



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

JUNE, 2021

Submitted to

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

List of Abbreviations

ANC	-	AnteNatal 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
CHSB	-	Council Health Service Board
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
FFARS	-	Facility Financial Accounting and Reporting System
FBOs	-	Faith Based Organizations
GoT	-	Government of Tanzania
GPS	-	Geographical Position System
GST	-	Geological Survey of Tanzania
HBF	-	Health Basket Fund
HCF	-	Health Care Facility
HCMIS	-	Human Capital Management Information System
HCW	-	Health Care Waste
HCWM	-	Health Care Waste Management
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 government action.

This verification was undertaken between February and April 2021; it was carried out in 26 Sampled Local Government Authorities (LGAs) from 26 regions of Tanzania mainland. The total of 114 Health Facilities () composed of 16 Hospitals, 33 Health Centers and 65 Dispensaries were selected whereas, 108 sampled (10 Hospitals, 33 Health Centres and 65 Dispensaries) are owned by the Public and six sampled Hospitals are Faith Based Organizations (FBOs).

The report is comprised of five sections. Section one presents background and verification methodology; Section two Performance of Disbursement Linked Indicators (DLI1, DLI2, DLI4, DLI5, DLI6, and DLI7; Section three procurement and financial management, Section four is on environmental and social safeguards, and Section five presents recommendations and conclusion.

1. Disbursement Linked Indicators (DLI1)

Verification was done in eight Public Health Centres which reported caesarean section for the first time in January to December, 2020 (Note: dispensaries are not providing CEmOC Services due to lack of required medical facilities and personnel). It was confirmed that all eight (8) which is (100%) of sampled HCs are providing CEmOC Services. CEmONC facilities comprise of both Health Centers and Hospitals and not Dispensaries. In the 114 health facilities sampled for verification only 8 Health Centres were among the 63 Health facilities which started Caesarian section in 2020 as reported by MOHCDGEC and hence qualified for verification

2. Disbursement Linked Indicators (DLI2) 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	9%	10%	Not available	Budget not yet approved by the Parliament
2	Percentage of councils whose annual CCHPs pass in the first round of assessment	96.1% (2020/2021)	97% (2021/2022)	95.7%	95.7% (2021/2022)
3	Percentage of completion of Star "Rating" Reassessment	Not available	50% (reassessment)	Not available	Activity was not conducted by MoHCDGEC, 2020

S/N	Indicator Name	Baseline	Target	Reported	Verified
		2019/2020	2020/21	2020/21	2020/21
	of PHC Facilities				
4	Percentage of PHC facilities with bank accounts opened according to Guidelines from MoFP/Accountant General	100%	100%	100%	100%
5	Percentage of Action Plan of Audit Implemented by PO-RALG and MoHCDGEC as per CAG Recommendation	100% for PO-RALG 100% for MoHCDGEC			

3. Disbursement Linked Indicators (DLI4) Service Delivery

S/N	Indicator	Baseline (2019)	Target (2020)	Reported (2020)	Verified (DHIS2 2020)
1	Percentage of women attending 4 antenatal care visits or more (ANC4)	80.5%	84.0%	90.1%	90.1%
2	Percentage of ANC Attendees receiving at least two doses of Intermittent Presumptive Treatment of Malaria (IPT2)	87.4%	91.0%	79.0%	79.0%
3	Percent of ANC attendees receiving adequate quantity of Iron and Folate tablets until the next ANC visit	84.0%	86.0%	75.0%	75.0%
4	Percentage of Institutional deliveries	82.7%	85.0%	83.3%	83.3%
5	Percentage of women of Reproductive age using Modern Family Planning methods	41.5%	43.0%	41.6%	41.6%
6	Number of children 12-59, months receiving one dose of Vitamin A supplementation during the previous 12 months	146.7%	100.0%	112.0%	112.0%
7	Percentage of PHC	93.0%	95.0%	99.6%%	99.6%

S/N	Indicator	Baseline (2019)	Target (2020)	Reported (2020)	Verified (DHIS2 2020)
	facilities with skilled HRH (availability of at least one Clinician or Nurse)				
8	Percentage of PHC facilities with continuous availability of 30 tracer medicines in the past year	96.3%	80.0%	89.4%	89.4%
9	Percentage of LGAs with functional Council Health Board	89.0%	100.0%	100.0%	100.0%
10	Percentage of completeness of a Quarterly DHIS2 entry by LGA (by day 30 after the end of each Quarter)	99%	100.0%	97.0%	96.4%
12	LGAs with unqualified opinion in the External Audit Report	96%	100%	95.7%	95.1%

4. Disbursement Linked Indicators (DLI5) Regional Annual Performance in Supporting PHC Services

S/N	Indicator Name	Indicator Baseline	Target	Reported	Verified
		2019	2020	2020	2020
1	Percentage of RHMTs required biannual data quality Assessment (DQA) that meets national supervision standards	69.2%	78%	47%	91.0%
2	Percentage of RHMT's required annual Quarterly supportive supervision visits for LGAs that meets National Supervision Standards	63.0%	73.0%	100.0%	93.2%

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

S/N	Indicator Name	Baseline	Target	Reported	Verified
		2019	2020	2020	2020
1	Average of LGA performance scores	78.0%	Not available	63	64.8
2	Variance in LGA performance scores	11	Not available	12	11.8
3	Average of regional performance scores	76%	Not available	77	78.9

4	Percentage of unsupported expenditure in MoHCDGEC	0.03%	0%	0.03 %	0.00%
5	Percentage of unsupported expenditure in PO-RALG	0.01%	0%	0.01 %	0.43%

6. Disbursement Linked Indicators (DLI7)

Verification was done on Annual Capacity Building Plan and implementation report for the year 2020/21. It was found that, out of 16 planned activities, nine (56 percent) activities were completed, four (26 percent) were on progress and three (18 percent) were not done by the time of finalizing this verification.

7. Challenges and Recommendations

DLIs2

Re-assessment of star rating for PHC facilities was not done during 2019/20 and 2020/21 due to unavailability of funds. Star rating aims at assessing the quality of services in health facilities through rating of performance and developing quality improvement plans (QIP) to address the gaps. Therefore, failure to conduct assessment/reassessment may result in difficult in identifying gaps towards provision of improved health services.

It is recommended that the Government through MoHCDGEC should allocate funds for implementation of star rating assessment in PHC facilities.

DLIs 4

- (i) Improper recording of data in the system (DHIS2) and those in the HMIS tools lead to non uniformity of data (non consistence). *It is recommended that 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, As the performance in the five years shows decrease in error rate as a result of RHMTs conducting DQA to LGAs, Therefore RHMTs should be enforced to conduct DQA to those Regions that do not perform DQAs as per standard as the regions have been mentioned each

- (ii) Star rating assessment improvement was earmarked to be conducted in 2020/2021. However, verification done found that the assessment was not done due to the challenge of Covid 19 and unavailability of fund hence no results to report on. The last star rating was done in 2017/2018 in 2,833 PHC Facilities.

It is therefore recommended that, MoHCDGEC should set aside fund to enable implementation of star rating assessment and continue to implement the recommendations of the previous assessment.

- (iii) For HRH, the national report shows percentage to be 99.6. However, in the 114 health facilities that were visited for verification it was found that two health facilities were managed by the Medical Attendants equivalent to 2 percent of 114 sampled. *PORALG is therefore advised to allocate clinician /nurse in all PHC Facilities which are managed by health attendants for improving health services delivery.*
- (iv) CAG Audit report opinion shows that there are still challenges in LGAs financial performance of the year 2019/2020 as compared to the CAG Opinion for year 2018/2019 as for the two years the percentage of LGAs with Unqualified opinion was 95.1%. *It is recommended that, PO-RALG should continue to enhance good governance and accountability to all key players at LGAs for improved internal control of public resources.*

DLIs 5

Currently the role of LGAs is to monitor enrollment of members to iCHF, PO RALG/MoHCDGEC should revisit the indicator to match with the current approach of iCHF.

DLIs 7

It was observed that three (18 percent) of capacity building activities were not done by the time of verification. *MoHCDGEC should implement the remaining seven capacity building activities as per annual plan.*

8. Financial and Procurement Task

Slow dissemination of relevant procedure manual and or guideline for financial management, whereby total of 37 (32.5 percent) out of 114 sampled were found to have manuals.

PO-RALG disseminates the relevant Guidelines or Manuals to all and provides capacity building to staff at level. However, it was also found that though dissemination of relevant guidelines were done, users of those documents found with little knowledge on the use of the same.

9. Environmental and Social safeguard

- (i) Internal supervision reports was found to be conducted by the QITs in only 41 (37 percent) of all as a means to enforce compliance; *Both PO-RALG and MoHCDGEC should have plan for conducting Environment Impact Assessment /Environment Audit to all as per EMA, 2004 requirement.*
- (ii) Vulnerable groups representation based on both Males and Females were found to be only 39 (3.5 percent). Therefore, *Both MoHCDGEC and PO-RALG*

are advised to review HFGC/CHSB Guidelines to accommodate vulnerable group's representation.

- (iii) It was found that out of 114 sampled, 26 (23 Percent) had Guidelines/directives on handling Clients complains; 56 (49 percent) had grievances register and; 35 (31 percent) had Redress reports. *PORALG should follow up to the PHC facilities to ensure that Guidelines, grievance registers and redress report are prepared and maintained as well as disseminate grievances guideline.*
- (iv) Verification done revealed that 37 (32 percent) of had trolley for transportation of Health Care Waste (HCW). *PORALG and MoHCDGEC advised prepare training for healthcare waste handlers for the purpose of improving management of healthcare waste and reducing occupational health risks.*
- (v) It was found that three (27 percent) of Health Centres and two (10 percent) of Dispensaries had ash pits complied to standards respectively. *PORALG and MoHCDGEC should ensure that guidelines are adhered on Health Care Waste Disposal facilities.*
- (vi) Verification revealed that, 44 (39 Percent) of sampled had Occupational Health and Safety registers and 98(86%) had PEP registers. *PORALG to ensure that, all have OHS register and PEP register.*
- (vii) It was found that 15 (13 percent) of sampled had Latrines for Physically Challenged People. *Recommendation is made to the MoHCDGEC and PO-RALG to adhere with design structures that consider the needs of physically challenged people.*

10. 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 2019/20 for 2021/2022 disbursement.

Generally, there is an improvement of data quality from 46 percent up to 93.7 percent and average error rate decreased from 56 percent to 6.7 percent in year 2015 to 2020 respectively. Specific findings and recommendations have been indicated in the main report for further action. However, more emphasis among others should focus on the area of environmental and social safeguards paticularly on Management of hazardous waste disposal in the PHC facilities.

1. Background and Context

1.1 Introduction

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 is 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).

Performance Based Financing is a strategy that has 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. 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 data reporting generally.

According to the Memorandum of Understanding (MoU) for the period of 1st July, 2015 to 30th June, 2020 and the extension to 2020/21, signed by the Government of the United Republic of Tanzania and HBF Development Partners; Internal Auditor General Division (IAGD) is designated to undertake independent verification of Health Service Results supported by the Health Basket Fund. Strengthening of the Primary Health Care for Result Programme (SPHCP4R) which is used as a conduit to provide WB contribution to the HBF also benefits from the findings of the report.

For the five financial years from 2015/16 to 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.

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 2020/2021 Independent Verification for 2021/2022 disbursement.

1.2 The Objective, Scope and Outputs.

1.2.1 Objective

To provide credible verification of results obtained in the field by using sampled Local Government Authorities (LGAs). The assignment involved the independent verification of Health Services results as reported by the implementing agencies and to confirmation of the quality of data, prepare findings and recommendations for discussion by the HBF Performance Management Sub Committee and final approval by Basket Financing Committee (BFC).

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); and
- (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);

1.2.3 Outputs

- (i) To produce a draft and final report outlining key findings and recommendations in relation to base indicators, performance indicators, data quality and the compliance of environmental social safeguards, financial and procurement procedures with the recommended guideline, laws and policies.
- (ii) To confirm on whether the agreed targets for performance indicators have met at each level of the system (LGAs, Regions and National).
- (iii) To report on the extent of discrepancies between reported and verified data in comparison of the previous years and provide strategic recommendation to address the problem.

1.3 Scope of assignment and Methodology

In undertaking verification, methodology adopted ensured that the stated objective of the assignment is achieved as required by ToR. It involved six tasks:

- i) Preparation of Inception Report;
- ii) Collection of the reports and Desk Review;
- iii) Verification Design and Sampling;
- iv) Fieldwork;
- v) Data Analysis and Synthesis;
- vi) Receiving stakeholder's feedback and inputs at the level of inception report and at level of report writing before its finalization and dissemination; and
- vii) 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 2020/2021. It also incorporated the comments provided by the Government and Partners contributing to HBF and Primary Health Care for Result Programme, through consultations between December, 2020 and March, 2021. The inception report was approved on 11th March, 2021.

