed to the political stability in terms of peace and harmony. The sixth phase government is guided by the Tanzania Development Vision 2025 and its supporting five-year development plans. The government proactively engages the multilateral and bilateral partners in the region and worldwide; and it has reaffirmed the private sector as the engine of economic growth by addressing major constraints on private investment.

In attaining universal health coverage (UHC) the country introduced Primary Health Services Development Plan (PHSDP) program which requires every ward to have health centre and village/mtaa to have a dispensary. During the implementation of strategic plan 2021/2022-2025/2026, there has been tremendous increase in the number of constructed health facilities.

The political willingness to promote Public Private Partnership (PPP) has contributed to the conducive environment for the establishment of private facilities and pharmaceutical industries. The Government of Tanzania solicited assistance from the international donors to increase resources for health commodities and supporting logistics to lower-level health facilities.

The Government has participated in Open Government Partnership (OGP) global summits. Also, it has signed several international agreements to abide with the International Health Regulation (IHR) 2005 in pandemic diseases e.g., Ebola and COVID-19.

### ECONOMICAL

During COVID-19 pandemic, Tanzania fared relatively well compared to its regional peers, but economic growth has slowed significantly. Pandemic-induced shocks slowed Tanzania's GDP growth rate from 5.8 percent in 2019 to an estimated 2.0 percent in 2020, as shocks to export-oriented sectors such as tourism, manufacturing, and related services diminished business revenue and labor income, which adversely affected domestically oriented firms of all sizes across all sectors. Tourism, a major contributor to GDP growth, declined significantly in 2020: The number of visitors plummeted by 60 percent and the revenues fell by 72 percent. Private sector credit growth plunged to 3 percent in December 2020 from 11.1 percent a year earlier. Year on year decline in other indicators (electricity generation, import

of capital goods, government expenditures and taxes) also point to a lower growth in 2020. High-frequency indicators from 2021 present mixed signals and suggest that the global pandemic continues to take a toll on the Tanzania's economy and recovery remains fragile.

The availability of complimentary health funding mechanism such as NHIF, CHF, SHIB and TIKA has contributed toward attainment of UHC. This has increased accessibility and affordability of health services.

The country industrial agenda through PPP has led to a considerable increase of pharmaceutical industries in the country. These industries have contributed to decrease in the price of the health commodities and increase the availability of the health commodities.

The mismatch between population growths with the resource availability causes increase of poverty in the community along with illiteracy and social problems such as gender-based violence (GBV), increase in the number of the most vulnerable groups, etc.

## SOCIAL

The current population of the United Republic of Tanzania is 62,098,681 as of Wednesday, November 24, 2021, based on World meter elaboration of the latest United Nations data. Tanzania 2020 population was estimated at 59,734,218 people at mid-year according to UN data. The population density in Tanzania is 67 per Km<sup>2</sup> (175 people per mi<sup>2</sup>). The total land area is 885,800 Km<sup>2</sup> (342,009 sq. miles), 37.0 % of the population is urban (22,113,353 people in 2020)

In 2020, the real per capita GDP declined for the first time in over 25 years. The poverty rate based on the international extreme poverty line is estimated to have risen from 49.3 percent in 2019 to 50.4 percent in 2020. Households that saw the highest drop in welfare were those relying on self-employment and informal microenterprises in urban areas.

New data sources show that COVID-19 continues to weigh heavily on employment and income. Preliminary results from the first round of the Tanzania High-Frequency Welfare Monitoring Survey (HFWMS) conducted by the National Bureau of Statistics between February and March 2021 show that 18 percent of respondents indicated that they were working in January 2020 but were no longer working a year later. Among those who had stopped working, four percent cited the closure of an informal business as the reason. Many who were still working in 2020 had seen their incomes drop, especially those who relied on a family business for their livelihood. Dar es Salaam was disproportionately affected by the shock: 42 percent of family business owners reported that their revenue had dropped, driven by declining customers and sales, while another 10 percent indicated that they had no revenue at all. One million Tanzanians are estimated to have fallen below the national poverty line in 2020. According to the HFWMS, social assistance from the Tanza-

nia Social Action Fund (TASAF) program reached seven percent of the population during the year, but coverage was low in the urban areas.

The international poverty rate is projected to fall to 49.5 percent in 2021 but remain above the pre-crisis level. Strengthening the implementation of TASAF program and expanding its coverage will be important to bolster household consumption and accelerate poverty reduction. Maintaining prudent macroeconomic and fiscal management to create fiscal space for major investments in physical, human, and institutional capital will be key for sustainable recovery and growth. To sustainably reduce poverty, the recovery must create jobs, including for low-skilled workers, enable growth of small and medium enterprises, and foster productivity of agriculture, on which three-quarters of the poor households depend.

## TECHNOLOGY

ICT plays a great role in service provision, teaching, learning, research, consultancy and administrative functions of the Council. Recent developments in Information Communication Technology (ICT) have created opportunities in the implementation of the Ministry's functions. The ministry needs to ensure that it is current with the global development of technology and integrate it in fulfilling its functions.

## ENVIRONMENTAL

Environmental factors such as air pollution, unsafe disposal of waste, smog, leaded gasoline use have disastrous effects on human health and survival. The government has invested notable efforts in addressing these factors including initiating community awareness programmes, enactment of the Public Health Act – 2009 and drafted regulations on management of wastes including disposal of human remains. It is laudable that 78 percent of healthcare facilities have the capacities to minimize human exposure to toxic elements such as mercury that has been used for a long time in medical diagnostics. On the other hand, management of waste in urban areas is a serious public health problem as only 50% of waste generated is effectively managed. Between 2007 and 2017, the country experienced drastic changes in climate which exposed the Health sector a risk of climate-sensitive diseases. Climate change on water quality is the main concern in the health sector as people suffer from water related diseases mainly malaria, diarrhea diseases including cholera and dengue fever mostly associated with increased precipitation and temperature as a result of the global climate change.

## POLICY AND LEGAL RELATED GUIDELINES

### (a) Policy.

National Health Policy, 2007, gives more attention to the quality of health services in tandem with the pursuit of universal access through ensuring that government policies, legislation, strategies, institutions and programmes enable the consistent implementation of health sector development in Tanzania.

In 2014, the government of Tanzania came up with the clear directives and guidelines on how to prepare national sector policies, contents and formats. There is a requirement that all national sector policies must have specific implementation strategies. The implementation of the National Health Policy 2007 has been through implementation of the various strategies, programmes, projects and Ministry's Strategic Plans as well as Health Sector Strategic Plans. The current Health Sector Strategic Plan V 2021-2026 will continue to strengthen the health systems in order to sustain achievements made in improving reproductive, maternal, newborn, children and adolescent health as well as results attained in the control of communicable and non-communicable diseases. Government will improve the response to epidemics and disasters. Also, the government will strengthen leadership, governance and accountability in the sector in order to safeguard these achievements.

## Legislations

The health sector implements its roles in compliance to the laws enacted by the parliament which include the laws to fight, control and prevent various disease such as Public Health Act No 1 of 2009, The HIV and AIDS (Prevention and Control) Act No. 2 of 2008. The ministry also complies with the other acts/Legislations which established some Health Institutions and the Acts/legislations which deal with the professionals and professionalisms such as Medical doctors, Pharmacists, Environmental Health Officers and the Health Professional cadre in general. There are a total of 29 Health and related legislations as hereunder mentioned: The Tanzania Food and Nutrition Centre Cap 109 The Private Hospitals (Regulation) Act, Cap.151, National Institute for Medical Research Act, Cap.59, The National Health Insurance Fund Act, Cap.395, The Traditional and Alternative Medicines Act, Cap.244, The Tanzania Medicine and Medical Device Act Cap.219 The Tobacco Products (Regulation) Act, Cap.121 The Industrial and Consumer Chemicals (Management and Control) Act, Cap.182 The Environmental Health Practitioners (Registration), No. 20 2007 The Optometry Act, No. 12 of 2007 The Medical Radiology and Imaging Professionals Act, No. 21, 2007, The HIV and AIDS (Prevention and Control) Act No. 2 of 2008, The Nursing and Midwifery Act, No 1 of 2010 Jakaya Kikwete Cardiac Institute (Establishment) Instrument GN. No.454 of 2015 (JKCI) Benjamin Mkapa Hospital (Establishment) GN.No.453 of 2015, The Chemist Professionals Act, 9 2016 and The Medical, Dental and Allied Health Professionals Act, 2017

## (b) Guidelines

The health sector has formulated several guidelines which provide guidance to the health sector stakeholders on the development and implementation of general public health strategies and programs which contribute to the sustainable community health. These guidelines assist in attaining the objective of improving public health so as to have a healthy society which contributes to sustainable individual and national development. As of October 2021, a total of 493 health system guidelines have been formulated through engagement of various stakeholders in the health sector. Categories of health care guidelines fall into service provision, treatment guidelines, supportive supervision, policy guidelines, health commodities



donations, regime transitions and others. The Ministry and stakeholders have taken a further step by developing a digital library which provides access to a collection of electronic copies of all guidelines and policy briefs to improve access of data, indicators and guides on multiple health related topics.

