



THE UNITED REPUBLIC OF TANZANIA

Ministry of Finance and Planning

Internal Auditor General's Division

Independent Verification of Health Service Results Supported by the Health Basket
Fund and the Strengthening of Primary Health Care for Results Programme for
2019/2020

June, 2020

Submitted to

**The Ministry of Health Community Development, Gender, Elderly and
Children**

List of Abbreviations

ANC	-	Ante Natal Care
BFC	-	Basket Fund Committee
BRN	-	Big Results Now
CAG	-	Controller and Auditor General
CCHP	-	Comprehensive Council Health Plan
CEmONC	-	Comprehensive Emergency Maternal Obsteric and Neonatal Care
CHF	-	Community Health Fund
CHMT	-	Council Health Management Team
CWM	-	HealthCare Waste Management
DC	-	District Council
DHFF	-	Direct Health Facility Financing
DHIS 2	-	District Health Information System 2
DLIs	-	Disbursement Linked Indicators
DMO	-	District Medical Officer
DPs	-	Development Partners
DQA	-	Data Quality Audit
DTC	-	Diarrhoea Treatment Corner
EIA	-	Environmental Impact Assessment
EIS	-	Environmental Impact Statement
EMA	-	Environmental Management Act
ESSA	-	Environmental and Social System Assessment
FBOs	-	Faith Based Organizations
GoT	-	Government of Tanzania
GPS	-	Geographical Position System
GST	-	Geological Survey of Tanzania
HBF	-	Health Basket Fund
HCF	-	HealthCare Facility
HCMIS	-	Human Capital Management Information System
HCW	-	HealthCare Waste
HF	-	Health Facility
HFGCs	-	Health Facility Governing Committees
HMIS	-	Health Management Information System
HRM	-	Human Resources Management
HSSP IV	-	Health Sector Strategic Plan IV
IAGD	-	Internal Auditor General Division
ICT	-	Information and Communication Technology
ICHF	-	Improved Community Health Fund
IFMIS	-	Integrated Financial Management Information System
IPD	-	In Patient Department
IPT2	-	Intermittent Presumptive Treatment
IV	-	Independent Verification
LGAs	-	Local Government Authorities
M&E	-	Monitoring and Evaluation
MC	-	Municipal Council

MDGs	-	Millennium Development Goals
MICAS	-	Ministry of Information Culture and Sports
MoFP	-	Ministry of Finance and Planning
MOHCDGEC-	-	Ministry of Health Community Development, Gender, Elderly and Children
MoU	-	Memorandum of Understanding
MSD	-	Medical Store Department
MTEF	-	Medium Term Expenditure Framework
NAOT	-	National Audit Office of Tanzania
NBS	-	National Bureau of Statistics
NHIF	-	National Health Insurance Fund
OPD	-	Out Patient Department
P for R	-	Program for Results
PAD	-	Programme Appraisal Document
PBF	-	Performance Based Financing
PFA	-	Public Finance Act
PFI	-	Participating Financial Institution
PHC	-	Primary Health Care
PMSC	-	Performance Monitoring Sub -Committee
PO-RALG	-	President's Office, Regional Administration and Local Government
PPA	-	Public Procurement Act
PPRA	-	Public Procurement Regulatory Authority
PSC	-	Performance Score Cards
PSM &GG	-	Public Service Management and Good Governance
PST	-	Permanent Secretary-Treasury
RAS	-	Regional Administrative Secretary
RBF	-	Results Based Financing
RHMT	-	Regional Health Management Team
RMNCH	-	Reproductive Maternal Neonatal Child Health
RS	-	Regional Secretariat
SBU	-	Strategic Business Units
SPHC4R	-	Strengthening Primary Health Care Programme for Results
TC	-	Town Council
ToR	-	Terms of Reference
TZS	-	Tanzanian Shilling
USAID	-	United States Agency for International Development
USD	-	United States Dollar
WB	-	World Bank

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Executive Summary

The Independent Verification Report of Health Basket Fund (HBF) by the Internal Auditor General Division (IAGD) presents methodology, findings and recommendations for Strengthening of Primary Health Care for Results Programme (SPHCR). It also presents implementation status of previous year (2019) recommendations and some trends of performance from 2015 - 2020.

This verification was undertaken between March and June 2020; it was carried out in 26 Sampled Local Government Authorities (LGAs) from 26 regions of Tanzania mainland. The total of 101 Health Facilities (HFs) composed of 17 Hospitals, 34 Health Centers and 50 Dispensaries were selected from 26 LGAs where as, 70 sampled HFs (6 Hospitals, 28 Health Centres and 36 Dispensaries) are owned by the Public and 31 sampled HFs (11 Hospitals, six (6) Health Centres and 14 Dispensaries) are Faith Based Organizations (FBOs).

The report comprises of six sections. Section one presents background and verification methodology; Section two Performance of Disbursement Linked Indicators (DLI1, DLIs2, DLIs4, DLIs5 DLIs6, DLI7; Section three procurement and financial management, Section four is on environmental and social safeguards, Section five presents implementation status of previous year (2019) recommendations and Section six highlights recommendations and conclusion.

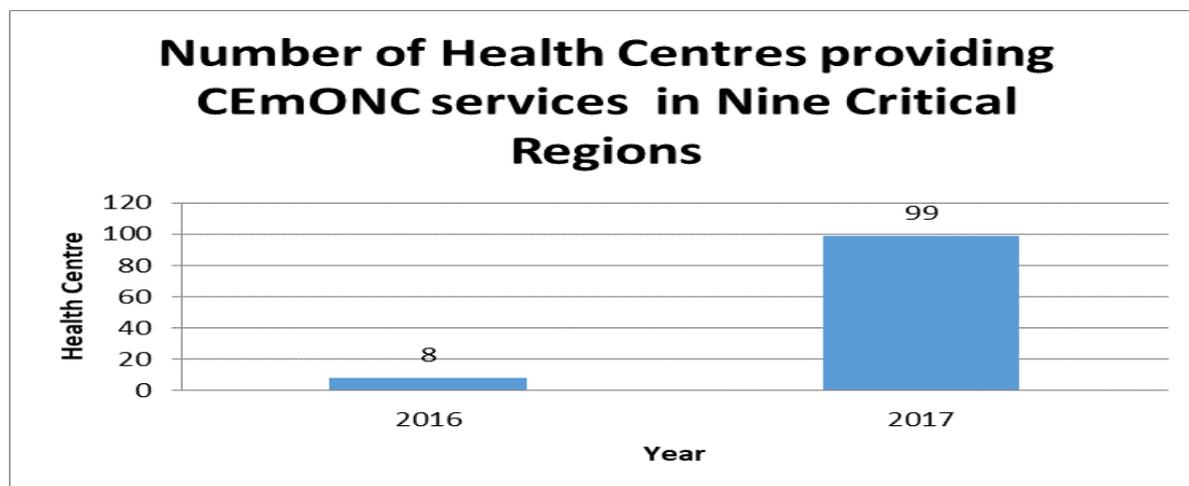
1. Disbursement Linked Indicators (DLIs1)

Verification was done in Public Health Centres in all 184 LGAs to find out Health Centres that provide CEmONC services. It was observed that, a total of 282 (47.6 percent) out of all 592 Public Health Centres were providing CEmONC services nationwide.

Analysisi was also done on provision of CEmONC services in nine critical regions, and observed that, 99 Public Health Centres (57.2 percent) were found to be providing CEmONC services out of 173 existing Public Health Centres in nine critical regions.

Performance of CEmONC services in nine critical regions, shows that there has been improvement comparing the 2016 year and 2019 status whereby in 2016, there were eight health Centres, while in 2019 there are 99 Health Centres providing such services in nine Critical Regions.

Figure 1: Comparison of Health Centres providing CEmONC services in Critical Regions



2. Disbursement Linked Indicators (DLIs2) Institutional Strengthening

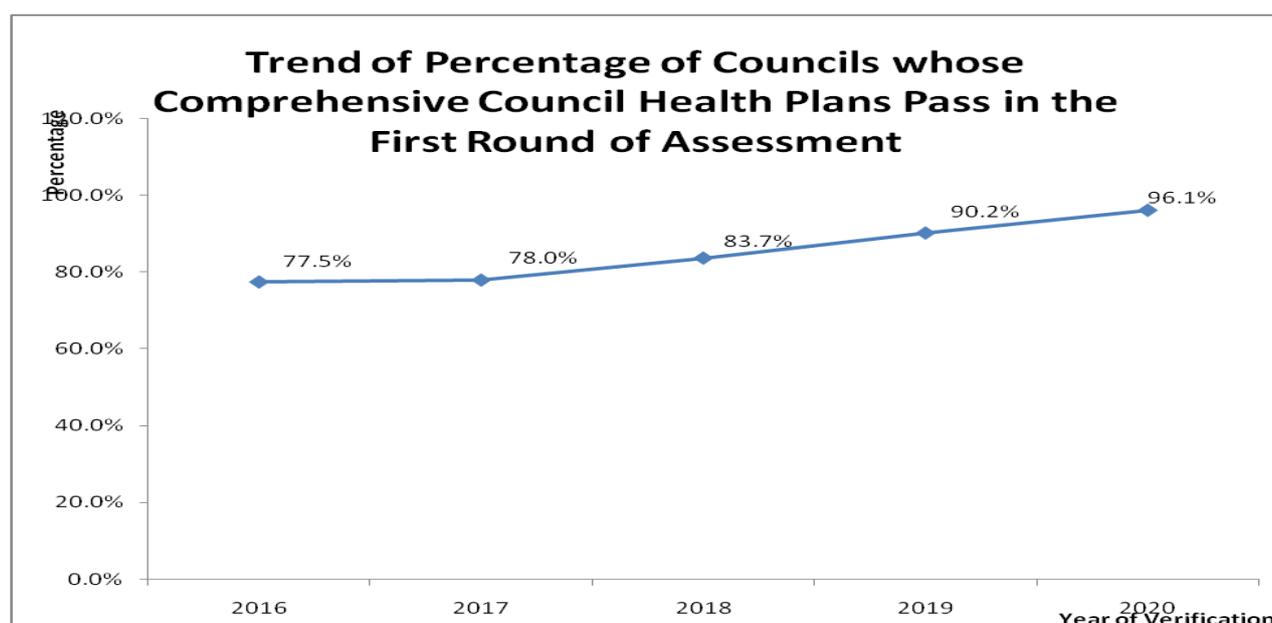
S/N	Indicator Name	Baseline	Target	Reported	Verified
		2019/2020	2020/21	2020/21	2020/21
1	Percentage of health in total government budget	8%	9.75%	9%)	9.1%
2	Percentage of councils whose annual CCHPs pass in the first round of assessment	90.2%	95%	96.1%	96.1%
3	Percentage of completion of Star "Rating" Reassessment of PHC Facilities	N/A	N/A	N/A	N/A
4	Percentage of annual employment permits for HRH in PHC given to the Nine Critical regions	N/A	N/A	N/A	N/A
5	Percentage of PHC facilities with bank accounts opened according to Guidelines from MoFP/Accountant General	100%	100%	100%	100%

S/N	Indicator Name	Baseline	Target	Reported	Verified
		2019/2020	2020/21	2020/21	2020/21
6	Action Plans of Audits of recipients of HBF received	PO-RALG and MoHCDGEC Action Plans of the FY 2018/19 CAG Audit report were prepared and shared with Development Partners within two months after release of the CAG report.			

2.1 Trend of Institutional Strengthening Indicators 2016 - 2020

The team selected CCHPs that passed first round for the purpose of trend analysis under Institutional Strengthening indicator in DLI 2 to observe the trends for the period of Five-years 2016 - 2020. In this case, Generally, there are positive improvement from 77.5 percent in the year 2015 to 96.1 percent in the year 2020 (**Figure 2**).

Figure 2: Percentage of CCHP Passed First Round 2016 – 2020



3. Disbursement Linked Indicators (DLIs4) Service Delivery

S/N	Indicator	Baseline (2018)	Target (2019)	Reported (2019)	Verified (2019)
1	Percentage of women attending 4 antenatal care visits or more (ANC4)	64%	68%	80%	80.5%
2	Percentage of ANC Attendees receiving at least two doses of Intermittent Presumptive Treatment of Malaria (IPT2)	81%	85%	87%	87.4%

S/N	Indicator	Baseline (2018)	Target (2019)	Reported (2019)	Verified (2019)
3	Percent of ANC attendees receiving adequate quantity of Iron and Folate tablets until the next ANC visit	76%	79%	84%	84%
4	Percentage of Institutional deliveries	79%	82%	83%	82.7%
5	Percentage of women of Reproductive age using Modern Family Planning methods	39%	41%	42%	41.9%
6	Number of children 12-59, months receiving one dose of Vitamin A supplementation during the previous 12 months	100%	100%	100%	146.7%
7	Percentage of PHC facilities with skilled HRH (availability of at least one Clinician or Nurse)	83%	85%	93%	98.8%
8	Percentage of PHC facilities with continuous availability of 10 tracer medicines in the past year	96%	100%	96%	96.3%
9	Percentage of LGAs with functional Council Health Board	84%	89%	89%	92.3%
10	Percentage of completeness of a Quarterly DHIS2 entry by LGA (by day 30 after the end of each Quarter)	99%	100%	99%	99.3%
12	LGAs with unqualified opinion in the External Audit Report	96%	100%	95.7%	95.1%

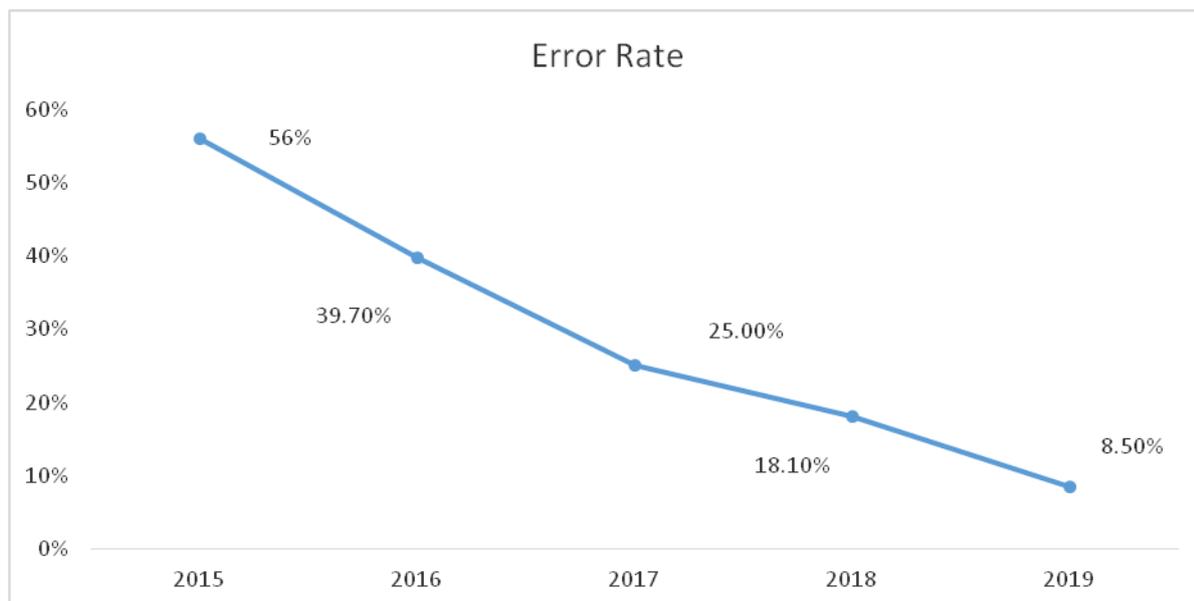
3.1 Trend of performance - DLI 4

Verification team analysed trend of performance for the six services delivery indicators in DLI 4 and observed the trend of uniformity and error rate.

3.1.1 Trend of Error Rate in service delivery indicators 2016 - 2020

Overall trend of six performance indicators which indicate a level of uniformity of data in the system (DHIS 2) and those in the MTUHA was 91.6 percent for 2019/20. This shows an improvement of a reduction of error rate from 56 percent in 2015 to an error rate of 8.5 percent of year 2019 (**Figure 3**).

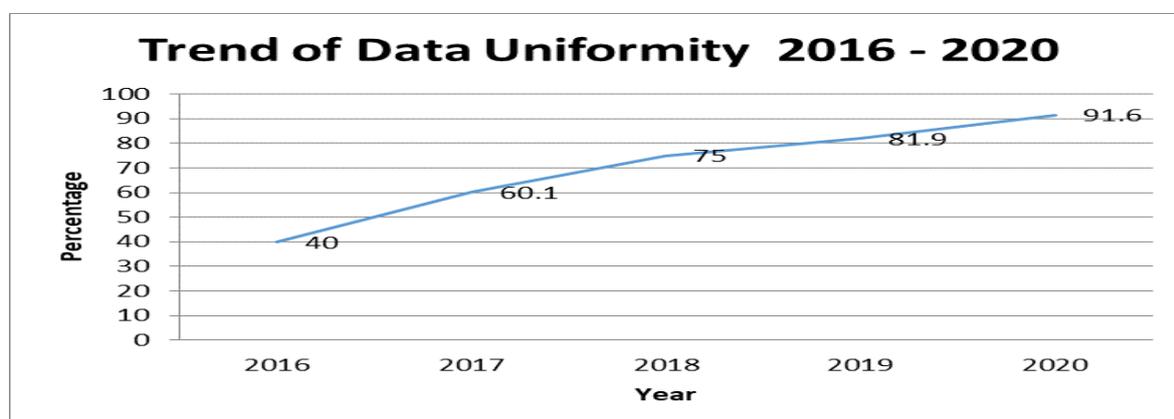
Figure 3: Trend of Error Rate in Six performance indicator 2016 – 2020



3.1.2: Trend of Data Uniformity for Six performance indicator

Overall trend of six performance indicators for five years indicate improvement of data uniformity in data entering in DHIS 2 and those recorded in the monthly summary form. At the beginning of the verification (2015/2016) the percentage of data uniformity was 40 percent and reached 91.6 percent by year 2019/2020 (**Figure 4**).

Figure 4: Trend of Data Uniformity for Six performance indicator

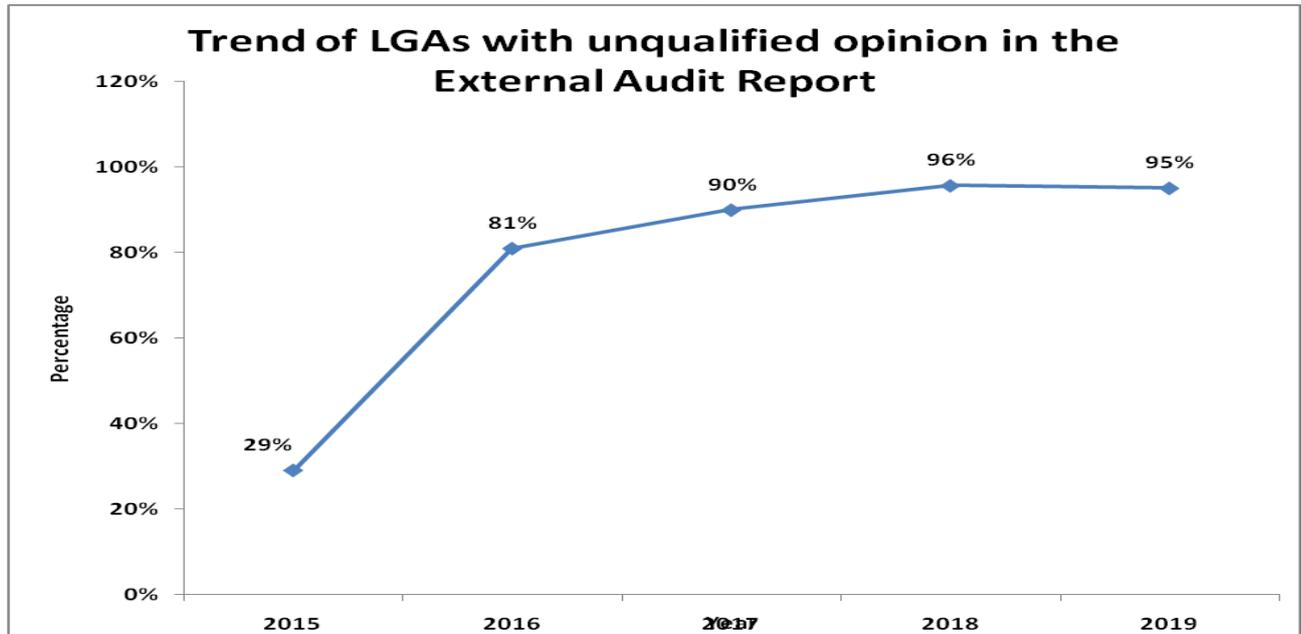


3.1.3: Quality improving condition for quality of care

Under the six indicators of DLI4 that pertain to improvement services deliveries above, the team selected indicator of LGAs with unqualified opinion in the External Audit report, whereby verification revealed that percentage of unqualified opinion from CAG reports of

the LGAs was improved from 29 percentage in 2015 to 95.1 percentage in 2019 (**Figure 5**).

Figure 5: Trend of LGAs with Unqualified Opinion 2015 - 2019



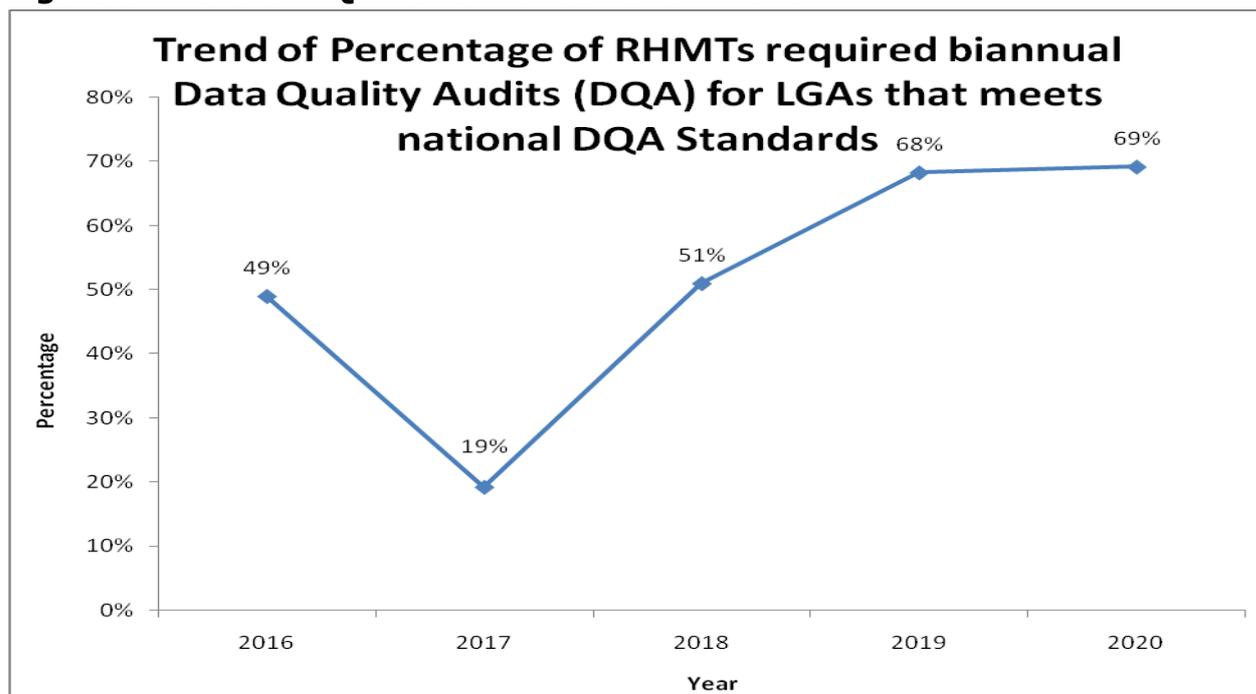
4. Disbursement Linked Indicators (DLIs5) Regional Annual Performance in Supporting PHC Services

S/N	Indicator Name	Indicator Baseline	Target	Reported	Verified
		2018	2019	2019	2019
1	Percentage of RHMTs required biannual data quality Assessment (DQA) that meets national supervision standards	68%	78%	37%	69.2%
2	Percentage of RHMT's required annual Quarterly supportive supervision visits for LGAs that meets National Supervision Standards	67%	77%	100%	62.6%

4.1 Trend of Regional Annual Performance in Supporting PHC Services 2016 - 2020

The Verification team under DLI5 took one sample of DQA indicator for the period of five years (2016 -2020). This indicator shows that, in year 2016 the trends of DQA performance was 49 percent and increased to 69.2 percent by year 2020 (**Figure 6**).