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.

b. Review of documents

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

1.3.3 Task 3: Verification 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 in previous verifications; In year 2021, the Independent verification covered all 26 Regions in which one council was verified from each region as per TOR requirements.

A stratified random sampling technique was applied to select LGAs to be verified whereby 184 LGAs' performance weighted Scores were arranged from top to low performance. In year 2020 the top performance score was Nzega TC (100%), Kibiti DC (100%) and Moshi MC (100%), and the lowest was Nyang'hwale DC (55%).

Performance scores were randomly stratified to Top, Middle and Lower Performance by considering the criteria of above 85 percent (top performing), between 70 - 85 percent (middle performing) and below 70 percent (lower performing). The result obtained was, 52 LGAs were from top performance, 100 LGAs were from Middle performance and 32 LGAs were from Lower Performance. **Annex 3** shows the list of LGAs by performance. Random sampling technique was also applied to obtain six LGAs from the top performing LGAs, fourteen (14) LGAs from middle performing LGAs and six LGAs from low performing LGAs.

Furthermore, Random sampling techniques was applied to select 10 percent of Health Facilities to each sampled LGA. In sampling, consideration were based on performance in reporting rate in at least three lines of services provided among the following, thef ANC, Institutional deliveries, Family Planning (FP), Child Health, and OPD (source: LGA Health Facilities Performance report 2020 and HBF ToR for 2021). Again, for LGAs with less than 30, purposive method was applied to get at least three to be verified. By applying random and purposive sampling from 26 sampled LGAs, 114 Health Facilities () were obtained **Annex 4** shows detailed sampled.

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

Performance Level	Performance Score criteria	No. of LGAs	Sampled LGAs	No.	Sampled
Top	Above 85	52	6	146	19 ¹
Middle	70-85	100	14	668	69
Low	Below 70	32	6	257	26
Total		184	26	1,071	114

¹Result was established by applying random sampling (10% of) and purposive method.

The sampled 26 LGAs and 114 were obtained basing on the below documents:

- i. Terms of Reference (TORs);
- ii. List of 184 LGAs;
- iii. List of Public Health Facilities and FBOs;
- iv. Data indicating Performance for year 2020 per Regions and per LGAs by considering eight (8) performance indicators namely: ANC 4, IPT2, Iron and Folic, Institutional Deliveries, Family Planning (FP), Vitamin A, Tracer Medicine and Completeness of Data Reporting.
- v. Data indicating performance of health facilities for the year 2020 with consideration on reporting rate and timely in at least of three lines of services: ANC, Institutional deliveries, Family Planning (FP), Child Health, and OPD.
- vi. List of Public Health Facilities under rehabilitation and those providing CEmONC services.
- vii. List of Faith Based Organizations receiving Health Sector Basket Fund

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 six zones namely: Zone A; Zone B; Zone C; Zone D; Zone E; and Zone F. Each verification team, therefore, visited one zone with 4 to 5 regions.

Based on the selected list of 26 LGAs, Verification Team visited a total of 114 Health Facilities composed of 16 Hospitals, 33 Health Centers and 65 Dispensaries whereby 108 were Public Owned Facilities (of which, 10 were Hospitals, 33 were HCs and 65 were Dispensaries); and six (6) Hospitals owned by FBOs receiving HBF (**Table 2**). **Table 2 - 7** shows Zones, LGAs and facility allocation per LGA.

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

S/ N	Name of Region	Name of LGA	Performance Level	No. of with three lines of services	10% of with three and above lines of services	Facility allocations
1.	Arusha	Karatu DC	Middle	52	5	1-Hospital 2-Health centre 2- Dispensary
2.	Manyara	Hanang DC	Lower	33	3	1-Hospital 1-Health centre 1-Dispensary
3.	Kilimanjaro	Hai DC	Middle	53	5	1- Hospital

S/N	Name of Region	Name of LGA	Performance Level	No. of with three lines of services	10% of with three and above lines of services	Facility allocations
						2- Health centre 2- Dispensary
4.	Tanga	Mkinga DC	Low	46	5	1. Hospital 1-Health Centre 3-Dispensaries
Total Facilities				184	18	

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

S/N	Name of Region	Name of LGA	Performance Level	No. of with Five line of services	10% of with Five line of services	Facility allocations
1.	Dodoma	Chamwin0 DC	Middle	73	7	1. Hospital 2-Health centres 4-Dispensaries
2.	Singida	Mkalama DC	Middle	36	4	1-Health centre 3- Dispensaris
3.	Tabora	Nzega TC	Top	7	3	1-Health centre 2- Dispensaris
4.	Shinyanga	Shinyanga DC	Lower	40	4	1-Health centre 3-Dispensary
Total Facilities				156	18	

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

S/N	Name of Region	Name of LGA	Performance Level	No. of with Five line of services	10% of with Five line of services	Facility allocations
1.	Lindi	Nachingwea DC	Middle	40	4	1- Hospital 1- Health centre 2- Dispensaries
2.	Mtwara	Newala DC TC	Top	41	4	1-health Centre 3.Dispensary
3.	Ruvuma	SongeaD	Middle	35	4	1-Hospital

S/N	Name of Region	Name of LGA	Performance Level	No. of with Five line of services	10% of with Five line of services	Facility allocations
		C				1-Health centre 2 -Dispensary
4.	Njombe	Njombe DC	Middle	29	3	1- Health centre 2- Dispensaries
5.	Mbeya	Chunya DC	Top	30	3	1-Hospital 1-Health centre 1-Dispensary
Total Facilities				175	18	

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

S/N	Name of Region	Name of LGA	Performance Level	No. of with Five line of services	10% of with Five line of services	Facility allocations
1.	Geita	Geita DC	Low	51	5	1-Hospital 1-Health centre 3- Dispensary
2.	Mwanza	Ukerewe DC	Middle	37	4	1-Hospital 1-Health centre 2- Dispensary
3.	Mara	Butiama DC	Lower	36	4	1-Hospital 1- Health centre 2 - Dispensaries
4.	Kagera	Bukoba MC	Middle	21	3	1-Health centre 2- Dispensary
5.	Simiyu	Maswa DC	Middle	50	5	1-Hospital 1-Health center 3- Dispensaries
Total Facilities				195	21	

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

S/N	Name of Region	Name of LGA	Performance Level	No. of with Five line of services	10% of with Five line of services	Facility allocations
1.	Katavi	Nsimbo DC	Middle	22	3	1-Health Centre 2- Dispensary
2.	Kigoma	Kasulu TC	Top	17	3	1-Hospital 1-Health centres

S/N	Name of Region	Name of LGA	Performance Level	No. of with Five line of services	10% of with Five line of services	Facility allocations
						1 - Dispensary
3.	Songwe	Mbozi DC	Middle	82	8	1-Hospital 2-Health centre 5- Dispensary
4.	Rukwa	Kalambo DC	Middle	68	7	2-Health centre 5- Dispensary
Total Facilities				189	21	

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

S/N	Name of Region	Name of LGA	Performance Level	No. of with Five line of services	10% of with Five line of services	Facility allocations
1.	Dar Es Salaam	Kigamboni MC	Top	27	3	1 Hospital 2-Health centre 2-Dispensary
2.	Pwani	Bagamoyo DC	Top	24	3	1 -Hospital 1- Health centre 1- Dispensaries
3.	Morogoro	Mlimba DC/Kilombero DC	Low	47	5	2-Health centre 3- Dispensaries
4	Iringa	Mufindi DC	Middle	74	7	2 Health Centre 5 Dispensaries
Total Facilities				172	18	
Grand Total				1,071	114	

Table 8: Selected Health facilities by type and Ownership

Facility Type	No of health facilities	Public	FBO
Hospital	16	10	6
Health Centres	33	33	0
Dispensaries	65	65	0
Total	114	108	6

1.3.5 Task 4: Fieldwork and Consultation

Consultations among team members were 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, 2, 4, 5, 6 and 7). The team assessed compliance of Financial and Procurement with Procedures, Manuals and or Guidelines at the sampled Health Facilities. It also assessed compliance of environmental and social safeguards with Environmental Management Act (2004), Procedures, Manuals and or Guidelines issued by the ministry responsible for health at.

1.3.7 Procurement Audit

The Ministry of finance and Planning through Internal Auditor General's Divisions was contracted to perform Independent Procurement Audit to SPHC4R program through the letter dated 03.03.2020 with **Ref. No: BC.383/426/05/31**. In order to establish whether the funds disbursed were appropriately used for the intended purpose as per requirements of the program.

According to the MoU 2015-2020 and the extension to 2020/21 between the DPs and GoT Paragraph 6.8, Procurement Audit is vested to PPRA. However, for the financial year 2020/2021, this task was 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 Methodology and Results/findings will be presented in separate report to be conducted in July 2021

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 compliance to Financial and Procurement Procedures; and Environmental and social safeguards 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 inputsg 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 30 multi-disciplinary staff with various skills including Specialists of: Financial Management and Audit skills; Public Health; Monitoring and Evaluation; ICT and HMIS; Pharmaceuticals; Results Based Financing; Governance; Environmental and social safeguards; Procurement with audit skills. 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 5**).

2. Verification Results

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

2.1 DLI 1: Public Health Centres with functional CEmONC services

CEmONC facilities comprise of both Health Centers and Hospitals (Note: dispensaries are not providing CEmOC Services due to lack of required medical facilities and personnel). Verification team was provided with a list of 63 health centres by MOHCDGEC which started to provide caesarean section for the first time in 2020.

In the 114 health facilities sampled for verification only 8 Health Centres were among the 63 Health facilities which started Caesarian section in 2020 as reported by MOHCDGEC and hence qualified for verification. The team observed presence of theaters, blood bank refrigerator, Ambulance, personnel (AMO/MD/Anaesthetic) and reports. Therefore, verification done revealed that, eight (8) HCs (100%) started providing caesarian section for the first time in 2020 (Error! Reference source not found.).

Table 9: Status of Public Health Centres Providing CEmONC Services for the First Time In 2020

S/N	Region	LGAs	Health Centres	Period Started provision of CEmONC Services	Number of Caesarean Conducted in each Quarter, 2020			
					QI	QII	QIII	QIV
1	Ruvuma	Songea DC	Muhukuru HC	Quarter II, 2020	NA ²	2	0 ³	0
2	Simiyu	Maswa DC	Mwabayanda HC	Quarter IV, 2020	NA	NA	NA	1
3	Iringa	Mufindi DC	Malangali HC	Quarter I, 2020	11	37	40	37
4	Dodoma	Chamwino DC	Mpwayungu HC	Quarter III, 2020	NA	NA	9	2
5	Singida	Mkalama DC	Kinyambuli HC	Quarter I, 2020	24	63	74	54
6	Shinyanga	Shinyanga DC	Kambarage HC	Quarter III, 2020	NA	NA	60	145
7	Manyara	Hanang DC	Simbayi HC	Quarter II, 2020	NA	3	0	6

² NA implies Not Applicable since caesarian section services were not yet started

³ No client referred for caesarian services

S/N	Region	LGAs	Health Centres	Period Started provision of CEmONC	Number of Caesarean Conducted in each Quarter, 2020			
					1	13	11	4
8	Katavi	Nsimbo DC	Kanoge HC	Quarter I, 2020				

2.2 Base Indicators (DLI2)

This section presents verification results of five institutional strengthening indicators. Review of secondary data was done with key staff from the MoHCDGEC, PORALG, MoFP, and National Audit Office Tanzania (NAOT).

2.2.1 Percentage of Government Budget allocated to the Health Sector

For 2021/22 the total Budget allocated to Health Sector was TZS 2,018,720,377,478 which was verified to be 6.0 Percent of the Total Government Budget amounting to TZS 39,329,739,565,000. This allocated amount to the Health Sector for the period under verification is lower than the target set of 10.0 percent.

Table 10: Percentage of Government Budget allocated to the Health Sector

Baseline (2020/21)	Target (2021/22)	Reported (2021/22)	Verified (2021/22)
9%	10%	Not available	6.0 %(GoT Budget /MoHGEC 2021/22)

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

CCHP Assessment Report (2021/2022) indicated that a total of 176 out of 184 of Annual Comprehensive Council Health Plans of LGAs passed in the First Round of Assessment. This accounts for 95.7 percent which is the same as the reported data as shown in **Table 11**.