## SERVICE DELIVERY SURVEY

In 2020 Service Availability and Readiness Assessment (SARA) was done in Tanzania Mainland to mirror the capability of the government to provide health services for all. It assessed the availability and capacity of health facilities to deliver general and specific services at minimum standards as stipulated by the WHO. The data collection for 2020 SARA survey was conducted from 23rd June to 14th July 2020 by the Ifakara Health Institute in collaboration with the Monitoring and Evaluation Department of the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDEGEC). The assessment took place in twenty-six districts, namely: Arumeru, Temeke, Dodoma, Bukombe, Iringa, Muleba, Mpanda, Uvinza, Moshi, Lindi, Hanang, Butiama, Chunya, Gairo, Nanyumbu, Magu, Wanging'ombe, Mkuranga, Kalambo, Mbinga, Shinyanga, Maswa, Manyoni, Ileje, Sikonge and Tanga. A total of 612 health facilities (53%- Government/Public, 23% – Mission/Faith-based and 14% – Private for profit) were sampled from the selected districts. Interviews were completed in 598 health facilities, yielding a response rate of 96.2 percent. The 2020 SARA results indicated improvement in service availability for several indicators compared to the 2017 SARA results. The total number of physicians, nursing and midwifery personnel per 10,000 population increased from 7.6 reported in 2017 to 10.4, still lower in comparison to the 23 health professionals per 10,000 population recommended by the WHO. Irrespective of facility ownership type, 1.5 health facilities are currently used by 10,000 people on average. General Service Readiness: The overall capacity of health facilities to provide general health services increased from 57% in 2017 to 69% in 2020. This is due to increased availability of standards precautions measures (from 65% to 70%), equipments (from 50% to 65%), diagnostic capacities (from 52% to 72%) and essential medicines (from 38% to 54%).

## RECENT INITIATIVES FOR IMPROVING PERFORMANCE

- 1) Development of the Universal Health insurance (UHI) bill and enhance UHC roadmap
- 2) Reviews of National Health Policy and develop its implementation strategy
- 3) Reviews Cost Sharing Guidelines and Establish Domestic Health Funding
- 4) Develop and implement Emergency Preparedness and Response Plan to fight Covid -19
- 5) Operationalization of Traditional and alternative medicines Practices and emphasis on proper clinical trials and research for traditional medicines
- 6) Implementation of Covid-19 specific vaccination campaigns
- 7) Increase the number of Health facility to provide proper and quality treatment in health services to people suffering from improper balanced diet.
- 8) Strengthening multi-sectional nutrition coordination



- 9) Develop and administer professional performance assessment tools
- 10) Establish e-registration system for health professionals
- 11) Expansion of Influenza sentinel sites
- 12) Review of Influenza surveillance tool
- 13) Establishment of the IHR-Technical Working Group (TWG) that involves members from different sectors that meet on quarterly basis to assist the NFP in coordination and information sharing among sectors
- 14) Development of mobile application for eIDSR and upgrading dash board

## CRITICAL ISSUES

After undertaking thorough analysis on different issues including Review of relevant information, performance review, SWOC, PESTEL and stakeholder the following were identified as areas which need intervention:

1. Strengthen Human Resource for Health
2. Improve Health Service Delivery
3. Strengthen Management of Health Commodities
4. Improve Public Awareness on Health Issues
5. Enhance implementation of Guidelines and strategies
6. Strengthen Research and Development in health sector
7. Improve Infrastructure for service delivery
8. Enhance Quality of Health Services
9. Enhance Health care Financing
10. Improve Health Information Systems
11. Strengthen Stakeholders' engagement and collaborations
12. Legislations
13. Strengthen implementation of Cross Cutting Issue
14. Enhance Monitoring and Evaluation in Health Sector

## CHAPTER THREE

### THE PLAN

This chapter provides the Ministry's vision, mission, core values, objectives and their rationale, strategies, targets and key performance indicators. In developing this Strategic Plan a due consideration was given to the National, International and Regional framework documents in order to align and map services to be delivered so as to produce outcomes that support the national objectives.

#### VISION

"To have a healthy and prosperous society that contributes to the development of individuals and the nation"

#### MISSION

"Improve access, affordability, equity and sustainability of health services to the public through policy formulation, guidelines and standards for wellbeing of the society"

#### CORE VALUES

**Integrity** – We uphold the highest standards of conduct in all that we do, in recognition that honest relationship and trust are essential for long-term organizational success.

**Professionalism** – We maintain competence in delivering quality services

**Customer focus** – We are dedicated to fulfill our customers' needs and expectations

**Team work** – We are committed to common goals based on open and honest communication while showing concern and support for each other

**Innovation** – We encourage invention and creativity that nurtures and openness new possibilities into better health service delivery.

**Accountability**- We take ownership of all our actions and endeavors in service delivery

**Inclusiveness**- We aspire to leave no one behind in accessing health services

**Partnership** – We work as engaged partner with all Public Institutions and other stakeholders to openly share information, knowledge and best practices with the realization that we are dependent with each other

#### OBJECTIVES

A.HIV/AIDS Infections and Non-communicable diseases reduced and supportive service improved;

B.National Anti-Corruption Strategy Implementation enhanced and sustained;

C.Institutional Capacity of the Ministry to Implement its Core Functions Enhanced.;

D.Preventive and curative health services improved; and

E.Resources ( Human and financial) for Health service delivery improved.

**OBJECTIVE A:** HIV/AIDS infections and Non-Communicable Diseases reduced and supportive service improved

## **Rationale**

Healthy labour force is crucial for the success of any organization. This is because human resources play a pivotal role in the development of any organization by driving other factors. HIV & AIDS and Non-communicable Diseases (NCD) have however inflicted heavy blow on the labour force through either prolonged sickness or death. This has in turn negatively affected efficiency and effectiveness of human resources. The impact of HIV/AIDS and Non-communicable Diseases (NCD) is on the time spent attending treatment which include days off and minimal output even when one is on duty. Apart from time lost and less productivity, other related issues brought by HIV/AIDS and Non-communicable Diseases (NCD) include costs for care and treatment of sick staff.