Figure 6: Trend of DQA Performance 2016 – 2020



5. Disbursement Linked Indicators (DLIs 6) MoHCDGEC and PO-RALG have improve Annual PHC service performance

S/N	Indicator Name	Baseline	Target	Reported	Verified
		2018	2019	2019	2019
1	Average of LGA performance scores	78.0%	NA	78.6%	78.5%
2	Variance in LGA performance scores	11	NA	10.6	10.5
3	Average of regional performance scores	68%	NA	76%	65%
4	Percentage of unsupported expenditure in MoHCDGEC	0.02%	0%	0.03 %	0.0%
5	Percentage of unsupported expenditure in PO-RALG	0.01%	0%	0.01%	0.01%

6. Disbursement Linked Indicators (DLI7)

Independent Verification accessed Annual Capacity Building Plan and implementation report for the year 2019/20. It was verified that, out of 20 capacity gaps identified, eight

(40 percent) activities were completed, six (30 percent) were ongoing and six (30 percent) were not done.

7. Procurement Audit

Memorandum of Understanding (MoU) 2015-2020 between the DPs and GoT Paragraph 6.8. Procurement Audit is vested to PPRA. However, for the Financial year 2019/20, there is an agreement that IAGD would perform this task, commencing from July 2020. Finding of the Procurement Audit will be presented in a separate Report to be produced in August 2020.

8. Challenges encountered

8.1 COVID - 19 Pandemic

Independent Verification of Health Basket Fund for 2020 was undertaken between February - June 2020 when there was outbreak of COVID - 19. Verification Team took relevant preventive measures such as orientation sessions to staff before field work, avoiding unnecessary gatherings, observing social distancing, washing hands with soap regularly, use of masks and use of sanitizers. Generally, the COVID 19 did not affect verification process.

8.2 Heavy Rainfall

Tanzania experienced heavy rainfall (short and long) in some parts of the country during 2020. To some extent there was unreliable transport caused by dilapidated roads infrastructure in some areas.

9. Recommendations

DLIs1

- (i) PORALG should allocate HRH and medical equipment to the HCs so as to provide CEmONC services;

DLIs 4

- (ii) MHCDGEC should ensure that all key players involved in data management (Health Care Providers, and HMIS Focal at LGAs) correctly capture data from respective sources. Moreover, RHMTs should be enforced to conduct quarterly DQAs at LGAs level for improvement of data consistency;
- (iii) MoHCDGEC should continue to conduct Star rating assessment/reassessment to PHC facilities for further improvement of Health service delivery;
- (iv) PORALG should make placement of qualified staff in 12 PHC Facilities managed by health attendants;
- (v) MoHCDGEC should make follow up and take action to LGAs whose data were not entered in DHIS2;

(vi) PORALG should make close follow up so as to ensure that all CHSBs are functioning as required by Regulations/Guidelines;

(vii) PORALG should continue to support LGAs in deploying more competent, committed and qualified staff to enhance internal control;

DLIs 5

(viii) MoHCDGEC should enforce the conduct both Supervision and DQA for three regions which are underperforming;

(ix) MoHCDGEC should do close follow up to ensure that all requested Matching funds are allocated on time as applied by the regions improving health service delivery;

DLIs 6

In case of the subsequent verification processes the indicator on CHF need to be revisited so as to have a new and more realistic indicator;

DLIs 7

(x) MoHCDGEC should implement the remaining six CBP activities;

Financial and Procurement Task

(xi) PO-RALG should organise capacity building through training for Procurement and Finance staff at HFs level;

Environmental and Social safeguard

(xii) PO-RALG and MoHCDGEC should have plan of conducting Environment Impact Assessment /Environment Audit to all HFs as per EMA, 2004 requirement;

(xiii) For improving Monitoring, Enforcement and Reporting on Environmental and Social measure in HFs, MoHCDGEC and PO-RALG are advised to strengthen Quality Improvement Team;

(xiv) MoHCDGEC and PO-RALG should make follow up on the establishment of HFGC/CHSB as per Guideline requirements. Additionally, in case of subsequent verification, the verifier should find out the types of vulnerable groups involved in the HFGC;

(xv) PORALG should follow up to the PHC facilities to ensure that grievance register and report are prepared;

- (xvi) PORALG and MoHCDGEC should prepare program for training healthcare waste handlers for the purpose of improving management of healthcare waste and reduce risks;
- (xvii) PORALG should find resources for constructing incinerators and placenta pit to all HFs or involving private sectors on handling healthcare waste especially hazardous waste;
- (xviii) For the purpose of establishing disability friendly environment in Health Facilities, it is recommended that, the MoHCDGEC and PO- RALG adhere with design structures that consider the needs of physically challenged people; and
- (xix) MoHCDGEC and PO-RALG should ensure that Guidelines are adhered on construction of incinerators.

10. Conclusion

There is an improvement in data quality, timely reporting, data uniformity and RSS supervision hence reduction of error rate. In general terms, for the period of five years (2016 - 2020) of verification, there has been positive improvement as indicated in this Report. Trends of some selected indicators and recommendations have been shown in the Executive Summary of this report.

1. Background and Context

1.1 Introduction

This report presents results of the Independent Verification for Performance results of Health Basket Fund indicators and compliance of the Health Facilities with fiduciary (financial and procurement procedures) and safeguards requirements (environment and social) for 2019/2020. It also highlights the status of implementation of recommendations of previous Verification held during 2019.

The Ministry of Health Community Development, Gender, Elderly and Children (MOHCDGEC) has over five years been employing a Performance Based Financing (PBF) model to promote achievement of results in the sector for the programmes of health services which are supported by Health Basket Fund (HBF). Also, the Ministry has been implementing the Results Based Financing (RBF) to improve accessibility, utilization and Quality of health services to the communities in the country under the Strengthening of Primary Health Care for Results Programme (SPHCP4R). Currently, the RBF is being implemented in nine regions of Pwani, Mwanza, Shinyanga, Simiyu, Kagera, Kigoma, Geita Tabora, and Mara.

Performance Based Financing is a strategy that have the potential to reform the health sector with system wide effects on service delivery and institutional strengthening including leadership and governance; human resources; Health Management Information System (HMIS); medicines and health technology. The Mid Term Review (MTR) of the Fourth Health Sector Strategic Plan (HSSP IV) recommended the instituting of Performance Management Systems (PMS) through a pay for performance strategy. The recommended strategies, therefore, call for verification of reported results before payment is made.

Verification is therefore, the cornerstone of Performance Based Financing, since payment of results requires quality data which is verifiable. The introduction of payment for performance runs a risk that performance could be artificially inflated or underreported. In this way, verification of results can also be used to improve facility-level information. For these reasons, it is essential that results be routinely verified before payment is made. It is anticipated that Verification will improve transparency, credibility, and good governance of Performance – Based Financing System (PBF) and of data reporting generally.

According to the HBF MOU (1st July, 2015 - 30th June, 2020) between the Government of the United Republic of Tanzania and the Development Partners; and the SPHCP4R Program Appraisal Document (PAD), Internal Auditor General Division (IAGD) is designated to undertake independent verification of Health Service Results

supported by the Health Basket Fund and the Strengthening of the Primary Health Care for Result Programme (SPHCPR).

For the Financial years 2015/16, 2016/17, 2017/18 2018/19 and 2019/2020 the Internal Auditor General Division (IAGD) undertook Independent Verification of Health Service Results Supported by the Health Basket Fund and the Strengthening of Primary Health Care programme for Results. Independent Verification Reports provided challenges; recommendations and areas of improvement. For the verification of 2019, IAGD verified the follow up of 2018/19 recommendations.

Internal Auditor General Division under the Ministry of Finance and Planning was established in 2010 following the amendment of Regulations of Public Finance Act (PFA) and become operational in 2011. The division has been developing different guidelines and capacity building of internal auditors in the Public Sector which provides a simplified standard way of guiding Internal Audit Function of the Public Sector.

The division also supports the Government and other public Institutions in carrying out special audits for the purpose of strengthening controls and proper accountability of public financial resources and properties. This Report has, therefore, been prepared in response to MoHCDGEC request to IAGD to undertake the 2019/2020 Independent Verification for 2020/21 disbursement.

1.2 The Objective and Scope

1.2.1 Objective

To provide credible verification of results reported by using sampled Local Government Authorities (LGAs). The assignment involved independent verification of Health Services results as reported by the implementing agencies and confirmed the quality of data in order to inform disbursement decisions by the Basket Financing Committee (BFC) and by the World Bank.

1.2.2 Scope of the Assignment

Scope of the Assignment is as outlined below:

- (i) To verify the data reported on base indicators;
- (ii) To verify the data reported on performance indicators;
- (iii) To assess the quality of reported Health service delivery data;
- (iv) To assess compliance of the health facilities with fiduciary (financial and procurement procedures) and safeguards requirements (environmental and social safeguards);
- (v) To verify whether Procurement and contracting activities are being implemented in compliance with Public Procurement Act (PPA 2011) and

attendant Regulations of 2013, Laws, guidelines and policies issued by PPRA at all levels (National, Regions, LGAS and Facilities);

- (vi) To produce a report outlining key findings and recommendations in relation to base indicators, performance indicators, quality of data, financial and procurement procedures and environmental and social safeguards and to confirm on whether the agreed targets for performance have been met at each level of the system (LGAs, Regions and National) and there is no discrepancy between reported and verified data, financial and procurement procedures, and as well as environmental and safeguards; and
- (vii) To assess implementation progress of the proposed recommendations from the last year (2018/2019) verification report.

1.3 Methodology

In undertaking Verification, methodology adopted ensured that the stated objective of the assignment is achieved as required by ToR. It involved preparation of Inception Report; Preliminary desk review; verification detailed design and sampling; fieldwork; data analysis; report writing; feedback provision to stakeholders and final report submission. Workplan of the assignment as well as tasks accomplished are as detailed below.

- Task 1: Preparation of Inception Report
- Task 2: Collection of the reports and Desk Review
- Task 3: Verification Design and Sampling
- Task 4: Fieldwork
- Task 5: Data Analysis and Synthesis
- Task 6: Report Writing and submission

1.3.1 Task 1: Preparation of Inception Report

Inception report was prepared based on ToR developed jointly by the Government of Tanzania (GoT) and Health Basket Fund Development Partners for the financial year 2019/2020. It also incorporated the comments provided by the Government and Partners contributing to HBF and Primary Health Care for Result Programme, during various consultations held through e-mails during February - April 2020. The inception report was approved on 5th April 2020.

1.3.2 Task 2: Preliminary survey and Desk review

a. Preliminary consultations

Preliminary consultations among the team members, MoHCDGEC, PORALG and Development Partners were held. Consultations focused on some clarifications on the methodology of the assignment as well as some proposed improvement in undertaking HBF Independent verification for 2019.

b. Collection and review of documents

Several documents relevant for the assignment from stakeholders were collected and reviewed. Some of stakeholders include National Health Insurance Fund (NHIF), MoHCDGEC, PORALG, MoFP and DPs. List of documents reviewed (**Annex 2**)

1.3.3 Task 3: Verification of Design and Sampling Procedure

Verification Team conducted verification work using reports (including Performance scorecards) from implementing agencies at national, regional, LGAs and Health facility levels. As was the case during 2019 HBF verification; In year 2020, the Independent verification covered all 26 Regions (one LGA from each region hence a total of 26 Sampled LGAs of Tanzania Mainland). In this case total sampled Health Facilities covered were 101 (70 for Public Health Facilities and 31 Faith Based Organisations).

Stratified random sampling techniques was applied to select LGAs to be verified whereby 184 LGAs' performance weighted Scores were arranged from top to low results. Performance scorecards measures and compare facilities performances against projections during the reference period. In year 2019 the top performance scores were Bahi DC (100 percent, Kondo DC (100 percent) Moshi MC (100 percent), Siha DC (100 percent), Simanjiro DC (100 percent) Musoma MC (100 percent) Mbeya CC (100 percent) and Nzega DC (100 percent and lowest was Bumbuli DC (45 percent).

Performance scores were randomly stratified to Top, Middle and Lower Performance by considering the criteria of above 85 percent (higher performing), between 70 - 85 percent (middle performing) and below 70 percent (lower performing). The result obtained showed 42 LGAs were from high performance, 114 LGAs were from Middle performance and 28 LGAs were from Lower Performance. Random sampling technique was applied to obtain six LGAs from the top performing LGAs, 14 LGAs from middle performing LGAs and six LGAs from low performing LGAs. Purposeful sampling Technique was used to select 10 percent of Health Facilities. Based on the following criteria: -Reporting rate in two to five lines of services (ANC, L&D, Child health, OPD and FP, respectively), ownership (Public and FBO) and, type (Hospitals, HCs and Dispensaries). From 26 sampled LGAs, 101 HFs were obtained (**Table 1**).

Table 1: Sampling of LGAs by level of Performance for HBF verification

Performance Level	Performance Score criteria	No. of LGAs	Sampled LGAs	No. HFs	Sampled HFs
Top	Above 85	42	6	183	19
Middle	70-85	114	14	569	57
Low	Below 70	28	6	254	25
Total		184	26	1,006	101

The selected 26 LGAs and 101 HFs were obtained basing on the below documents:

- Terms of Reference (TORs);
- List of 184 LGAs;
- List of 7,806 Public Health Facilities and FBOs;
- Data indicating Performance for year 2019 per Regions and per LGAs by considering 12 performance indicators namely: ANC 4, IPT2, Institutional deliveries, Family Planning (FP), Iron Folic, Vitamin A, Completeness of data reporting, HRH and Tracer medicine;
- Data indicating performance of health facilities for the year 2019 with consideration on reporting rate on time in five lines of services i.e. ANC, L&D, Child Health, OPD and FP.

1.3.4 Categorization of sampled LGAs for HBF verification

Site visits were arranged by categorizing 26 regions according to geographical location into seven zones taking into account transportation convenience and feasibility of the routes. In this case sampled LGAs verified were categorized in seven Zones namely 'Zone A', 'Zone B', 'Zone C', 'Zone D', 'Zone E', Zone F and Zone G. Each verification team, therefore, visited one zone with 3 to 4 Regions.

Based on the selected list of 26 LGAs, Verification team visited a total of 101 Health Facilities composed of 17 Hospitals, 34 Health Centers and 50 Dispensaries. As for the ownership of Health Facilities, 70 HFs (Hospitals 6, HCs 28 and 36 Dispensaries) are Public Health Facilities and 31 (11 Hospitals, 6 HCs and 14 Dispensaries) are FBOs. **Table 2 - 7** shows Zones, LGAs and facility allocation per LGA.

Table 2: Zone A (Arusha, Manyara, Kilimanjaro, Tanga and Shinyanga)

S/N	Name of Region	Name of LGA	Performance Level	No. of HFs with Five line of services	10% of HFs with Five line of services	Facility allocations
1.	Arusha	Karatu DC	Middle	44	4	1-Hospital 1-Health centre 2- Dispensary
2.	Manyara	Hanan g DC	Middle	30	3	1-Hospital 1-Health centre 1-Dispensary

S/N	Name of Region	Name of LGA	Performance Level	No. of HFs with Five line of services	10% of HFs with Five line of services	Facility allocations
3.	Kilimanjaro	Hai DC	Middle	44	4	1- hospital 2- Health centre 1- Dispensaries
4.	Tanga	Mkinga DC	Low	28	3	1- Health Centre. 2- Dispensaries
5.	Shinyanga	Ushetu DC	Top	26	3	1-Health centre 2-Dispensary
Total Facilities				172	17	

Table 3: Zone B (Dodoma, Singida, Kigoma and Tabora)

S/N	Name of Region	Name of LGA	Performance Level	No. of HFs with Five line of services	10% of HFs with Five line of services	Facility allocations
1.	Dodoma	Bahi DC	Top	43	4	2-Health centres 2-Dispensaries
2.	Singida	Mkalama DC	Middle	32	3	1-Hospital 1-Health centre 1- Dispensaries
3.	Kigoma	Buhigwe DC	Low	33	3	1-Hospital 1 - Health centre 1- Dispensaries
4.	Tabora	Igunga DC	Low	60	6	1-Hospital 1 - Health centre 4- Dispensaries
Total Facilities				168	16	

Table 4: Zone C (Lindi, Mtwara, Ruvuma and Njombe)

S/N	Name of Region	LGA	Performance Level	No. of HFs with Five line of services	10% of HFs with Five line of services	Facility allocations
1.	Lindi	Ruangwa DC	Middle	39	4	1- Hospital 1- Health centre 2- Dispensaries
2.	Mtwara	Nanyamba	Top	30	3	1 -Dispensary

S/N	Name of Region	LGA	Performance Level	No. of HFs with Five line of services	10% of HFs with Five line of services	Facility allocations
		TC				1 Health Centre
3.	Ruvuma	Nyasa DC	Middle	34	3	1-Hospital 1-Health centre 1-Dispensary
4.	Njombe	Makete DC	Middle	49	5	1-Hospital 1- Health centre 3- Dispensaries
Total Facilities				152	15	

Table 5: Zone D (Geita, Mwanza, Mara, Kagera and Simiyu)

S/N	Name of Region	Name of LGA	Performance Level	No. of HFs with Five line of services	10% of HFs with Five line of services	Facility allocations
1.	Geita	Geita DC	Low	44	4	1-Hospital 1-Health centre 2- Dispensary
2.	Mwanza	Kwimba DC	Middle	51	5	1-Hospital 2-Health centre 2- Dispensary
3.	Mara	Bunda DC	Top	28	3	1-Hospital 1- Health centre 1 - Dispensaries
4.	Kagera	Karagwe DC	Low	34	3	1-Hospital 1-Health centre 1- Dispensary
5.	Simiyu	Busega DC Council	Middle	25	3	1-Hospital 1 - Health centre 1- Dispensaries
Total Facilities				182	18	

Table 6: Zone E (Katavi, Mbeya, Songwe and Rukwa)

S/N	Name of Region	Name of LGA	Performance Level	No. of HFs with Five line of services	10% of HFs with Five line of services	Facility allocations
1.	Katavi	Mpimbwe DC	Middle	14	2	1-Health Centre 1- Dispensary
2.	Mbeya	Mbeya CC	Top	18	2	1-Hospital 1-Health centres
3.	Songwe	Momba DC	Top	37	4	2-Health centre 2- Dispensary
4.	Rukwa	Kalambo DC	Middle	64	6	2-Health centre 4- Dispensary
Total Facilities				133	14	

Table 7: Zone F Dar es Salaam, Pwani, Morogoro and Iringa)

S/N	Name of Region	Name of LGA	Performance Level	No. of HFs with Five line of services	10% of HFs with Five line of services	Facility allocations
1.	Dar es Salaam	Ilala MC	Middle	41	4	2-Health centre 2- Dispensary
2.	Pwani	Mkuranga DC	Middle	47	5	1-Hospital 2- Health centre 2 - Dispensaries
3.	Morogoro	Morogoro DC	Low	56	6	2-Health centre 4- Dispensaries
4.	Iringa	Kilolo DC	Middle	55	6	1- Hospital 2 Health Centre 4 dispensaries
Total Facilities				199	21	
GRAND TOTAL				1,006	101	

Table 8: Selected Health facilities by type and Ownership

Facility Type	No of health facilities	Public	FBO
Hospital	17	6	11
Health Centres	34	28	6
Dispensaries	50	36	14
Total	101	70	31

1.3.5 Task 4: Fieldwork and Consultation

Consultations among team members was considered vital prior to commencing of field work. This aimed at ensuring common understanding of verification programme by verification team members in terms of approach and indicators to be verified. Data collection in the field focused on both qualitative and quantitative, obtaining records from Health Facilities, LGAs, Regions and National level.

1.3.6 Task 5: Verification Procedure for Indicators

Verification assignment was conducted as per verification protocol provided in the Terms of Reference by using verification checklist developed. Data verification was carried out based on performance indicators of DLIs 1, DLIs 2, 4, 5, 6 and 7. The team also did assessment of Facilities compliance with Financial and Procurement Procedures as well as environmental and social safeguards procedures.

1.3.7 Procurement Audit

In Order to establish whether the funds disbursed were appropriately used for the intended purpose as per requirements of the program, The Ministry of finance and Planning through Internal Auditor General's Divisions was contracted to perform Independent Procurement Audit to SPHCR program through the letter dated 03.03.2020 with **Ref. No: BC.383/426/05/31.**

According to the MoU 2015-2020 between the DPs and GoT Paragraph 6.8. Procurement Audit is vested to PPRA. However, for the Financial year 2019/20, this task will be undertaken by IAG office based on restructuring paper which was signed on 15th May, 2020.

The Terms of Reference, Objective of the Procurement Audit, Scope of Audit and Methodology will be presented in details in the Audit Report to be separately produced, which is to commence from July 2020.

1.3.8 Data Analysis and Synthesis

Following completion of fieldwork, verification team carried out data analysis based on the data collected. The analysis focused on addressing issues established in the objective of the assignment and tasks elaborated in the ToR. The analysis sequentially followed DLIs 1, 2, 4, 5, 6 and 7. Moreover, assessment of HFs compliance to Financial and Procurement Procedures; Direct Health Facilities Financing; Environmental and social safeguards and implementations of previous year (2019) recommendations were undertaken.

1.3.9 Report Writing and Submission

Data analysis and synthesis was followed by Report writing. Initially, draft verification report was produced and later submitted to client and stakeholders for sharing and comments. The final report detailing all requirements of ToR was prepared after receiving official comments and feedback from the client, hence its submission to the client.

1.3.10 Verification Team Composition

Verification team comprised of 46 multi-disciplinary staff with various skills including Financial Management, Procurement, Medical, Accounting, Auditing, Monitoring and Evaluation, ICT, HMIS; Pharmaceuticals and Environmental Management. Formation of the team complied with requirements of Terms of Reference and the International Professional Practice Framework (IPPF) standard 2230. The team worked under the guidance of IAGD (**Annex 6**).

1.3.11 Challenges encountered during Verification

a) COVID -19 Pandemic

Independent Verification of Health Basket Fund for 2020 was undertaken between February - June 2020. In December 2019 and early January 2020, there was COVID -19 outbreak worldwide whereby the most affected areas globally at initial stages were part of Asian continent, part of Europe, part of North America before the entire Globe is touched by COVID 19. Later, World Health Organisation (WHO) announced COVID 19 as Pandemic Disease.

In the course of underking field work for HBF verification IAGD ensured all preventive measures were properly taken for all staff involved in field work and in the entire verification process. Preventive measures included organisation of orientation sessions to staff before field work and when in necessary gatherings while observing social distancing, washing hands with soap regularly, use of mask and use of sanitizers just to mention a few. In a nutshell, Independent Verification of HBF for 2020 was undertaken while there was high level alert by staff involved in the assignment



b) Unreliable transport to some Facilities

Tanzania experienced heavy rainfall (short and long) in some parts of the country during 2020. To some extent there was unreliable transport hence difficulty in reaching some health facilities on time.