Table 11: Percentage of councils with annual CCHPs pass in the first round of assessment

Baseline (2020/21)	Target (2021/22)	Reported (2021/22)	Verified (2021/22)
96.1%	97.0%	95.7%	95.7%

Source: PORALG CCHP Report, 2021

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

Star rating aimed at assessing the quality of services in Health Facilities through rating of performance of the Health Facilities and developing Quality Improvement Plans (QIPs) to address identified gaps. The last star rating was done in 2017/18 in 2,833 PHC Facilities. The next star rating was planned to assess and or to re - assess 7,819 PHC facilities in two financial years 2019/20 and 2020/21. However, during 2019/20 and 2020/21 re-assessment was not done due to unavailability of funds. **It**

is therefore, recommended that the Government through MoHCDGEC should allocate funds for implementation of star rating assessment in PHC facilities.

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

The Verification Team was issued a list of PHC facilities with bank account from MoFP and PO RALG. The two lists were compared to verify if they read the same. The result was a total of 5,706 PHC facilities public owned reported by PO RALG and MoFP their bank accounts read the same implying to be opened as per MoFP guidelines. Therefore, percentage of PHC facilities with bank account opened and operates according to guidelines issued by MoFP/Accountant General was 100 percent, which is the same with the reported data of 100 percent (**Table 12**). Moreover, all 108 sampled Public Health Facilities had bank Accounts that were opened and operates according to the Guidelines issued by MoFP.

Table 12: Percentage of PHC facilities with bank accounts opened according to Guidelines from MoFP/Accountant General

Baseline 2019/20	Target (2020/21)	Reported (2020/21)	Verified (2020/21)
100%	100%	100%	100%

Source: PO- RALG Bank Account Report and MoFP (AG), 2020/21

2.2.5 Percentage of Action Plan of Audit Implemented by PO- RALG and MoHCDGEC as per CAG Recommendation

Verification team accessed Management Responses and Action Plans for implementation of the Controller and Auditor General’s Audit recommendations for the financial year 2019/20 for both PO-RALG and MoHCDGEC. The Action Plans have CAG’s observations and recommendations; Management Responses; intended remedial actions; and time frame for implementation.

Issues addressed in the PO - RALG Action Plan includes delivery of medical equipment for rehabilitation of intended Health Centres; submission of improperly vouched expenditures; transfer of funds from HSPS to Deposit Account; and improvement of internal controls. The CAG made twelve (12) recommendations with regard to matters arises during auditing, and all recommendations has action plan for implementation. In this regard, it has confirmed that, percentage of action plan of audit implementating CAG recommendation was 100 percent.

For the case of MoHCDGEC, five issues addressed and recommendation was made by CAG which includes delay in delivering ambulances, non adherence of procurement procedures, and non implementation of anual approved activities. It was confirmed that all five-recommendation made by CAG has action plan for implementing.

Therefore, it was confirmed that all five recommendations equal to 100 percent has action plan of audit implementation.

Furthermore, action plans for HBF were prepared and shared with partners within two months (10/3/2020) 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, six relates to service delivery and six relates to institutional strengthening.

Under the six indicators that pertain to service delivery, (ANC4, IPT2, IFA, Vitamin A, Family Planning and Institutional Deliveries)⁴, the team extracted monthly data (year 2020) from the registers, tally sheets, and in the summary forms for each indicator of the 114 sampled health facilities. The aim was to observe how well values match with what is in the DHIS2. Four indicators (ANC4, IPT2, Iron and Folic and Vitamin A) were verified using Tally sheet as a source document (MoHCDGEC DQA requires to apply tally sheet as a source document instead of registers) against the data in the DHIS2, and Institutional Deliveries and Family Planning were verified using register as a source document against the data in the DHIS2.

Monthly data for the year 2020 recorded in the registers, tally sheets, summary forms and in DHIS2 were summed up to have annual data for each sampled health facilities. Extracted data from registers and or tally sheets were compared with those summed up data in DHIS 2 and error rate were established for each indicator at all sampled health facilities.

The error rate was established by using a given formula: Absolute Percentage Error = (Reported Data -Actual Data)/Actual Data*100. Whereby Reported Data is data from DHIS2 and Actual Data is data from register or tally sheet.

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 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 2020 indicates that, the percentage of women attending four antenatal care visits or more (ANC4) was 90.2 percent which is the same as reported of 90.2 percent (**Table 13**) and **Annex 9**.

⁴ 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.

Table 13: Percentage of Women attending four Antenatal Care Visits or more (ANC4)

Baseline(2019)	Target (2020)	Reported (2020)	Confirmed (DHIS2 2020)
80.5%	84%	90.1%	90.1%

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

Data entered in DHIS2 system for year 2020 were compared with the data recorded in the tally sheets in all visited health facilities for the year. In 114 sampled health facilities, DHIS2 data for 38 health facilities were observed to read the same with data in the tally sheet. While, data in the DHIS2 and data in the Tally Sheets for 75 health facilities were not matching. One health facility (Songea District Hospital in Songea DC in Ruvuma Region) found not providing ANC services because it is new and providing OPD services only. In this case, average error rate found to be 6.7 percent which is higher than the previous average error rate of 5 percent. Mismatching of data in the DHIS2 and data in the tally sheet was caused mathematical errors in capturing of data (**Table 14**).

Table 14: Comparison of data between Tally Sheet and DHIS2 for women attending 4 antenatal care visits or more (ANC4) Sampled Health Facilities (N=114)

S/N	Region	LGA	Health Facility	DHIS2 (R)	Summary	Tally (A)	Register ⁵	Error Rate (R-A)/A*100 (in %)
1	Kagera	Bukoba MC	Ishambya Disp	108	110	110	NA	1.8
2	Kagera	Bukoba MC	Zamzam HC	651	651	651	NA	0.0
3	Kagera	Bukoba MC	Ijuganyundo Disp	194	193	194	NA	0.0
4	Geita	Geita DC	Nzera Hosp	821	848	815	NA	0.7
5	Geita	Geita DC	Nkome Disp	790	790	793	NA	0.4
6	Geita	Geita DC	Rwenzera Disp	339	355	335	NA	1.2
7	Geita	Geita DC	Nyawilimilwa Disp	541	541	536	NA	0.9
8	Geita	Geita DC	Kashishi HC	578	681	567	NA	1.9
9	Mara	Butiama DC	Kiagata HC	726	736	729	NA	0.4
10	Mara	Butiama DC	Nyamisisi Disp	291	291	291	NA	0.0
11	Mara	Butiama DC	Rwankoma Disp	148	147	147	NA	0.7
12	Mara	Butiama DC	Butiama Dist Hosp	1125	1125	1123	NA	0.2
13	Simiyu	Maswa DC	Maswa Hosp	929	931	930	NA	0.1
14	Simiyu	Maswa DC	Badi Disp	167	167	179	NA	6.7
15	Simiyu	Maswa DC	Mwabayanda HC	126	338	127	NA	0.8
16	Simiyu	Maswa DC	Kidaganda Disp	47	51	51	NA	7.8
17	Simiyu	Maswa DC	Nguliguli Disp	259	308	259	NA	0.0
18	Mwanza	Ukerewe DC	Nansio Dist Hosp	1254	1204	1254	NA	0.0
19	Mwanza	Ukerewe DC	Muriti HC	441	400	441	NA	0.0

⁵ NA implies Not Applicable

S/N	Region	LGA	Health Facility	DHIS2 (R)	Summary	Tally (A)	Register ⁵	Error Rate (R-A)/A*100 (in %)
20	Mwanza	Ukerewe DC	Kamasi Disp	679	607	607	NA	11.9
21	Mwanza	Ukerewe DC	Muhula Disp	374	273	270	NA	38.5
22	Iringa	Mufindi DC	Sadani HC	179	179	179	NA	0.0
23	Iringa	Mufindi DC	Igomaa Disp	53	53	53	NA	0.0
24	Iringa	Mufindi DC	Malangali HC	227	228	229	NA	0.9
25	Iringa	Mufindi DC	Chogo Disp	36	47	47	NA	23.4
26	Iringa	Mufindi DC	Mwitikila Disp	104	97	94	NA	10.6
27	Iringa	Mufindi DC	Mpanga Disp	56	41	33	NA	69.7
28	Iringa	Mufindi DC	Kilolo Disp	30	47	47	NA	36.2
29	Morogoro	Mlimba DC	Mlimba HC	1361	1483	1296	NA	5.0
30	Morogoro	Mlimba DC	Msolwa/Mlimba Disp	30	30	31	NA	3.2
31	Morogoro	Mlimba DC	Udagaji Disp	49	52	98	NA	50.0
32	Morogoro	Mlimba DC	Mngeta HC	508	508	508	NA	0.0
33	Morogoro	Mlimba DC	Kisegese Disp	78	95	96	NA	18.8
34	DSM	Kigamboni DC	Vijibweni Dist Hosp	2850	2850	2850	NA	0.0
35	DSM	Kigamboni DC	Mkamba Disp	53	53	53	NA	0.0
36	DSM	Kigamboni DC	Kimbiji HC	469	469	469	NA	0.0
37	Pwani	Bagamoyo DC	Bagamoyo Dist Hosp	1297	1297	1297	NA	0.0
38	Pwani	Bagamoyo DC	Kerege HC	796	901	879	NA	9.4
39	Pwani	Bagamoyo DC	Mlingotini Disp	92	101	104	NA	11.5
40	Singida	Mkalama DC	Kinyambuli HC	421	421	421	NA	0.0
41	Singida	Mkalama DC	Dominic Disp	52	57	57	NA	8.8
42	Singida	Mkalama DC	Msingi Disp	88	84	84	NA	4.8
43	Singida	Mkalama DC	Kinampundu Disp	77	87	84	NA	8.3
44	Shinyanga	Shinyanga DC	Tinde HC	770	875	853	NA	9.7

S/N	Region	LGA	Health Facility	DHIS2 (R)	Summary	Tally (A)	Register ⁵	Error Rate (R-A)/A*100 (in %)
45	Shinyanga	Shinyanga DC	Bugogo Disp	85	85	66	NA	28.8
46	Shinyanga	Shinyanga DC	Zunzuli Disp	121	138	139	NA	12.9
47	Shinyanga	Shinyanga DC	Mwasekagi Disp	131	131	133	NA	1.5
48	Tabora	Nzega TC	Zogolo HC	1156	1135	1154	NA	0.2
49	Tabora	Nzega TC	Miguwa Disp	973	964	964	NA	0.9
50	Tabora	Nzega TC	Undomo Disp	886	886	886	NA	0.0
51	Dodoma	Chamwino DC	Mvumi Mission Hosp	484	457	457	NA	5.9
52	Dodoma	Chamwino DC	Chamwino HC	487	394	262	NA	85.9
53	Dodoma	Chamwino DC	Mpwayungu HC	413	324	325	NA	27.1
54	Dodoma	Chamwino DC	Sasajila Disp	234	147	147	NA	59.2
55	Dodoma	Chamwino DC	Zagilwa Disp	169	150	150	NA	12.7
56	Dodoma	Chamwino DC	Majeleko Disp	193	193	193	NA	0.0
57	Dodoma	Chamwino DC	Chinoje Disp	120	126	126	NA	4.8
58	Manyara	Hanang DC	Tumaini Dist Hosp	556	556	586	NA	5.1
59	Manyara	Hanang DC	Simbay HC	371	369	371	NA	0.0
60	Manyara	Hanang DC	Gidahababieg Disp	421	421	385	NA	9.4
61	Arusha	Karatu DC	Oldean HC	134	134	134	NA	0.0
62	Arusha	Karatu DC	Karatu Lutheran CDH	675	674	675	NA	0.0
63	Arusha	Karatu DC	Khusumay Disp	31	31	31	NA	0.0
64	Arusha	Karatu DC	Kambi ya Simba HC	148	148	186	NA	20.4
65	Arusha	Karatu DC	Ayalabe Disp	93	93	93	NA	0.0
66	Kilimanjaro	Hai DC	Lyamungo HC	139	135	135	NA	3.0
67	Kilimanjaro	Hai DC	Machame Hosp Dist	157	157	138	NA	13.8
68	Kilimanjaro	Hai DC	Nkwansira HC	133	133	130	NA	2.3
69	Kilimanjaro	Hai DC	Nkwenshoo Disp	29	29	29	NA	0.0