During the implementation of the strategic plan 2015/16-2020/21 Ministry of Health carried out a number of interventions including awareness seminars, encourage staff to undertake Voluntary Counselling and Testing in order to determine their status. As a result, 60 MoHCDGEC staff declared their HIV/AIDS sero status, 6 seminars and 3 HIV/AIDS meeting were conducted, voluntary counselling and testing, nutritional support to 60 staff living with HIV/AIDS were provided and Home-Based Care for 60 staff living with HIV/AIDS were provided. Despite these performance successes, there are still some challenges that need to be addressed. Therefore, it is imperative to put measures and supporting services in place to stop its spread. In this regard, it is imperative to intervene broadly through the following strategies:

## **Strategy**

Strengthen preventive and supportive services on HIV/AIDSs and NCDs

## **Targets**

- i. Work place HIV/AIDSs Management program implemented 100% by June 2026
- ii. Work place NCD Management program implemented 100% by June 2026

## **Outcome Indicators**

- i. % of staff who declare HIV status
- ii. Numbers of new NCD incidents

## **OBJECTIVE B: NATIONAL ANTI-CORRUPTION STRATEGY IMPLEMENTATION ENHANCED AND SUSTAINED**

## **Rationale**

The Government developed the National Anti-Corruption Strategy and Action Plan Phase III 2017-2022 (NACSAP III) which aim at reducing corruption through strengthening transparency and accountability which will enhance protection and strengthening of the principles of dignity, equality, justice and good governance and thereby aid to maintain peace, unity and solidarity of our Nation. Being one of the public institutions, the Ministry of Health is not an excused area for this National problem such that leveraging good governance in delivering the public service is crucial in creating trust of the citizens to the Government. It is one of the

commitments of the government which is a key element every institution should adopt as a pillar of good governance, MoH has adopted NACSAP III into this plan. Coordination of projects execution by the Ministry involves transactions between parties which in the nature and scope of the health services provided are prone to unethical behaviour. During the implementation of the strategic Plan 2015/16-2020/21 among other achievements, the Ministry launched a complaints' week for hearing and resolving various challenges of which a total of 146 complaints were attended and 170 disciplinary matters were heard and Administrative actions taken to staff involved in corruption incidences. Therefore, in implementing the Strategic Plan 2021/22-2025/26 the Ministry will keep on implementing good governance and Accountability by upholding the rule of law and transparency thus minimizing corruption practices as well as all related unethical behaviour at all levels.

## **Strategy**

Strengthen Anti-Corruption measures

### **Targets**

- i. Work place Anti-Corruption program implemented 100% by June 2026
- ii. Ethics compliance framework implemented 100% by June 2026

Outcome Indicators

- i. % change in Corruption incidents/cases
- ii. Numbers of ethics related complaints

## **OBJECTIVE C: INSTITUTIONAL CAPACITY OF THE MINISTRY TO IMPLEMENT ITS CORE FUNCTIONS ENHANCED.**

### **Rationale**

The Institutional capacity to support service delivery aims at improving the ability of the Ministry to improve access, affordability, equity and sustainability of health services to the public through policy formulation, guidelines and standards for wellbeing of the society so as to improve their standard of living and their general wellbeing.

Institutional capacity includes improvement on the efficiency and performance, improved customers' satisfaction on service delivery and increase in the adherence to rules, laws and regulations. Another major area in institutional capacity is investment in support function such as administrative, human resource management, finance and accounting, internal auditing, procurement, policy and planning, communication, ICT, and M&E. These support function are important in creating an enabling environment to facilitate the core functions of the Ministry to deliver its service.

During the implementation of the 2015/2016 - 2020/2021 Strategic Plan a number of interventions were undertaken including; Electronic Financial Management System implemented construction of 2 zonal hospitals of Burigi Zonal Hospital and Mtwara Southern Zonal Hospital; Rehabilitated Northern zonal referral hospital (KCMC), Bugango zonal Hospital), 3 specialized (Kibong'oto, Ocean Road and Milembe) and Muhimbili National Hospital; Afya care which is integrated with GePG has been deployed to 14 RRH (50%) (Njombe, Tanga, Temeke, Mwanza,



Shinyanga, Tabora, Mbeya, Sokoine (Lindi), Mtwara, Singida, Rukwa, Ruvuma and Mirembe Mental Health Hospital); National Public Health Laboratory Constructed; and other investment in procurement, internal audit, government communication, legal services, policy and planning and finance management

In spite of the aforementioned achievements above there still exist issues and challenge related to inadequate staff in terms of number, skills and quality; Existence of inadequate ICT infrastructure that hinders efforts to reach more facilities; Existence of multiple, fragmented electronic health information systems that are not interoperable and/or not well aligned with the workflow in the health sector add extra workload to health workers; Most of the Private partners are not motivated to invest in the Health sector in the models of PPPs, most of Implementers are not conversant with the National PPP Act and Guidelines, there are multiple taxes imposed on the health commodities that discourage health investment; misunderstanding of the role of the Strategic Plan to various Ministry's implementers; and Withdrawal of some of the donors who support the health sector, Unreleased approved funds to some donors' projects, delay of disbursement of funds from Ministry of Finance. In order to address issues and challenges related to institutional capacity, the following strategies will be implemented: -

### **Strategy**

- i.Improve legal framework
- ii.Improve Public Awareness
- iii.Strengthen Research and Development in health sector
- iv.Enhance Monitoring and Evaluation in Health Sector
- v.Improve Infrastructure
- vi.Enhance Health Information Systems
- vii.Strengthen Ministry's human resource and administrative services.
- viii.Strengthen Internal control and financial management

### **Targets**

- i.Health related legislation amended, developed and reviewed by June 2026
- ii.Communication strategy implemented by 100% by June 2026
- iii.Research agenda disseminated and implemented by 100% by June, 2026
- iv.Monitoring and evaluation framework implemented by 100% by June, 2026
- v.3 zonal Hospitals,16 RRH and Ministry office building constructed by June, 2026
- vi.3 zonal Hospitals, 12 RRH, 6 specialized hospitals rehabilitated by June 2026
- vii.Digital health strategy implemented by 100% June, 2026
- viii.Working tools, equipment and Utilities facilitated by 100% by June 2026
- ix.Human resource plan implemented by 100% by June 2026
- x.Staff welfare services provided 100% by June, 2026
- xi.Internal control and risk management process on Ministry's operations evaluated annually by June, 2026
- xii.100% compliance to finance Act and regulations attained by June, 2026.
- xiii.100% compliance to PPA attained by June, 2026.
- xiv.Health policy and strategies developed and implemented by June 2026



## **Outcome Indicators**

- i.Level of Customers satisfaction on health services.
- ii.Audit opinion

## **OBJECTIVE D. PREVENTIVE AND CURATIVE HEALTH SERVICES IMPROVED**

### **Rationale**

Preventive and curative health services are core function of the MOH in this regard, the Ministry takes leadership as steward of the sector, by providing the necessary policy and regulatory framework, investment in infrastructure, equipment, medicines and Medical supplies and human resources.

Prevention and management of communicable and non-communicable diseases is very vital for enhancing the wellbeing and quality of life. It involves provision of immunization, environmental health, health promotion, rehabilitation, management and support services, provision of curative services in health facilities at all level.

Communicable diseases involve Malaria, HIV/AIDS, Tuberculosis and Neglected Tropical Diseases. On the other hand, non-communicable diseases include cancers, cardiovascular diseases, liver and kidney diseases, diabetes mellitus, trauma and injuries. These diseases contribute to be major causes of mortality, morbidity and disability in the country.

In the past five years of the Strategic Plan, the Ministry has implemented several Initiatives

### **Strategy**

- i.Improve provision of Preventive Services
- ii.Improve Provision of Curative Services
- iii.Strengthen management of health commodities
- iv.Improve nursing and midwifery services
- v.Strengthen emergence preparedness and response
- vi.Improve quality of health services

### **Targets**

- i.Communicable, emerging and remerging diseases reduced and controlled by 100 percent by June 2026
- ii.Maternal, Child and infant mortality reduced by June 2026
- iii.National environmental health, hygiene and sanitation strategy implemented by 50 percent by June 2026
- iv.Health promotion, and community sensitization strategy implemented by 100 percent by June 2026
- v.Health sector nutrition strategy implemented by 100 percent by June 2026
- vi.100% of Public and private health facilities capacitated to provide quality diagnostic services by June 2026
- vii.Comprehensive plan to 28 RRH facilitated by June 2026
- viii.Traditional and alternative medical services facilitated in 26 regions by June

2026

ix.Specialized services in 28 RRH and super specialized services at national hospital, 4 specialized hospitals and 6 Zonal hospitals facilitated by June 2026

x.Non-Communicable Diseases services facilitated in 26 regions by June 2026

xi.Availability of Medicine, Medical equipment, reagents and other health commodities in 6,332 health facilities facilitated by June 2026

xii.Health Commodities Revolving Fund (HCRF) for enhanced self-sustaining implemented by 100% by June, 2026

xiii.National capacity building program for nursing and midwifery implemented by 60 percent by June 2026

xiv.Nursing and midwifery practices standard attained by 70 percent by June 2026

xv.Preparedness and response in the country coordinated by 100 percent by June 2026

xvi.Quality Improvement Plan (QIP) implemented in 26 regions and 184 councils by June 2026

xvii.Healthcare Associated Infections (HAIs) prevented and controlled by 25% in all health facilities by June 2026

xviii.National Health Laboratory and blood Transfusion Services enhanced by June, 2026

xix.Health professional Councils and Boards facilitated to undertake their regulatory activities by June, 2026