2. Verification Results

This chapter present verification results of Disbursement Linked Indicators (DLIs), tasks and recommendations: -

2.1 DLIs 1: Public Health Centres with functional CEmOC services

Verification team visited RSs office to confirm number of HCs with functional CEmONC services. Results indicated 282 (47.6 percent) out of all 592 Public Health Centres were confirmed to be providing CEmONC services (**Table 9**). ***It is therefore, recommended that PORALG should allocate HRH and medical equipment to the HCs so as to provide CEmONC services.***

Table 9: Public Health Centres with functional CEmONC Services

S/N	Region	LGAs	Health Centres	Health Centres providing CEmONC Services
1	Arusha	7	31	14
2	Dar es salaam	5	24	17
3	Dodoma	8	32	11
4	Geita	6	22	9
5	Iringa	5	19	6
6	Kagera	8	27	8
7	Katavi	5	12	7
8	Kigoma	8	23	20
9	Kilimanjaro	7	34	7
10	Lindi	6	20	9
11	Manyara	7	20	5
12	Mara	9	27	15
13	Mbeya	7	23	9
14	Morogoro	9	33	15
15	Mtwara	9	22	13
16	Mwanza	8	34	20
17	Njombe	6	13	7
18	Pwani	9	26	8
19	Rukwa	4	21	12
20	Ruvuma	8	23	10
21	Shinyanga	6	17	13
22	Simiyu	6	15	9
23	Singida	7	17	7
24	Songwe	5	12	3
25	Tabora	8	19	14
26	Tanga	11	26	14
		184	592	282

For case of 9 critical regions, 99 Public Health Centres (57.2 percent) were found to be providing CEmONC services out of 173 existing Public Health Centres in 9 critical regions.

Table 10: Public Health Centres with functional CEmONC Services in five critical regions

S/N	Region	LGAs	Health Centres	Health Centres providing CEmONC services
1	Geita	6	22	9
2	Kagera	8	27	8
3	Katavi	5	12	7
4	Kigoma	8	23	20
5	Rukwa	4	21	12
6	Shinyanga	6	17	13
7	Simiyu	6	15	9
8	Singida	7	17	7
9	Tabora	8	19	14
			173	99
Percentage of Health Centres with Functional CEmONC				57.2%

2.2 Base Indicators (DLI2)

This section presents verification results of six institutional strengthening indicators. Review of primary data as well as Interviews was done with key staff from the MoHCDGEC, PORALG, MoFP, National Audit Office Tanzania (NAOT) and National Health Insurance Fund (NHIF).

2.2.1 Percentage of Government Budget allocated to the Health Sector

For 2020/21, the total Budget allocated to Health Sector was TZS 2,154,038,564,399 which was verified to be 9.1 percent of the Total Government Budget amounting to TZS 23,666,000,000,000 (excluding national debt). This allocated amount to the Health Sector for the period under verification, is lower by 0.65 percent compared with the target of 9.75 percent. However, the allocated figure has increased by 0.9 percent compared to previous year allocation of 8.0 Percent. On the other hand, the verified figure of 9.1 percent is almost the same with reported figure of 9.0 percent (**Table 11**).

Table 11: Percentage of Government Budget allocated to the Health Sector

Baseline (2019/20)	Target 2020/21)	Reported (2020/21)	Verified (2020/21)
8%	9.75%	9%	9.1%

Source: GoT Budget 2020/21 and MoHCDGEC

2.2.2 Percentage of councils with annual CCHPs pass in the first round of assessment

CCHP Assessment Report (2020/2021) indicated that a total of 177 out of 184 of Annual Comprehensive Council Health Plans of LGAs passed in the First Round of

Assessment. This accounts for 96.1 percent which is slightly above targeted figure of 95 percent (**Table 12**) and **Annex 8** Councils which pass first round of CCHP assessment.

Table 12: Percentage of councils with annual CCHPs pass in the first round of assessment

Baseline (2019/20)	Target (2020/21)	Reported (2020/21)	Verified (2020/21)
90.2%	95%	96.1%	96.1%

Source: PORALG CCHP Report for 2020

2.2.3 Percentage of completion of “Star Rating” Assessment/Re-assessment of PHC facilities

Star rating initiative aims at improving quality of services in Health Facilities through rating of performance of the Health Facilities and developing Quality Improvement Plans (QIPs) that are included in the annual Health Facility Plans to address the gaps. However, during 2019/20 assessment/re-assessment was not done due to unavailability of funds. ***It is therefore, recommended that MoHCDGEC should allocate funds for implementation of star rating assessment in PHC facilities.***

2.2.4 Percentage of annual employment permits for HRH in PHC given to the Nine Critical regions

This indicator appeared in the ToR but was dropped out in the restructuring paper.

2.2.5 Percentage of PHC facilities with bank accounts opened according to Guidelines from MoFP/Accountant General

PO RALG reported, that all 5,478 (100 percent) public owned Health Facilities had opened Bank Accounts and operate in accordance to the requirement of the Ministry of Finance and Planning which is the same with the reported data of 100 percent. Moreover, all 70 sampled Public Health Facilities had bank Accounts that were opened according to the Guidelines from MoFP (**Table 13**).

Table 13: Percentage of PHC facilities with bank accounts opened according to Guidelines from MoFP/Accountant General

Baseline 2018/19	Target (2019/20)	Reported (2019/20)	Verified (2019/20)
100%	100%	100%	100%

Source: PO- RALG HFs Bank Account Report 2019/20

2.2.6 Action Plan of Audit of PO-RALG and MoHCDGEC

Verification team accessed Management Responses and Action Plans for implementation of the Controller and Auditor General’s Audit recommendations for

the financial year 2018/19 for both PO-RALG and MoHCDGEC. The Action Plans have CAGs observations and recommendations; Management Responses; intended remedial actions; implementation status and time frame for implementation.

Issues addressed in the PO - RALG Action Plan were delivery of medical equipment for rehabilitation of Health Centres (Phase I and II); submission of improperly vouched expenditures; transfer of funds from HSPS to Deposit Account; improvement of internal controls; disposal of old vehicles and retirement of imprest.

For the case of MoHCDGEC, some of the issues addressed through the Action Plan include store procedures; missing payment vouchers and expenditure analysis on payment and internal control. Action plans for HBF was prepared and shared with partners within two months (20/2/2020) after the release of CAG report by MoHCDGEC and PORALG.

2.3 Verification Results of Disbursement Linked Indicators (DLI 4)

DLI4 comprises of 12 indicators of which 6 relates to Service delivery and 6 institutional strengthening.

Under the six indicators that pertain to service delivery, (ANC4, IPT2, IFA, Vitamin A, Family Planning and Institutional Deliveries)¹, the team extracted monthly data in the year 2019 from the registers, tally sheets, and in the summary forms for each indicator at the 101 sampled health facilities, to observe how well values match with what is in the DHIS2. Four indicators are verified using Tally sheet (ANC4, IPT2, Iron and folic and Vitamin A), whereas Institutional deliveries and Family planning are verified using register. This is so because of compliance to DQA Guidelines, as actual data for the four indicators are found in the tally sheet while for institutional deliveries and family planning are found in the registers.

Monthly data for the year 2019 recorded in the registers, tally sheets, summary forms and in DHIS2 were summed up to have annual data to each sampled health facility. Established annual data (registers/tally sheets) were compared with those summed up data in DHIS 2 to establish annual error rate to each each indicator at sampled health facility.

The error rate was established by calculating Absolute Percentage Error Whereby $\text{Absolute Percentage Error} = \frac{(\text{Reported data} - \text{Actual data})}{\text{Actual Data}} \times 100$. Whereby reported data is data from DHIS 2 and actual data is data from register/tally sheet.

¹ N/A Means Not applicable and used in facilities which do not provide services eg. Catholic FBOs and 0 = Data not available to the facilities

2.3.1 Percentage of women attending 4 Antenatal Care Visits or More (ANC4)

Antenatal Care (ANC4) provides an important opportunity for pregnant women with a wide range of interventions and is considered as an important basic component of reproductive care. Antenatal Care (ANC4) requires pregnant women to attend at least four visits before delivery to achieve full life saving interventions. DHIS2 report for 2019 indicates that, the percentage of women attending four antenatal care visits or more (ANC4) was 80 percent which is higher than the target of 68 percent (**Table 14**).

Table 14: Percentage of Women attending four Antenatal Care Visits or more (ANC4)

Baseline(2018)	Target (2019)	Reported (2019)	Confirmed (2019)
64%	68%	80%	80.5%

Comparison of data in the Tally Sheet Tools and DHIS2 for women attending 4 antenatal care visits or more (ANC4) to sampled Health Facilities

Data entered in DHIS2 system for year 2019 were compared with the data recorded in the tally sheets in all visited health facilities for the year 2019 (Error! Reference source not found. **10**). In 101 sampled health facilities, DHIS2 data for 42 Health Facilities were observed to read the same with data in the tally sheet. Data in the DHIS2 and data in the Tally

Sheets for 58 health facilities were not matching. While one health facility (Menonite Lamadi Dispensary in Busega DC in Simiyu Region) found not providing ANC services. In this case, average error rate found to be five percent which indicate improvement as compared to previous year of error rate of 7.5 percent. This was caused by incomplete recording and mathematical errors in capturing of data (**Table 15**).

Table 15: Comparison of data between Tally Sheet and DHIS2 for women attending 4 antenatal care visits or more (ANC4) Sampled Health Facilities (N=101)

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS 2 (R)	Summary	Tally (A)	Register	
1	Arusha	Karatu DC	Slahhamo Disp	263	243	243	N/A	8.2
2	Arusha	Karatu DC	Laja Disp	50	50	50	N/A	0.0
3	Arusha	Karatu DC	Endabesh HC	159	159	159	N/A	0.0

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS 2 (R)	Summary	Tally (A)	Register	
4	Arusha	Karatu DC	Karatu Lutheran Hosp	308	308	308	N/A	0.0
5	Dar es salaam	Ilala MC	Chanika HC	2603	2603	2603	N/A	0.0
6	Dar es salaam	Ilala MC	Pugu Kajungeni HC	1439	1439	1433	N/A	0.4
7	Dar es salaam	Ilala MC	Mongo la Ndege Disp	855	855	855	N/A	0.0
8	Dar es salaam	Ilala MC	Gerezani Disp	488	489	488	N/A	0.0
9	Dodoma	Bahi DC	Nkhome Disp	223	223	223	N/A	0.0
10	Dodoma	Bahi DC	Chikopelo Disp	159	153	153	N/A	3.9
11	Dodoma	Bahi DC	Chipanga HC	258	258	258	N/A	0.0
12	Dodoma	Bahi DC	Bahi HC	767	767	780	N/A	1.7
13	Geita	Geita DC	Izumacheli Disp	109	109	109	N/A	0.0
14	Geita	Geita DC	Katoma Disp	180	180	180	N/A	0.0
15	Geita	Geita DC	Katoro HC	2890	2900	2912	N/A	0.8
16	Geita	Geita DC	Nzera Hosp	844	1077	908	N/A	0.7
17	Iringa	Kilolo DC	Ndesivili Disp	5	5	7	N/A	28.6
18	Iringa	Kilolo DC	Ndabaga HC	97	84	84	N/A	15.5
19	Iringa	Kilolo DC	Pommern Disp	139	130	136	N/A	2.2
20	Iringa	Kilolo DC	Kihesamgagao Disp	118	137	125	N/A	5.6
21	Iringa	Kilolo DC	Lundamatwe Disp	97	97	101	N/A	4.0
22	Iringa	Kilolo DC	Ilula DDH	610	610	610	N/A	0.0
23	Kagera	Karagwe DC	Ihembe II Disp	26	32	32	N/A	18.8
24	Kagera	Karagwe DC	Kayanga HC	1433	1433	1433	N/A	0.0
25	Kagera	Karagwe DC	Nyakaiga Hosp	283	359	359	N/A	21.2
26	Katavi	Mpimbwe DC	Usevya HC	719	802	802	N/A	10.3
27	Katavi	Mpimbwe DC	Upendo wa Mungu Disp	11	9	7	N/A	57.1
28	Kigoma	Buhigwe DC	Janda HC	425	430	425	N/A	0.0
29	Kigoma	Buhigwe DC	Songambe Dis	116	144	116	N/A	0.0
30	Kigoma	Buhigwe DC	Heri Mission Hosp	68	68	68	N/A	0.0
31	Kilimanjaro	Hai DC	Narumu RC Disp	111	111	114	N/A	2.6
32	Kilimanjaro	Hai DC	Kisiki HC	231	231	231	N/A	0.0
33	Kilimanjaro	Hai DC	Masama HC	233	237	239	N/A	2.5
34	Kilimanjaro	Hai DC	Hai Dist Hosp	1447	1447	1364	N/A	6.1
35	Lindi	Ruangwa DC	Mbekenjera HC	568	568	568	N/A	0.0
36	Lindi	Ruangwa DC	Nandanga Disp	42	32	32	N/A	31.3
37	Lindi	Ruangwa DC	Nanganga Disp	56	56	57	N/A	1.8
38	Lindi	Ruangwa	Ruangwa Dist	412	289	377	N/A	9.3

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS 2 (R)	Summary	Tally (A)	Register	
		DC	Hosp					
39	Manyara	Hanang DC	Mulbadaw Disp	15	15	15	N/A	0.0
40	Manyara	Hanang DC	Gendabi HC	151	151	151	N/A	0.0
41	Manyara	Hanang DC	Tumaini Hosp	459	499	472	N/A	2.8
42	Mara	Bunda DC	Nansimo Disp	383	383	383	N/A	0.0
43	Mara	Bunda DC	Mugeta HC	570	570	650	N/A	12.3
44	Mara	Bunda DC	Kibara Hosp	467	467	467	N/A	0.0
45	Mbeya	Mbeya CC	UWATA Hosp	3735	3763	3713	N/A	0.6
46	Mbeya	Mbeya CC	Iyunga HC	610	610	632	N/A	3.5
47	Morogoro	Morogoro DC	Kibungo Chini HC	53	61	61	N/A	13.1
48	Morogoro	Morogoro DC	Mlilingwa Disp	96	96	97	N/A	1.0
49	Morogoro	Morogoro DC	Kasanga Mission Disp	98	122	122	N/A	19.7
50	Morogoro	Morogoro DC	Lukange Mission HC	196	196	198	N/A	1.0
51	Morogoro	Morogoro DC	Duthumi HC	882	902	958	N/A	7.9
52	Morogoro	Morogoro DC	Kisaki Disp	172	172	171	N/A	0.6
53	Mtwara	Nanyamba TC	Mtiniko Disp	331	331	331	N/A	0.0
54	Mtwara	Nanyamba TC	Nanyamba HC	158	158	159	N/A	0.6
55	Mtwara	Nanyamba TC	Nitekela Disp	81	81	81	N/A	0.0
56	Mwanza	Kwimba DC	Bugandando Disp	135	139	131	N/A	3.1
57	Mwanza	Kwimba DC	Kibitilwa Disp	152	161	169	N/A	10.1
58	Mwanza	Kwimba DC	Mwamashimba HC	531	512	546	N/A	2.7
59	Mwanza	Kwimba DC	Nyambiti HC	219	239	239	N/A	8.4
60	Mwanza	Kwimba DC	Sumve Hosp	340	340	340	N/A	0.0
61	Njombe	Makete DC	Bulongwa Hosp	30	53	30	N/A	0.0
62	Njombe	Makete DC	Lupila HC	86	132	87	N/A	1.1
63	Njombe	Makete DC	Mago Disp	7	7	7	N/A	0.0
64	Njombe	Makete DC	Ndapu Disp	42	42	42	N/A	0.0
65	Njombe	Makete DC	Utengule Disp	2	3	2	N/A	0.0
66	Pwani	Mkuranga DC	Nyota ya Bahari HC	120	120	120	N/A	0.0
67	Pwani	Mkuranga DC	Kisiju HC	399	399	399	N/A	0.0
68	Pwani	Mkuranga DC	Kitomondo Disp	96	96	95	N/A	1.1
69	Pwani	Mkuranga DC	Mwarusembe Disp	150	148	148	N/A	1.4
70	Pwani	Mkuranga DC	Mkuranga Hosp	693	693	623	N/A	11.2

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS 2 (R)	Summary	Tally (A)	Register	
71	Rukwa	Kalambo DC	Matai HC	533	512	513	N/A	3.9
72	Rukwa	Kalambo DC	Ngorotwa HC	94	109	109	N/A	13.8
73	Rukwa	Kalambo DC	Kasusu Disp	101	129	129	N/A	21.7
74	Rukwa	Kalambo DC	Kamawe Disp	67	77	77	N/A	13.0
75	Rukwa	Kalambo DC	Ulumi Mision Disp	26	30	30	N/A	13.3
76	Rukwa	Kalambo DC	Samazi Disp	152	166	166	N/A	8.4
77	Ruvuma	Nyasa DC	Liparamba HC	475	475	471	N/A	0.8
78	Ruvuma	Nyasa DC	Lituhi Hosp	210	210	212	N/A	0.9
79	Ruvuma	Nyasa DC	Ngingama Disp	28	39	38	N/A	26.3
80	Shinyanga	Ushetu DC	St Benard Disp	19	19	19	N/A	0.0
81	Shinyanga	Ushetu DC	Igunda Disp	224	224	224	N/A	0.0
82	Shinyanga	Ushetu DC	Bulungwa HC	422	431	431	N/A	2.1
83	Simiyu	Busega DC	Menonite Lamadi Disp	N/A	N/A	N/A	N/A	N/A
84	Simiyu	Busega DC	Igalukilo HC	376	376	376	N/A	0.0
85	Simiyu	Busega DC	Mkula Hosp	599	599	601	N/A	0.3
86	Singida	Mkalama DC	Mkalama HC	651	651	651	N/A	0.0
87	Singida	Mkalama DC	Miambi ELCT Hosp	244	244	244	N/A	0.0
88	Singida	Mkalama DC	Iguguno Disp	914	914	914	N/A	0.0
89	Songwe	Momba DC	Kamsamba HC	642	781	837	N/A	23.3
90	Songwe	Momba DC	Mkulwe HC	109	121	121	N/A	9.9
91	Songwe	Momba DC	Nzoka Disp	121	121	121	N/A	0.0
92	Songwe	Momba DC	Isanga Disp	171	181	181	N/A	5.5
93	Tabora	Igunga DC	Igunga Dist Hosp	1358	1347	1298	N/A	4.6
94	Tabora	Igunga DC	Kidalu Disp	24	24	24	N/A	0.0
95	Tabora	Igunga DC	Mwamashimba Disp	116	116	116	N/A	0.0
96	Tabora	Igunga DC	Mwamashiga Disp	92	92	92	N/A	0.0
97	Tabora	Igunga DC	Usongo Disp	542	542	542	N/A	0.0
98	Tabora	Igunga DC	Bulangamilwa Disp	50	41	50	N/A	0.0
99	Tanga	Mkinga DC	Mayomboni Disp	75	80	81	N/A	7.4
100	Tanga	Mkinga DC	Mwandusi Disp	53	50	58	N/A	8.6
101	Tanga	Mkinga DC	Mjesani HC	95	95	93	N/A	2.2
Average Error Rate								5

2.3.2 Percentage of ANC attendees receiving at least 2 doses of Intermittent Presumptive Treatment (IPT2) for Malaria

DHIS2 report indicate that the percentage of mothers who received two doses of Presumptive Intermittent Treatment (IPT2) for Malaria during pregnancy was 87 percent which was above the target of 85 percent (**Table 16**)

Table 16: Percentage of ANC Attendees receiving at least two doses of Intermittent Presumptive Treatment of Malaria (IPT2)

Indicator baseline(2018)	Indicator target (2019)	Reported (2019)	Confirmed (2019)
81%	85%	87%	87.4%

Comparison of data in the Tally Sheets and DHIS2 for ANC attendees receiving at least 2 doses of Intermittent Presumptive Treatment (IPT2) for Malaria to sampled Health Facilities

Data entered in DHIS2 system for year 2019 were compared with the data recorded in the tally sheets at 101 visited health facilities for the year 2019 (Error! Reference source not found.11). In 101 sampled health facilities, 38 Health Facilities equivalent to 38 percent found that, data in the DHIS2 reads the same with those in the tally sheets. While, data in the DHIS2 and data in the Tally sheets for 62 health facilities were not matching, and one health facility (Menonite Lamadi Dispensary in Busega DC in Simiyu Region) found not providing ANC services. In this case, average error rate found to be 4.6 percent which indicate improvement as compared to previous year error rate of 5.6 percent. The cause of the error rate is due to incomplete recording, mathematical errors in capturing of data (Table 17).

Table 17: Comparison of data in the Tally Sheets and DHIS2 for ANC attendees receiving at least 2 doses of intermittent presumptive treatment (IPT2) for Malaria to sampled Health Facilities (N=101)

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS2 (R)	Summary	Tally (A)	Register	
1	Arusha	Karatu DC	Slahhamo Disp	231	208	208	N/a	11.1
2	Arusha	Karatu DC	Laja Disp	66	66	66	N/a	0.0
3	Arusha	Karatu DC	Endabesh HC	276	277	277	N/a	0.4
4	Arusha	Karatu DC	Karatu Lutheran Hosp	188	191	191	N/a	1.6
5	Dar es salaam	Ilala MC	Chanika HC	3249	3249	3249	N/a	0.0
6	Dar es salaam	Ilala MC	Pugu Kajungeni HC	2438	2438	2420	N/a	0.7
7	Dar es salaam	Ilala MC	Mongo la Ndege Disp	787	787	787	N/a	0.0
8	Dar es salaam	Ilala MC	Gerezani Disp	383	383	383	N/a	0.0
9	Dodoma	Bahi DC	Nkhome Disp	434	434	434	N/a	0.0
10	Dodoma	Bahi DC	Chikopelo Disp	153	146	146	N/a	4.8
11	Dodoma	Bahi DC	Chipanga HC	329	329	329	N/a	0.0

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS2 (R)	Summary	Tally (A)	Register	
12	Dodoma	Bahi DC	Bahi HC	1044	996	1032	N/a	1.2
13	Geita	Geita DC	Izumacheli Disp	306	306	333	N/a	8.6
14	Geita	Geita DC	Katoma Disp	279	279	278	N/a	0.4
15	Geita	Geita DC	Katoro HC	6367	6367	5933	N/a	7.3
16	Geita	Geita DC	Nzera Hosp	1083	1173	1118	N/a	3.1
17	Iringa	Kilolo DC	Ndesivili Disp	10	10	8	N/a	25.0
18	Iringa	Kilolo DC	Ndabaga HC	82	82	82	N/a	0.0
19	Iringa	Kilolo DC	Pommern Disp	229	209	197	N/a	16.2
20	Iringa	Kilolo DC	Kihesamgagao Disp	121	125	127	N/a	4.7
21	Iringa	Kilolo DC	Lundamatwe Disp	268	268	269	N/a	0.4
22	Iringa	Kilolo DC	Ilula DDH	465	465	465	N/a	0.0
23	Kagera	Karagwe DC	Ihembe II Disp	28	44	44	N/a	36.4
24	Kagera	Karagwe DC	Kayanga HC	1407	1410	1416	N/a	0.6
25	Kagera	Karagwe DC	Nyakaiga Hosp	376	382	382	N/a	1.6
26	Katavi	Mpimbwe DC	Usevya HC	1290	1290	1290	N/a	0.0
27	Katavi	Mpimbwe DC	Upendo wa Mungu Disp	26	16	22	N/a	18.2
28	Kigoma	Buhigwe DC	Janda HC	439	439	440	N/a	0.2
29	Kigoma	Buhigwe DC	Songambebe Dis	196	196	196	N/a	0.0
30	Kigoma	Buhigwe DC	Heri Mission Hosp	63	63	63	N/a	0.0
31	Kilimanjaro	Hai DC	Narumu RC Disp	88	89	89	N/a	1.1
32	Kilimanjaro	Hai DC	Kisiki HC	145	145	146	N/a	0.7
33	Kilimanjaro	Hai DC	Masama HC	423	423	423	N/a	0.0
34	Kilimanjaro	Hai DC	Hai Dist Hosp	920	920	929	N/a	1.0
35	Lindi	Ruangwa DC	Mbekenyera HC	380	380	398	N/a	4.5
36	Lindi	Ruangwa DC	Nandanga Disp	65	41	41	N/a	58.5
37	Lindi	Ruangwa DC	Nanganga Disp	33	35	35	N/a	5.7
38	Lindi	Ruangwa DC	Ruangwa Dist Hosp	644	552	605	N/a	6.4
39	Manyara	Hanang DC	Mulbadaw Disp	58	58	58	N/a	0.0
40	Manyara	Hanang DC	Gendabi HC	306	370	365	N/a	16.2
41	Manyara	Hanang DC	Tumaini Hosp	622	622	622	N/a	0.0
42	Mara	Bunda DC	Nansimo Disp	404	404	404	N/a	0.0