S/N	Region	LGA	Health Facility	DHIS2 (R)	Summary	Tally (A)	Register ⁵	Error Rate (R-A)/A*100 (in %)
70	Kilimanjaro	Hai DC	Longoi Disp	55	55	58	NA	5.2
71	Tanga	Handeni DC	Suwa Disp	725	725	705	NA	2.8
72	Tanga	Handeni DC	Mkata HC	1102	1107	1107	NA	0.5
73	Tanga	Handeni DC	Kang'ata Disp	264	265	265	NA	0.4
74	Tanga	Handeni DC	St Francis Hosp Dist	262	262	274	NA	4.4
75	Tanga	Handeni DC	Kwangwe Disp	157	157	157	NA	0.0
76	Mbeya	Chunya DC	Chunya Dist Hosp	1413	1413	1367	NA	3.4
77	Mbeya	Chunya DC	Chalangwa HC	262	262	262	NA	0.0
78	Mbeya	Chunya DC	Mapogoro Disp	366	384	384	NA	4.7
79	Njombe	Njombe DC	Matembwe HC	160	160	160	NA	0.0
80	Njombe	Njombe DC	Kanikelele Disp	113	87	92	NA	22.8
81	Njombe	Njombe DC	Ninga Disp	149	139	139	NA	7.2
82	Ruvuma	Songea DC	Songea Dist Hosp	NA	NA	NA	NA	NA
83	Ruvuma	Songea DC	Muhukuru HC	231	231	231	NA	0.0
84	Ruvuma	Songea DC	Maposeni Disp	104	105	105	NA	1.0
85	Ruvuma	Songea DC	Nambendo Disp	252	255	255	NA	1.2
86	Mtwara	Newala DC	Mkwedu HC	91	91	91	NA	0.0
87	Mtwara	Newala DC	Chitekete Disp	88	88	115	NA	23.5
88	Mtwara	Newala DC	Mkongi Disp	47	47	47	NA	0.0
89	Mtwara	Newala DC	Nambali Disp	131	131	131	NA	0.0
90	Lindi	Nachingwea DC	Mnero Dist Hosp	212	212	211	NA	0.5
91	Lindi	Nachingwea DC	Naipanga HC	655	655	644	NA	1.7
92	Lindi	Nachingwea DC	Mkotokuyana Disp	255	255	256	NA	0.4
93	Lindi	Nachingwea DC	Namatumbusi Disp	333	333	343	NA	2.9
94	Kigoma	Kasulu TC	Kasulu TC District Hosp.	1322	1283	1278	NA	3.4

S/N	Region	LGA	Health Facility	DHIS2 (R)	Summary	Tally (A)	Register ⁵	Error Rate (R-A)/A*100 (in %)
95	Kigoma	Kasulu TC	Kiganamo HC	2994	2994	2994	NA	0.0
96	Kigoma	Kasulu TC	Murufiti Disp.	529	513	516	NA	2.5
97	Katavi	Nsimbo DC	Kanoge HC	885	924	924	NA	4.2
98	Katavi	Nsimbo DC	Kambuzi Disp.	246	246	244	NA	0.8
99	Katavi	Nsimbo DC	Sitalike Disp.	275	275	275	NA	0.0
100	Rukwa	Kalambo DC	Mwimbi HC	620	622	622	NA	0.3
101	Rukwa	Kalambo DC	Sopa HC	105	109	109	NA	3.7
102	Rukwa	Kalambo DC	Kifone Disp	37	34	34	NA	8.8
103	Rukwa	Kalambo DC	Chalasila Disp	82	77	77	NA	6.5
104	Rukwa	Kalambo DC	Mtula Disp	161	161	161	NA	0.0
105	Rukwa	Kalambo DC	Mambwenkoswe Disp	114	113	113	NA	0.9
106	Rukwa	Kalambo DC	Kambo Disp	138	138	138	NA	0.0
107	Songwe	Mbozi Dc	Mbozi Mission Hosp	508	517	522	NA	2.7
108	Songwe	Mbozi Dc	Isansa HC	566	565	565	NA	0.2
109	Songwe	Mbozi Dc	Nanyala HC	47	47	47	NA	0.0
110	Songwe	Mbozi Dc	Halambo Disp	142	142	142	NA	0.0
111	Songwe	Mbozi Dc	Igale Disp	33	33	33	NA	0.0
112	Songwe	Mbozi Dc	Isenzenya Disp	144	144	144	NA	0.0
113	Songwe	Mbozi Dc	Mbewe Disp	17	17	17	NA	0.0
114	Songwe	Mbozi Dc	Shitunguru Disp	18	17	17	NA	5.9
Average Error Rate								6.7

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 79 percent which is the same as reported of 79 percent (**Table 15**) and **Annex 10**.

Table 15: Percentage of ANC Attendees receiving at least 2 doses of Intermittent Presumptive Treatment of Malaria (IPT2)

Indicator baseline(2019)	Indicator target (2020)	Reported (2020)	Confirmed (DHIS2 2020)
87.4%	91%	79%	79%

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 2020 were compared with the data recorded in the tally sheets at 114 visited health facilities for the year 2020 (**Table 16**). In 114 sampled health facilities, 52 Health Facilities equivalent to 46 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 61 health facilities were not matching, and one health facility (Songea District Hospital in Songea DC in Ruvuma Region) found not providing ANC services because it is a new HF. In this case, average error rate found to be 4.5 percent which indicate a slight improvement as compared to previous year error rate of 4.6 percent (**Table 16**). The cause of the error rate is due to mathematical errors in capturing of data from the HMIS tools.

Two health facilities which are Rwenzera Dispensary and Nyawilimilwa Dispensary in Geita DC, Geita Region had no SP for the year 2020 and therefore recorded as zero.

Table 16: 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=114)

S/N	Region	LGA	HF	DHIS2 (R)	Summary	Tally (A)	Register	Error Rate (R-A)/A*100 (in %)
1	Kagera	Bukoba MC	Ishambya Disp	103	114	103	NA	0.0
2	Kagera	Bukoba MC	Zamzam HC	531	531	532	NA	0.2
3	Kagera	Bukoba MC	Ijuganyundo Disp	190	190	190	NA	0.0
4	Geita	Geita DC	Nzera Hosp	699	775	693	NA	0.9
5	Geita	Geita DC	Nkome Disp	361	361	365	NA	1.1
6	Geita	Geita DC	Rwenzera Disp	0	0	0	NA	0.0
7	Geita	Geita DC	Nyawilimilwa Disp	0	0	0	NA	0.0
8	Geita	Geita DC	Kashishi HC	164	144	149	NA	10.1
9	Mara	Butiama DC	Kiagata HC	653	632	653	NA	0.0
10	Mara	Butiama DC	Nyamisisi Disp	205	199	205	NA	0.0
11	Mara	Butiama DC	Rwankoma Disp	112	112	112	NA	0.0
12	Mara	Butiama DC	Butiama Dist Hosp	512	512	511	NA	0.2
13	Simiyu	Maswa DC	Maswa Hosp	1404	1404	1397	NA	0.5
14	Simiyu	Maswa DC	Badi Disp	473	455	464	NA	1.9
15	Simiyu	Maswa DC	Mwabayanda HC	212	195	212	NA	0.0
16	Simiyu	Maswa DC	Kidaganda Disp	100	105	120	NA	16.7
17	Simiyu	Maswa DC	Nguliguli Disp	476	476	466	NA	2.1
18	Mwanza	Ukerewe DC	Nansio Dist Hosp	441	441	441	NA	0.0
19	Mwanza	Ukerewe DC	Muriti HC	353	353	353	NA	0.0
20	Mwanza	Ukerewe DC	Kamasi Disp	509	509	509	NA	0.0
21	Mwanza	Ukerewe DC	Muhula Disp	326	328	326	NA	0.0

S/N	Region	LGA	HF	DHIS2 (R)	Summary	Tally (A)	Register	Error Rate (R-A)/A*100 (in %)
22	Iringa	Mufindi DC	Sadani HC	142	142	152	NA	6.6
23	Iringa	Mufindi DC	Igomaa Disp	29	29	30	NA	3.3
24	Iringa	Mufindi DC	Malangali HC	176	177	178	NA	1.1
25	Iringa	Mufindi DC	Chogo Disp	47	47	47	NA	0.0
26	Iringa	Mufindi DC	Mwitikila Disp	189	164	149	NA	26.8
27	Iringa	Mufindi DC	Mpanga Disp	50	49	44	NA	13.6
28	Iringa	Mufindi DC	Kilolo Disp	83	77	82	NA	1.2
29	Morogoro	Mlimba DC	Mlimba HC	935	1665	942	NA	0.7
30	Morogoro	Mlimba DC	Msolwa/Mlimba Disp	26	27	28	NA	7.1
31	Morogoro	Mlimba DC	Udagaji Disp	104	117	120	NA	13.3
32	Morogoro	Mlimba DC	Mngeta HC	678	702	720	NA	5.8
33	Morogoro	Mlimba DC	Kisegese Disp	179	171	143	NA	25.2
34	DSM	Kigamboni DC	Vijibweni Dist Hosp	2795	2795	2795	NA	0.0
35	DSM	Kigamboni DC	Mkamba Disp	49	49	49	NA	0.0
36	DSM	Kigamboni DC	Kimbiji HC	305	305	305	NA	0.0
37	Pwani	Bagamoyo DC	Bagamoyo Dist Hosp	1091	1192	1138	NA	4.1
38	Pwani	Bagamoyo DC	Kerege HC	800	806	796	NA	0.5
39	Pwani	Bagamoyo DC	Mlingotini Disp	86	86	86	NA	0.0
40	Singida	Mkalama DC	Kinyambuli HC	394	394	394	NA	0.0
41	Singida	Mkalama DC	Dominic Disp	227	229	229	NA	0.9
42	Singida	Mkalama DC	Msingi Disp	121	121	121	NA	0.0
43	Singida	Mkalama DC	Kinampundu Disp	125	132	135	NA	7.4
44	Shinyanga	Shinyanga DC	Tinde Hc	903	977	966	NA	6.5
45	Shinyanga	Shinyanga DC	Bugogo Disp	104	114	100	NA	4.0

S/N	Region	LGA	HF	DHIS2 (R)	Summary	Tally (A)	Register	Error Rate (R-A)/A*100 (in %)
46	Shinyanga	Shinyanga DC	Zunzuli Disp	270	270	253	NA	6.7
47	Shinyanga	Shinyanga DC	Mwasekagi Disp	216	216	216	NA	0.0
48	Tabora	Nzega TC	Zogolo Hc	1059	1062	1060	NA	0.1
49	Tabora	Nzega TC	Miguwa Disp	825	833	856	NA	3.6
50	Tabora	Nzega TC	Undomo Disp	888	888	888	NA	0.0
51	Dodoma	Chamwino DC	Mvumi Hosp	375	375	375	NA	0.0
52	Dodoma	Chamwino DC	Chamwino HC	347	347	347	NA	0.0
53	Dodoma	Chamwino DC	Mpwayungu HC	478	478	478	NA	0.0
54	Dodoma	Chamwino DC	Sasajila Disp	304	304	304	NA	0.0
55	Dodoma	Chamwino DC	Zagilwa Disp	292	292	292	NA	0.0
56	Dodoma	Chamwino DC	Majeleko Disp	244	244	244	NA	0.0
57	Dodoma	Chamwino DC	Chinoje Disp	98	98	98	NA	0.0
58	Manyara	Hanang DC	Tumaini Dist Hosp	520	520	520	NA	0.0
59	Manyara	Hanang DC	Simbay HC	499	482	482	NA	3.5
60	Manyara	Hanang DC	Gidahababieg Disp	815	817	817	NA	0.2
61	Arusha	Karatu DC	Oldean HC	172	172	172	NA	0.0
62	Arusha	Karatu DC	Karatu Lutheran CDH	415	415	415	NA	0.0
63	Arusha	Karatu DC	Khusumay Disp	63	63	63	NA	0.0
64	Arusha	Karatu DC	Kambi ya Simba HC	199	203	203	NA	2.0
65	Arusha	Karatu DC	Ayalabe Disp	121	121	121	NA	0.0
66	Kilimanjaro	Hai DC	Lyamungo HC	134	133	133	NA	0.8
67	Kilimanjaro	Hai DC	Machame Hosp Dist	121	120	120	NA	0.8
68	Kilimanjaro	Hai DC	Nkwansira HC	80	81	81	NA	1.2
69	Kilimanjaro	Hai DC	Nkwenshoo Disp	29	29	29	NA	0.0