Outcome Indicators

i.Infant mortality rate

ii.Under five mortality rate

iii.Maternal mortality rate

iv.Malaria prevalence rate

v.Coverage of super specialist health services at National, Special and Zonal hospitals

vi.Coverage of specialist health services at RRH hospitals

## **OBJECTIVE E: RESOURCES FOR HEALTH SERVICE DELIVERY IMPROVED**

### **Rationale**

Human resource is the most critical element in the health sector. The goal of human resources development is to prepare and empower health workers to provide and manage quality health services at all levels. It is envisaged that a well-planned, trained and deployed workforce will adequately cope with the current, emerging and re-emerging health problems. Human resources will be adequately remunerated and supported to enable them to fulfil their future tasks. The Ministry will be responsible for facilitating pre-service training, in-service training and continuing education. It will also be responsible for facilitating graduate, post-graduate training, internship and fellowships in collaboration with appropriate authorities, of which students' enrolment is expected to raise from 19,000 in 2022 to 25,000 in 2026 for all allied cadre.

The Ministry needs adequate staff with the necessary skills and expertise to provide quality services, and to run health facilities at all levels. The MOH will take the

lead in preparing curricula and will oversee training courses in public and private health colleges, to enhance the quality of training and the link between training and practice in health care.

Health care financing is a crucial element in the process of service delivery and needs inclusion of all relevant sources of funding. Attention will be paid to increasing domestic health financing and expanding strategic purchasing in the sector. The Ministry will continue to increase domestic funding in the health sector budget with a view to meeting high priority needs in line with the overall country's goals. The Ministry will review and update the Health Financing Strategy to be in line with the current situation and priorities including Health Insurance for All (HIA). Besides that, the Ministry by the year 2022-2026 will proceed collaborating with stakeholders to expand the scope of health insurance as well as mobilize citizens to join health insurance schemes to ensure that every citizen has access to health care without financial constraints. On the other the Ministry will provide further regulations regarding the gatekeeper system, reimbursements of claims, with clarification on eligibility, automation, and maximum period for reimbursement, to guarantee continuity of care.

Nevertheless, resource mapping will continue on harmonization, alignment, and equitable coverage over the country, of financial contributions from within and outside Ministry.

The government will strengthen capacities for and improve timeliness of routine Public Expenditure Reviews, National Health Accounts, supplemented by occasional Public Expenditure Tracking Studies. The government in collaboration with stakeholders will develop a resource mobilization plan, monitoring and evaluation. Government will continue to strengthen planning, budgeting, execution, monitoring and evaluation. Partners in the health sector will continue improving the efficient use of the available resources, for example through strategic purchasing and harmonization of funds flow. Partners will increasingly align with GOT public financial management systems.

### **Strategy**

- i.Strengthen Human Resource for Health
- ii.Improve health care financing

### **Targets**

- i.Training Institutions colleges in the country facilitated by June 2026
- ii.Human resource plan for health professionals implemented by 75% by June 2026
- iii.Ministry's plan and budget prepared and implemented annually by June 2026
- iv.Stakeholders' engagement in health sector coordinated by June 2026
- v.Health Commodities Revolving Fund (HCRF) for enhanced self-sustaining Implemented by 100% by June 2026.

### **Outcome Indicators**

- i.Skilled health staff patient ratio
- ii.Financial capacity to meet health obligations

## CHAPTER FOUR

### RESULT FRAMEWORK

#### Purpose and Structure

This chapter outlines how the Ministry of Health will track progress of intended results (outcomes), and assess the performance and realization of Organizational objectives. It includes development of objectives; beneficiaries of services; result chain; and the result framework matrix. It also describes the monitoring plan; the planned reviews; the evaluation plan and the reporting plan as part of the monitoring and evaluation arrangements.

#### Development Objective

The overriding objective of the Ministry of Health is “Improved social and Economic wellbeing through quality, sustainable, affordable and accessible health care services”, This objective represents the highest level of results envisioned by the Ministry.

#### Beneficiaries of MoH Services

The Ministry of Health has two (2) categories of beneficiaries in execution of its mandated roles. These categories include direct and indirect beneficiaries. Direct beneficiaries are those who are straightforwardly benefited by MoH services. Indirect beneficiaries are those who are not directly connected to the Ministry, who receive performance, financial and general plan documents and other information relating to health services, there are also Development partners who receive information on services, plans and budget, progress and financial reports on services within their area of interest, suppliers and service providers who seek business opportunities on provision of services.

#### Result Chain

MINISTRY OF HEALTH Result chain consists of outcomes, outputs, activities and inputs which broadly contribute to enhancing health services for the well-being of the Tanzanian society. A combination of the objectives and targets in the Strategic Plan; Activities and Inputs in the Medium-Term Expenditure Framework (MTEF) forms Ministry of Health Results Chain. The basic assumption is that, there is causal linkage in the various elements of the Ministry of Health result chain. The inputs, that is, utilization of resources will lead to the achievement of the activities, which will contribute to the achievement of outputs. Achievement of outputs will lead to the achievement of objectives.

#### The Result Framework Matrix

The Result Framework matrix contains MoH overall Development Objective, Objective Codes, Medium Term Objectives, Intermediate Outcomes and Outcome Indicators. It envisions how the Development Objective will be achieved and how the results will be measured. It should be noted that achievement of the Ministry of Health Development Objective will be contributed by several other players, and may not be completely attributed to these interventions under this Strategic Plan. The Results Framework Matrix is detailed below: -



**Table 1: Result Framework Matrix**

Development Objective	Objective Codes	Objectives	Intermediate Outcomes	Outcome Indicators
Improved social and Economic wellbeing through quality, sustainable, affordable and accessible health care services	A	HIV / AIDS INFECTIONS AND NON-COMMUNICABLE DISEASES (NCDs)REDUCED AND SUPPORTIVE SERVICES IMPROVED	xv. Increased number of staffs who are aware of their HIV/AIDS status xvi. Increased efficiency and motivated staffs at workplace xvii. Increased number of voluntary testing xviii. Decreased new cases for NCDs and HIV/AIDS infections	i. % of staff who declaring HIV status ii. Numbers of new NCD cases/incidents
	B	NATIONAL ANTI-CORRUPTION STRATEGY IMPLEMENTATION ENHANCED AND SUSTAINED	i. Reduced number of corruption cases reported ii. Improved ethical conduct among staffs iii. Reduced number of complains for service delivery iv. Increased transparency and accountability at workplace.	i. % change in Corruption incidents/cases ii. Numbers of ethics related complaints



Development Objective	Objective Codes	Objectives	Intermediate Outcomes	Outcome Indicators
	C	PREVENTIVE AND CURATIVE HEALTH SERVICES IMPROVED	<ul style="list-style-type: none"> <li>i. Reduced number of Outbreak cases</li> <li>ii. Decreased number of deaths</li> <li>iii. Reduced number of complaints</li> <li>iv. Increased participation in community issues such as vaccination for children and adults</li> <li>v. Increased awareness to the community on use of Traditional and alternative medical</li> <li>vi. Increased number of traditional health practitioners registered</li> <li>vii. Reduced Number of referral cases</li> <li>viii. Decrease number of emergence cases-</li> <li>ix. Increased number of registered health professionals</li> </ul>	<ul style="list-style-type: none"> <li>i. Infant mortality rate</li> <li>ii. Under five mortality rate</li> <li>iii. Maternal mortality rate</li> <li>iv. Malaria prevalence rate</li> <li>v. Coverage of super specialist health services at National and Zonal hospitals</li> <li>vi. Coverage of specialist health services at National, Zonal and RRH hospitals</li> </ul>
	D	RESOURCES FOR HEALTH SERVICE DELIVERY IMPROVED	<ul style="list-style-type: none"> <li>i. Improved Health Training Institutions Infrastructure</li> <li>ii. Increased enrolment of students</li> <li>iii. Increase the scope of health insurance schemes</li> </ul>	<ul style="list-style-type: none"> <li>i. Skilled health staff patient ratio</li> <li>ii. Financial capacity to meet health obligations</li> </ul>