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS2 (R)	Summary	Tally (A)	Register	
43	Mara	Bunda DC	Mugeta HC	677	677	677	N/a	0.0
44	Mara	Bunda DC	Kibara Hosp	409	409	409	N/a	0.0
45	Mbeya	Mbeya CC	UWATA Hosp	2745	2745	2745	N/a	0.0
46	Mbeya	Mbeya CC	Iyunga HC	631	631	631	N/a	0.0
47	Morogoro	Morogoro DC	Kibungo Chini HC	64	64	64	N/a	0.0
48	Morogoro	Morogoro DC	Mlilingwa Disp	102	103	103	N/a	1.0
49	Morogoro	Morogoro DC	Kasanga Mission Disp	20	20	20	N/a	0.0
50	Morogoro	Morogoro DC	Lukange Mission HC	166	162	174	N/a	4.6
51	Morogoro	Morogoro DC	Duthumi HC	1037	1019	1019	N/a	1.8
52	Morogoro	Morogoro DC	Kisaki Disp	20	20	20	N/a	0.0
53	Mtwara	Nanyamba TC	Mtiniko Disp	203	167	168	N/a	20.8
54	Mtwara	Nanyamba TC	Nanyamba HC	212	212	218	N/a	2.8
55	Mtwara	Nanyamba TC	Nitekela Disp	190	190	193	N/a	1.6
56	Mwanza	Kwimba DC	Bugandando Disp	201	201	201	N/a	0.0
57	Mwanza	Kwimba DC	Kibitilwa Disp	131	157	142	N/a	7.7
58	Mwanza	Kwimba DC	Mwamashimba HC	832	823	846	N/a	1.7
59	Mwanza	Kwimba DC	Nyambiti HC	265	284	284	N/a	6.7
60	Mwanza	Kwimba DC	Sumve Hosp	703	703	700	N/a	0.4
61	Njombe	Makete DC	Bulongwa Hosp	60	60	50	N/a	20.0
62	Njombe	Makete DC	Lupila HC	30	30	32	N/a	6.3
63	Njombe	Makete DC	Mago Disp	16	15	13	N/a	23.1
64	Njombe	Makete DC	Ndapu Disp	172	170	170	N/a	1.2
65	Njombe	Makete DC	Utengule Disp	2	2	2	N/a	0.0
66	Pwani	Mkuranga DC	Nyota ya Bahari HC	136	136	136	N/a	0.0
67	Pwani	Mkuranga DC	Kisiju HC	399	399	399	N/a	0.0
68	Pwani	Mkuranga DC	Kitomondo Disp	79	79	76	N/a	3.9
69	Pwani	Mkuranga DC	Mwarusembe Disp	170	170	170	N/a	0.0
70	Pwani	Mkuranga DC	Mkuranga Hosp	431	431	429	N/a	0.5
71	Rukwa	Kalambo DC	Matai HC	476	476	476	N/a	0.0
72	Rukwa	Kalambo DC	Ngorotwa HC	116	116	116	N/a	0.0
73	Rukwa	Kalambo DC	Kasusu Disp	60	44	51	N/a	17.6

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS2 (R)	Summary	Tally (A)	Register	
74	Rukwa	Kalambo DC	Kamawe Disp	101	103	103	N/a	1.9
75	Rukwa	Kalambo DC	Ulumi Mision Disp	32	34	34	N/a	5.9
76	Rukwa	Kalambo DC	Samazi Disp	239	237	237	N/a	0.8
77	Ruvuma	Nyasa DC	Liparamba HC	573	573	523	N/a	9.6
78	Ruvuma	Nyasa DC	Lituhi Hosp	220	224	222	N/a	0.9
79	Ruvuma	Nyasa DC	Ngingama Disp	28	39	38	N/a	26.3
80	Shinyanga	Ushetu DC	St Benard Disp	62	65	63	N/a	1.6
81	Shinyanga	Ushetu DC	Igunda Disp	237	241	241	N/a	1.7
82	Shinyanga	Ushetu DC	Bulungwa HC	841	845	820	N/a	2.6
83	Simiyu	Busega DC	Menonite Lamadi Disp	NA	NA	NA	N/a	N/a
84	Simiyu	Busega DC	Igalukilo HC	287	287	287	N/a	0.0
85	Simiyu	Busega DC	Mkula Hosp	383	383	383	N/a	0.0
86	Singida	Mkalama DC	Mkalama HC	464	464	464	N/a	0.0
87	Singida	Mkalama DC	Miambi ELCT Hosp	252	252	252	N/a	0.0
88	Singida	Mkalama DC	Iguguno Disp	1024	1024	1024	N/a	0.0
89	Songwe	Momba DC	Kamsamba HC	779	779	754	N/a	3.3
90	Songwe	Momba DC	Mkulwe HC	363	363	413	N/a	12.1
91	Songwe	Momba DC	Nzoka Disp	470	480	477	N/a	1.5
92	Songwe	Momba DC	Isanga Disp	136	136	136	N/a	0.0
93	Tabora	Igunga DC	Igunga Dist Hosp	1749	1737	1473	N/a	18.7
94	Tabora	Igunga DC	Kidalu Disp	142	142	143	N/a	0.7
95	Tabora	Igunga DC	Mwamashimba Disp	391	388	390	N/a	0.3
96	Tabora	Igunga DC	Mwamashiga Disp	284	284	284	N/a	0.0
97	Tabora	Igunga DC	Usongo Disp	437	437	437	N/a	0.0
98	Tabora	Igunga DC	Bulangamilwa Disp	330	196	330	N/a	0.0
99	Tanga	Mkinga DC	Mayomboni Disp	67	67	68	N/a	1.5
100	Tanga	Mkinga DC	Mwandusi Disp	28	27	33	N/a	15.2
101	Tanga	Mkinga DC	Mjesani HC	141	137	140	N/a	0.7
Average Error Rate								4.6

2.3.3 Percent of ANC attendees receiving adequate quantity of Iron and Folate tablets until the next ANC visit

DHIS2 report for 2019, indicates that, the percentage of ANC attendees receiving adequate quantity of Iron and Folate tablet until the next ANC visit was 84 percent which is higher than the target of 79 percent (**Table 18**). Detailed verification for

Indicator on Percent of ANC attendees receiving adequate quantity of Iron and Folate tablets until the next ANC visit for sampled HFs for 2019 calendar year is shown in **Annex 12** of this report.

Table 18: Percent of ANC attendees receiving adequate quantity of Iron and Folate tablets until the next ANC visit

Indicator baseline(2018)	Indicator target(2019)	Reported (2019)	Confirmed (2019)
76%	79%	84%	84.0%

Comparison of data in the Tally Sheets and DHIS2 for ANC attendees receiving adequate quantity of Iron and Folate tablets until the next ANC visit at Sampled Health Facilities

Data entered in the DHIS2 system for year 2019 were compared with the data recorded in the tally sheets at all visited health facilities. Out of 31 equivalent to 31 percent sampled health facilities, data in the DHIS2 were observed to read the same with those in the tally sheets. While the rest 69 sampled health facilities, data in the DHIS2 data mismatched with those in the Tally sheets. Therefore, average error rate was 8.6 which slightly higher as compared to last year error rate of 8.5 percent. This was caused by incomplete recording and mathematical errors in capturing of data. (**Table 19**).

Table 19: Comparison of data in the Tally Sheets and DHIS2 for ANC attendees receiving adequate quantity of Iron and Folate tablets until the next ANC visit at Sampled Health Facilities (N=101)

S n	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS 2 (R)	Summary	Tally (A)	Register	
1	Arusha	Karatu DC	Slahhamo Disp	575	575	574	N/A	0.2
2	Arusha	Karatu DC	Laja Disp	256	256	256	N/A	0.0
3	Arusha	Karatu DC	Endabesh HC	1244	1244	1244	N/A	0.0
4	Arusha	Karatu DC	Karatu Luth Hosp	754	754	754	N/A	0.0
5	Dar es salaam	Ilala MC	Chanika HC	13039	13038	13039	N/A	0.0

S n	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS 2 (R)	Summary	Tally (A)	Register	
6	Dar es salaam	Ilala MC	Pugu Kajungeni HC	7325	7325	7069	N/A	3.6
7	Dar es salaam	Ilala MC	Mongo la Ndege Disp	3434	3434	3245	N/A	5.8
8	Dar es salaam	Ilala MC	Gerezani Disp	2067	2067	2067	N/A	0.0
9	Dodoma	Bahi DC	Nkhome Disp	801	791	780	N/A	2.7
10	Dodoma	Bahi DC	Chikopelo Disp	399	398	398	N/A	0.3
11	Dodoma	Bahi DC	Chipanga HC	1029	1032	1035	N/A	0.6
12	Dodoma	Bahi DC	Bahi HC	2408	2399	2411	N/A	0.1
13	Geita	Geita DC	Izumacheli Disp	855	840	749	N/A	14.2
14	Geita	Geita DC	Katoma Disp	1178	1178	1187	N/A	0.8
15	Geita	Geita DC	Katoro HC	10438	10438	9966	N/A	4.7
16	Geita	Geita DC	Nzera Hosp	4293	4279	3075	N/A	39.6
17	Iringa	Kilolo DC	Ndesivili Disp	49	49	49	N/A	0.0
18	Iringa	Kilolo DC	Ndabaga HC	417	409	417	N/A	0.0
19	Iringa	Kilolo DC	Pommern Disp	372	378	365	N/A	1.9
20	Iringa	Kilolo DC	Kihesamgagao Disp	268	268	282	N/A	5.0
21	Iringa	Kilolo DC	Lundamatwe Disp	611	548	607	N/A	0.7
22	Iringa	Kilolo DC	Ilula DDH	2722	2722	2722	N/A	0.0
23	Kagera	Karagwe DC	Ihembe II Disp	135	180	181	N/A	25.4
24	Kagera	Karagwe DC	Kayanga HC	5716	5716	5723	N/A	0.1
25	Kagera	Karagwe DC	Nyakaiga Hosp	1433	1519	1519	N/A	5.7
26	Katavi	Mpimbwe DC	Usevya HC	3948	3961	4009	N/A	1.5
27	Katavi	Mpimbwe DC	Upendo wa Mungu Disp	64	46	45	N/A	42.2
28	Kigoma	Buhigwe DC	Janda HC	668	668	668	N/A	0.0
29	Kigoma	Buhigwe DC	Songambebe Dis	549	549	549	N/A	0.0
30	Kigoma	Buhigwe DC	Heri Mission Hosp	200	200	200	N/A N/A	0.0
31	Kilimanjaro	Hai DC	Narumu RC Disp	363	363	360	N/A	0.8
32	Kilimanjaro	Hai DC	Kisiki HC	692	692	692	N/A	0.0
33	Kilimanjaro	Hai DC	Masama HC	1111	1054	1047	N/A	6.1
34	Kilimanjaro	Hai DC	Hai Dist Hosp	5136	5127	5032	N/A	2.1
35	Lindi	Ruangwa DC	Mbekenyera HC	1540	1540	1590	N/A	3.1
36	Lindi	Ruangwa DC	Nandanga Disp	183	150	148	N/A	23.6
37	Lindi	Ruangwa DC	Nanganga Disp	177	177	177	N/A	0.0
38	Lindi	Ruangwa DC	Ruangwa Dist Hosp	2863	2729	2512	N/A	14.0

S n	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS 2 (R)	Summary	Tally (A)	Register	
39	Manyara	Hanang DC	Mulbadaw Disp	120	120	120	N/A	0.0
40	Manyara	Hanang DC	Gendabi HC	1003	1112	1112	N/A	9.8
41	Manyara	Hanang DC	Tumaini Hosp	3131	3131	2773	N/A	12.9
42	Mara	Bunda DC	Nansimo Disp	1429	1435	1439	N/A	0.7
43	Mara	Bunda DC	Mugeta HC	1499	1499	1499	N/A	0.0
44	Mara	Bunda DC	Kibara Hosp	1199	1199	1199	N/A	0.0
45	Mbeya	Mbeya CC	UWATA Hosp	9955	9955	9858	N/A	1.0
46	Mbeya	Mbeya CC	Iyunga HC	2978	2978	2978	N/A	0.0
47	Morogoro	Morogoro DC	Kibungo Chini HC	141	163	163	N/A	13.5
48	Morogoro	Morogoro DC	Mlilingwa Disp	394	394	386	N/A	2.1
49	Morogoro	Morogoro DC	Kasanga Mission Disp	609	573	573	N/A	6.3
50	Morogoro	Morogoro DC	Lukange Mission HC	394	609	609	N/A	35.3
51	Morogoro	Morogoro DC	Duthumi HC	2573	2589	2377	N/A	8.2
52	Morogoro	Morogoro DC	Kisaki Disp	226	226	179	N/A	26.3
53	Mtwara	Nanyamba TC	Mtiniko Disp	682	683	636	N/A	7.2
54	Mtwara	Nanyamba TC	Nanyamba HC	899	965	968	N/A	7.1
55	Mtwara	Nanyamba TC	Nitekela Disp	651	652	608	N/A	7.1
56	Mwanza	Kwimba DC	Bugandando Disp	773	772	809	N/A	4.4
57	Mwanza	Kwimba DC	Kibitilwa Disp	668	638	662	N/A	0.9
58	Mwanza	Kwimba DC	Mwamashimba HC	2202	2239	2176	N/A	1.2
59	Mwanza	Kwimba DC	Nyambiti HC	1051	1061	1061	N/A	0.9
60	Mwanza	Kwimba DC	Sumve Hosp	2394	2313	2122	N/A	12.8
61	Njombe	Makete DC	Bulongwa Hosp	189	189	189	N/A	0.0
62	Njombe	Makete DC	Lupila HC	107	103	115	N/A	7.0
63	Njombe	Makete DC	Mago Disp	53	56	49	N/A	8.2
64	Njombe	Makete DC	Ndapo Disp	240	231	231	N/A	3.9
65	Njombe	Makete DC	Utengule Disp	5	7	5	N/A	0.0
66	Pwani	Mkuranga DC	Nyota ya Bahari HC	684	619	619	N/A	10.5
67	Pwani	Mkuranga	Kisiju HC	1765	1089	1078	N/A	63.7

S n	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS 2 (R)	Summary	Tally (A)	Register	
		DC						
68	Pwani	Mkuranga DC	Kitomondo Disp	434	421	329	N/A	31.9
69	Pwani	Mkuranga DC	Mwarusembe Disp	958	740	720	N/A	33.1
70	Pwani	Mkuranga DC	Mkuranga Hosp	2149	1467	1081	N/A	98.8
71	Rukwa	Kalambo DC	Matai HC	2269	2269	2269	N/A	0.0
72	Rukwa	Kalambo DC	Ngorotwa HC	374	199	162	N/A	130.9
73	Rukwa	Kalambo DC	Kasusu Disp	23	23	23	N/A	0.0
74	Rukwa	Kalambo DC	Kamawe Disp	428	428	428	N/A	0.0
75	Rukwa	Kalambo DC	Ulumi Mision Disp	77	77	77	N/A	0.0
76	Rukwa	Kalambo DC	Samazi Disp	939	959	959	N/A	2.1
77	Ruvuma	Nyasa DC	Liparamba HC	1438	1459	1438	N/A	0.0
78	Ruvuma	Nyasa DC	Lituhi Hosp	818	808	782	N/A	4.6
79	Ruvuma	Nyasa DC	Ngingama Disp	171	164	164	N/A	4.3
80	Shinyanga	Ushetu DC	St Benard Disp	145	153	154	N/A	5.8
81	Shinyanga	Ushetu DC	Igunda Disp	1106	1103	1010	N/A	9.5
82	Shinyanga	Ushetu DC	Bulungwa HC	239	239	244	N/A	2.0
83	Simiyu	Busega DC	Menonite Lamadi Disp	N/A	N/A	N/A	N/A	N/A
84	Simiyu	Busega DC	Igalukilo HC	355	355	357	N/A	0.6
85	Simiyu	Busega DC	Mkula Hosp	887	884	863	N/A	2.8
86	Singida	Mkalama DC	Mkalama HC	1749	1749	1749	N/A	0.0
87	Singida	Mkalama DC	Miambi Elct Hosp	945	945	945	N/A	0.0
88	Singida	Mkalama DC	Iguguno Disp	2372	2369	2372	N/A	0.0
89	Songwe	Momba DC	Kamsamba HC	2794	3129	3044	N/A	8.2
90	Songwe	Momba DC	Mkulwe HC	696	672	776	N/A	10.3
91	Songwe	Momba DC	Nzoka Disp	311	311	347	N/A	10.4
92	Songwe	Momba DC	Isanga Disp	496	496	486	N/A	2.1
93	Tabora	Igunga DC	Igunga Dist Hosp	7989	7802	5836	N/A	36.9
94	Tabora	Igunga DC	Kidalu Disp	413	413	397	N/A	4.0
95	Tabora	Igunga DC	Mwamashimba Disp	446	446	446	N/A	0.0

S n	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS2 (R)	Summary	Tally (A)	Register	
96	Tabora	Igunga DC	Mwamashiga Disp	617	617	623	N/A	1.0
97	Tabora	Igunga DC	Usongo Disp	1408	1408	1408	N/A	0.0
98	Tabora	Igunga DC	Bulangamilwa Disp	754	544	754	N/A	0.0
99	Tanga	Mkinga DC	Mayomboni Disp	257	257	259	N/A	0.8
100	Tanga	Mkinga DC	Mwandusi Disp	278	283	299	N/A	7.0
101	Tanga	Mkinga DC	Mjesani HC	119	118	119	N/A	0.0
Average Error Rate								8.6

2.3.4 Percentage of Institutional Deliveries

Under Institutional Deliveries, percentage of Institutional Deliveries in year 2019 was reported at 83 percent which is slightly higher than target of 82 percent (**Table 20**).

Table 20: Percentage of Institutional deliveries

Indicator baseline(2018)	Indicator target (2019)	Reported (2019)	Confirmed (2019)
79%	82%	83%	82.7%

2.3.5 Comparison of data in the Registers and DHIS2 for Institutional Deliveries at sampled Health Facilities

Data entered in DHIS2 system for year 2019 were compared with the data recorded in the registers at 101 visited health facilities for the year 2019 (**Annex 13**). In 101 sampled health facilities, 48 Health Facilities equivalent to 47.5 percent found that, data in the DHIS2 reads the same with those in the registers. While, data in the DHIS2 and data in the Tally sheets for 53 health facilities were not matching. In this case, average error rate found to be 1.9 percent which indicate improvement as compared to previous year error rate of 4.5 percent (Error! Reference source not found.).

Table 21: Comparison of data in the Registers and DHIS2 for Institutional Deliveries at sampled Health Facilities (N=101)

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS2 (R)	Summary	Tally	Register(A)	

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS2 (R)	Summary	Tally	Register(A)	
1	Arusha	Karatu DC	Slahhamo disp	78	81	81	81	3.7
2	Arusha	Karatu DC	Laja disp	3	3	3	3	0.0
3	Arusha	Karatu DC	Endabash HC	126	126	126	126	0.0
4	Arusha	Karatu DC	Karatu hosp	965	966	966	966	0.1
5	Dar es salaam	Ilala MC	Chanika HC	6774	6774	6774	6774	0.0
6	Dar es salaam	Ilala MC	Pugu Kajungeni HC	1782	1782	1782	1782	0.0
7	Dar es salaam	Ilala MC	Mongo la Ndege Disp	301	301	301	301	0.0
8	Dar es salaam	Ilala MC	Gerezani Disp	N/A	N/A	N/A	N/A	N/A
9	Dodoma	Bahi DC	Nkhome disp	203	203	203	203	0.0
10	Dodoma	Bahi DC	Chikopelo Disp	76	85	85	85	10.6
11	Dodoma	Bahi DC	Chipanga HC	1396	1396	1396	1384	0.9
12	Dodoma	Bahi DC	Bahi HC	1195	1195	1195	1193	0.2
13	Geita	Geita DC	Izumacheli Disp	244	249	253	239	2.1
14	Geita	Geita DC	Katoma Disp	191	191	192	191	0.0
15	Geita	Geita DC	Katoro HC	7154	7151	7267	7160	0.1
16	Geita	Geita DC	Nzera Hosp	3974	3971	4001	3915	1.5
17	Iringa	Kilolo DC	Ndesivili Disp	6	6	6	6	0.0
18	Iringa	Kilolo DC	Ndabaga HC	189	190	190	190	0.5
19	Iringa	Kilolo DC	Pommern Disp	56	56	56	56	0.0
20	Iringa	Kilolo DC	Kihesamgagao Disp	85	85	85	85	0.0
21	Iringa	Kilolo DC	Lundamatwe Disp	107	107	107	107	0.0
22	Iringa	Kilolo DC	Ilula DDH	2821	2840	2840	2804	0.6
23	Kagera	Karagwe DC	Ihembe II Disp	18	20	20	20	10.0
24	Kagera	Karagwe DC	Kayanga HC	1841	1824	1837	1956	5.9
25	Kagera	Karagwe DC	Nyakaiga Hosp	775	778	777	777	0.3
26	Katavi	Mpimbwe DC	Usevya HC	1249	1249	1246	1166	7.1
27	Katavi	Mpimbwe DC	Upendo wa Mungu Disp	40	41	41	41	2.4
28	Kigoma	Buhigwe DC	Janda HC	744	744	744	744	0.0
29	Kigoma	Buhigwe DC	Songambebe Dis	267	267	267	267	0.0
30	Kigoma	Buhigwe DC	Heri Mission Hosp	282	281	282	281	0.4
31	Kilimanjaro	Hai DC	Narumu RC disp	52	51	49	53	1.9
32	Kilimanjaro	Hai DC	Kisiki HC	249	249	249	247	0.8

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS2 (R)	Summary	Tally	Register(A)	
	o							
33	Kilimanjaro	Hai DC	Masama HC	134	133	133	132	1.5
34	Kilimanjaro	Hai DC	Hai dist hosp	2684	2684	2684	2637	1.8
35	Lindi	Ruangwa DC	Mbekenyera HC	214	214	214	214	0.0
36	Lindi	Ruangwa DC	Nandanga Disp	34	26	26	34	0.0
37	Lindi	Ruangwa DC	Nanganga Disp	11	11	12	11	0.0
38	Lindi	Ruangwa DC	Ruangwa Dist Hosp	1614	1566	1565	1559	3.5
39	Manyara	Hanang DC	Mulbadaw disp	9	10	10	10	10.0
40	Manyara	Hanang DC	Gendabi HC	228	227	227	227	0.4
41	Manyara	Hanang DC	Tumaini hosp	2943	2698	2857	2958	0.5
42	Mara	Bunda DC	Nansimo Disp	360	360	360	360	0.0
43	Mara	Bunda DC	Mugeta HC	562	562	562	562	0.0
44	Mara	Bunda DC	Kibara Hosp	532	532	531	540	1.5
45	Mbeya	Mbeya CC	UWATA Hosp	1804	1805	1782	1815	0.6
46	Mbeya	Mbeya CC	Iyunga HC	346	346	335	344	0.6
47	Morogoro	Morogoro DC	Kibungo Chini HC	59	65	65	63	6.3
48	Morogoro	Morogoro DC	Mlilingwa Disp	70	70	70	70	0.0
49	Morogoro	Morogoro DC	Kasanga Mission Disp	106	114	114	114	7.0
50	Morogoro	Morogoro DC	Lukange Mission HC	96	96	96	96	0.0
51	Morogoro	Morogoro DC	Duthumi HC	1801	1801	1801	1801	0.0
52	Morogoro	Morogoro DC	Kisaki Disp	133	133	133	133	0.0
53	Mtwara	Nanyamba TC	Mtiniko Disp	79	79	80	79	0.0
54	Mtwara	Nanyamba TC	Nanyamba HC	627	627	622	643	2.5
55	Mtwara	Nanyamba TC	Nitekela Disp	75	69	72	71	5.6
56	Mwanza	Kwimba DC	Bugandando Disp	288	287	287	287	0.3
57	Mwanza	Kwimba DC	Kibitilwa Disp	170	170	170	170	0.0
58	Mwanza	Kwimba DC	Mwamashimba HC	904	904	842	903	0.1
59	Mwanza	Kwimba DC	Nyambiti HC	409	421	321	431	5.1