S/N	Region	LGA	HF	DHIS2 (R)	Summary	Tally (A)	Register	Error Rate (R-A)/A*100 (in %)
70	Kilimanjaro	Hai DC	Longoi Disp	69	69	69	NA	0.0
71	Tanga	Handeni DC	Suwa Disp	717	750	750	NA	4.4
72	Tanga	Handeni DC	Mkata HC	1116	1116	1116	NA	0.0
73	Tanga	Handeni DC	Kang'ata Disp	395	395	395	NA	0.0
74	Tanga	Handeni DC	St Francis Hosp Dist	0	0	0	NA	0.0
75	Tanga	Handeni DC	Kwamgwe Disp	133	133	133	NA	0.0
76	Mbeya	Chunya DC	Chunya Dist Hosp	2053	2053	2059	NA	0.3
77	Mbeya	Chunya DC	Chalangwa HC	358	362	362	NA	1.1
78	Mbeya	Chunya DC	Mapogoro Disp	963	986	986	NA	2.3
79	Njombe	Njombe DC	Matembwe HC	85	85	88	NA	3.4
80	Njombe	Njombe DC	Kanikelele Disp	42	17	17	NA	147.1
81	Njombe	Njombe DC	Ninga Disp	207	194	195	NA	6.2
82	Ruvuma	Songea DC	Songea Dist Hosp	NA	NA	NA	NA	NA
83	Ruvuma	Songea DC	Muhukuru HC	300	300	300	NA	0.0
84	Ruvuma	Songea DC	Maposeni Disp	134	142	142	NA	5.6
85	Ruvuma	Songea DC	Nambendo Disp	280	280	281	NA	0.4
86	Mtwara	Newala DC	Mkwedu HC	138	138	138	NA	0.0
87	Mtwara	Newala DC	Chitekete Disp	133	133	133	NA	0.0
88	Mtwara	Newala DC	Mkongi Disp	76	86	86	NA	11.6
89	Mtwara	Newala DC	Nambali Disp	122	122	122	NA	0.0
90	Lindi	Nachingwea DC	Mnero Dist Hosp	180	184	184	NA	2.2
91	Lindi	Nachingwea DC	Naipanga HC	365	363	362	NA	0.8
92	Lindi	Nachingwea DC	Mkotokuyana Disp	79	79	80	NA	1.3
93	Lindi	Nachingwea DC	Namatumbusi Disp	170	169	176	NA	3.4

S/N	Region	LGA	HF	DHIS2 (R)	Summary	Tally (A)	Register	Error Rate (R-A)/A*100 (in %)
94	Kigoma	Kasulu TC	Kasulu TC District Hosp.	1244	1167	1168	NA	6.5
95	Kigoma	Kasulu TC	Kiganamo HC	2787	2787	2787	NA	0.0
96	Kigoma	Kasulu TC	Murufiti Disp.	427	419	419	NA	1.9
97	Katavi	Nsimbo DC	Kanoge HC	1073	1034	1034	NA	3.8
98	Katavi	Nsimbo DC	Kambuzi Disp.	292	291	292	NA	0.0
99	Katavi	Nsimbo DC	Sitalike Disp.	278	278	278	NA	0.0
100	Rukwa	Kalambo DC	Mwimbi HC	388	393	393	NA	1.3
101	Rukwa	Kalambo DC	Sopa HC	108	118	118	NA	8.5
102	Rukwa	Kalambo DC	Kifone Disp	87	87	87	NA	0.0
103	Rukwa	Kalambo DC	Chalatila Disp	167	167	167	NA	0.0
104	Rukwa	Kalambo DC	Mtula Disp	169	189	189	NA	10.6
105	Rukwa	Kalambo DC	Mambwenkoswe Disp	225	212	212	NA	6.1
106	Rukwa	Kalambo DC	Kambo Disp	84	84	84	NA	0.0
107	Songwe	Mbozi Dc	Mbozi Mission Hosp	317	274	274	NA	15.7
108	Songwe	Mbozi Dc	Isansa HC	909	922	922	NA	1.4
109	Songwe	Mbozi Dc	Nanyala HC	56	56	56	NA	0.0
110	Songwe	Mbozi Dc	Halambo Disp	104	61	61	NA	70.5
111	Songwe	Mbozi Dc	Igale Disp	123	123	123	NA	0.0
112	Songwe	Mbozi Dc	Ienzenya Disp	439	439	439	NA	0.0
113	Songwe	Mbozi Dc	Mbewe Disp	69	69	71	NA	2.8
114	Songwe	Mbozi Dc	Shitunguru Disp	63	65	65	NA	3.1
Average Error Rate								4.5

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

DHIS2 report for 2020 indicates that, the percentage of ANC attendees receiving adequate quantity of Iron and Folate tablet until the next ANC visit was 75 percent which is the same as reported of 75 percent (**Table 17**).

Indicator on Percent of ANC attendees receiving adequate quantity of Iron and Folate tablets until the next ANC visit for sampled for 2020 calendar year is shown in **Annex 11** of this report.

Table 17: Percent of ANC attendees receiving adequate quantity of Iron and Folate tablets until the next ANC visit

Indicator baseline(2019)	Indicator target(2020)	Reported (2020)	Confirmed (DHIS2 2020)
84%	86%	75%	75%

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 2020 were compared with the data recorded in the tally sheets at all visited health facilities. In 114 sampled health facilities, 34 equivalents to 29 percent sampled health facilities, data in the DHIS2 were observed to read the same with those in the tally sheets. While the rest 79 sampled health facilities, data in the DHIS2 data mismatched with those in the Tally sheets and one health facility (Songea District Hospital in Songea DC in Ruvuma Region) found not providing ANC services because it is a new HF. Therefore, average error rate was 5.7 which indicate improvements as compared to last year error rate of 8.6 percent (**Table 18**). The mismatching of data in the DHIS2 and those in the tally sheets was caused by mathematical errors in capturing of data from HIMS tools.

Table 18: 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=114)

S/N	Region	LGA	Health Facility	DHIS2 (R)	Summary	Tally (A)	Register	Error Rate ($ R-A /A*100$ (in %))
1	Kagera	Bukoba MC	Ishambya Disp	533	525	530	NA	0.6
2	Kagera	Bukoba MC	Zamzam HC	2851	2851	2621	NA	8.8
3	Kagera	Bukoba MC	Ijuganyundo Disp	824	776	772	NA	6.7
4	Geita	Geita DC	Nzera Hosp	3304	3304	3304	NA	0.0
5	Geita	Geita DC	Nkome Disp	876	876	867	NA	1.0
6	Geita	Geita DC	Rwenzera Disp	661	661	670	NA	1.3
7	Geita	Geita DC	Nyawilimilwa Disp	237	237	237	NA	0.0
8	Geita	Geita DC	Kashishi HC	1675	1551	1641	NA	2.1
9	Mara	Butiama DC	Kiagata HC	1621	1621	1624	NA	0.2
10	Mara	Butiama DC	Nyamisisi Disp	230	230	230	NA	0.0
11	Mara	Butiama DC	Rwankoma Disp	205	205	205	NA	0.0
12	Mara	Butiama DC	Butiama Dist Hosp	1698	1748	1680	NA	1.1
13	Simiyu	Maswa DC	Maswa Hosp	2526	2724	2724	NA	7.3
14	Simiyu	Maswa DC	Badi Disp	1203	1189	1207	NA	0.3
15	Simiyu	Maswa DC	Mwabayanda HC	677	586	672	NA	0.7
16	Simiyu	Maswa DC	Kidaganda Disp	215	228	210	NA	2.4
17	Simiyu	Maswa DC	Nguliguli Disp	1474	1469	1430	NA	3.1
18	Mwanza	Ukerewe DC	Nansio Dist Hosp	1474	1474	1474	NA	0.0
19	Mwanza	Ukerewe DC	Muriti HC	534	534	534	NA	0.0
20	Mwanza	Ukerewe DC	Kamasi Disp	1103	1103	1108	NA	0.5
21	Mwanza	Ukerewe DC	Muhula Disp	1413	1376	1430	NA	1.2

S/N	Region	LGA	Health Facility	DHIS2 (R)	Summary	Tally (A)	Register	Error Rate (R-A)/A*100 (in %)
22	Iringa	Mufindi DC	Sadani HC	795	795	792	NA	0.4
23	Iringa	Mufindi DC	Igomaa Disp	253	254	254	NA	0.4
24	Iringa	Mufindi DC	Malangali HC	647	661	694	NA	6.8
25	Iringa	Mufindi DC	Chogo Disp	285	286	283	NA	0.7
26	Iringa	Mufindi DC	Mwitikila Disp	474	412	393	NA	20.6
27	Iringa	Mufindi DC	Mpanga Disp	111	99	74	NA	50.0
28	Iringa	Mufindi DC	Kilolo Disp	268	266	270	NA	0.7
29	Morogoro	Mlimba DC	Mlimba HC	2767	1121	2006	NA	37.9
30	Morogoro	Mlimba DC	Msolwa/Mlimba Disp	161	185	139	NA	15.8
31	Morogoro	Mlimba DC	Udagaji Disp	355	373	251	NA	41.4
32	Morogoro	Mlimba DC	Mngeta HC	2362	2342	2333	NA	1.2
33	Morogoro	Mlimba DC	Kisegese Disp	558	354	356	NA	56.7
34	DSM	Kigamboni DC	Vijibweni Dist Hosp	8414	8414	8414	NA	0.0
35	DSM	Kigamboni DC	Mkamba Disp	168	168	168	NA	0.0
36	DSM	Kigamboni DC	Kimbiji HC	1730	1730	1730	NA	0.0
37	Pwani	Bagamoyo DC	Bagamoyo Dist Hosp	4991	5351	4888	NA	2.1
38	Pwani	Bagamoyo DC	Kerege HC	2901	2903	2643	NA	9.8
39	Pwani	Bagamoyo DC	Mlingotini Disp	379	373	372	NA	1.9
40	Singida	Mkalama DC	Kinyambuli HC	325	325	334	NA	2.7
41	Singida	Mkalama DC	Dominic Disp	471	471	471	NA	0.0
42	Singida	Mkalama DC	Msingi Disp	499	499	499	NA	0.0
43	Singida	Mkalama DC	Kinampundu Disp	409	455	441	NA	7.3
44	Shinyanga	Shinyanga DC	Tinde Hc	3160	3283	2949	NA	7.2
45	Shinyanga	Shinyanga DC	Bugogo Disp	262	188	183	NA	43.2

S/N	Region	LGA	Health Facility	DHIS2 (R)	Summary	Tally (A)	Register	Error Rate (R-A)/A*100 (in %)
46	Shinyanga	Shinyanga DC	Zunzuli Disp	434	404	511	NA	15.1
47	Shinyanga	Shinyanga DC	Mwasekagi Disp	287	202	202	NA	42.1
48	Tabora	Nzega TC	Zogolo Hc	5106	5580	5106	NA	0.0
49	Tabora	Nzega TC	Miguwa Disp	6134	5939	5925	NA	3.5
50	Tabora	Nzega TC	Undomo Disp	6162	6162	5390	NA	14.3
51	Dodoma	Chamwino DC	Mvumi Hosp	1469	1469	1214	NA	21.0
52	Dodoma	Chamwino DC	Chamwino HC	888	835	835	NA	6.3
53	Dodoma	Chamwino DC	Mpwayungu HC	224	224	224	NA	0.0
54	Dodoma	Chamwino DC	Sasajila Disp	729	663	636	NA	14.6
55	Dodoma	Chamwino DC	Zagilwa Disp	872	801	801	NA	8.9
56	Dodoma	Chamwino DC	Majeleko Disp	659	659	659	NA	0.0
57	Dodoma	Chamwino DC	Chinoje Disp	275	275	275	NA	0.0
58	Manyara	Hanang DC	Tumaini Dist Hosp	2486	2486	2486	NA	0.0
59	Manyara	Hanang DC	Simbay HC	593	587	587	NA	1.0
60	Manyara	Hanang DC	Gidahababieg Disp	1076	1076	1076	NA	0.0
61	Arusha	Karatu DC	Oldean HC	585	585	585	NA	0.0
62	Arusha	Karatu DC	Karatu Lutheran CDH	1530	1530	1530	NA	0.0
63	Arusha	Karatu DC	Khusumay Disp	190	190	190	NA	0.0
64	Arusha	Karatu DC	Kambi ya Simba HC	473	473	473	NA	0.0
65	Arusha	Karatu DC	Ayalabe Disp	284	284	284	NA	0.0
66	Kilimanjaro	Hai DC	Lyamungo HC	511	511	511	NA	0.0
67	Kilimanjaro	Hai DC	Machame Hosp Dist	549	553	553	NA	0.7
68	Kilimanjaro	Hai DC	Nkwansira HC	449	464	464	NA	3.2
69	Kilimanjaro	Hai DC	Nkwenshoo Disp	142	144	144	NA	1.4