Development Objective	Objective Codes	Objectives	Intermediate Outcomes	Outcome Indicators
	E	INSTITUTIONAL CAPACITY OF THE MINISTRY TO IMPLEMENT ITS CORE FUNCTIONS ENHANCED	<ul style="list-style-type: none"> <li>i. Reduced number of audit queries from auditors</li> <li>ii. Reduced number of complaints.</li> <li>iii. Improved financial management systems</li> <li>iv. Improved staff performance</li> <li>v. Increased staff morale</li> <li>vi. Improved working tools, equipment's and utilities</li> <li>vii. Improved retention rate</li> </ul>	<ul style="list-style-type: none"> <li>i. Level of Customers satisfaction on health services.</li> <li>ii. Audit opinion</li> </ul>

## Monitoring Reviews and Evaluation Plan

This section details the Monitoring Plan, Planned Reviews and Evaluation Plan for the period covering the five years of the strategic planning cycle from 2022/23 to 2025/26

### Monitoring Plan

The monitoring plan consists of indicators and their description, baseline for each indicator; indicator target values, data collection and methods of analysis, indicator reporting frequency and the officers who will be responsible for data collection, analysis and reporting. The monitoring and evaluation plan is detailed below:

## Table 2: Monitoring Plan

S/N	Indicator	Indicator Description	Baseline		Indicator Target Value					Data Collection and Methods of Analysis			Means of Verification	Frequency of Reporting	Responsibility of Data Collection
			Date	Value	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Data Source	Data Collection Instruments and Methods	Frequency of Data Collection			
1	% of staff who declaring HIV status	<p>This intends to establish the level of HIV/AIDS stigma at work place.</p> <p>This will be calculated by <math>(X/Y)*100</math>            Where            X=number of staff declared (HIV status)            Y=Total number of staff detected positive</p>	June 2021	39	44	49	54	59	64	MOH	Desk document review	Quarterly	Desk document review	Annually	DAHRM
2	Number of Non communicable Disease cases	<p>Intends to establish non communicable disease burden at work place</p> <p>To calculate incidence;  <math>(X/Y)*100</math>            X=New cases of NCDs            Y=Total number of staffs</p>	June 2020/21	Nil	Nil	20	25	40	20	MOH	Desk document review	Quarterly	Desk document review	Annually	DAHRM
3	%change in Corruption incidents/cases	<p>This Intends to measure level of Staff Integrity and ethical behavior related to corruption</p> <p>This can be calculated by <math>X-Y/Y*100</math>            Where by            X= Total number of corruption incidents/cases reported            Y= Total number of previous incidents</p>	2021	2	NA	NA	NA	NA	0	MOH	Document review		Integrity committee meeting	Monthly	DAHRM

S/N	Indicator	Indicator Description	Baseline		Indicator Target Value					Data Collection and Methods of Analysis			Means of Verification	Frequency of Reporting	Responsibility of Data Collection
			Date	Value	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Data Source	Data Collection Instruments and Methods	Frequency of Data Collection			
5	Level of Customer satisfaction on health services.	This intends to establish quality of service delivery This will be calculated by $(X/Y)*100$ Where X= Total number of highly satisfied respondents Y = Total number of respondents	June, 2021	Nil	Nil	40	45	50	60	MOH	Service delivery point	Routine	Exit interview	Annually	DPP
6	Audit opinion	Intends to measure the compliances and accountability of the Ministry's resources management. It is measured by obtaining rating opinions issued by CAG	June 2020/21	Unqualified	Unqualified	Unqualified	Unqualified	Unqualified	Unqualified	NAOT	Desk documentary review	Annually	CAG report	Annually	CA
7	Infant mortality rate	Intend to measure number of death of children under one year of age in 1000 live births This will be calculated $(X/Y)*100$ Where X=number of deaths in a year Y = Total number of live births	June 2020/21	37	NA	NA	NA	NA	31	NBS	Survey	Five years	Documentary Review	Annually	DPP

S/N	Indicator	Indicator Description	Baseline		Indicator Target Value					Data Collection and Methods of Analysis			Means of Verification	Frequency of Reporting	Responsibility of Data Collection
			Date	Value	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Data Source	Data Collection Instruments and Methods	Frequency of Data Collection			
8	Maternal mortality rate	Intend to measure number of maternal deaths in 100,000 live births Calculated by $(X/Y)*100$ Where X=Number of maternal deaths Y=Total number of live births.	June 2020/21	556	NA	NA	NA	NA	400	NBS	Survey	Five years	Documentary Review	Annually	DPP, DRMCH
9	Malaria prevalence rate	Intends to measures the magnitude of Malaria infection in the community. Calculated $(X/Y)*100$ Where X= Number of positive malaria tested Y= Total number of population	June 2020/21	7.3%	NA	NA	NA	NA	3.0%	NBS	Survey	Five years	Documentary Review	Five years	DPS
10	Coverage of super specialist health services at National, Special and Zonal hospitals	This measures Super specialized health services at National, specialized and Zonal Hospitals Calculated $(X/Y)*100$ Where X= Number of super specialized service provided Y= Total number of expected super specialized service	June 2020/21	19	23	27	31	34	37	Health facility	Questioners	Quarterly	Quality improvement Report	Annually	DCS
11	Coverage of specialist health services at RRRH hospitals	This measures number of RRRH which provide 14 specialized health services  Calculated $(X/Y)*100$ Where X=Number of RRRH providing 14 specialized services Y= Total number of RRRH	June 2020/21	0%	10%	20%	30%	40%	50%	HFR	Questioners	Annually	Meeting & Report	Annually	DCS



S/N	Indicator	Indicator Description	Baseline		Indicator Target Value					Data Collection and Methods of Analysis			Means of Verification	Frequency of Reporting	Responsibility of Data Collection
			Date	Value	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Data Source	Data Collection Instruments and Methods	Frequency of Data Collection			
12	Skilled health staff patient ratio	Measures the number of skilled health staffs available per 10,000 populations in a given geographical area Calculated $(X/Y) * 10,000$ Where X=Number of Health Skilled Staff Y= Total Population	2019	8.2 per 10,000 population	9.2 per 10,000 population	10.2 per 10,000 population	11.2 per 10,000 population	12.2 per 10,000 population	13.2 per 10,000 population	MOH	HRHIS ( Human Resource for Health Information system)	Annually	Country Profile Report	Annually	DHR
13	Financial capacity to meet health obligations	Intends to measure share of government budget allocation on health  Calculated $(X/Y) * 100$ Where X=share of Government Budget on Health Y= Total Government Budget	2019	9%	11.5%	12.8%	13.5%	14%	15%	MOFP	NHA (National Health Accounts)	Annually	National Budget Book (Vol. IV)	Annually	DPP

# PLANNED REVIEWS

There will be reviews that aim to obtain progress status on the implementation of strategic plan. The planned reviews consist of review meetings, milestones and rapid appraisals.