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS2 (R)	Summary	Tally	Register(A)	
60	Mwanza	Kwimba DC	Sumve Hosp	2395	2372	2375	2365	1.3
61	Njombe	Makete DC	Bulongwa Hosp	147	145	148	148	0.7
62	Njombe	Makete DC	Lupila HC	34	34	34	34	0.0
63	Njombe	Makete DC	Mago Disp	4	4	4	4	0.0
64	Njombe	Makete DC	Ndapo Disp	44	44	42	44	0.0
65	Njombe	Makete DC	Utengule Disp	3	3	3	3	0.0
66	Pwani	Mkuranga DC	Nyota ya Bahari HC	177	177	177	177	0.0
67	Pwani	Mkuranga DC	Kisiju HC	422	422	422	422	0.0
68	Pwani	Mkuranga DC	Kitomondo Disp	86	85	85	85	1.2
69	Pwani	Mkuranga DC	Mwarusembe Disp	110	110	110	110	0.0
70	Pwani	Mkuranga DC	Mkuranga Hosp	3553	3506	3506	3506	1.3
71	Rukwa	Kalambo DC	Matai HC	1800	1800	1800	1803	0.2
72	Rukwa	Kalambo DC	Ngorotwa HC	123	123	123	123	0.0
73	Rukwa	Kalambo DC	Kasusu Disp	46	46	46	46	0.0
74	Rukwa	Kalambo DC	Kamawe Disp	38	38	39	40	5.0
75	Rukwa	Kalambo DC	Ulumi Mision Disp	156	145	145	147	6.1
76	Rukwa	Kalambo DC	Samazi Disp	87	85	86	84	3.6
77	Ruvuma	Nyasa DC	Liparamba HC	221	221	169	186	18.8
78	Ruvuma	Nyasa DC	Lituhi Hosp	403	401	403	403	0.0
79	Ruvuma	Nyasa DC	Ngingama Disp	33	33	33	33	0.0
80	Shinyanga	Ushetu DC	St benard disp	41	41	40	39	5.1
81	Shinyanga	Ushetu DC	Igunda disp	230	230	230	230	0.0
82	Shinyanga	Ushetu DC	Bulongwa HC	1921	1921	1921	1921	0.0
83	Simiyu	Busega DC	Menonite Lamadi Disp	54	54	54	53	1.9
84	Simiyu	Busega DC	Igalukilo HC	480	480	480	480	0.0
85	Simiyu	Busega DC	Mkula Hosp	621	621	621	623	0.3
86	Singida	Mkalama DC	Mkalama HC	313	314	314	313	0.0
87	Singida	Mkalama DC	Miambi ELCT Hosp	818	818	818	820	0.2
88	Singida	Mkalama	Iguguno Disp	233	233	235	227	2.6

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%)
				DHIS2 (R)	Summary	Tally	Register(A)	(IR-A)/A*100
		DC						
89	Songwe	Momba DC	Kamsamba HC	1856	1856	1427	1817	2.1
90	Songwe	Momba DC	Mkulwe HC	357	371	399	399	10.5
91	Songwe	Momba DC	Nzoka Disp	162	162	162	162	0.0
92	Songwe	Momba DC	Isanga Disp	109	109	109	109	0.0
93	Tabora	Igunga DC	Igunga Dist Hosp	5378	4891	5497	5087	5.7
94	Tabora	Igunga DC	Kidalu Disp	89	89	89	89	0.0
95	Tabora	Igunga DC	Mwamashimba Disp	330	330	330	330	0.0
96	Tabora	Igunga DC	Mwamashiga Disp	132	132	132	132	0.0
97	Tabora	Igunga DC	Usongo Disp	576	576	576	576	0.0
98	Tabora	Igunga DC	Bulangamilwa Disp	142	101	142	142	0.0
99	Tanga	Mkinga DC	Mayomboni disp	31	31	34	31	0.0
100	Tanga	Mkinga DC	Mwandusi disp	40	40	40	33	21.2
101	Tanga	Mkinga DC	Mjesani HC	167	145	167	163	2.5
Average Error Rate								1.9

2.3.5 Percentage of women of reproductive age using modern family planning methods

In the DHIS2 report for 2019, Percentage of women of reproductive age using modern family planning methods (both new and re-attendant) was 42 percent which is almost the same with the target of 41 percent (Error! Reference source not found.22). Detailed verification for indicator on percentage of women of reproductive age using modern family planning methods for sampled HFs for the year 2019 is shown in **Annex 14** of this report.

Table 22: Percentage of women of reproductive age using Modern Family Planning methods

Indicator baseline(2018)	Indicator target (2019)	Reported (2019)	Confirmed (2019)
39%	41%	42%	41.9%

Comparison of data in Register and DHIS2 for women of Reproductive age using modern family planning methods at sampled HFs

In 101 sampled health facilities, 16 health facilities found not providing family planning services. Four health facilities found that data in the register reads the same with those in the system (DHIS 2). While 81 health facilities data in the system and those in the register not matched. In this case, average error rate was found to be 12.6 percent (**Table 23**) which shows improvement as compared to verification of year 2018 where error rate was 26.2 percent.

Table 23: Comparison of data between Register and DHIS2 for women of Reproductive age using modern family planning methods at sampled HFs (N=101)

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHI S2 (R)	Summary	Tally	Register(A)	
1	Arusha	Karatu DC	Slahhamo Disp	1529	1424	1487	1533	0.3
2	Arusha	Karatu DC	Laja Disp	258	248	242	228	13.2
3	Arusha	Karatu DC	Endabesh HC	1087	1087	1087	957	13.6
4	Arusha	Karatu DC	Karatu Luth Hosp	662	637	616	629	5.2
5	Dar es salaam	Ilala MC	Chanika HC	5585	5585	5579	5699	2.0
6	Dar es salaam	Ilala MC	Pugu Kajungeni HC	3635	3635	3635	3636	0.0

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%)
				DHS2 (R)	Summary	Tally	Register(A)	(IR-A)/A*100
7	Dar es salaam	Ilala MC	Mongo la Ndege Disp	4499	4499	4499	4498	0.0
8	Dar es salaam	Ilala MC	Gerezani Disp	3088	3088	3092	3092	0.1
9	Dodoma	Bahi DC	Nkhome Disp	705	727	728	736	4.2
10	Dodoma	Bahi DC	Chikopelo Disp	N/A	N/A	N/A	N/A	N/A
11	Dodoma	Bahi DC	Chipanga HC	1205	1239	1209	1199	0.5
12	Dodoma	Bahi DC	Bahi HC	2873	2839	3073	2815	2.1
13	Geita	Geita DC	Izumacheli Disp	393	0	430	376	4.5
14	Geita	Geita DC	Katoma Disp	403	406	373	405	0.5
15	Geita	Geita DC	Katoro HC	7392	7928	0	6365	16.1
16	Geita	Geita DC	Nzera Hosp	1166	1259	978	954	22.2
17	Iringa	Kilolo DC	Ndesivili Disp	62	62	61	59	5.1
18	Iringa	Kilolo DC	Ndabaga HC	1937	1473	2069	2072	6.5
19	Iringa	Kilolo DC	Pommern Disp	1844	1844	1280	1244	48.2
20	Iringa	Kilolo DC	Kihesamgagao Disp	432	432	432	432	0.0
21	Iringa	Kilolo DC	Lundamatwe Disp	913	913	913	1147	20.4
22	Iringa	Kilolo DC	Ilula DDH	4462	4462	4462	4532	1.5
23	Kagera	Karagwe DC	Ihembe II Disp	291	285	285	152	91.4
24	Kagera	Karagwe DC	Kayanga HC	4036	4028	3996	3997	1.0
25	Kagera	Karagwe DC	Nyakaiga Hosp	N/A	N/A	N/A	N/A	N/A
26	Katavi	Mpimbwe DC	Usevya HC	1943	1994	1974	2067	6.0
27	Katavi	Mpimbwe DC	Upendo wa Mungu Disp	N/A	N/A	N/A	N/A	N/A
28	Kigoma	Buhigwe DC	Janda HC	1504	1495	1469	1451	3.7
29	Kigoma	Buhigwe DC	Songambebe Dis	1043	1063	1063	1063	1.9
30	Kigoma	Buhigwe DC	Heri Mission Hosp	363	366	378	396	8.3
31	Kilimanjaro	Hai DC	Narumu RC Disp	N/A	N/A	N/A	N/A	N/A
32	Kilimanjaro	Hai DC	Kisiki HC	714	729	642	595	20.0
33	Kilimanjaro	Hai DC	Masama HC	1072	1093	1041	955	12.3

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHS2 (R)	Summary	Tally	Register(A)	
34	Kilimanjaro	Hai DC	Hai Dist Hosp	4659	4506	3807	4068	14.5
35	Lindi	Ruangwa DC	Mbekenyera HC	1309	1388	1023	1288	1.6
36	Lindi	Ruangwa DC	Nandanga Disp	1146	1065	1030	813	41.0
37	Lindi	Ruangwa DC	Nanganga Disp	799	794	762	910	12.2
38	Lindi	Ruangwa DC	Ruangwa Dist Hosp	3977	3964	3725	2334	70.4
39	Manyara	Hanang DC	Mulbadaw Disp	200	222	189	248	19.4
40	Manyara	Hanang DC	Gendabi HC	370	457	464	462	19.9
41	Manyara	Hanang DC	Tumaini Hosp	2683	2790	2197	2724	1.5
42	Mara	Bunda DC	Nansimo Disp	833	1454	844	851	2.1
43	Mara	Bunda DC	Mugeta HC	947	825	825	899	5.3
44	Mara	Bunda DC	Kibara Hosp	N/A	N/A	N/A	N/A	N/A
45	Mbeya	Mbeya CC	UWATA Hosp	N/A	N/A	N/A	N/A	N/A
46	Mbeya	Mbeya CC	Iyunga HC	2273	2336	2193	2270	0.1
47	Morogoro	Morogoro DC	Kibungo Chini HC	N/A	N/A	N/A	N/A	N/A
48	Morogoro	Morogoro DC	Mlilingwa Disp	348	348	359	347	0.3
49	Morogoro	Morogoro DC	Kasnga Mission Disp	N/A	N/A	N/A	N/A	N/A
50	Morogoro	Morogoro DC	Lukange Mission HC	N/A	N/A	N/A	N/A	N/A
51	Morogoro	Morogoro DC	Duthumi HC	1118	1118	1124	1103	1.4
52	Morogoro	Morogoro DC	Kisaki Disp	663	663	623	669	0.9
53	Mtwara	Nanyamba TC	Mtiniko Disp	1024	1143	1263	505	102.8
54	Mtwara	Nanyamba TC	Nanyamba HC	N/A	N/A	N/A	N/A	N/A
55	Mtwara	Nanyamba TC	Nitekela Disp	1071	1346	837	637	68.1
56	Mwanza	Kwimba DC	Bugandando Disp	176	201	201	201	12.4
57	Mwanza	Kwimba DC	Kibitilwa Disp	450	481	423	472	4.7
58	Mwanza	Kwimba	Mwamashim	825	771	1160	829	0.5

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHS2 (R)	Summary	Tally	Register(A)	
		DC	ba HC					
59	Mwanza	Kwimba DC	Nyambiti HC	977	267	973	983	0.6
60	Mwanza	Kwimba DC	Sumve Hosp	211	0	271	0	0.0
61	Njombe	Makete DC	Bulongwa Hosp	842	815	821	784	7.4
62	Njombe	Makete DC	Lupila HC	303	298	310	310	2.3
63	Njombe	Makete DC	Mago Disp	318	319	319	305	4.3
64	Njombe	Makete DC	Ndapo Disp	558	558	558	431	29.5
65	Njombe	Makete DC	Utengule Disp	134	120	74	102	31.4
66	Pwani	Mkuranga DC	Nyota ya Bahari HC	N/A	N/A	N/A	N/A	N/A
67	Pwani	Mkuranga DC	Kisiju HC	547	547	553	540	1.3
68	Pwani	Mkuranga DC	Kitomondo Disp	260	260	259	235	10.6
69	Pwani	Mkuranga DC	Mwarusembe Disp	622	622	594	610	2.0
70	Pwani	Mkuranga DC	Mkuranga Hosp	1229	1229	1245	1201	2.3
71	Rukwa	Kalambo DC	Matai HC	1444	1547	1501	1635	11.7
72	Rukwa	Kalambo DC	Ngorotwa HC	473	495	508	475	0.4
73	Rukwa	Kalambo DC	Kasusu Disp	184	189	213	214	14.0
74	Rukwa	Kalambo DC	Kamawe Disp	419	419	426	424	1.2
75	Rukwa	Kalambo DC	Ulumi Mision Disp	N/A	N/A	N/A	N/A	N/A
76	Rukwa	Kalambo DC	Samazi Disp	1050	1044	1091	1091	3.8
77	Ruvuma	Nyasa DC	Liparamba HC	805	805	505	731	10.1
78	Ruvuma	Nyasa DC	Lituhi Hosp	N/A	N/A	N/A	N/A	N/A
79	Ruvuma	Nyasa DC	Ngingama Disp	469	469	466	422	11.1
80	Shinyanga	Ushetu DC	St Benard Disp	N/A	N/A	N/A	N/A	N/A
81	Shinyanga	Ushetu DC	Igunda Disp	762	835	0	706	7.9
82	Shinyanga	Ushetu DC	Bulungwa HC	1936	1939	1547	1915	1.1
83	Simiyu	Busega DC	Menonite	400	427	401	410	2.4

Sn	REGION	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%)
				DHS2 (R)	Summary	Tally	Register(A)	(IR-A)/A*100
			Lamadi Disp					
84	Simiyu	Busega DC	Igalukilo HC	1673	1673	1673	1700	1.6
85	Simiyu	Busega DC	Mkula Hosp	605	599	955	602	0.5
86	Singida	Mkalama DC	Mkalama HC	1454	1454	1414	1338	8.7
87	Singida	Mkalama DC	Miambi ELCT Hosp	1305	1311	1262	1340	2.6
88	Singida	Mkalama DC	Iguguno Disp	1902	1773	1853	1830	3.9
89	Songwe	Momba DC	Kamsamba HC	574	437	547	619	7.3
90	Songwe	Momba DC	Mkulwe HC	N/A	N/A	N/A	N/A	N/A
91	Songwe	Momba DC	Nzoka Disp	539	749	657	849	36.5
92	Songwe	Momba DC	Isanga Disp	653	662	562	720	9.3
93	Tabora	Igunga DC	Igunga Dist Hosp	3280	3222	2913	3406	3.7
94	Tabora	Igunga DC	Kidalu Disp	265	216	157	173	53.2
95	Tabora	Igunga DC	Mwamashimba Disp	466	466	439	467	0.2
96	Tabora	Igunga DC	Mwamashiga Disp	181	126	121	121	49.6
97	Tabora	Igunga DC	Usongo Disp	N/A	N/A	N/A	N/A	N/A
98	Tabora	Igunga DC	Bulangamilwa Disp	292	187	273	263	11.0
99	Tanga	Mkinga DC	Mayomboni Disp	372	316	416	453	17.9
100	Tanga	Mkinga DC	Mwandusi Disp	329	357	344	302	8.9
101	Tanga	Mkinga DC	Mjesani HC	382	377	374	345	10.7
Average Error Rate								12.6

2.3.6 Number of children 12-59, months receiving one dose of Vitamin A supplementation during 2018 calendar year

DHS2 report for 2019 indicates that, Number of children 12-59, months receiving one dose of Vitamin A supplementation during the previous 12 months was 100 percent which is the same with the target, and lower than the verified of 146.7 percent (**Table 24**). Detailed verification for indicator on Number of children 12-59, months receiving one dose of Vitamin A supplementation during 2018 calendar year is shown in **Annex 15** of this report.

Table 24: Number of children 12-59, months receiving one dose of Vitamin A supplementation during the previous 12 months

Indicator baseline(2018)	Indicator target 9(2018)	Reported (2019)	Verified (2019)
100%	100%	100% (MoHCDGEC)	146.7%

Comparison of data in Tally Sheet and DHIS2 for Number of children 12-59, months receiving one dose of Vitamin A supplementation during the previous 12 months at Sampled HFs

Data in the DHIS2 of year 2019 were compared with the data recorded in the tally sheets at all visited health facilities. It was observed that, out of 101 sampled health facilities, 34 health facilities found that data in the DHIS2 reads the same with those in the Tally sheets. Furthermore, DHIS2 data for 63 health facilities were found to mismatching with those in the tally sheets caused by miscapturing of data from HMIS tools to DHIS2. In this case, average error rate was 17.7 percent (**Table 25**), which shows improvement when compared with those data in year 2018 of 33.2 percent.

Table 25: Comparison of data in Tally Sheet and DHIS2 for Number of children 12-59, months receiving one dose of Vitamin A supplementation during the previous 12 months at Sampled HFs. (N=101)

Sn	Region	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS2 (R)	Summary	Tally (A)	Register	
1	Arusha	Karatu DC	Slahhamo Disp	4098	4160	4160	N/A	1.5
2	Arusha	Karatu DC	Laja Disp	526	526	526	N/A	0.0
3	Arusha	Karatu DC	Endabesh HC	2275	2275	2275	N/A	0.0
4	Arusha	Karatu DC	Karatu Hosp	469	469	469	N/A	0.0
5	Dar es salaam	Ilala MC	Chanika HC	12261	12261	12261	N/A	0.0
6	Dar es salaam	Ilala MC	Pugu Kajungeni HC	16722	16722	16722	N/A	0.0
7	Dar es salaam	Ilala MC	Mongo la Ndege Disp	13391	13391	13391	N/A	0.0
8	Dar es salaam	Ilala MC	Gerezani Disp	5107	5107	5107	N/A	0.0
9	Dodoma	Bahi DC	Nkhome Disp	6088	5688	5231	N/A	16.4
10	Dodoma	Bahi DC	Chikopelo Disp	2740	3276	3224	N/A	15.0
11	Dodoma	Bahi DC	Chipanga HC	12637	12669	12669	N/A	0.3
12	Dodoma	Bahi DC	Bahi HC	7012	7012	7012	N/A	0.0
13	Geita	Geita DC	Izumacheli Disp	797	797	760	N/A	4.9
14	Geita	Geita DC	Katoma Disp	650	650	650	N/A	0.0
15	Geita	Geita DC	Katoro HC	3060	3662	1887	N/A	62.2
16	Geita	Geita DC	Nzera Hosp	416	475	471	N/A	11.7

Sn	Region	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS2 (R)	Summary	Tally (A)	Register	
17	Iringa	Kilolo DC	Ndesivili Disp	0	0	0	N/A	0.0
18	Iringa	Kilolo DC	Ndabaga HC	1273	1273	1277	N/A	0.3
19	Iringa	Kilolo DC	Pommern Disp	5654	5654	6096	N/A	7.3
20	Iringa	Kilolo DC	Kihesamgagao Disp	1611	1220	2935	N/A	45.1
21	Iringa	Kilolo DC	Lundamatwe Disp	190	190	77	N/A	146.8
22	Iringa	Kilolo DC	Ilula DDH	3239	3239	3239	N/A	0.0
23	Kagera	Karagwe DC	Ihembe II Disp	N/A	N/A	N/A	N/A	N/a
24	Kagera	Karagwe DC	Kayanga HC	7313	1513	7508	N/A	2.6
25	Kagera	Karagwe DC	Nyakaiga Hosp	718	715	718	N/A	0.0
26	Katavi	Mpimbwe DC	Usevya HC	6718	6720	6936	N/A	3.1
27	Katavi	Mpimbwe DC	Upendo wa Mungu Disp	N/A	N/A	N/A	N/A	N/a
28	Kigoma	Buhigwe DC	Janda HC	484	484	484	N/A	0.0
29	Kigoma	Buhigwe DC	Songambebe Dis	1137	1137	1137	N/A	0.0
30	Kigoma	Buhigwe DC	Heri Mission Hosp	229	229	230	N/A	0.4
31	Kilimanjaro	Hai DC	Narumu RC Disp	1112	1112	1112	N/A	0.0
32	Kilimanjaro	Hai DC	Kisiki HC	3686	3798	3730	N/A	1.2
33	Kilimanjaro	Hai DC	Masama HC	3791	3763	3763	N/A	0.7
34	Kilimanjaro	Hai DC	Hai Dist Hosp	4535	4615	4622	N/A	1.9
35	Lindi	Ruangwa DC	Mbekenyera HC	733	733	605	N/A	21.2
36	Lindi	Ruangwa DC	Nandanga Disp	177	177	179	N/A	1.1
37	Lindi	Ruangwa DC	Nanganga Disp	238	177	177	N/A	34.5
38	Lindi	Ruangwa DC	Ruangwa Dist Hosp	779	620	620	N/A	25.6
39	Manyara	Hanang DC	Mulbadaw Disp	31	15	31	N/A	100.0
40	Manyara	Hanang DC	Gendabi HC	4151	4111	4111	N/A	1.0
41	Manyara	Hanang DC	Tumaini Hosp	588	588	534	N/A	10.1
42	Mara	Bunda DC	Nansimo Disp	5170	5170	5170	N/A	0.0
43	Mara	Bunda DC	Mugeta HC	9950	9950	9950	N/A	0.0
44	Mara	Bunda DC	Kibara Hosp	1242	1242	526	N/A	136.1
45	Mbeya	Mbeya CC	UWATA Hosp	1774	1859	1774	N/A	0.0
46	Mbeya	Mbeya CC	Iyunga HC	1955	2147	1439	N/A	35.9
47	Morogoro	Morogoro DC	Kibungo Chini HC	310	310	310	N/A	0.0
48	Morogoro	Morogoro DC	Mlilingwa Disp	93	103	83	N/A	12.0