S/N	Region	LGA	Health Facility	DHIS2 (R)	Summary	Tally (A)	Register	Error Rate (R-A)/A*100 (in %)
70	Kilimanjaro	Hai DC	Longoi Disp	156	156	156	NA	0.0
71	Tanga	Handeni DC	Suwa Disp	1643	1718	1727	NA	4.9
72	Tanga	Handeni DC	Mkata HC	2981	2981	2975	NA	0.2
73	Tanga	Handeni DC	Kang'ata Disp	1188	1188	1188	NA	0.0
74	Tanga	Handeni DC	St Francis Hosp Dist	650	650	650	NA	0.0
75	Tanga	Handeni DC	Kwamgwe Disp	476	476	469	NA	1.5
76	Mbeya	Chunya DC	Chunya Dist Hosp	4642	4642	4583	NA	1.3
77	Mbeya	Chunya DC	Chalangwa HC	1044	1074	1065	NA	2.0
78	Mbeya	Chunya DC	Mapogoro Disp	442	491	404	NA	9.4
79	Njombe	Njombe DC	Matembwe HC	380	410	413	NA	8.0
80	Njombe	Njombe DC	Kanikelele Disp	212	186	186	NA	14.0
81	Njombe	Njombe DC	Ninga Disp	639	640	658	NA	2.9
82	Ruvuma	Songea DC	Songea Dist Hosp	NA	NA	NA	NA	NA
83	Ruvuma	Songea DC	Muhukuru HC	1129	1129	1140	NA	1.0
84	Ruvuma	Songea DC	Maposeni Disp	353	353	353	NA	0.0
85	Ruvuma	Songea DC	Nambendo Disp	420	428	428	NA	1.9
86	Mtwara	Newala DC	Mkwedu HC	456	456	448	NA	1.8
87	Mtwara	Newala DC	Chitekete Disp	458	458	458	NA	0.0
88	Mtwara	Newala DC	Mkongi Disp	187	189	189	NA	1.1
89	Mtwara	Newala DC	Nambali Disp	321	320	320	NA	0.3
90	Lindi	Nachingwea DC	Mnero Dist Hosp	324	324	324	NA	0.0
91	Lindi	Nachingwea DC	Naipanga HC	435	315	317	NA	37.2
92	Lindi	Nachingwea DC	Mkotokuyana Disp	100	76	76	NA	31.6
93	Lindi	Nachingwea DC	Namatumbusi Disp	0	0	0	NA	0.0

S/N	Region	LGA	Health Facility	DHIS2 (R)	Summary	Tally (A)	Register	Error Rate (R-A)/A*100 (in %)
94	Kigoma	Kasulu TC	Kasulu TC District Hosp.	1244	1165	1167	NA	6.6
95	Kigoma	Kasulu TC	Kiganamo HC	12984	12976	12976	NA	0.1
96	Kigoma	Kasulu TC	Murufiti Disp.	1553	1528	1526	NA	1.8
97	Katavi	Nsimbo DC	Kanoge HC	2488	2488	2492	NA	0.2
98	Katavi	Nsimbo DC	Kambuzi Disp.	1105	1115	1115	NA	0.9
99	Katavi	Nsimbo DC	Sitalike Disp.	1410	1433	1435	NA	1.7
100	Rukwa	Kalambo DC	Mwimbi HC	1210	1204	1204	NA	0.5
101	Rukwa	Kalambo DC	Sopa HC	314	290	290	NA	8.3
102	Rukwa	Kalambo DC	Kifone Disp	207	187	187	NA	10.7
103	Rukwa	Kalambo DC	Chalatila Disp	19	19	19	NA	0.0
104	Rukwa	Kalambo DC	Mtula Disp	589	584	584	NA	0.9
105	Rukwa	Kalambo DC	Mambwenkoswe Disp	837	804	804	NA	4.1
106	Rukwa	Kalambo DC	Kambo Disp	402	402	402	NA	0.0
107	Songwe	Mbozi Dc	Mbozi Mission Hosp	3	3	3	NA	0.0
108	Songwe	Mbozi Dc	Isansa HC	1448	1406	1432	NA	1.1
109	Songwe	Mbozi Dc	Nanyala HC	218	229	229	NA	4.8
110	Songwe	Mbozi Dc	Halambo Disp	372	354	354	NA	5.1
111	Songwe	Mbozi Dc	Igale Disp	378	378	378	NA	0.0
112	Songwe	Mbozi Dc	Isenzenya Disp	1165	1107	1107	NA	5.2
113	Songwe	Mbozi Dc	Mbewe Disp	282	283	285	NA	1.1
114	Songwe	Mbozi Dc	Shitunguru Disp	213	208	212	NA	0.5
Average Error Rate								5.7

2.3.4 Percentage of Institutional Deliveries

Under Institutional Deliveries, percentage of Institutional Deliveries in year 2020 was confirmed 83.3 percent which is the same as reported of 83.3 percent (**Table 19**) and **Annex 12**

Table 19: Percentage of Institutional deliveries

Indicator baseline(2019)	Indicator target (2020)	Reported (2020)	Confirmed (DHIS2 2020)
82.7%	85%	83.3%	83.3%

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 2020 were compared with the data recorded in the registers at 114 visited health facilities for the year 2020. In 114 sampled health facilities, 52 Health Facilities equivalent to 46 percent found that, data in the DHIS2 reads the same with those in the registers. While, data in the DHIS2 and data in the registers for 61 health facilities were not matching, and one health facility (Songea District Hospital in Songea DC in Ruvuma Region) found not providing delivery services because it is a new HF. In this case, average error rate found to be 3.6 percent which is higher than previous year error rate of 1.9 percent.

Table 20: Comparison of data in the Registers and DHIS2 for Institutional Deliveries at sampled Health Facilities (N=114)

S/N	Region	LGA	Health Facility	DHIS2 (R)	Summary	Tally	Register (A)	Error Rate ($ R-A /A*100$ (in %))
1	Kagera	Bukoba MC	Ishambya Disp	37	37	37	37	0.0
2	Kagera	Bukoba MC	Zamzam HC	1121	1117	912	1123	0.2
3	Kagera	Bukoba MC	Ijuganyundo Disp	142	142	142	142	0.0
4	Geita	Geita DC	Nzera Hosp	4386	4388	4412	4300	2.0
5	Geita	Geita DC	Nkome Disp	1110	1112	1109	1109	0.1
6	Geita	Geita DC	Rwenzera Disp	212	212	208	212	0.0
7	Geita	Geita DC	Nyawilimilwa Disp	745	745	747	745	0.0
8	Geita	Geita DC	Kashishi HC	1105	1095	1095	1122	1.5
9	Mara	Butiama DC	Kiagata HC	1316	1316	1311	1321	0.4
10	Mara	Butiama DC	Nyamisisi Disp	230	230	230	230	0.0
11	Mara	Butiama DC	Rwankoma Disp	161	161	161	161	0.0
12	Mara	Butiama DC	Butiama Dist Hosp	1821	1821	1820	1821	0.0
13	Simiyu	Maswa DC	Maswa Hosp	2798	2763	2756	2919	4.1
14	Simiyu	Maswa DC	Badi Disp	326	326	326	333	2.1
15	Simiyu	Maswa DC	Mwabayanda HC	236	221	220	214	10.3
16	Simiyu	Maswa DC	Kidaganda Disp	98	121	121	117	16.2
17	Simiyu	Maswa DC	Nguliguli Disp	383	414	415	409	6.4
18	Mwanza	Ukerewe DC	Nansio Dist Hosp	3914	4278	4299	4287	8.7
19	Mwanza	Ukerewe DC	Muriti HC	2115	2115	2116	2116	0.0
20	Mwanza	Ukerewe DC	Kamasi Disp	238	241	241	241	1.2
21	Mwanza	Ukerewe DC	Muhula Disp	155	155	155	155	0.0

S/N	Region	LGA	Health Facility	DHIS2 (R)	Summary	Tally	Register (A)	Error Rate (R-A)/A*100 (in %)
22	Iringa	Mufindi DC	Sadani HC	140	140	139	141	0.7
23	Iringa	Mufindi DC	Igomaa Disp	43	43	43	42	2.4
24	Iringa	Mufindi DC	Malangali HC	489	486	486	488	0.2
25	Iringa	Mufindi DC	Chogo Disp	26	26	26	26	0.0
26	Iringa	Mufindi DC	Mwitikila Disp	80	74	74	75	6.7
27	Iringa	Mufindi DC	Mpanga Disp	21	18	18	18	16.7
28	Iringa	Mufindi DC	Kilolo Disp	33	33	32	31	6.5
29	Morogoro	Mlimba DC	Mlimba HC	3091	3073	1466	3015	2.5
30	Morogoro	Mlimba DC	Msolwa/Mlimba Disp	6	6	6	6	0.0
31	Morogoro	Mlimba DC	Udagaji Disp	53	62	55	62	14.5
32	Morogoro	Mlimba DC	Mngeta HC	675	681	675	680	0.7
33	Morogoro	Mlimba DC	Kisegese Disp	36	35	35	35	2.9
34	DSM	Kigamboni DC	Vijibweni Dist Hosp	1020	2528	2428	2528	59.7
35	DSM	Kigamboni DC	Mkamba Disp	5	17	17	17	70.6
36	DSM	Kigamboni DC	Kimbiji HC	157	479	479	479	67.2
37	Pwani	Bagamoyo DC	Bagamoyo Dist Hosp	2545	2555	2458	2458	3.5
38	Pwani	Bagamoyo DC	Kerege HC	1615	1616	1646	1597	1.1
39	Pwani	Bagamoyo DC	Mlingotini Disp	81	81	81	80	1.3
40	Singida	Mkalama DC	Kinyambuli HC	1416	1416	1416	1414	0.1
41	Singida	Mkalama DC	Dominic Disp	64	64	57	64	0.0
42	Singida	Mkalama DC	Msingi Disp	79	79	79	79	0.0
43	Singida	Mkalama DC	Kinampundu Disp	63	63	59	63	0.0
44	Shinyanga	Shinyanga DC	Tinde Hc	1600	1600	321	1600	0.0
45	Shinyanga	Shinyanga DC	Bugogo Disp	106	106	108	106	0.0

S/N	Region	LGA	Health Facility	DHIS2 (R)	Summary	Tally	Register (A)	Error Rate (R-A)/A*100 (in %)
46	Shinyanga	Shinyanga DC	Zunzuli Disp	170	170	170	170	0.0
47	Shinyanga	Shinyanga DC	Mwasekagi Disp	212	212	192	215	1.4
48	Tabora	Nzega TC	Zogolo Hc	1017	1017	1021	1023	0.6
49	Tabora	Nzega TC	Miguwa Disp	849	873	873	872	2.6
50	Tabora	Nzega TC	Undomo Disp	819	819	819	819	0.0
51	Dodoma	Chamwino DC	Mvumi Hosp	3065	3065	2575	3095	1.0
52	Dodoma	Chamwino DC	Chamwino HC	1297	1306	1307	1303	0.5
53	Dodoma	Chamwino DC	Mpwayungu HC	867	861	862	861	0.7
54	Dodoma	Chamwino DC	Sasajila Disp	121	118	97	112	8.0
55	Dodoma	Chamwino DC	Zagilwa Disp	128	131	131	131	2.3
56	Dodoma	Chamwino DC	Majeleko Disp	98	98	98	98	0.0
57	Dodoma	Chamwino DC	Chinoje Disp	48	48	48	48	0.0
58	Manyara	Hanang DC	Tumaini Dist Hosp	3189	3189	3189	3189	0.0
59	Manyara	Hanang DC	Simbay HC	450	451	451	451	0.2
60	Manyara	Hanang DC	Gidahababieg Disp	434	434	434	434	0.0
61	Arusha	Karatu DC	Oldean HC	135	135	135	135	0.0
62	Arusha	Karatu DC	Karatu Lutheran CDH	1082	1082	1082	1082	0.0
63	Arusha	Karatu DC	Khusumay Disp	61	61	61	61	0.0
64	Arusha	Karatu DC	Kambi ya Simba HC	237	237	237	237	0.0
65	Arusha	Karatu DC	Ayalabe Disp	24	24	24	24	0.0
66	Kilimanjaro	Hai DC	Lyamungo HC	103	103	103	103	0.0
67	Kilimanjaro	Hai DC	Machame Hosp Dist	1221	1221	1221	1220	0.1
68	Kilimanjaro	Hai DC	Nkwansira HC	81	81	81	81	0.0
69	Kilimanjaro	Hai DC	Nkwenshoo Disp	10	10	10	10	0.0