## Review Meetings

Various meetings will be conducted to track progress on the milestones, activities and targets/outputs critical for achievement of organizational objectives. Review meetings are as follows:

**Table 3: Planned Review Meeting**

S/N	Types of Meeting	Frequency	Designation of the Chairperson	Participants
1	General Staff	Annually	Minister	All Staff
2	Workers Council	Biannually	Permanent Secretary	Representatives from Departments, Directors, Head of Units, Trade Union and staff representatives
3	Management	Weekly	Permanent Secretary	Directors, Head of Unit, Registrar of Professional Councils and Boards
4	Chief Medical Office	Weekly	Chief Medical Officer	Technical Directors, Head of Units, Program, Registrar of Professional Councils and Boards
5	Departmental/ Units	Weekly	Directors/Head of Unit	Program Managers and Coordinators of Programs
6	Budget Committee	Monthly	Permanent Secretary	Directors, Head of Unit, Registrar of Professional Councils and Boards
7	Audit Committee	Biannually	Appointed	Appointed members
8	Tender Board	Quarterly	Permanent Secretary	Appointed members
9	Professional Councils and Boards	Quarterly	Chief Medical Officer	Registrar of Professional Councils and Boards
10	Integrity, Disciplinary and Ethical Committee	Quarterly	Director of Human Resource	Appointed members
11	HIV/AIDS Committee	Quarterly	Director of Human Resource	Appointed

## Planned Milestones Reviews

The planned milestones reviews will provide necessary information for Ministry Management to act in case particular milestone is off track or at risk. For each target, NIT has set a milestone which will be monitored and reported, review will also assess to what extent the achieved targets have contributed towards achievement of five year outcomes as well as raising issues, challenges and lessons learnt

**Table 4: Planned Milestones Reviews**

YEARS	Planned Review	Milestones	Timeframe	Responsible Person
Year I 2022/2023	Two Reviews (Semi-Annually)	Disciplinary and Integrity committee meeting conducted	June 2023	DAHRM
		Supportive services to staffs living with HIV provided	June 2023	DAHRM
		Awareness programs on NCDs at the Ministry developed and operationalized	June 2023	DAHRM
		Health training institutions constructed and renovated	June 2023	DHR
		Ministry Budget and projects monitored and evaluated	June 2023	DPP
		National Health Policy with substantial implementation strategy finalized and disseminated	June 2023	DPP
		Health Insurance Act prepared and disseminated	June 2023	DPP
		National, Specialized, Zonal and 28 RRH Constructed and equipped	June 2023	DPP
		National and Regional professional meeting conducted	June 2023	GCU
		Ministerial Tender Board meeting conducted	June 2023	DPM
		Health Training Institutions examinations conducted	June 2023	DHR
		Cabinet Papers and other Leaders directives Prepared	June 2023	DPP
		Guideline for continuing educationn and continuing professional for health reviewed	June 2023	DHR
		Annual principals meeting to 44 health training institutions conducted	June 2023	DHR
		Examination Guide reviewed	June 2023	DHR
		Supportive supervision to improve nursing and mid-wifery services conducted	June 2023	DNMS
		Voluntary community engagement on blood donation in all levels sensitized	June 2023	DCS
		Disciplinary and Integrity committee meeting conducted	June 2023	DAHRM
Year II 2023/2024	Two Reviews (Semi-Annually)	Clinical assessment skills conducted	June 2024	DHR
		Assessment plan and practical guide prepared	June 2024	DHR
		Supportive services to staffs living with HIV provided	June 2024	DAHRM
		Health training institutions constructed and renovated	June 2024	DHR
		To prepare assessment plan and practical guide by June 2024	June 2024	DPP
		Supportive Supervision to Zonal Regional Referral Hospitals & Institutions conducted	June 2024	DCS
		Water and sanitation intervention conducted	June 2024	DPS

YEARS	Planned Review	Milestones	Timeframe	Responsible Person
Year III 2024/2025	Two Reviews (Semi-Annually)	Integrity committee meeting conducted	June 2025	DAHRM
		Awareness campaign on Anti –corruption conducted	June 2025	DAHRM
		Supportive services to staffs living with HIV provided	June 2025	DAHRM
		4 International Conference and Seminars (Afro region, World Health Assembly, UNGAS, Executive Board Meeting (WHO)) and other designated Government official travel conducted	June 2025	DPS
		Nutrition interventions implemented	June 2025	DPS
		Health training institutions constructed and renovated	June 2025	DHR
Year IV 2025/20264	Two Reviews (Semi Annually))	Assessment plan and practical guide prepared	June 2026	DHR
		TANGE for health training Institution prepared	June 2026	DHR
		Principals meeting to 44 health training institutions conducted	June 2026	DHR
		Ministerial M&E on development projects, programs and Regional Referral Hospitals performance conducted	June 2026	DPP

YEARS	Planned Review	Milestones	Timeframe	Responsible Person
Year III 2025/2025	Two Reviews (Semi-Annually)	Ministry Budget and projects monitored and evaluated	June 2026	DPP
		Medicine audit, bottom-up quantification and therapeutic committee conducted	June 2026	CP
		Assessment plan and practical guide prepared	June 2026	DHR
		TANGE for health training Institution prepared	June 2026	DHR



## Rapid Appraisals

Rapid appraisals intend to gather information for facilitating implementation of planned interventions. The table below indicates the MoH Rapid Appraisal for the next five (5) years from 2022/23 to 2025/26.

TABLE 5: RAPID APPRAISAL

S/N	Rapid appraisal	Description of the rapid appraisal	Appraisal Areas	Methodology	Frequency	Responsible person
1	Assessment of customer satisfaction on curative services	The study intends to assess customers' needs and expectation are met	i. Availability of qualified health personnel ii. Availability of health commodities iii. Customer care	Survey	Thrice in five years	DCS
2	Medical treatment procedures compliance study	This study intends to establish quality of service provision	i. Availability of standard treatment guidelines ii. Adherence to standard treatment guidelines iii. Efficiency and effectiveness of the guideline	Survey	Twice in five years	DCS
3	Efficacy of Traditional medicine study	This study intend to establish the effectiveness of traditional medicines	i. Safety requirement ii. Adherence to registration procedures	Clinical trial	Once in five years	DCS
4	Assessment of availability and readiness of medical services	This intend to assess prepared of health facilities in provision of health services	i. Distribution of health facilities ii. Availability of infrastructures iii. Availability of work force iv. Availability of health information system v. Availability of health commodities	Survey	Once in five years	DCS
5	Study on prevalence of NCD	This intend to assess burden of NCD	i. Identify prevailing NCDs ii. Establish distribution of NCDs iii. Identify causes/factors for NCDs	Survey	Once in five years	DCS
6	Dialysis effectiveness Assessment	This intend to assess effectiveness of dialysis	i. Benefit of the intervention (health benefit) ii. Cost incurred	Survey	Once in five years	DCS
7	Prevalence of communicable diseases Assessment	This intend to assess burden of communicable diseases	i. Identify prevailing communicable diseases ii. Establish distribution of communicable diseases iii. Identify factors associated with communicable diseases	Survey	Once in five years	DPS

S/N	Rapid appraisal	Description of the rapid appraisal	Appraisal Areas	Methodology	Frequency	Responsible person
8	National nutritional survey	This intend to assess nutrition status	i. Identify prevailing nutritional deficiencies ii. Establish distribution of nutritional deficiencies iii. Identify factors for nutritional deficiencies	Survey	Once in five years	DPS
9	Environmental health study	This study intend to improve environmental health, hygiene and sanitation	i. Availability of national environmental health, hygiene and sanitation strategy ii. Adherence of environmental health standards iii. Efficiency and effectiveness of the guideline	Survey	Once in five years	DPS
10	Neglected Tropical Disease (NTD) assessment	This study aimed to create awareness on neglected tropical disease	i. Availability of Neglected Tropical Disease guideline ii. Awareness regarding neglected tropical disease iii. efficiency and effectiveness of neglected tropical diseases	Clinical trial	Twice in five years	DPS
11	Study on emerging and reemerging diseases	This study intend to identify various causes of emerging and re-emerging diseases	i. Availability of emerging and re-emerging disease guideline ii. Availability of medicines for treatment of emerging and re-emerging diseases iii. Efficiency and effectiveness of medicines available for treatment of emerging and re-emerging diseases	Desk review	Every year	EPRU
12	Uptake of RMNCAH services assessment	This study intend to establish RMNCAH services provision	i. Availability of RMNCAH Guideline ii. Effectiveness of RMNCAH services	Survey	Twice	DPS
13	Maternal and newborn study	This study intend to improve quality of services in maternal and newborn	i. Availability of maternal and newborn guideline ii. Adherence with code of ethics and conducts on maternal and newborn services	Desk Review	Twice for five years	DPS
14	WISN assessment	This study intends to improve efficiency at work place	i. Availability of WISN guideline ii. Efficiency and effectiveness of WISN	Survey	Every year	DHRD
15	Midwifery and nursing trainings effectiveness assessment	This study intend to improve quality of services in midwifery and nursing training	i. Availability of midwifery and nursing guideline ii. Adherence with Practical training of midwifery and nursing	Questionnaires, survey	Twice in five years	DNMS
16	Health training Curricula assessment	This study intend to evaluate efficacy of current curricula	i. Training Institutions and ii. service delivery points	Survey	Every five years	DHR
17	Assessment of antimicrobial resistance	This study intends to assess the burden of disease resistance to the community	i. Availability of STG ii. Self-prescription	Survey / Research	Annually	DCS
18	Health commodities supply chain assessment	Efficiency and effective use of health commodities to health care facilities	i. Availability of STG ii. Availability of health commodities price list	Survey	Annually	DPS
19	Health facilities star rating	The study intends to assess quality of care to the health facilities	i. Availability of treatment guideline ii. Availability of Health commodities iii. Effective and efficiency STG iv. Active Management of health facilities	Checklist Face to face Interview	Annually	DHQA