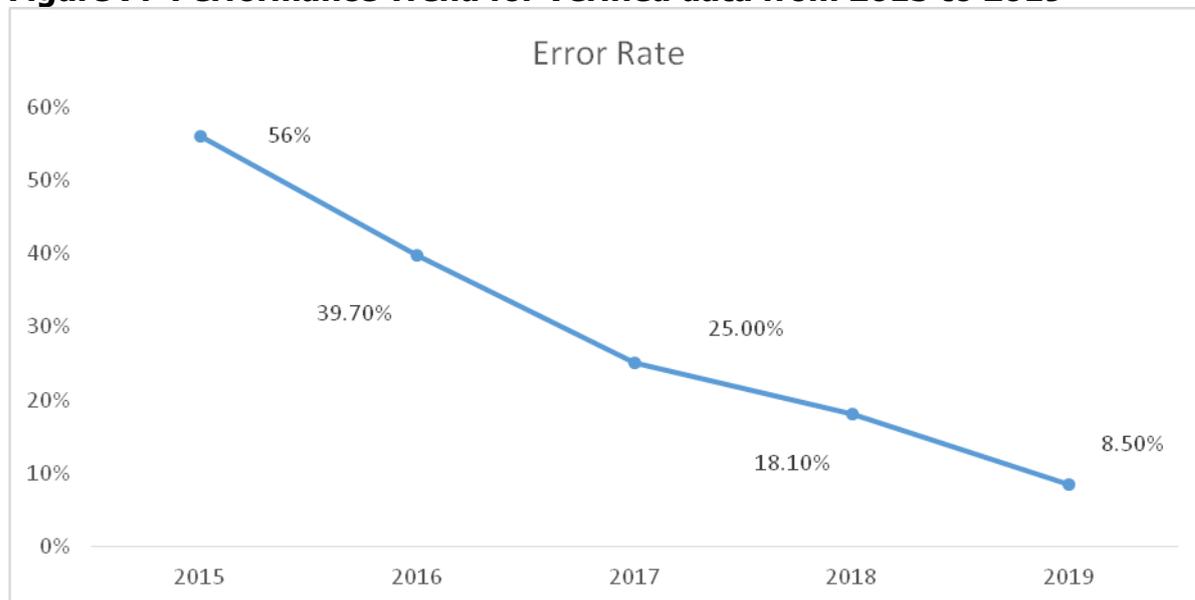
Sn	Region	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS2 (R)	Summary	Tally (A)	Register	
49	Morogoro	Morogoro DC	Kasanga Mission Disp	431	792	792	N/A	45.6
50	Morogoro	Morogoro DC	Lukange Mission HC	0	0	0	N/A	0.0
51	Morogoro	Morogoro DC	Duthumi HC	101	345	345	N/A	70.7
52	Morogoro	Morogoro DC	Kisaki Disp	1416	1416	1416	N/A	0.0
53	Mtwara	Nanyamba TC	Mtiniko Disp	403	403	403	N/A	0.0
54	Mtwara	Nanyamba TC	Nanyamba HC	1724	1725	1725	N/A	0.1
55	Mtwara	Nanyamba TC	Nitekela Disp	598	598	473	N/A	26.4
56	Mwanza	Kwimba DC	Bugandando Disp	1901	1901	1964	N/A	3.2
57	Mwanza	Kwimba DC	Kibitilwa Disp	1207	1206	1170	N/A	3.2
58	Mwanza	Kwimba DC	Mwamashimba HC	2259	2262	1886	N/A	19.8
59	Mwanza	Kwimba DC	Nyambiti HC	2193	2275	2275	N/A	3.6
60	Mwanza	Kwimba DC	Sumve Hosp	798	798	798	N/A	0.0
61	Njombe	Makete DC	Bulongwa Hosp	422	422	292	N/A	44.5
62	Njombe	Makete DC	Lupila HC	420	420	456	N/A	7.9
63	Njombe	Makete DC	Mago Disp	119	61	61	N/A	95.1
64	Njombe	Makete DC	Ndapo Disp	443	443	443	N/A	0.0
65	Njombe	Makete DC	Utengule Disp	89	88	83	N/A	7.2
66	Pwani	Mkuranga DC	Nyota ya Bahari HC	1981	1981	1981	N/A	0.0
67	Pwani	Mkuranga DC	Kisiju HC	538	583	561	N/A	4.1
68	Pwani	Mkuranga DC	Kitomondo Disp	411	296	426	N/A	3.5
69	Pwani	Mkuranga DC	Mwarusembe Disp	291	275	297	N/A	2.0
70	Pwani	Mkuranga DC	Mkuranga Hosp	901	901	138	N/A	552.9
71	Rukwa	Kalambo DC	Matai HC	3604	3604	2337	N/A	54.2
72	Rukwa	Kalambo DC	Ngorotwa HC	765	552	367	N/A	108.4
73	Rukwa	Kalambo DC	Kasusu Disp	11	14	14	N/A	21.4
74	Rukwa	Kalambo DC	Kamawe Disp	123	123	123	N/A	0.0
75	Rukwa	Kalambo	Ulumi Mision Disp	253	253	253	N/A	0.0

Sn	Region	LGA	Health Facility	Total Data for the year (Jan-Dec) 2019				Absolute Error (%) (IR-A)/A*100
				DHIS2 (R)	Summary	Tally (A)	Register	
		DC						
76	Rukwa	Kalambo DC	Samazi Disp	949	1056	133	N/A	613.5
77	Ruvuma	Nyasa DC	Liparamba HC	4029	4028	4028	N/A	0.0
78	Ruvuma	Nyasa DC	Lituhi Hosp	5477	5541	552	N/A	892.2
79	Ruvuma	Nyasa DC	Ngingama Disp	18	228	228	N/A	92.1
80	Shinyanga	Ushetu DC	St Benard Disp	N/A	N/A	N/A	N/A	N/A
81	Shinyanga	Ushetu DC	Igunda Disp	255	255	271	N/A	5.9
82	Shinyanga	Ushetu DC	Bulungwa HC	8037	8037	8037	N/A	0.0
83	Simiyu	Busega DC	Menonite Lamadi Disp	N/A	N/A	N/A	N/A	N/A
84	Simiyu	Busega DC	Igalukilo HC	1134	1134	1134	N/A	0.0
85	Simiyu	Busega DC	Mkula Hosp	5562	5562	5597	N/A	0.6
86	Singida	Mkalama DC	Mkalama HC	9972	9972	9972	N/A	0.0
87	Singida	Mkalama DC	Miambi ELCT Hosp	2398	2409	2416	N/A	0.7
88	Singida	Mkalama DC	Iguguno Disp	7007	8293	8293	N/A	15.5
89	Songwe	Momba DC	Kamsamba HC	3121	2895	3110	N/A	0.4
90	Songwe	Momba DC	Mkulwe HC	629	629	625	N/A	0.6
91	Songwe	Momba DC	Nzoka Disp	1650	1650	1668	N/A	1.1
92	Songwe	Momba DC	Isanga Disp	1071	1071	927	N/A	15.5
93	Tabora	Igunga DC	Igunga Dist Hosp	11759	11884	10416	N/A	12.9
94	Tabora	Igunga DC	Kidalu Disp	151	151	151	N/A	0.0
95	Tabora	Igunga DC	Mwamashimba Disp	1339	1230	1230	N/A	8.9
96	Tabora	Igunga DC	Mwamashiga Disp	363	363	363	N/A	0.0
97	Tabora	Igunga DC	Usongo Disp	1014	1014	1014	N/A	0.0
98	Tabora	Igunga DC	Bulangamilwa Disp	444	309	450	N/A	1.3
99	Tanga	Mkinga DC	Mayomboni Disp	668	645	645	N/A	3.6
100	Tanga	Mkinga DC	Mwandusi Disp	208	70	101	N/A	105.9
101	Tanga	Mkinga DC	Mjesani HC	151	103	54	N/A	179.6
Average Error Rate (Excluding outlier data above error rate of 200%)								17.7

2.3.7 Overall trend of six performance Indicators

Overall trend of six performance indicators which indicate a level of uniformity of data in the system (DHIS 2) and those in the MTUHA was 91.6 percent for 2019/20. This shows an improvement of a reduction of error rate from 56 percent in 2015 to an error rate of 8.5 percent in 2019 (Figure 7).

Figure 7: Performance Trend for Verified data from 2015 to 2019



Major challenge observed in relation to six service delivery indicators under DLI4 in 101 sampled HFs was existence of Non-uniformity of data in the system (DHIS2) and those in the HMIS tools (Registers and or in its absence Tally Sheets) which may lead into improper decision making relating to health service provisions to the community.

In this case, for further improvement of uniformity in data from HMIS Tools and DHIS2, ***it is recommended that MHC DGEC should ensure that all key players involved in data management (Health Care Providers, and HMIS Focal at LGAs) correctly capture data from respective sources. Moreover, RHMTs should be enforced to conduct quarterly DQAs at LGAs level for improvement of data consistency.***

The other six indicators under DLI4 that pertain to Institutional strengthening comprises of Percentage of PHC facilities with "3 Star" rating or higher, Public Dispensaries with at least one clinician /nurse in the BRN Regions and Percentage of PHC facilities with continuous availability of 10 tracer medicines in the 2019. The others are Percentage of LGAs with functional Council Health Service Board, LGAs with unqualified opinion in the External Audit Report and Percentage of completeness of a Quarterly DHIS2 entry by LGA.

2.3.8 Percentage of PHC facilities with "3 Star" rating or higher

For the FY 2019, Star rating assessment/reassessment was not conducted by the MoHCDGEC owing to the fact that there was late disbursement of funds. Verification

Team could not verify the indicator on Percentage of PHC facilities with 3 Star rating or higher. ***It is therefore, recommended that, MoHCDGEC continue to conduct Star rating assessment/reassessment to PHC facilities for further improvement of Health service delivery.***

2.3.9 Public Dispensaries with at least one clinician /nurse in the BRN Regions

MoHCDGEC reported that Public dispensaries with at least one clinician or nurse for year 2019 were 93 Percent, while the target was 85 percent. Verification Team observed that Public dispensaries with one Clinician/Nurse in 26 sampled LGAs were 98.8 percent. The exception is dispensaries with one Health Attendants (Ipata, Mnyuzi, Kasanu, Muuyu, Chipumpu in Momba DC (Songwe), Kafukula, Chalatila, Kipwakale in Kalambo DC (Rukwa), Ugabwa, Ukange and Kisasatu in Makete DC (Njombe) and Kiromba Juu in Nanyamba DC (Mtwara) ***It is therefore, recommended that PORALG should make placement of qualified staff in 12 PHC Facilities managed by health attendants.***

Table 26: Percentage Public Dispensaries with at least one clinician/nurse in the BRN Regions

Baseline (2018)	Indicator Target (2019)	Reported (2019)	Confirmed (2019)
83%	85%	93 %	98.8 %

2.3.10 Percentage of PHC facilities with continuous availability of 10 tracer medicines in the 2019

According to data in DHIS2, percentage of PHC facilities with continuous availability of 10 tracer medicine in the year 2019 was 96.3 percent which is below the target of 100 percent (**Table 27**). Detailed verification for Percentage of PHC facilities with continuous availability of 10 tracer medicines in 2019 calendar year is shown in **Annex 16** of this report.

Table 27: Percentage of PHC facilities with continuous availability of 10 tracer medicines in the 2019

Baseline (2018)	Indicator Target (2019)	Reported 2019	Confirmed (2019)
96%	100%	96%	96.3 (DHIS2)

Furthermore, in 101 sampled PHC facilities, only eleven (11 percent) had continuous availability of 10 tracer medicines in all twelve months for the year 2019. The remaining 89 sampled health facilities had 10 tracer medicines available in some months of the year, 2019.

According to the DHIS2 the availability of 10 tracer medicine to sampled health facilities was 88.3 percent. Also, it was observed that in 21 HFs visited tracer

medicine report were not entered in DHIS2 in some months (**Table 29**). *It is therefore, recommended that MoHCDGEC should make follow up and take action to LGAs whose data were not entered in DHIS2.*

Table 28: Percentage of Sampled PHC facilities with continuous available of 10 tracer medicine in the past year

No	Region	LGA	HF	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total	AVG
1	Mwanza	Kwimba DC	Mwamashimba Hc	90	100	80	0	100	100	100	90	100	100	100	100	1060	88.3
2	Simiyu	Busega DC	Igalukilo Hc	80	90	90	90	90	80	90	0	100	100	100	100	1010	84.2
3	Katavi	Mpimbwe DC	Upendo wa Mungu DISP	100	100	100	NR	NR	0	100	100	0	90	0	100	690	57.5
4	Rukwa	Kalambo DC	Matai HC	100	100	100	ZRC	90	80	90	80	90	90	80	90	990	82.5
5	Rukwa	Kalambo DC	Kasusu DISP	100	80	100	ZRC	80	100	100	ZRC	90	90	ZRC	60	800	66.7
6	Ruvuma	Nyasa	Lituhi Hosp	100	100	NR	100	100	100	100	100	100	90	100	100	1090	90.8
7	Njombe	Makete	Mango Disp	60	60	80	NR	80	90	90	90	90	90	90	90	910	75.8
8	Njombe	Makete	Ndapo HC	60	60	80	NR	80	90	90	90	90	90	90	90	910	75.8
9	Njombe	Makete	Utengule Disp	NR	80	80	70	80	80	100	100	100	100	100	100	990	82.5
10	Kilimanjaro	Hai DC	Hai District Hosp	100	90	100	100	20	100	100	100	100	100	90	100	1000	83.3
11	Kilimanjaro	Hai DC	Masama HC	100	100	90	100	100	100	90	100	100	100	NR	90	1070	89.2
12	Kilimanjaro	Hai DC	Narumu Disp	100	100	100	100	100	100	100	NR	100	100	100	0	1000	83.3
13	Manyara	Hanang DC	Gendabi HC	100	NR	100	100	100	100	100	100	100	100	100	100	1100	91.7
14	Manyara	Hanang DC	Mulbadaw Disp	80	80	90	70	70	80	90	NR	80	0	100	100	840	70.0
15	Tanga	Mkinga DC	Mjesani HC	NR	0	90	100	100	100	90	90	90	70	70	100	900	75.0
16	Iringa	Kilolo DC	Pomern Disp	N/A	N/A	N/A	N/A	0	0.0								
17	Morogoro	Morogoro DC	Kibungo Chini HC	100	90	70	80	90	80	90	100	80	ZRC	80	NR	860	71.7
18	Morogoro	Morogoro DC	Lukange Mission HC	90	100	100	NR	80	90	90	0	90	NR	0	90	730	60.8
19	Morogoro	Morogoro DC	Kisaki Station Disp	60	100	100	100	100	100	80	80	NR	70	100	NR	890	74.2
20	Kigoma	Buhigwe DC	Janda Hc	70	NR	50	50	60	70	50	60	40	NR	60	60	570	47.5
21	Tabora	Igunga DC	Bulangamilwa	0	90	90	90	90	100	100	90	100	100	90	90	1030	85.8
															Average		15.2

2.3.11 Percentage of LGAs with functional Council Health Service Board

According to the CHSBs Report of 2019, percentage of LGAs with functional CHSB was 89 percent which was the same as the target of 89 percent for the same year (**Table 29**). Verification conducted in 26 sampled LGAs revealed that, 24 (92.3 percent) of LGAs had functional CHSBs as per requirements. However, there were no evidence for the existence of functional CHSBs for Mkinga DC (Tanga) and

Nanyamba TC (Mtwara) due to non availability of evidence such as numbers of meetings held quarterly and reports. ***In this case, it is recommended that PORALG should make close follow up so as to ensure that all CHSBs are functioning as required by Regulations/Guidelines.***

Table 29: Percentage of LGAs with functional Council Health Board

Achievement (2018/19)	Indicator Target (2019/20)	Reported (2019/20)	Verified (2019/20)
84%	89%	89%	92.3%

2.3.12 Percentage of completeness of a Quarterly DHIS2 entry by LGA (by day 30 after the end of each Quarter)

Based on the data in DHIS2, the percentage of Quarterly DHIS2 entry by day 30 after the end of each Quarter was 99.3 percent in 2019, which is slightly lower with the target of 100 percent (**Table 30**).

Table 30: Percentage of completeness of a Quarterly DHIS2 entry by LGA (by day 30 after the end of each Quarter)

Achievement (2018)	Indicator Target (2019)	Reported (2019)	Verified (2019)
99%	100%	99%(DHIS2)	99.3%(DHIS2)

In the 26 sampled LGAs that were verified, percentage of completeness of a Quarterly DHIS2 entry by LGA (by day 30 after the end of each Quarter) was 96.5 percent (**Error! Reference source not found.31**).

Table 31: Percentage of completeness of a Quarterly DHIS2 entry by LGA (by day 30 after the end of each Quarter) N=26

No	Region	LGA	ANC	L&D	Child Health	OPD	IPD	FP	Average
1	Geita	Geita DC	96.4	97.7	98.5	95.6	83.0	98.0	94.9
2	Kagera	Karagwe DC	96.0	99.0	91.0	96.0	96.0	96.0	95.7
3	Mwanza	Kwimba DC	97.0	99.0	97.0	96.0	97.0	100.0	97.7
4	Mara	Bunda DC	87.0	87.0	87.0	87.0	100.0	87.0	89.2
5	Simiyu	Busega DC	96.0	96.0	96.0	96.0	100.0	100.0	97.3
6	Katavi	Mpimbwe DC	93.3	93.2	91.7	93.8	95.8	92.0	93.3
7	Mbeya	Mbeya CC	98.1	96.9	97.9	98.0	100.0	100.0	98.5
8	Rukwa	Kalambo DC	96.3	95.1	97.7	96.3	100.0	96.0	96.9
9	Songwe	Momba DC	97.7	97.4	97.4	97.7	100.0	97.5	98.0
10	Dodoma	Bahi DC	100.0	100.0	100.0	100.0	100.0	99.8	100.0
11	Kigoma	Buhigwe DC	100.0	100.0	100.0	100.0	100.0	100.0	100.0
12	Singida	Mkalama DC	97.1	97.1	97.1	97.4	100.0	97.0	97.6

No	Region	LGA	ANC	L&D	Child Health	OPD	IPD	FP	Average
13	Tabora	Igunga DC	100.0	100.0	100.0	98.8	100.0	100.0	99.8
14	Lindi	Ruangwa	97.5	97.5	97.5	97.5	100.0	97.5	97.9
15	Mtwara	Nanyamba	89.3	88.7	91.4	99.7	100.0	98.2	94.6
16	Njombe	Makete	95.2	95.3	95.2	95.2	98.9	94.5	95.7
17	Ruvuma	Nyasa	97.4	97.3	94.5	97.4	100.0	96.7	97.2
18	Arusha	Karatu DC	97.7	97.3	99.6	99.1	100.0	98.7	98.7
19	Kilimanjaro	Hai DC	97.8	97.8	97.8	98.2	99.0	97.7	98.1
20	Manyara	Hanang DC	95.2	97.3	96.0	100.0	97.2	97.1	97.1
21	Shinyanga	Ushetu DC	89.3	89.3	71.0	90.3	100.0	89.0	88.2
22	Tanga	Mkinga DC	100.0	100.0	99.4	100.0	100.0	100.0	99.9
23	Iringa	Kilolo DC	93.1	92.9	92.6	99	100.0	93.3	95.2
24	Morogoro	Morogoro DC	95.1	94.8	89.6	96.3	100.0	87.3	93.9
25	Pwani	Mkuranga DC	97.1	98.5	97.1	97.1	100	96.9	97.8
26	Dar es Salaam	Ilala MC	91.1	100.0	91.9	93.0	95.6	98.4	95.0
			95.8	96.4	94.8	96.7	98.6	96.5	96.5

2.3.13 LGAs with unqualified opinion in the External Audit Report

CAG Audit Report for 2018/19 indicated that, a total of 176 LGAs (95.1 percent) out of 184 LGAs audited obtained unqualified opinion (**Table 32**). For FY 2017/18, a total of 177 LGAs (95.7 percent) obtained unqualified opinion. This implied a slight change of performance in LGAs by 0.6 percent. Furthermore, out of 26 sampled LGAs, 23 LGAs (88.5 percent) obtained unqualified opinion whereby three LGAs [Karatu DC (Arusha), Buhigwe DC, (Kigoma) and Mkalama DC (Singida)] obtained qualified opinion. In this case, for those LGAs whose Accounts merited qualified opinions, **PORALG should continue to support LGAs in *deploying more competent, comitted and qualified staff to enhance internal control***

Table 32: LGAs with unqualified opinion in the External Audit Report

Base (2017/18)	Target (2018/19)	Reported 2018/19	Verified 2018/19
96%	100%	95.7%	95.7 %

Source: CAG Report of 2018/19

2.3.13 Data Management Assessment at Sampled LGAs and PHC Facilities

Data Management Assessment at sampled LGAs

Data Management Assessment to LGAs was undertaken to establish performance in terms of reporting, time of submission and accuracy of data capturing from summary forms to DHIS2. The focus was on six service delivery indicators (ANC; Vitamin A, Iron/Folic, Child Health; Family Planning; and Labour and Delivery). In this case, in 26 sampled LGAs, reporting rate was at an average of 99 percent, timely submission

97 percent, and accuracy of data entered DHIS2 from summary form was at 91.3 percent.

Moreover, the focus was on availability HMIS Staff at LGAs, and whether data validation in DHIS2 is done, feedback mechanism is provided, assurance of the availability of HMIS tools at PHC facilities and how well data are used for decision making in relation to health. In all 26 sampled LGAs, performance of all outlined criteria above was observed to be 94.5 percent. This implies that almost all LGAs have HMIS staff, data in DHIS2 are validated, feedback mechanism is in place, HMIS Tools are available at PHC Facilities and the available data were used in decision making as it is included in the preparation of CCHPs.

Data Management Assessment at sampled PHC Facilities

As it was the case for LGAs, data management assessment was also done at the level of PHC facilities focusing on availability of staff assigned for reporting and reviewing of reports, availability of HMIS Tools, trained staff relating to data management through proper utilization of HMIS Tools, storage of HMIS tools, and the use of data.

In this case, in 101 sampled Health Facilities performance of all outlined above was at an average of 97.6 percent. This implies that, almost all sampled HFs have HMIS Tools, reporting and reviewing of data in HMIS Tools is done, and data is used for various decisions making in day to day service delivery. In addition, staff capacity building on managing HMIS tools was undertaken through both on-job and formal trainings.

2.4 Verification of Disbursement Linked Indicators (DLI 5 Regions)

DLI 5 represents annual performances in supporting PHC services at Regional level. The performance is assessed annually for each region using a Region Balance Score Card which comprises of three indicators related to Supportive Supervisions, Data Quality Audits by RHMTs for LGAs and Percentage of LGAs submitting requests for matching funds.

This section of the Report, therefore, highlights findings of the verification of Disbursement Linked Indicators (DLIs 5).

2.4.1 Percentage of RHMTs required biannual Data Quality Audits (DQA) for LGAs that meets national DQA Standards

Verification team visited all 26 RHMTs, and observed that 26 (100 percent) of RHMTs conducted DQA to CHMTs. Verification focused on supervisions that meet national supervision standards. It was found that, percentage of Data Quality Audit reports that meets national DQA standards was 69.2 percent which is above the reported 37 percent and the target of 78 percent (Table 34). Three regions of Singida, Songwe and Tabora did not neither conducted supportive supervision nor DQA. This

contributed to non achievement of set target. Detailed DQA reports assessed by regions are as shown (Table 33). ***It is recommended that, MoHCDGEC should enforce the conduct both Supervision and DQA for three regions which are underperforming.***

Table 33: Percentage of RHMTs required biannual Data Quality Audits (DQA) that meets national DQA standards

Baseline 2018	Target 2019	Reported 2019	Verified 2019
68%	78%	37%)	69.2%

Source: MoHCDGEC, RHMTs Reports 2019

Table 34: DQA Reports Assessed

No	Region	Expected CHMT DQAs (A)	CHMT DQAs Conducted	CHMT Reports that meet National DQAs standards (B)	% CHMT Reports that meet National DQAs standards (B)
1	Arusha	14	14	14	100
2	Dar es Salaam	10	10	10	100
3	Dodoma	16	8	7	44
4	Geita	12	12	12	100
5	Iringa	10	10	10	100
6	Kagera	16	16	16	100
7	Katavi	10	10	10	100
8	Kigoma	16	13	9	56
9	Kilimanjaro	14	7	7	50
10	Lindi	12	12	4	33
11	Manyara	14	5	5	36
12	Mara	18	18	18	100
13	Mbeya	14	12	10	71
14	Morogoro	18	18	18	100
15	Mtwara	18	14	14	78
16	Mwanza	16	16	16	100
17	Njombe	12	12	12	100
18	Pwani	18	18	18	100
19	Rukwa	8	7	7	88
20	Ruvuma	16	16	16	100
21	Shinyanga	12	3	3	25
22	Simiyu	12	12	12	100
23	Singida	14	0	0	0
24	Songwe	10	0	0	0
25	Tabora	16	0	0	0
26	Tanga	22	4	4	18
					1799
Percentage of CHMT Reports that meet DQAs Standards				1799/2600*100	69.2%

2.4.2 Percentage of LGAs submitting requests for matching funds

This indicator was implemented through adoption of Improved Community Health Funds (ICHF) approach. Currently, PHC Facilities are submitting their request directly to the level of regions, as opposed to former approach of submitting requests to the LGAs. In this case, it is counted that matching funds were submitted and paid to regions implementing ICHF (Table 35). As indicated in Table 35, A total of TZS 2.3 Bilion was allocated to the regions, out of TZS 7.47 bilion applied. ***In this case, it is recommended that MoHCDGEC should do close follow upto ensure that all requested Matching funds are allocated on time as applied by the regions improving heath service delivery.***

Table 35: Matching Funds received in regions against applied

S/N	REGION	APPLIED AMOUNT	ALLOCATED AMOUNT
1	ARUSHA	310,808,000	80,467,853
2	DODOMA	445,254,400	105,275,879
3	GEITA	290,093,000	75,104,762
4	IRINGA	177,690,000	46,003,747
5	KAGERA	425,253,000	110,097,538
6	KIGOMA	131,704,000	34,098,022
7	KILIMANJARO	363,970,833	363,970,833
8	LINDI	375,510,000	97,219,130
9	MANYARA	269,848,000	69,863,353
10	MARA	242,340,000	62,741,562
11	MBEYA	544,694,000	141,020,683
12	MOROGORO	299,430,000	77,522,101
13	MTWARA	467,203,000	120,958,348
14	MWANZA	425,106,000	100,059,480
15	NJOMBE	335,659,000	86,901,749
16	PWANI	154,918,178	40,108,148
17	RUKWA	115,137,000	29,808,844
18	RUVUMA	177,238,200	45,886,777
19	SHINYANGA	241,260,000	62,461,951
20	SIMIYU	104,470,000	27,047,169
21	SINGIDA	426,211,999	110,345,822
22	SONGWE	276,780,000	71,658,040
23	TABORA	106,097,000	27,468,398
24	TANGA	750,670,000	194,347,645
25	DAR ES SALAAM	295,640,000	76,540,874
26	KATAVI	88,920,000	43,021,291
	Grand Total	7,477,934,777	2,300,000,000

2.4.3 Percentage of RHMTs required Quarterly supportive supervision visits for LGAs that meets National Supervision Standards

RHMTs are required to conduct a Quarterly Supportive Supervision visit that meets National Supervision Standards to LGAs. These supervision visits are considered of importance in ensuring improved provision of health services. National Supportive Supervision Standards include: preparation of supervision plan of work; review of Quarterly CCHP implementation by using CCHP Progress Monitoring Sheet; Assessment of CHMTs Managerial capacity by using Checklist for CHMT and provision of feedback to the District Executive Director (DED) and CHMT after the supportive supervision visits.