S/N	Region	LGA	Health Facility	DHIS2 (R)	Summary	Tally	Register (A)	Error Rate (R-A)/A*100 (in %)
70	Kilimanjaro	Hai DC	Longoi Disp	16	16	16	16	0.0
71	Tanga	Handeni DC	Suwa Disp	299	299	299	299	0.0
72	Tanga	Handeni DC	Mkata HC	1415	1416	1415	1429	1.0
73	Tanga	Handeni DC	Kang'ata Disp	138	138	138	138	0.0
74	Tanga	Handeni DC	St Francis Hosp Dist	392	393	393	383	2.3
75	Tanga	Handeni DC	Kwamgwe Disp	75	75	75	75	0.0
76	Mbeya	Chunya DC	Chunya Dist Hosp	2689	2879	2879	2628	2.3
77	Mbeya	Chunya DC	Chalangwa HC	313	313	313	311	0.6
78	Mbeya	Chunya DC	Mapogoro Disp	356	356	356	354	0.6
79	Njombe	Njombe DC	Matembwe HC	51	51	51	51	0.0
80	Njombe	Njombe DC	Kanikelele Disp	29	29	29	29	0.0
81	Njombe	Njombe DC	Ninga Disp	134	118	128	130	3.1
82	Ruvuma	Songea DC	Songea Dist Hosp	NA	NA	NA	NA	NA
83	Ruvuma	Songea DC	Muhukuru HC	169	195	195	196	13.8
84	Ruvuma	Songea DC	Maposeni Disp	9	9	9	9	0.0
85	Ruvuma	Songea DC	Nambendo Disp	83	89	95	88	5.7
86	Mtwara	Newala DC	Mkwedu HC	343	343	343	344	0.3
87	Mtwara	Newala DC	Chitekete Disp	47	47	47	43	9.3
88	Mtwara	Newala DC	Mkongi Disp	46	46	46	45	2.2
89	Mtwara	Newala DC	Nambali Disp	29	29	29	27	7.4
90	Lindi	Nachingwea DC	Mnero Dist Hosp	707	707	707	710	0.4
91	Lindi	Nachingwea DC	Naipanga HC	224	224	226	224	0.0
92	Lindi	Nachingwea DC	Mkotokuyana Disp	46	46	46	46	0.0
93	Lindi	Nachingwea DC	Namatumbusi Disp	102	99	102	102	0.0

S/N	Region	LGA	Health Facility	DHIS2 (R)	Summary	Tally	Register (A)	Error Rate ($ R-A /A*100$ (in %))
94	Kigoma	Kasulu TC	Kasulu TC District Hosp.	1971	1765	1922	1812	8.8
95	Kigoma	Kasulu TC	Kiganamo HC	3851	3736	3736	3760	2.4
96	Kigoma	Kasulu TC	Murufiti Disp.	535	535	535	535	0.0
97	Katavi	Nsimbo DC	Kanoge HC	821	821	821	805	2.0
98	Katavi	Nsimbo DC	Kambuzi Disp.	388	388	388	390	0.5
99	Katavi	Nsimbo DC	Sitalike Disp.	371	371	361	371	0.0
100	Rukwa	Kalambo DC	Mwimbi HC	739	739	739	739	0.0
101	Rukwa	Kalambo DC	Sopa HC	99	99	99	99	0.0
102	Rukwa	Kalambo DC	Kifone Disp	56	56	56	56	0.0
103	Rukwa	Kalambo DC	Chalatila Disp	124	12	124	124	0.0
104	Rukwa	Kalambo DC	Mtula Disp	129	129	129	129	0.0
105	Rukwa	Kalambo DC	Mambwenkoswe Disp	194	198	198	198	2.0
106	Rukwa	Kalambo DC	Kambo Disp	35	35	35	35	0.0
107	Songwe	Mbozi Dc	Mbozi Mission Hosp	1405	1392	1392	1411	0.4
108	Songwe	Mbozi Dc	Isansa HC	1427	1333	1142	1400	1.9
109	Songwe	Mbozi Dc	Nanyala HC	45	45	45	45	0.0
110	Songwe	Mbozi Dc	Halambo Disp	151	151	151	151	0.0
111	Songwe	Mbozi Dc	Igale Disp	34	34	34	34	0.0
112	Songwe	Mbozi Dc	Isenzenya Disp	235	228	228	228	3.1
113	Songwe	Mbozi Dc	Mbewe Disp	31	31	31	31	0.0
114	Songwe	Mbozi Dc	Shitunguru Disp	31	32	32	32	3.1
Average Error Rate								3.6

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

In the DHIS2 report for 2020, Percentage of women of reproductive age using modern family planning methods (both new and re-attendant) was confirmed 41.6 percent which is which is the same as reported of 41.6 percent (**Table 21**). Detailed verification for indicator on percentage of women of reproductive age using modern family planning methods for sampled for the year 2020 is shown in **Annex 13** of this report.

Table 21: Percentage of women of reproductive age using Modern Family Planning methods

Indicator baseline(2019)	Indicator target (2020)	Reported (2020)	Confirmed (2020)
41.5%	43%	41.6%	41.6%

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

In 114 sampled health facilities, only three health facilities found that data in the register reads the same with those in the system (DHIS 2). While 110 health facilities data in the system and those in the register not matched, and one health facility of Songea District hospital found not providing ANC services. In this case, average error rate was found to be 13.0 percent (**Table 22**) which shows slightly higher as compared to previous year error rate of 12.6 percent.

Table 22: Comparison of data between Register and DHIS2 for women of Reproductive age using modern family planning methods at sampled (N=114)

S/N	Region	LGA	Health Facility	DHIS 2 (R)	Summary	Tally	Register(A)	Error Rate (R-A)/A*100 (in %)
1	Kagera	Bukoba MC	Ishambya Disp	329	336	338	330	0.3
2	Kagera	Bukoba MC	Zamzam HC	1855	1821	1535	1734	7.0
3	Kagera	Bukoba MC	Ijuganyundo Disp	782	779	761	629	24.3
4	Geita	Geita DC	Nzera Hosp	1983	1925	1948	2012	1.4
5	Geita	Geita DC	Nkome Disp	1120	1226	1016	1241	9.8
6	Geita	Geita DC	Rwenzera Disp	752	880	867	669	12.4
7	Geita	Geita DC	Nyawilimilwa Disp	548	630	705	763	28.2

S/N	Region	LGA	Health Facility	DHIS 2 (R)	Summary	Tally	Register(A)	Error Rate (R-A)/A*100 (in %)
8	Geita	Geita DC	Kashishi HC	1508	1097	1463	1472	2.4
9	Mara	Butiama DC	Kiagata HC	1727	1764	1642	1537	12.4
10	Mara	Butiama DC	Nyamisisi Disp	380	377	373	327	16.2
11	Mara	Butiama DC	Rwankoma Disp	740	759	762	593	24.8
12	Mara	Butiama DC	Butiama Dist Hosp	2646	2707	2496	2221	19.1
13	Simiyu	Maswa DC	Maswa Hosp	4573	4717	2187	4180	9.4
14	Simiyu	Maswa DC	Badi Disp	411	418	392	402	2.2
15	Simiyu	Maswa DC	Mwabayanda HC	457	683	456	472	3.2
16	Simiyu	Maswa DC	Kidaganda Disp	NA	NA	NA	NA	NA
17	Simiyu	Maswa DC	Nguliguli Disp	670	760	733	740	9.5
18	Mwanza	Ukerewe DC	Nansio Dist Hosp	2496	2613	278	2472	1.0
19	Mwanza	Ukerewe DC	Muriti HC	1563	1531	1505	1587	1.5
20	Mwanza	Ukerewe DC	Kamasi Disp	4453	4184	3954	3510	26.9
21	Mwanza	Ukerewe DC	Muhula Disp	1139	1043	986	1175	3.1
22	Iringa	Mufindi DC	Sadani HC	2000	1051	767	853	134.5
23	Iringa	Mufindi DC	Igomaa Disp	502	543	563	365	37.5
24	Iringa	Mufindi DC	Malangali HC	1245	1237	1168	1165	6.9
25	Iringa	Mufindi DC	Chogo Disp	603	531	531	301	100.3
26	Iringa	Mufindi DC	Mwitikila Disp	651	643	629	603	8.0
27	Iringa	Mufindi DC	Mpanga Disp	640	105	437	464	37.9
28	Iringa	Mufindi DC	Kilolo Disp	1007	1145	1091	1197	15.9
29	Morogoro	Mlimba DC	Mlimba HC	3015	3123	3005	2999	0.5
30	Morogoro	Mlimba DC	Msolwa/Mlimba Disp	185	171	171	311	40.5
31	Morogoro	Mlimba DC	Udagaji Disp	775	803	803	736	5.3
32	Morogoro	Mlimba DC	Mngeta HC	1364	1546	1386	1542	11.5
33	Morogoro	Mlimba DC	Kisegese Disp	250	325	338	343	27.1
34	DSM	Kigamboni DC	Vijibweni Dist Hosp	4448	4458	4448	4402	1.0
35	DSM	Kigamboni DC	Mkamba Disp	444	450	450	450	1.3
36	DSM	Kigamboni	Kimbiji HC	3605	3605	3605	3605	0.0

S/N	Region	LGA	Health Facility	DHIS 2 (R)	Summary	Tally	Register(A)	Error Rate (R-A)/A*100 (in %)
		DC						
37	Pwani	Bagamoyo DC	Bagamoyo Dist Hosp	4160	4163	4297	4088	1.8
38	Pwani	Bagamoyo DC	Kerege HC	2351	2796	1944	2805	16.2
39	Pwani	Bagamoyo DC	Mlingotini Disp	722	691	756	684	5.6
40	Singida	Mkalama DC	Kinyambuli HC	805	817	836	914	11.9
41	Singida	Mkalama DC	Dominic Disp	202	194	194	196	3.1
42	Singida	Mkalama DC	Msingi Disp	846	846	712	805	5.1
43	Singida	Mkalama DC	Kinampundu Disp	688	634	634	634	8.5
44	Shinyanga	Shinyanga DC	Tinde Hc	1972	2010	1954	2316	14.9
45	Shinyanga	Shinyanga DC	Bugogo Disp	288	315	263	317	9.1
46	Shinyanga	Shinyanga DC	Zunzuli Disp	212	247	253	247	14.2
47	Shinyanga	Shinyanga DC	Mwasekagi Disp	149	273	271	279	46.6
48	Tabora	Nzega TC	Zogolo Hc	5101	5105	4822	4494	13.5
49	Tabora	Nzega TC	Miguwa Disp	5603	5612	4341	5278	6.2
50	Tabora	Nzega TC	Undomo Disp	3987	4057	4081	4119	3.2
51	Dodoma	Chamwino DC	Mvumi Hosp	3673	3663	2219	3433	7.0
52	Dodoma	Chamwino DC	Chamwino HC	7956	8261	7162	9480	16.1
53	Dodoma	Chamwino DC	Mpwayungu HC	1435	1435	1485	1453	1.2
54	Dodoma	Chamwino DC	Sasajila Disp	570	537	447	502	13.5
55	Dodoma	Chamwino DC	Zagilwa Disp	1490	1497	586	1562	4.6
56	Dodoma	Chamwino DC	Majeleko Disp	1056	1056	854	810	30.4
57	Dodoma	Chamwino DC	Chinoje Disp	1259	650	655	536	134.9
58	Manyara	Hanang DC	Tumaini Dist Hosp	4911	3738	3984	2612	88.0
59	Manyara	Hanang DC	Simbay HC	736	728	729	666	10.5
60	Manyara	Hanang	Gidahababieg	1124	1147	957	1293	13.1

S/N	Region	LGA	Health Facility	DHIS 2 (R)	Summary	Tally	Register(A)	Error Rate (R-A)/A*100 (in %)
		DC	Disp					
61	Arusha	Karatu DC	Oldean HC	768	798	798	688	11.6
62	Arusha	Karatu DC	Karatu Lutheran CDH	682	682	682	498	36.9
63	Arusha	Karatu DC	Khusumay Disp	326	372	372	339	3.8
64	Arusha	Karatu DC	Kambi ya Simba HC	709	770	741	753	5.8
65	Arusha	Karatu DC	Ayalabe Disp	540	579	593	603	10.4
66	Kilimanjaro	Hai DC	Lyamungo HC	812	890	894	763	6.4
67	Kilimanjaro	Hai DC	Machame Dist Hosp	7403	7403	7403	7403	0.0
68	Kilimanjaro	Hai DC	Nkwansira HC	397	523	448	482	17.6
69	Kilimanjaro	Hai DC	Nkwenshoo Disp	353	353	406	386	8.5
70	Kilimanjaro	Hai DC	Longoi Disp	429	489	482	430	0.2
71	Tanga	Handeni DC	Suwa Disp	595	595	554	878	32.2
72	Tanga	Handeni DC	Mkata HC	1587	1925	1925	1910	16.9
73	Tanga	Handeni DC	Kang'ata Disp	150	475	490	515	70.9
74	Tanga	Handeni DC	St Francis Dist Hosp	705	733	752	729	3.3
75	Tanga	Handeni DC	Kwamgwe Disp	721	741	764	771	6.5
76	Mbeya	Chunya DC	Chunya Dist Hosp	2527	2538	2544	2544	0.7
77	Mbeya	Chunya DC	Chalangwa HC	1387	1401	1401	1401	1.0
78	Mbeya	Chunya DC	Mapogoro Disp	874	892	896	881	0.8
79	Njombe	Njombe DC	Matembwe HC	746	746	746	740	0.8
80	Njombe	Njombe DC	Kanikelele Disp	477	477	474	474	0.6
81	Njombe	Njombe DC	Ninga Disp	807	807	814	809	0.2
82	Ruvuma	Songea DC	Songea Dist Hosp	NA	NA	NA	NA	NA
83	Ruvuma	Songea DC	Muhukuru HC	903	903	905	890	1.5
84	Ruvuma	Songea	Maposeni Disp	470	470	468	526	10.6