S/N	Rapid appraisal	Description of the rapid appraisal	Appraisal Areas	Methodology	Frequency	Responsible person
20.	Nursing ethics compliance assessment	This intends to assess the ethical for Nurses	i. Establishment of code of conduct	Survey	Annually	DNMS
21.	National Health account survey	Intends to track expenditure of funds in Health Sector	i. Source of Fund ii. Management of fund iii. Distribution of fund iv. Beneficiaries	Survey	Annually	DPP
22	Public Health expenditure review	This intends to use of public fund in health Sector	i. Source of Fund ii. Management of fund iii. Distribution of fund iv. Beneficiaries v. Budget execution vi. Distribution of fund from central to local level vii. Effectiveness financing policies	Survey	Annually	DPP
23	Data quality assessment	To assess the Completeness, accuracy and timeliness of data	Availability of Data quality checklist	Questioner	Annually	DPP
24	Health Insurance assessment	This intends institution arrangement of Insurance coverage	i. Market structure ii. Benefit package	Survey	Twice	DPS
25	Off Budget resource assessment	This study intends to collect data and reveal all resources that comes into the country for health sector out of Government budget	This study intends to collect data and reveal all resources that comes into the country for health sector out of Government budget	Reviewing all sources of funds from major donors, Implementing partners and other non-Governmental stakeholders	Annually	DPP
26	Health sector NGOs mapping	This study intends to identify all Non state actors on Health sector	Tracking information on Geographical location, sources of funds and intervention addressed by non-State actors on health sector	Survey through questionnaire and document review	Quarterly	DPP
27	Health sector ICT based systems assessment	Intends to identify and evaluate effectiveness and efficiency of ICT systems used in health sector	Review systems business processes and data integrity as well as confidentiality	Review of Software development manual and e-Government Act, Standards and guidelines	Quarterly	DICT
28.	Training needs assessment	Intends to identify gaps of human resource skills	Review of human resource skills data base against organizational requirement and functionalities	Survey and document review	Quarterly	DAHRM
29.	Customer satisfaction assessment	Intends to assess satisfaction level of consumers of MOH services	Conduct random sampling interview to customers on MOH services	Survey through questionnaire	Annually	DAHRM
30.	Business Process Improvement assessment	Intends to review bureaucratic processes for the sake of improvements at work place	Review of all activities and length of time from when the customer arrives and identify areas of weakness for improvements	Survey through Questionnaire and focus Group discussion	Annually	DAHRM
31.	Assessment of Health sector contracts and MOUs benefits	Intends to identify gaps on areas of National Interest in MOUs and Contracts entered by the Government in International Corporations	MOUs and Contracts	Survey through Document Review and Focus Group Discussion	Annually	DLS
32	Assessment of Health emergency preparedness / capacity to manage disasters	This study intends to identify Ministry capacity to manage emergencies and disasters	Emergency responses capacity	Survey	Annually	DEPRU

S/N	Rapid appraisal	Description of the rapid appraisal	Appraisal Areas	Methodology	Frequency	Responsible person
33	Assessment of provider payment mechanism	Efficiency and effective approach in payment	Efficiency and effective use of approach	Survey	Annually	DPP
34	Evaluation of Health Sector Institution Framework	Intends to review the institutional frameworks of different Institutions and organisations as well as levels under MOH	Review of Organizational structures, Professional requirements and Qualifications standards	F o c u s s e d group discussion, documentary review	Once	DAHRM



## EVALUATION PLAN

Evaluations intend to obtain evidence as to whether the interventions and outputs achieved have led to the achievement of the outcomes as envisioned in the Strategic Plan. The table below show evaluation plan.

**TABLE 6: EVALUATION PLAN**

S/N	Evaluations	Description	Evaluation Questions	Methodology	Timeframe	Responsible Person
1	Vaccine Immunogenicity study	This study intends to measure outcome of vaccination	Number of people vaccinated and the impact of vaccination	Questionnaires and interviews	Mid-term review evaluation	DDS, DCS, DEPRU
2.	Outcomes of specialized and super-specialized health services	This study intend to measure outcomes of specialized health services in the country	i. Number of specialized services available ii. Professional health staffs available in each area iii. Diagnostic equipments available iv. Distribution of specialized services in the country v. Efficacy of specialized services	Questionnaires and interviews	Mid-term review evaluation	DCS, DDS
3.	Evaluation of Ministry strategic plan	This study intends to evaluate how the targets per each objectives have been achieved	Number of Objectives and targets are realistic		Mid-term review evaluation	DPP
4.	Evaluation of the National Health Policy	Intends to assess gaps realized during implementation period and requirement of time and technologies	i. Review of policy issues and statements ii. Establish new areas of policy issues according to need of time and Technology	i. Document review, ii. Focused group discussion and iii. Questionnaire	Mid-term review evaluation	DPP



## REPORTING PLAN

This is a plan that shows all reports that will be used in the execution of the strategic plan. The report plan contains both Internal and external reports.

### Internal Reporting Plan

Internal Reporting Plan is plan that contains reports that are used within the Ministry. The reporting plan is in accordance with statutory requirements or as may be required from time to time. The Reporting Plan is detailed in Table below:

**A: TABLE 7:I Internal Reporting Plan**

S/N	Type of report	Recipient	Frequency	Responsible person
1.	Internal Audit Reports	Permanent Secretary	Quarterly	CIA
2.	Performance Progress Reports	Permanent Secretary	Quarterly	Directors, Heads of Unit and Registrar
3.	Technical Reports	Permanent Secretary	Weekly	Technical Directorate
4.	Integrity committee report	Permanent Secretary	Quarterly	DARHM
5.	Budget committee reports	Permanent Secretary	Monthly	DPP
6.	Disciplinary committee reports	Permanent Secretary	Quarterly	DARHM
7.	HIV/AIDS and NCDs Reports	Permanent Secretary	Quarterly	DARHM
8.	Ethics committee reports	Permanent Secretary	Quarterly	DARHM/ COUNCILS
9.	Health Institutions Report	Permanent Secretary	Quarterly	Heads of Institution
10.	Technical Working Group (TWG) Report	Permanent Secretary	Quarterly	Chairperson of TWGs

**TABLE 8: External Reporting Plan**

External reporting plan are plan that contains reports that are used by external entities.