Verification team visited all 26 RHMTs, and observed that 26 (100 percent) of RHMTs conducted quarterly supportive supervision visit. In addition, it was found that, percentage of supportive supervision that meets national DQA standards was 62.6 percent which is below the reported 100 percent and the target of 77 percent (**Table 36**). Detailed Quarterly supportive supervision verified by verification team are as shown (**Table 37**).

Table 36: Percentage of RHMTs required annual Quarterly supportive supervision visits for LGAs that meets National Supervision Standards

Baseline 2018	Target 2019	Reported 2019	Verified 2019
67%	77%	100%	62.6%
Source: RHMTs Supervision Reports 2019			

Table 37: Percentage of RHMTs required annual Quarterly supportive supervision visits for LGAs that meets National Supervision Standards N=26

NO	Region	No of expected supportive supervisions Report (A)	No of supportive supervisions conducted (B)	No of supervisions that meet standard (C)	% RHMT Required Annual Quarterly Supportive Supervision Meets National Standards
1	Arusha	28	28	28	100
2	Dar es Salaam	20	20	20	100
3	Dodoma	32	26	0	0
4	Geita	24	24	24	100
5	Iringa	20	17	17	85
6	Kagera	32	32	32	100
7	Katavi	20	19	19	95
8	Kigoma	32	32	0	0
9	Kilimanjaro	28	26	20	71
10	Lindi	24	10	10	42
11	Manyara	28	10	4	14
12	Mara	36	36	36	100
13	Mbeya	28	21	14	50
14	Morogoro	36	36	36	100

NO	Region	No of expected supportive supervisions Report (A)	No of supportive supervisions conducted (B)	No of supervisions that meet standard (C)	% RHMT Required Annual Quarterly Supportive Supervision Meets National Standards
15	Mtwara	36	25	22	61
16	Mwanza	32	32	32	100
17	Njombe	24	24	24	100
18	Pwani	36	36	36	100
19	Rukwa	16	8	8	50
20	Ruvuma	32	27	27	84
21	Shinyanga	12	3	3	25
22	Simiyu	24	24	24	100
23	Singida	28	11	0	0
24	Songwe	20	2	2	10
25	Tabora	32	20	0	0
26	Tanga	44	18	18	41
					1628
Percentage of CHMT Reports that meet RSS Standards				1628/2600*100	62.6%

2.5 Verification of Disbursement Linked Indicators (DLI 6 National)

This section of the report, summarizes verification of Disbursement Linked Indicators (DLIs 6). DLI6 represents annual performance by MoHCDGEC and PORALG in support of PHC services at the local level. The performance is assessed annually using a National Balance Score Card with four indicators related to performance of all LGAs, performance of all regions, their support to lower level and Public financial management (**Table 38**).

2.5.1 Average of LGAs Performance scores

Average performance scores for the LGAs according to the DHIS2 generated Performance Scores during the year 2019 was 78.6, with the highest score being 100 and the lowest score being 41.

2.5.2 Variance in LGAs Performance Score

Variance in LGA performance scores was 10.6 which is lower than baseline of 11 scores in 2018.

2.5.3 Average of Regional Performance scores

Average of regional performance scores was 76, while the performance confirmed was 65. However, there was no target set for comparison with achievement.

Table 38: LGA and Region Performance Score

S/N	Indicator Name	Baseline	Target	Reported	Confirmed (DHIS2, 2019)
		2018	2019	2019	2019

S/N	Indicator Name	Baseline	Target	Reported	Confirmed (DHIS2, 2019)
		2018	2019	2019	2019
1	Average of LGA performance scores	78	N/A	79	78.5
2	Variance in LGA performance scores	11	N/A	10.6	10.5
3	Average of regional performance scores	68	N/A	76	65

Source: LGAs Balance Score Card, Regional Balance Score Card, National Balance Score Card

2.5.4 Percentage of LGAs receiving CHF Matching Funds

LGAs are required to apply for matching funds and submit requests to NHIF. Verification team made analysis of amount applied against amount received. However, For the year 2019/20, according to the letter of 27th May, 2020, MoHCDGEC changed the approach for payment of Matching Funds. The new approach requires that, all matching funds request to be channeled to Regional Administration Secretary's after which RAS office releases matching funds to specific councils that requested for matching funds.

Hence, the team could not capture number of councils that applied for matching funds as per ToR requirement instead applications and allocations for regions were verified, as funds amounting to TZS 2.3 billion (2.93 percent) was released out of TZS. 7.841 billion applied for financial year 2017/18 and 2018/19 (Annex17).

However, despite the introduction of the approach of requesting matching funds, there is observation of low performance of disbursement of matching funds. Therefore, it is recommended that, MoHCDGEC should timely disburse CHF Matching funds as requested by regions. Additionally, in view of the adopted new ICHF approach. ***it is recommended that, in case of the subsequent verification processes this indicator need to revisited so as to have a new and more realistic indicator.***

2.5.5 Percentage of unsupported expenditure in MoHCDGEC

For the year 2018/19, CAG Audit Report shows that there were no payments made without supporting documents (unsupported expenditures) in MoHCDGEC. This makes the percentage of unsupported expenditure out of total expenditure during the period to be zero percent as targeted (**Table 37**).

2.5.6 Percentage of unsupported expenditure in PORALG

For the year 2018/19, CAG Audit Report shows that expenditure not supported was TZS 447,866,773 out of the total expenditure of TZS 338,931,734,717. It is from these figures that, the percentage of unsupported expenditures for PORALG was 0.01 percent (**Table 39**)

Table 39: Percentage of unsupported expenditure in PORALG/MoHCDGEC

	Baseline 2018/19	Target 2019/20	Reported 2019/20	Verified 2019/20
MoHCDGEC	0.02%	0%	0.03 %	0%
PO RALG	0.01%	0%	0.01 %	0.01%

Source: CAG Report 2018/19

2.6 Verification of Disbursement Linked Indicators (DLI 7)

2.6.1 Completion of annual capacity building activities at all levels as per agreed annual plans

Independent Verification accessed Annual Capacity Building Plan and implementation report for the year 2019/20. It was verified that, out of 20 capacity gaps identified, 14 (70 percent) activities were completed and six activities (30 percent) were not done (Error! Reference source not found.). ***It is recommended that, MoHCDGEC should implement the remaining six CBP activities.***

Table 40: Status of implementation of Capacity Building Plan for 2019/2020

Area: Capacity for MOHCDGEC and PORALG to lead, regulate and facilitate Institutional strengthening at all levels				
Capacity Gaps Hindering Performance and Achievement of Results	Activity No	Activity	Implementer	Status
Towards the end of the program and Program restructuring there is a need for reviewing the restructured indicators and having a sustainability plan of the implementation of the performance at all levels of health care services. This will enable continuity of the strengthened performances	1	To convene quarterly technical SPHCR meeting with all technical stakeholders	SPHC4R TEAM	Technical Program implementing team with members from PORALG and MOHCDGEC convened to discuss the program progress status for the duration from January to December 2019
	2	To conduct 2-day Orientation to technical implementing team from the restructured Program	SPHC4R PORALG	Members from PORALG & MOHCDGEC were oriented on the Program Restructuring. The restructured components were discussed including change/modification of the indicators, verification modification especially the

Area: Capacity for MOHCDGEC and PORALG to lead, regulate and facilitate Institutional strengthening at all levels				
				procurement process and the extension of the program to June 2021
Facilitation of finishing up the Investing in Early years proposal as the following project after ending up of Primary health Care for Result Program and implementation of the Nutritional intervention activities	3	To convene and attend the convened meeting to develop a future program plan by developing funding proposals and attending the opportunity for funding forums	SPHC4R	Program team from the MOH AND PORALG convened to develop two main future document and one following program. The documents are Investing in Early Years, and Investing in People. All the two documents have been submitted to Ministry of Finance for Review and Submission to the World Bank
	4	To conduct 1-day orientation to CHMT/HMTs and health care providers working with the Patients with SAM on assessment of readiness of health facilities to manage SAM patients in 9 RBF Regions by June 2020. The scale up will be done in the FY 2020/2021	DPs- Nutrition Unit	Orientation to CHMT/HMT was done in five regions of Tabora, Geita, Rukwa, Katavi and Singida. It aimed at assessing facility readiness to manage SAM. This orientation covered component SAM Management during COVID -19 Pandemic.
	5	To conduct 2days on the SAM management, On Job Training - OJT in 28 RRH so that they can support the PHC facilities	DPs- Nutrition Unit	Not done
	6	Support procurement of 50 anthropometric tools (length board) in 3 RBF Regions and conduct OJT on scaling up of New growth monitoring	DPs- Nutrition Unit	Not done
To support and equip the program staff with the relevant knowledge and skills on program running	7	Sponsor members from Ministries to attend relevant training and short courses i.e. Monitoring and Evaluation, maternal and neonatal training eTC., which	SPHC4R	Not done

Area: Capacity for MOHCDGEC and PORALG to lead, regulate and facilitate Institutional strengthening at all levels				
		will help smooth running of the program		
	8	Support continuing M&E staff during their training to improve program running	SPHC4R	The two Program team members were supported on the payment of tuition fees and stipend allowances for their final year of M&E course
	9	Support program team to run the program smoothly. The support includes stationaries, support attendance to invited program related workshops, training eTC.	SPHC4R	The program was well supported to run smooth by procuring all the rerquirements
As per requirement, the is a need to conduct a procurement audit of the program annually. This has been not done since the beginning of the program. Towards the end, it is important to conduct a procurement audit as per PAD	10	To conduct a procurement audit by PPRA of the program for the year ending June 2019 including its dissemination to the Management	SPHC4R	The procurement audit as per TOR is suppose to be done on July 2020. All the requirements for accomplishing the Audit are in place. The schedule of work is as per plan
All PHC facilities to be re-assessed 2 years after the initial assessment. Theassessment will be completed by June 2021	11	To Re-assess 7,819 health facilities for 10 regions to get the final star rating of all PHC health facilities (The average cost for one Region is 110,000,000.00Tsh).	CMO-HQA Unit	Not done
To ensure functionality of the Rehabilitated and upgraded health facilities	12	To conduct 4 days orientation to 32 CEmONC supervisors	DPS-RCH Section	The capacity building to health care providers, mentorship and onjob training on the Comprehensive Emergency Maternal, Neonatal and Obstretic Care(CEmONC) on pregnant mothers during the COVID-19 Pandemic has been done in Lindi and Mtwara Region.

Area: Capacity for MOHCDGEC and PORALG to lead, regulate and facilitate Institutional strengthening at all levels				
	13	To conduct technical supportive supervision to rehabilitated CEmONC Facilities and assist in maternal death audit in the facility	SPHC4R	The technical supportive supervision was done in the rehabilitated facilities. This was done by both MOH and PORALG
	14	To conduct high level supervision to CEmONC sites in at least one zone	SPHC4R	The high level supervision to the 6 Regions of Singida, Mwanza, Geita, Mara, Simiyu and Singida was done by PS-MOH and directors from MOH and PORALG. The supervision aimed at services delivery in the facilities and implementation of the projects in the Regions
Incomplete harmonization guideline on planning expenditure and procurement guideline at facility level. Completion will enhance compliance on the Financial and Procurement guideline on the proper utilization of the public resources as recommended by Internal Auditor General. To be done by July 2020	15	Finalization of harmonized Planning, budgeting, accounting, Procurement and reporting guideline as well as CCHP Guideline	DPP-HRS	The finalization of the facility guideline has been done. The Guideline is now ready for Printing, Dissemination and Distribution
	16	Print 5000 copies of harmonized financial guideline	DPP-HRS	Not done
	17	To conduct 1 days dissemination meeting to RHMT and CHMT on harmonized Planning, budgeting, accounting, Procurement and reporting guideline as well as CCHP Guideline harmony (3 RHMT and 3 CHMT members a total of 52 RHMT from 26 Regions and 362 CHMT members from 184 Councils)	DPP-HRS	TOTs from all 26 Regions, MOHCDGEC and PORALG was conducted in Morogoro for dissemination of the CCHP Guidelines
Poor adherence on the environmental and social safeguards in PHC facilities	18	To create awareness to Environmental Health Officers at Regional and council levels on impact assessment during	DPS-Environment	The awareness creation on Health waste management and environmental safeguarding has been done in Morogoro,

Area: Capacity for MOHCDGEC and PORALG to lead, regulate and facilitate Institutional strengthening at all levels				
		constructions, new building.		Singida na Manyara Regions. This has involved the environmental Health Officers. The focus was done in the newly constructed Health facilities.
	19	Dissemination of new IPC guidelines to 5 Regions by June 2020 (Average of 70,000,000/=per Region)	CMO-HQA Unit	Training and dissemination of the updated IPC guideline which includes IPC for COVID-19 has been done to RHMT, CHMT and HCW in Lindi Region. Together with the training and dissemination, mentorship to the Regional Referral hospital of Lindi was done.
Functionality of some of the renovated Health facilities is not fully in terms of completion of the infrastructures, availability of human ResouRCe and availability of the medical equipment for provision of CEmONC services.	20	Capacitate employed health staff f allocated to serve CEmONC facilities through clinical attachment i.e. (attach them from their facilities to zonal or regional hospitals so that they can acquire comprehensive surgical skills and mentorship to their facilities by specialists- 30 Days of Clinical Attachment for 100 Health care Providers to the specialized hospitals and 7 days with specialist to their own facilities)	DPP-HRS	Not done

3. Verification of Financial Management and Procurement

This section summarizes findings on compliance of health facilities with financial management and procurement procedures, utilization of financial resources and guidelines, percentage of health facilities supported on uses of the guidelines as well as an assessment on utilization of DHFF funds at the health facilities. Lastly, it

provides recommendations for future improvement of the financial and procurement Management.

3.1 Assessment of compliance with financial management and procurement procedures/manuals/guidelines at the health facilities

Proper financial and procurement management in any institution ensures increased transparency and accountability. Financial and procurement management includes proper planning, controlling and monitoring of resources with the ultimate intention of achieving institutional objectives and goals. The assessment of HFs compliance with financial management and procurement procedures/manuals/guidelines is as narrated below: -

3.1.1 Percentage of health facilities with relevant procedure manuals, guidelines for procurement and financial management

Currently, the Government disburses funds directly to Public HFs and Verification team through ToR was required to verify if the Public HFs comply with rules and regulations on financial and procurement management. Verification team visited 101 Health Facilities. However, for the Financial and Procurement Management (Task), verification was done on 74 sampled HFs of which 70 are owned by the Government and four (4) HFs by FBOs which receives Health Basket funds. It was observed that, all sampled 74 HFs use variety of guidelines for financial and procurement (**Table 41**). However, the verification revealed that there was a gap on how to use the mentioned guidelines. *PO-RALG should organise capacity building through training for procurement and finance staff at HFs level.*

Table 41: Percentage of health facilities with relevant procedure manuals, guidelines for procurement and financial management

Verification Result	Availability of Procurement Management Procedure/Guidelines					Availability of Financial Management /Guidelines				
	Public Procurement Act	Public Procurement Regulation	PPRAs Guidelines	Directives PORALG/MoH DGEC	Total HFs	Financial Management Guidelines	Public Finance Act	LA FM (1997)	Guidelines from PORA LG/MoHSC EG	Total HFs
HF with	30	30	22	54	74	24	22	27	55	74
HF with procurement and Financial Management	39%	39%	29%	71%		32%	29%	36%	72%	

3.1.2 Percentage of the health facilities complying with financial management and procurement procedures, manuals, guidelines

For the compliance of financial and procurement management, the verification team assessed different documents including Procurements plan, Requisition Note, Quotation, Stores Ledger, LPO, Contract Register, Minutes for Procurement Meeting for the case of procurement. Also, the team assess the FFARS system which generate different reports including itemized expenditure report, Bank reconciliation and general ledger (**Table 43 and 44**). Regarding Procurement management, with the exception of contract register all LGAs performed over 50 percent.

During discussion with HF staff, the major concern was unreliable internet services which hinder performance of FFARS system (**Error! Reference source not found.18**).

Table 42:Percentage of the health facilities complying with procurement management

	Procurement Management							
	Procurement Plan	Requisition Note	Quotation	Stores Ledger	LPO	Contact Register	Minutes for Procurement Meeting	Focal Person
No HFS complying with Procurement Mgt	68	57	68	65	65	29	67	70
% of HFs complying with procurement Management	67%	56%	67%	64%	64%	29%	66%	69%

Table 43: Percentage of the health facilities complying with financial management

	Presence of FFARS	Report Generated in the FFARS Systems						
		Itemized Activity Report	Income and Expenditure	Bank Reconciliation	General Ledger	Debtors Report	Creditors Reports	Revenue and Expenditure
No HFS complying with financial Mgt	70	✓	✓	✓	✓	✓	✓	✓
% of HFs complying with Financial Management	100%							

3.1.3 Percentage of Health Facilities Supported on Uses of the Guidelines

This task required the verification team to assess number of HFs capacitated on the use of financial and procurement procedures and guidelines. Verification team assessed HFs which receiving capacity building interms of formal training, orientation and in-house training. 74 HFs were assessed in relation to uses of the Financial and Procurement manuals and Guidelines. All 70 public HFs (95 percent were supported in terms of orientation on the use Financial and Procurement Manuals and Guidelines.

3.1.4 Verification of Direct Health Facility Financing (DHFF)

This sub section presents findings of assessment of utilisation of DHFF Direct Health Facility Financing (DHFF) is an approach whereby funds are allocated directly from MoFP to individual HFs, of which its implementation started in the entire country from financial year 2017/18. The decision to move towards DHFF builds upon the evidence that it helps HFs to obtain funds on time and increase efficiency on provision of service deliveries.

3.1.5 Assessment on utilization of DHFF at the Health facilities

This section provides assessment and findings of utilization of DHFF at facility level. It involves verification of relevant documents including facility bank account, annual facility Plan, Monthly technical and financial reports. It also, assessed getting feedback from LGAs.

Verification team assessed 74 HFs of which (70 Public HFs and 4 FBOs) have Bank account and received funds directly to their approved Bank account from MoFP. The four FBOs includes Karatu Lutheran DDH (Karatu DC), Nyakaiga Hospital (Karagwe DC), Sumve Hoapital (Kwimba DC) and Kibara Hospital (Bunda DC). All HFs comply with DHFF requirements (Error! Reference source not found.45). Also the detailed utilization of DHFF for Sampled HFs is in **Error! Reference source not found.20**.

Table 44: Utilization of DHFF at PHC Facilities

PHC (%)	Availability of			
	HBF Accounts	Annual Facility Plan	Quarterly Technical & Financial Reports	Feedback Reports from LGAs
Public Health Facilities	74	74	70	63
%	100	100	97	90

4. Verification of Safeguards (Environmental and Social)

This section presents results of verification on safeguards (Environmental and Social) in Healthcare facilities. Healthcare facilities play a pivotal role of caring for the sick, preventing the spread of Health Facility Associated Infections (HFCAIs) caused by unsafe environment, improving health of human being. Healthcare Facilities are required to have a standardized approach that guides the provision of environmental and social safeguards so as to ensure quality of safe care and minimize the risk of HFCAI for health service providers, patients, community and environmental.

4.1 Program Implementation and compliance with Environmental Management Act (2004), EIA & Environmental Audit Regulations (2005)

This task involves the Verification of whether Program activities are being implemented in compliance with Environmental Management Act (2004), EIA & Environmental Audit Regulations (2005), other regulations, guidelines and procedures issued by the Ministry

Healthcare facilities settings and health related activities need to comply with the Environmental Management Act of 2004 and other environmental guidelines and procedures. Verification focused on three areas namely availability of certificate for EIA/EA, availability of IPC or 5S report and star rating report especially component of environment.

Furthermore, verification was conducted to determine the level of compliance of HFs infrastructure and related activities carried at the HFs such as x-ray, incinerators, dustbin, and rehabilitation of infrastructure whether they comply with existing environmental Laws such as EMA 2004 and Public Health Act, EIA, Environmental Audit Regulations (2005) as well as compliance with guideline such as Health Care Waste Management (HCWM). Also, EMA 2004 section 81(1), provides obligation to all owners of HFs to undertake EIA. For the purpose of consider environmental consequence on investment and consumption of health care services.

Verification team visited 101 HFs and revealed that, one Hospital (one percent) of UWATA Hospital - Mbeya CC (Mbeya Region) has EIA/ EA certificate thus complying with Environmental Management Act (2004), EIA & Environmental Audit Regulations (2005). Also, 24percent of HFs do not have IPC/5S reports. For the case of Star rating, the exercise was not conducted hence the team relied with previous report.

Furthermore, it was noted that 101 (100 percent) of all verified HCFs had star rating assessment reports conducted in the year 2018 in which environmental and social components were also assessed. Likewise, it was found that 77 HCFs (76.8 percent) of the verified HCFs had Infection Prevention and Control reports as a mechanism of monitoring quality (**Table 46**). Detailed Compliance with Environmental Acts, Regulations and Guideline is as in **Annex 21. It is recommended PO-RALG and MoHCDGEC to have plan of conducting Environment Impact Assessment /Environment Audit to all HFs as per EMA, 2004 requirement.**

Table 45: Compliance with Environmental Act, Regulations and Guidelines

Level of Facility	EIA/EA Certificate/report		IPC &5s reports		Star rating report	
	Available	Not available	Available	Not Available	available	Not available
Dispensary	0 (0%)	50 (100%)	36(72%)	14 (28%)	50 (100%)	0 (0%)
Health Centre	0 (0%)	34(0%)	26(76%)	8 (23.5 %)	34(100 %)	0 (0%)
Hospital	1 (5.9%)	16 (94%)	15(88%)	2(12%)	17(100 %)	0(0%)
Grand	1 (1%)	100	77 (77%)	24(24%)	101(100	0(0%)

Level of Facility	EIA/EA Certificate/report		IPC &5s reports		Star rating report	
	Available	Not available (99%)	Available	Not Available	available	Not available
Total					%)	

4.2 Adequacy of Monitoring, Enforcement and Reporting on Environmental and Social measures

The RHMT/CHMT monitors a system, enforce and report all issues related to Environmental and social safeguards so as to ensure good and conducive working environmental and social measures are well established and addressed. The verification was done to ascertain monitoring, enforcement and reporting on environmental and social measures at all HCFs level (**Annex 22**).

Verification conducted revealed that 92 (91.1 percent) of verified HFs had health facility annual plans which compose environmental and social safeguard interventions.

Relatively 93(92.0 percent) of verified HFs had Quality Improvement team. They have prepared reports on matters addressing Environmental and Social safeguards such as (Infection Prevention and Control; Water; Hygiene and sanitation; 5s, healthcare waste management; and Grievance Redress Mechanisms). It was also noted that a total of 90 (89.1 percent) of verified HFs visited by CHMT and have CHMT Supportive supervision feedback reports (**Table 47**). ***For improving Monitoring, Enforcement and Reporting on Environmental and Social measure in HFs, MoHCDGEC and PO-RALG are advised to strengthen Quality improvement team.***

Table 46: Monitoring, Enforcement, and Reporting on Environmental and Social Measures to sampled health care facilities (N=101)

	Quality Improvement Team (QIT)		Facility Annual Plan		Internal Supervision		CHMT Supportive Supervision	
	Available	Not available	Available	Not Available	report available	report Not available	Report Available	Report Not available
Dispensary	44(88%)	6(12%)	43(86%)	7(14%)	33(66%)	17(34%)	43(86%)	7(14%)
Health Centre	33(97%)	1(3%)	33(97%)	1 (3%)	29(85%)	5(15%)	31(91%)	3(9%)
Hospital	16(94%)	1(6%)	16(94%)	1(6%)	16(94%)	1(6%)	16(94%)	1(6%)
Grand Total	93(92%)	8(8%)	92(91%)	9(9%)	78(76%)	23(23%)	90(89%)	10(10%)

4.3 Stakeholders' awareness of the recommendations in the Environmental and Social System Assessment report (ESSA)

ESSA report recommendation required that, all RHMT, CHMT and HFs should appoint a focal person to deal with environmental and social safeguards. Verification team

verified this indicator at RHMT, CHMT and HFs in all 26 regions, 26 sampled LGAs and 101 sampled HFs.

It was observed that, all 26 Regions (100 percent), sampled 26 LGAs (100 percent) and 55(55 percent) of HFs had focal person for overseeing implementation of the recommendation in the ESSA. Furthermore, regarding awareness of ESSA report recommendation 26 (100 percent) Regions and 26 sampled LGA are aware of the recommendation in the ESSA. For the case of sampled HFs, 73 (72 percent) were aware of the recommendation in the ESSA Report (**Table 48**). Detailed Availability of Focal Person and Awareness of ESSA (**Annex 23.**)

Table 47: Availability of Focal Person an Awareness of ESSA Report (N=101)

Levels	Focal Person		Awareness on ESSA Recommendation		
	Available	Not Available	Report available	Aware on ESSA	Not Aware on ESSA
Region	26(100%)	0(0 %)	26(100 %)	26(100 %)	0(0 %)
Council	26(100 %)	0(0%)	26(100 %)	26(100 %)	0(0 %)
Health Facility	55(55 %)	46(46 %)	101(100 %)	73(72 %)	28(28 %)

4.4 Participatory community consultations (with focus on gender and vulnerable groups)

Community participation in Healthcare facility setting is emphasized as a way of creating sense of ownership and enhancing accountability to attain goals of coverage, access and utilization of Healthcare services.

Verification of whether participatory community consultations (with focus on gender and vulnerable groups) was carried out by health committees at participating health facilities for social accountability and increased community contribution to improved health care services purposes was done based on the review of the available Health Facility Governing Committees/Board documents.

According to the Guidelines, the composition of HFGC/CHSB requires to have a total of eight members with the focus of gender and vulnerable groups (**Annex 24**).

The verification results show that 94 (93.1 percent) of all verified HCFs out of 101 had Functional HFGC/CHSB (**Table 49**). The compositions on HFGCs show compliance with gender and vulnerable group representation as per Guidelines requirement. ***It is therefore recommended that MoHCDGEC and PO-RALG should make follow up in the stablishment of HFGC/CHSB as per Guideline requirements. Additionally, in case of subsequent verification, the verifier should find out the types of vulnerable groups involved in the HFGC.***

Table 48: Compliance of HFs with HFGC/CHSB (N=101)

Institution Level	HFGC/CHSB		Composition with Vulnerability		Composition with Gender	
	Available	Not available	Vulnerable Male	Vulnerable Female	Male	Female
Dispensary	45(90%)	5(10 %)	15	35	184	117
Health Centre	33(97%)	1(3%)	14	24	132	98
Hospital	15(88%)	2(12%)	5	13	89	43
Grand Total	94(93%)	7(7%)	34(4.4%)	72(9.4%)	405(52.7 %)	258(33.6%)

4.5 Availability and adoption of Guidelines for grievance/ complains handling mechanism in participating health facilities

Verification of whether participating health facilities have guidelines for grievance / complains handling; and if participating health facilities have adopted a complaint handling system and are registering and addressing concerns and grievances

Patient complaints have been identified as a valuable resource for monitoring and improving patient safety, the verification was carried out in 101 verified HFs to establish evidence based on existence of an effective mechanism of handling clients complains/grievances in the virtue of their recognition of patients' right (**Annex 25**).

Verification has revealed that a total of 52 (51.5 percent) of the verified HFs had Guidelines/directives from PORALG/MoHCDGEC on handling Community complains. Also, 46(45.5 percent) and 42(41.6 percent) of the Verified HFs had grievances registers and Redress reports respectively (**Table 50**).

In regard to this indicator, it is recommended that PORALG should follow up to the PHC facilities to ensure that grievance register and report are prepared.

Table 49: Availability of Grievance Monitoring Mechanisms at Sampled Healthcare Facilities (N=101)

Level of Facility	Availability of Guidelines/Directives		Availability of Grievance Monitoring Mechanism		Availability of Grievance Register		Availability of Grievance Report	
	YES	NO	YES	NO	YES	NO	YES	NO
Dispensary	22(45%)	27(55%)	42(86%)	7(14%)	18(37%)	31(63%)	16(3 %)	33(67%)
Health Centre	19(54%)	16(46%)	27(77%)	8(23 %)	17(49%)	18(51%)	16(4%)	19(54%)
Hospital	11(65%)	6(35%)	17(100%)	0(0%)	11(65%)	6(35%)	10(59%)	7(41%)
Grand Total	52(52%)	49(49%)	86(85%)	15(15%)	46(46%)	55(54%)	42(42 %)	59(58%)

As for the mechanisms for handling Grievances, it was observed that sampled HFs had adopted several mechanisms to capture and analyses community concerns/ complains. The common method of grievances/ complains in place and used was the suggestion boxes (85 percent, displayed telephone numbers (41 percent) and help desk (9 percent). of the Facility in charges/ Matron by 86 (85.1 percent) and 41(40.6 percent) respectively. It was noted that only 9(8.9 percent) of the Verified HCFs adopted a system of a help desk as a mechanism to capture community complains/ concerns (**Table 51**).

Table 50: Mechanisms for handling Grievances/concerns (N=101)

Type of HCF	Mechanism for Handling Grievances		
	Help Desk	Suggestion Box	Telephone Number
Hospitals	6(35.3%)	17(100%)	14(82.4%)
Health centers	3(9%)	27(77%)	14(40%)
Dispensaries	0(0%)	42(86%)	13(27%)
Total	9(9%)	86(85%)	41(41%)

4.6 Participating health centers are implementing guidelines on management of environmental and social impacts

Verification of whether participating health centers are implementing guidelines on management of environmental and social impacts, to ensure all project activities are conducted in compliance with Environmental Management Act (2004), EIA & Environmental Audit Regulations (2005), other regulations, guidelines and procedures issued by the ministry; and, site-specific Environmental and Social Impact Assessments (ESIA), attention should be given to:

- a) Assess whether participating health centres/facilities are complying with Health care waste segregation, collection, storage, transportation, treatment and disposal practices as outlined in the Healthcare Waste Management Policy Guidelines, National Standards and Procedures for Healthcare Waste Management, and the Project’s ESMF and Operations Manual

Improper management of HCW exposes Health workers, Patients, Waste handlers and Community at large to infection, toxic effects and injuries. The verification process assessed health care waste management. These include segregation, collection, storage, transportation, treatment and disposal. Management of HCW determine the extent to which the HFs comply with the Healthcare Waste Management Policy Guidelines as well as National Standards and Procedures.

4.6.1 Waste Segregation

The waste segregation involved assessing availability of color-coded waste bins, safety box for sharps and secured storage to the HFs. It was revealed during the verification that, 96(95.1 percent) HFs use color coded waste bins. Likewise, 99(98 percent) HFs had standard or improvised Safety boxes for sharps storage, and 43 (42.5 percent) HFs had secured Waste storage area (**Table 52**).

Table 51: Waste Segregation (N=101)

Health Facility level	Color Coded Waste Bins available		Safety Box for Sharps Available		Secured waste storage	
	Yes	No	Yes	No	Yes	No
Dispensary	46(92%)	4(8%)	48(96%)	2(4%)	19(38%)	31(62%)
Health Centre	33(97%)	1(3%)	34(100%)	0(0%)	14(41%)	20(59%)
Hospital	17(100%)	0(0%)	17(100%)	0(0%)	10(59%)	7(41%)
Grand Total	96(95%)	5(5%)	99(98%)	2(2%)	43(43%)	58(58%)

4.6.2 Capacity of Health Care Waste Handler

Healthcare workers are routinely involved in the management of HCW at their HF working areas and are potentially at high risk of contracting the infections. Thus, Health care workers need to have adequate knowledge, attitude and practice toward waste handling. Verification was done by observing the type of training offered to healthcare waste handlers. The focus was on either the waste handler got training as well as the type of training obtained.

Verification revealed that 77(76.3 percent) of the verified HF waste handlers had training where by 31(30.7 percent) had formal training and 70(69.3 percent) had On-Job Training (**Table 53**).

Detailed Training on HealthCare Waste handlers as shown in (**Annex 26**) *It is recommended PORALG/ MoHCDGEC should prepare program for training healthcare waste handlers for the purpose of improving management of healthcare waste and reduce risks.*



Table 52: Capacity of Healthcare Waste Handler (N=101)

Level of HCF	Training on HCWM		Type of training	
	Trained	Not Trained	Formal training	On job training
Dispensary	38(76%)	12(24%)	18(36%)	30(64%)
Health Centre	25(74%)	9(27%)	12(35%)	23(65%)
Hospital	14(82%)	3(18%)	1(6%)	16(94%)
Grand Total	77(76%)	24(24%)	31(31%)	70(69%)

4.6.3 Waste Disposal Process

According to healthcare waste management guidelines, disposal process can be done either onsite or offsite.

Verification team on this indicator assess availability of waste disposal structures in sampled HFs visited. This include incinerator, placenta pit and ash pit. The verification observed that 82 (81.2 percent) HFs opted onsite disposal of Healthcare waste. The method used in the disposal of Healthcare waste is by incineration and open-air burning.

Out of 101 verified HFs 82(82 percent) had incinerators, while 19(18 percent) of the verified HFs practiced open air burning. Furthermore 62 (61percent) HFs had ash pits for disposal of residues. Also, a total of 81(80 percent) verified HFs had placenta pits (**Table 54**). **Therefore, it is recommended that, PORALG should finds resources for constructing incinerators and placenta pit to all HFs or involving private sectors on handling healthcare waste especially hazardous waste. Detailed Availability of Final Waste Disposal structures by type of HFs are as shown in Annex 27.**

Table 53: Availability of Final waste Disposal structures by type of facility

Level of Health Facility	Incinerator	Placenta Pit	Ash Pit
Dispensary	33(66%)	35(70%)	26(52%)
Health Centre	32(94%)	31(91%)	23(67%)
Hospital	17(100%)	15(88%)	13(77%)
Total	82(82%)	81(80%)	62(61%)

4.7 Assessment of occupational safety and hygiene practices as outlined in the Healthcare Waste Management Policy Guidelines

Verification of assessing whether occupational safety and hygiene practices as outlined in the Healthcare Waste Management Policy Guidelines, National Standards and Procedures for Healthcare Waste Management, and the Project's ESMF and Operations Manual

The verification process was based on four indicators including availability of Occupational Health and safety register, Standard Operating Procedures (SOPs), availability and type of water source, Hygiene and Sanitation (WASH) infrastructure and adherence of Occupational Health Safety for new construction sites.

4.6.4 Occupational health and Safety

Healthcare facilities are required to have occupational health and safety registers for monitoring of adverse health events such as injuries and needle pricking that occur at work place. The team assessed availability of OHS register and PEP Register in the HFs.

Verification revealed that, 21(21percent) of sampled healthcare facilities had Occupational Health and Safety registers and 77 (76 percent) had PEP registers. **Therefore, it is recommended that, PORALG to produce OHS register, and follow up of filling of PEP register (Table 54: Availability of Occupational health and Safety (OHS) Registers N=101 Annex 28.**

Table 54: Availability of Occupational health and Safety (OHS) Registers N=101

Level of HCFs	OHS Register		PEP Register	
	Available	Not available	Available	Not available
Dispensary	11(22%)	39(78%)	33(66%)	17(34%)
Health Centre	8(24%)	26(77%)	28(82%)	6(18%)
Hospital	2(12%)	15(88%)	16(94%)	1(6%)
Total	21(21%)	80(79%)	77(76%)	24(24%)

4.6.5 Availability of Occupational Safety and Health (OSH) Standard Operation Procedures (SOPs)

Verification on Occupational Health and safety standard operating Procedures in Sampled HCFs focused on hand Washing, Waste Segregation, Post Exposure Prophylaxis (PEP) and 5s (Sort, Set, Standardize, Shine and Sustain).

The team assessed availability of SOPs in the HFs and observed that, 88 (88 percent) of Sampled HFs had Hand washing, 93(92 percent), 92(9 percent) HFs had Waste segregation and 68(68 percent) had PEP Protocol and (91) 89 percent had 5s Standard Operating Procedure (**Table 56 and Annex 28**).

Table 55: Availability of SOPs in Healthcare Facilities (N=101)

Level of HCF	Hand Washing		Waste Segregation		PEP Protocol		5s	
	Yes	No	Yes	No	Yes	No	Yes	No
Dispensary	39(78%)	11(22%)	41 (82%)	9(18 %)	28(56%)	22 (44%)	41(82%)	9 (18%)
Health Centre	32(94%)	2(6%)	4(100 %)	0(0%)	26(77%)	8(24%)	33(97%)	1(3%)
Hospital	17(100%)	0(0%)	17(100%)	0(0%)	14(82%)	33(18%)	16(94%)	1(6%)
Total	88(88%)	13(12%)	92(91%)	9(9%)	68(68%)	33(33%)	91(89%)	10(10%)

4.6.6 WASH infrastructure in Sampled HFs

This indicator was used to assess WASH infrastructure in HFs. These include availability of Water and its source, Hygiene and Sanitation Infrastructures. Verification team revealed that, 93(92 percent) HFs had reliable water supply, 94(93 percent) had separate latrines for Male and female and 11(11 percent) had Latrines for Physically Challenged People (Table 56). ***For the purpose of establishing disability friendly environment in Health Facilities, it is recommended that, the MoHCDGEC and PO-RALG adhere with design structures that consider the needs of physically challenged people.***

Table 56: Availability of WASH infrastructure in Health care facilities N=101

Level of HCFs	Reliable water Supply		Separate Male and Female Latrine		Latrine for physical challenged people	
	YES	NO	YES	NO	YES	NO
Dispensary	43(86%)	7(14%)	44(88%)	6(12%)	3(6%)	47(94%)
Health Centre	33(97%)	1(3%)	33(97%)	1(3%)	6(18%)	28(82%)
Hospital	17(100%)	0(0%)	17(100%)	0(0%)	2(12%)	15(88%)
TOTAL	93(92%)	8(8%)	94(93%)	7(7%)	11(11%)	90(89%)

4.6.7 Compliance with Occupational Safety for HCFs with construction Sites

19 Sampled HCFs which were visited. Only 6 HFs found to be under construction. It was found that none of the 6 (percent) complied with Occupational Safety and Health Regulations. The 13 HFs had finished construction, therefore were not assessed.

4.7 Assessment of whether healthcare waste management structures are constructed in compliance with Ministry of Health guidelines

Verification of assessing whether participating health facilities' healthcare waste management structures (e.g. incinerators) are constructed in compliance with Ministry of Health guidelines and being operated in line with the National Standards and Procedures for Healthcare Waste Management. (e.g., temperature to reach at minimum 850 °C in the primary chamber and 1000 °C in the secondary chamber, residuals to be collected and adequately disposed of by respective local authorities or contractors. Verification was done to find out whether HCW disposal structures were available and met standards as per healthcare waste management guidelines.

This indicator indicates the compliance of OHS IN 101 sampled HFs visited the details indicated in **Annex 29** and **Table 58** as indicated below.

4.7.1 Incinerators

Incineration is an efficient and effective way to reduce organic and combustible waste to inorganic matter. Healthcare waste disposal structures were assessed for the purpose of observing if HFs complied with the Healthcare Waste management guideline in incineration.

It is observed that out 101 verified HFs, one hospitals (1 percent) which is Mkuranga District Hospital of Mkuranga DC of Pwani Region had High-tech incinerator, while 16 (94 percent) hospitals, 32 (91.4 percent) Health Centers and 37(4 percent) Dispensaries used De Monte fort incinerators (**Table 58**).

4.7.2 Placenta Pits

It was observed 16 (94.1 percent) Hospitals, 32(91 percent) Health centers and 44(90 percent) Dispensaries had placenta pits. However, 46 (45.5 percent) of HFs had placenta pits structures which comply with standards. Relatively 10(59 percent) Hospitals, 17(49 percent health centers) and 19(39 percent) Dispensaries had standard placenta pits respectively which comply with standards (**Table 58**).

4.7.3 Ash Pits

It was leant that a total of 62 (62 percent) of Verified HFs had ash pits, 13 (77 percent) Hospitals, 23 (66 percent) Health Centers and 26 (52 percent) Dispensaries had ash pits. However, only 41 (66 percent) of the HFs had ash pits complied with standards where 9 (69 percent) Hospitals, 18(78 percent) Health Centers and 14(54 percent) Dispensaries complied with standards (**Table 58**).

Hence, it is recommended that MoHCDGEC and PO-RALG should ensure that Guideline are adhered on construction of incinerator.

Table 57: Compliance of HCW Disposal Structures with standards

Facility Level	High-tech Incinerator		De Monte Fort		Placenta pit		Ash pit	
	Available	Complie d	Availabl e	Complied	Available	Complied	Available	Complied
Dispensa ry	0(0%)	0(0%)	37(74%)	5(14%)	44(90%)	19(39%)	26(52%)	14(54%)
Health Centre	0(0%)	0(0%)	32(94%)	8(25%)	32(91%)	17(49%)	23(68%)	18(78%)
Hospital	1(6%)	1(100%)	16(94%)	5(31%)	16(94%)	10(59%)	13(77%)	9(69%)
Grand Total	1(100%)	1 (100%)	85 (84%)	18(21%)	92(91%)	46(46%)	62(62%)	41(66%)

5. Implementation Status of Previous Year (2019) Recommendations

This Section presents status of implementation of previous year (2019) recommendations. Team revealed that seven (7) out of eight (8) recommendations were reported to have been implemented in shown in **Table 58**.

Table 58: Status of Implementation of Previous Recommendations

S/ N	Recommendations	Action Taken
i.	The Government should increase the budget allocation to the health sector in order to meet the targets set to improve health service deliver	i. Health Sector Budget has increased from 8 percent (2019/20) to 9.1 percent in 2020/21 FY
ii.	MoHCDGEC should ensure adequate availability of MTUHA tools to all Health Facilities so as to improve quality of data	ii. CCHP Guidelines has improvised budget line for MTUHA Books. As of 2019/2020 LGAs should allocate 5-20 percent of MTUHA requirements. Also, LGAs are allowed to use 60 percent of Global funds to cover MTUHA tools requirements
iii.	PORALG should continue to disseminate the use of Financial and Procurement Manuals/Guidelines and procedures to HFs and enforce the use of the same by HFs. Moreover, LGAs should continue to build the capacity of HFs staff through training	iii. Financial and Procurement procedures are guided by DHFF guidelines. Two copies of the Guidelines were disseminated to all Health Facilities
iv.	In order to avoid wrongful and delays in disbursement of HBF and timely implementation of the interventions supporting health sector services, those responsible for managing HBF resources (PO-RALG, MoFP and MoHCDGEC) should be more careful in giving instructions related to funds	iv. As opposed to previous year in 2018/19 there was No case of wrongful disbursement for FY 2019/20
v.	PO - RALG should provide comprehensive training on System Management, Administration and Reporting to System administrators and users at HFs and LGAs levels prior to rollout of the system, after ongoing redesigning of system is completed	v. On site training was conducted to all 565 HFs which have started to use GoTHOMIS as of January 2020 Training of 60 national facilitators (Mostly from regions) were conducted to build the capacity of HFs

S/ N	Recommendations	Action Taken
vi.	PO - RALG should ensure reliable funding of the system implementation at all levels for effective, efficient and sustainable operation of GoT-HoMIS	vi. Health Facilities were instructed to use any of the available funds sources, eg. Council own sources , HBF and Cost Sharing
vii.	PO - RALG and MoHCDGEC should organize change management training package to implementers and service providers of system so that intended benefits of the system are realised for future decision making	vii. Change Management Training was not organised during the verification period
viii.	PO - RALG should ensure server specification for the system is complied with to realize efficiency of the system;	viii. Servers are procured according to number of computers in the HFs. Specification of servers were provided by ICT Departments

6. Recommendations and Conclusion

6.1 Recommendations

DLIs1

- (i) PORALG should allocate HRH and medical equipment to the HCs so as to provide CEmONC services;

DLIs 4

- (ii) MoHCDGEC should ensure that all key players involved in data management (Health Care Providers, and HMIS Focal at LGAs) correctly capture data from respective sources. Moreover, RHMTs should be enforced to conduct quarterly DQAs at LGAs level for improvement of data consistency;
- (iii) MoHCDGEC should continue to conduct Star rating assessment/reassessment to PHC facilities for further improvement of Health service delivery;
- (iv) PORALG should make placement of qualified staff in 12 PHC Facilities managed by health attendants;

- (v) MoHCDGEC should make follow up and take action to LGAs whose data were not entered in DHIS2;
- (vi) PORALG should make close follow up so as to ensure that all CHSBs are functioning as required by Regulations/Guidelines;
- (vii) PORALG should continue to support LGAs in deploying more competent, committed and qualified staff to enhance internal control;

DLIs 5

- (viii) MoHCDGEC should enforce the conduct both Supervision and DQA for three regions which are underperforming;
- (ix) MoHCDGEC should do close follow up to ensure that all requested Matching funds are allocated on time as applied by the regions improving health service delivery;

DLIs 6

- (x) In case of the subsequent verification processes the indicator on CHF need to be revisited so as to have a new and more realistic indicator;

DLIs 7

- (xi) MoHCGDEC should implement the remaining six CBP activities;

Financial and Procurement Task

- (xii) PO-RALG should organise capacity building through training for Procurement and Finance staff at HFs level;

Environmental and Social safeguard

- (xiii) PO-RALG and MoHCDGEC should have plan of conducting Environment Impact Assessment /Environment Audit to all HFs as per EMA, 2004 requirement;
- (xiv) For improving Monitoring, Enforcement and Reporting on Environmental and Social measure in HFs, MoHCDGEC and PO-RALG are advised to strengthen Quality Improvement Team;
- (xv) MoHCDGEC and PO-RALG should make follow up on the establishment of HFGC/CHSB as per Guideline requirements. Additionally, in case of subsequent verification, the verifier should find out the types of vulnerable groups involved in the HFGC;
- (xvi) PORALG should follow up to the PHC facilities to ensure that grievance register and report are prepared;
- (xvii) PORALG and MoHCDGEC should prepare program for training healthcare waste handlers for the purpose of improving management of healthcare waste and reduce risks;
- (xviii) PORALG should find resources for constructing incinerators and placenta pit to all HFs or involving private sectors on handling healthcare waste especially hazardous waste;
- (xix) For the purpose of establishing disability friendly environment in Health Facilities, it is recommended that, the MoHCDGEC and PO-RALG adhere with design structures that consider the needs of physically challenged people; and
- (xx) MoHCDGEC and PO-RALG should ensure that Guidelines are adhered on construction of incinerators.

6.2 Conclusion

Internal Auditor General Division (IAGD) has completed undertaking of Independent Verification of Health Service Results Supported by the Health Basket Fund and the Strengthening of Primary Health Care Programme for Results (SPHCPR) for 2018/19 for 2020/2021 disbursement.

In general term, there is an improvement in data quality, timely reporting and RSS supervision. Specific findings and recommendations have been indicated in the main report for further action. However, more emphasis among others should be focused on the area of environmental and social safeguards particularly on Management of hazardous waste disposal in the PHC facilities.


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