### B: EXTERNAL REPORTING PLAN

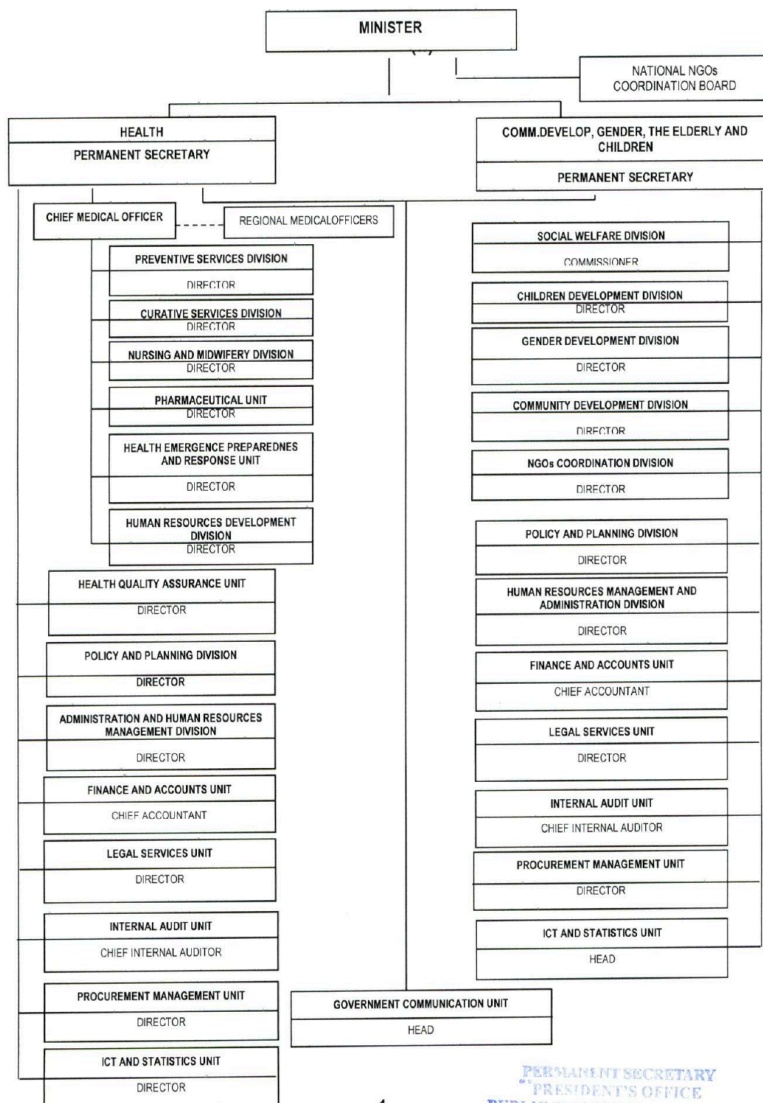
S/N	Type of report	Recipient	Frequency	Responsible person
1.	Audit Reports	National Audit Office	Annually	Permanent Secretary
2.	Financial Report	Ministry of Finance and Planning	Annually	Permanent Secretary
3.	Technical Committee Sector Wide Approach (TC-SWAP) Report	Development Partners	Annually	Permanent Secretary
4.	Performance Report	MOFF, PMO	Quarterly	Permanent Secretary
5.	Procurement Report	PPRA	Quarterly	Permanent Secretary
6.	Human Resource Report	PO-PSMGG	Annually	Permanent Secretary
7.	Ruling Part Manifesto Report	PMO	Semi- Annual	Permanent Secretary
8.	Five years Development Plan Report	MOFF	Annually	Permanent Secretary
9.	Parliamentary committee report	Parliament	Quarterly	Permanent Secretary

# ANNEXES

## Annex i

### THE ORGANIZATION STRUCTURE OF THE MINISTRY OF HEALTH

**THE CURRENT FUNCTIONS AND ORGANISATION STRUCTURE OF  
THE MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, THE  
ELDERLY, GENDER AND CHILDREN  
(Approved by the President on 7<sup>th</sup> July, 2018)**



## Annex ii

### STRATEGIC PLAN MATRIX

S/N	OBJECTIVE	STRATEGY	TARGET	RESPONSIBLE	OUTCOME INDICATOR
A	HIV/AIDS Infections and Non-communicable diseases reduced and supportive service improved	Strengthen preventive and supportive services on HIV/AIDS and NCDs	Work place HIV/AIDS Management program implemented 100% by June 2026	DAHRM	i. % of staff who declaring HIV status
			Work place NCD Management program implemented 100% by June 2026	DAHRM	ii. Numbers of new NCD cases/incidents
B	National Anti-Corruption Strategy Implementation enhanced and sustained	Strengthen Anti-Corruption measures	Work place Anti-Corruption program implemented 100% by June 2026	DAHRM	i. % change in Corruption incidents/cases
			Ethics compliance framework implemented by 100% by June 2026	DAHRM	ii. Numbers of ethics related complaints
C	Institutional Capacity to support service delivery Improved	Improve legal framework	Health related legislation amended, developed and reviewed By June 2026	DLS	i. Level of Customers satisfaction on health services, Audit opinion
		Improve Public Awareness	Communication strategy implemented by 100% by June 2026	GCU	ii.
		Strengthen Research and Development in health sector	Research agenda disseminated and implemented by 100% by June, 2026	DPP	
		Enhance Monitoring and Evaluation in Health Sector	Monitoring and evaluation framework implemented by 100% by June, 2026	DPP	
		Improve Infrastructure	3 zonal Hospitals, 16 RRH and Ministry office building constructed by June, 2026	DPP	
			3 zonal Hospitals, 12 RRH, 6 specialized hospital rehabilitated by June 2026	DPP	
		Enhance Health Information Systems	Digital health strategy implemented by 100% June, 2026	ICT	
		Strengthen Ministry's human resource and administrative services.	Working tools, equipment and Utilities facilitated by 100% by June 2026	DIRECTORATE AND UNITS	
			Human resource plan implemented by 100% by June 2026	DIRECTORATE AND UNITS	
			Staff welfare services provided 100% by June, 2026	DIRECTORATE AND UNITS	
		Strengthen Internal control and financial management	Internal control and risk management process on Ministry's operations evaluated annually by June, 2026	CIA	
			100% compliance to finance Act and regulations attained by June, 2026.	CA	
			100% compliance to PPA attain by June, 2026.	PRU	

S/N	OBJECTIVE	STRATEGY	TARGET	RESPONSIBLE	OUTCOME INDICATOR
D	Preventive and curative health services improved	Improve provision of Preventive Services	Communicable, emerging and re-emerging diseases reduced 100% by June 2026	DPS	i. Infant mortality rate
			Maternal, Child and infant mortality reduced by June 2026	DPS	ii. Under five mortality rate
			National environmental health, hygiene and sanitation strategy implemented by 50 percent by June 2026	DPS	iii. Maternal mortality rate
			Health promotion, and community sensitization strategy implemented by 100 percent by June 2026	DPS	iv. Malaria prevalence rate
			Health sector nutrition strategy implemented by 100 percent by June 2026	DPS	v. Coverage of super specialist health services at National, Special and Zonal hospitals
					vi. Coverage of specialist health services at RRH hospitals
		Improve Provision of Curative Services	% of Public and private health facilities capacitated to provide quality diagnostic services by June 2026	DDS	
			Comprehensive plan to 28 RRH facilitated by June 2026	DDS	
			Traditional and alternative medical services facilitated in 26 regions by June 2026	DDS	
			Specialized services in 28 RRH and super specialized services at national hospital, 4 specialized hospitals and 6 Zonal hospitals facilitated by June 2026	DDS	
			Non-Communicable Diseases services facilitated in 26 regions by June 2026	DDS	
		Strengthen management of health commodities	Availability of Medicine, Medical equipment, reagents and other health commodities in 6,332 health facilities facilitated by June 2026	PSU	
		Improve nursing and midwifery services	National capacity building program for nursing and midwifery implemented by 60 percent by June 2026	DNMS	
			Nursing and midwifery practices standard attained by 80 percent by June 2026	DNMS	
		Strengthen emergency preparedness and response	Preparedness and response in the country coordinated by 100 percent by June 2026		
		Improve quality of health services	Quality Improvement Plan (QIP) implemented in 26 regions and 184 councils by June 2026	DHQUA	
			Health laboratories accredited by June 2026	DHQUA	
E	Resources for Health service delivery improved	Strengthen Human Resource for Health	Training Institution college in the country facilitated by June 2026	DHR	i. Skilled health staff patient ratio
			Human resource plan for health professionals implemented by 75% by June 2026	DHR	ii. Financial capacity to meet health obligations
		Improve health care financing	Ministry's plan and budget prepared and implemented annually by June 2026	DPP	
			Health policy and strategies developed and implemented by June 2026	DPP	
			Stakeholders' engagement in health sector coordinated by June 2026		



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