S/N	Region	LGA	Health Facility	DHIS 2 (R)	Summary	Tally	Register(A)	Error Rate (R-A)/A*100 (in %)
		DC						
85	Ruvuma	Songea DC	Nambendo Disp	492	492	500	485	1.4
86	Mtwara	Newala DC	Mkwedu HC	1296	1296	1298	1267	2.3
87	Mtwara	Newala DC	Chitekete Disp	1519	1515	1519	1528	0.6
88	Mtwara	Newala DC	Mkongi Disp	431	431	426	439	1.8
89	Mtwara	Newala DC	Nambali Disp	886	886	881	844	5.0
90	Lindi	Nachingwea DC	Mnero Dist Hosp	445	445	445	445	0.0
91	Lindi	Nachingwea DC	Naipanga HC	974	977	976	999	2.5
92	Lindi	Nachingwea DC	Mkotokuyana Disp	500	501	501	479	4.4
93	Lindi	Nachingwea DC	Namatumbusi Disp	712	729	729	729	2.3
94	Kigoma	Kasulu TC	Kasulu TC Dist Hosp.	1919	1905	1912	1912	0.4
95	Kigoma	Kasulu TC	Kiganamo HC	6577	6524	6522	6544	0.5
96	Kigoma	Kasulu TC	Murufiti Disp.	1941	1968	1965	1928	0.7
97	Katavi	Nsimbo DC	Kanoge HC	1551	1551	1566	1542	0.6
98	Katavi	Nsimbo DC	Kambuzi Disp.	682	676	676	693	1.6
99	Katavi	Nsimbo DC	Sitalike Disp.	1224	1217	1221	1220	0.3
100	Rukwa	Kalambo DC	Mwimbi HC	779	779	801	810	3.8
101	Rukwa	Kalambo DC	Sopa HC	309	365	365	333	7.2
102	Rukwa	Kalambo DC	Kifone Disp	139	209	239	151	7.9
103	Rukwa	Kalambo DC	Chalatila Disp	110	102	106	102	7.8
104	Rukwa	Kalambo DC	Mtula Disp	420	420	408	420	0.0
105	Rukwa	Kalambo DC	Mambwenkoswe Disp	132	142	141	143	7.7
106	Rukwa	Kalambo DC	Kambo Disp	237	239	239	239	0.8
107	Songwe	Mbozi Dc	Mbozi Mission Hosp	720	668	668	668	7.8
108	Songwe	Mbozi Dc	Isansa HC	3345	3345	3345	3345	0.0
109	Songwe	Mbozi Dc	Nanyala HC	261	273	273	269	3.0

S/N	Region	LGA	Health Facility	DHIS 2 (R)	Summary	Tally	Register(A)	Error Rate (R-A)/A*100 (in %)
110	Songwe	Mbozi Dc	Halambo Disp	344	345	336	346	0.6
111	Songwe	Mbozi Dc	Igale Disp	397	433	433	434	8.5
112	Songwe	Mbozi Dc	Isenzenya Disp	2753	2753	2742	2752	0.0
113	Songwe	Mbozi Dc	Mbewe Disp	343	357	359	355	3.4
114	Songwe	Mbozi Dc	Shitunguru Disp	128	128	130	119	7.6
Average Error Rate								13.0

2.3.7 Number of children 12-59, months receiving one dose of Vitamin A supplementation during 2020 calendar year

DHIS2 report for 2020 indicates that, Number of children 12-59, months receiving one dose of Vitamin A supplementation during the previous 12 months was 112 percent which is the same as reported of 112 percent (**Table 23**). Detailed verification for indicator on Number of children 12-59, months receiving one dose of Vitamin A supplementation during 2020 calendar year is shown in **Annex 14** of this report.

Table 23: Number of children 12-59, months receiving one dose of Vitamin A supplementation during the previous 12 months

Indicator baseline(2019)	Indicator target (2020)	Reported (2020)	Confirmed (DHIS2 2020)
146.7%	100%	112% (MoHCDGEC)	112%

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

Data in the DHIS2 of year 2020 were compared with the data recorded in the tally sheets at all visited health facilities. It was observed that, out of 114 sampled health facilities, 47 (42 percent) health facilities found that data in the DHIS2 reads the same with those in the Tally sheets. Furthermore, DHIS2 data for 65 health facilities were found mismatching with those in the tally sheets caused by miscapturing of data from HMIS tools to DHIS2. Three (Kidaganda Dispensary-Maswa DC, Kang'ata Dispensary-Handeni DC and Songea Hospital-Songea DC) found not providing Vitamin A services. The reasons for not providing Vitamin A were explained differently. Presence of only one staff in Kidaganda Dispensary led to Vitamin A

services being offered to the nearest facility whereas Kang'ata Dispensary were using Tablet instead of MTUHA Book 7 for the recording of Vitamin A data though verification done did not found any data in the tablet. Songea District Hospital was a newly formed facility therefore Vitamin A services was not yet provided.

In this case, average error rate was 6.5 percent (**Table 24**), which shows improvement when compared with those data in year 2019 of 17.7 percent.

Table 24: 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 (N=114)

S/N	Region	LGA	Health Facility	DHIS 2 (R)	Summary	Tally (A)	Register	Error Rate (R-A)/A*100 (in %)
1	Kagera	Bukoba MC	Ishambya Disp	1007	1007	1007	NA	0.0
2	Kagera	Bukoba MC	Zamzam HC	3139	3165	3128	NA	0.4
3	Kagera	Bukoba MC	Ijuganyundo Disp	832	832	832	NA	0.0
4	Geita	Geita DC	Nzera Hosp	568	711	711	NA	20.1
5	Geita	Geita DC	Nkome Disp	3705	3705	3705	NA	0.0
6	Geita	Geita DC	Rwenzera Disp	2272	2272	2267	NA	0.2
7	Geita	Geita DC	Nyawilimilwa Disp	243	243	243	NA	0.0
8	Geita	Geita DC	Kashishi HC	2096	2264	2229	NA	6.0
9	Mara	Butiama DC	Kiagata HC	1668	1719	1719	NA	3.0
10	Mara	Butiama DC	Nyamisisi Disp	1320	1320	1320	NA	0.0
11	Mara	Butiama DC	Rwankoma Disp	87	84	87	NA	0.0
12	Mara	Butiama DC	Butiama Dist Hosp	2192	2508	2192	NA	0.0
13	Simiyu	Maswa DC	Maswa Hosp	2515	2515	2679	NA	6.1
14	Simiyu	Maswa DC	Badi Disp	809	776	809	NA	0.0
15	Simiyu	Maswa DC	Mwabayanda HC	331	331	329	NA	0.6
16	Simiyu	Maswa DC	Kidaganda Disp	NA	NA	NA	NA	NA
17	Simiyu	Maswa	Nguliguli Disp	779	841	841	NA	7.4

S/N	Region	LGA	Health Facility	DHIS 2 (R)	Summary	Tally (A)	Register	Error Rate (R-A)/A*100 (in %)
		DC						
18	Mwanza	Ukerewe DC	Nansio Dist Hosp	7917	7892	7928	NA	0.1
19	Mwanza	Ukerewe DC	Muriti HC	657	687	657	NA	0.0
20	Mwanza	Ukerewe DC	Kamasi Disp	1455	1455	1455	NA	0.0
21	Mwanza	Ukerewe DC	Muhula Disp	265	265	265	NA	0.0
22	Iringa	Mufindi DC	Sadani HC	5	5	5	NA	0.0
23	Iringa	Mufindi DC	Igomaa Disp	283	283	283	NA	0.0
24	Iringa	Mufindi DC	Malangali HC	1755	1760	627	NA	179.9
25	Iringa	Mufindi DC	Chogo Disp	209	227	160	NA	30.6
26	Iringa	Mufindi DC	Mwitikila Disp	252	243	248	NA	1.6
27	Iringa	Mufindi DC	Mpanga Disp	149	149	149	NA	0.0
28	Iringa	Mufindi DC	Kilolo Disp	9	9	9	NA	0.0
29	Morogoro	Mlimba DC	Mlimba HC	2185	1519	108	NA	1923.1
30	Morogoro	Mlimba DC	Msolwa/Mlimba Disp	324	475	474	NA	31.6
31	Morogoro	Mlimba DC	Udagaji Disp	466	443	403	NA	15.6
32	Morogoro	Mlimba DC	Mngeta HC	914	533	528	NA	73.1
33	Morogoro	Mlimba DC	Kisegese Disp	2725	3322	3311	NA	17.7
34	DSM	Kigamboni DC	Vijibweni Dist Hosp	6189	6189	6189	NA	0.0
35	DSM	Kigamboni DC	Mkamba Disp	301	301	301	NA	0.0
36	DSM	Kigamboni DC	Kimbiji HC	3460	3458	3460	NA	0.0
37	Pwani	Bagamoyo DC	Bagamoyo Dist Hosp	3284	3284	3274	NA	0.3
38	Pwani	Bagamoyo DC	Kerege HC	850	850	850	NA	0.0
39	Pwani	Bagamoyo DC	Mlingotini Disp	153	158	157	NA	2.5
40	Singida	Mkalama DC	Kinyambuli HC	5611	5688	5717	NA	1.9
41	Singida	Mkalama DC	Dominic Disp	698	842	802	NA	13.0
42	Singida	Mkalama DC	Msingi Disp	355	366	366	NA	3.0
43	Singida	Mkalama	Kinampundu	594	631	626	NA	5.1

S/N	Region	LGA	Health Facility	DHIS 2 (R)	Summary	Tally (A)	Register	Error Rate (R-A)/A*100 (in %)
		DC	Disp					
44	Shinyanga	Shinyanga DC	Tinde Hc	167	167	171	NA	2.3
45	Shinyanga	Shinyanga DC	Bugogo Disp	594	641	641	NA	7.3
46	Shinyanga	Shinyanga DC	Zunzuli Disp	688	688	502	NA	37.1
47	Shinyanga	Shinyanga DC	Mwasekagi Disp	56	56	56	NA	0.0
48	Tabora	Nzega TC	Zogolo Hc	965	981	991	NA	2.6
49	Tabora	Nzega TC	Miguwa Disp	3330	3330	2670	NA	24.7
50	Tabora	Nzega TC	Undomo Disp	904	986	986	NA	8.3
51	Dodoma	Chamwino DC	Mvumi Hosp	18829	15874	16324	NA	15.3
52	Dodoma	Chamwino DC	Chamwino HC	385	471	492	NA	21.7
53	Dodoma	Chamwino DC	Mpwayungu HC	3845	3845	2078	NA	85.0
54	Dodoma	Chamwino DC	Sasajila Disp	718	718	718	NA	0.0
55	Dodoma	Chamwino DC	Zagilwa Disp	2074	246	246	NA	743.1
56	Dodoma	Chamwino DC	Majeleko Disp	678	688	722	NA	6.1
57	Dodoma	Chamwino DC	Chinoje Disp	383	383	373	NA	2.7
58	Manyara	Hanang DC	Tumaini Dist Hosp	616	616	616	NA	0.0
59	Manyara	Hanang DC	Simbay HC	8995	8999	8999	NA	0.0
60	Manyara	Hanang DC	Gidahababieg Disp	2053	2053	2053	NA	0.0
61	Arusha	Karatu DC	Oldean HC	795	795	795	NA	0.0
62	Arusha	Karatu DC	Karatu Lutheran CDH	434	434	434	NA	0.0
63	Arusha	Karatu DC	Khusumay Disp	831	831	831	NA	0.0
64	Arusha	Karatu DC	Kambi ya Simba HC	458	458	438	NA	4.6
65	Arusha	Karatu DC	Ayalabe Disp	1297	1297	1297	NA	0.0
66	Kilimanjaro	Hai DC	Lyamungo HC	1865	1869	1869	NA	0.2
67	Kilimanjaro	Hai DC	Machame Hosp Dist	1865	1865	1865	NA	0.0
68	Kilimanjaro	Hai DC	Nkwansira HC	2331	2331	2331	NA	0.0

S/N	Region	LGA	Health Facility	DHIS 2 (R)	Summary	Tally (A)	Register	Error Rate (R-A)/A*100 (in %)
	ro							
69	Kilimanjaro	Hai DC	Nkwenshoo Disp	196	196	196	NA	0.0
70	Kilimanjaro	Hai DC	Longoi Disp	737	737	742	NA	0.7
71	Tanga	Handeni DC	Suwa Disp	414	414	414	NA	0.0
72	Tanga	Handeni DC	Mkata HC	387	387	387	NA	0.0
73	Tanga	Handeni DC	Kang'ata Disp	0	0	0	NA	0.0
74	Tanga	Handeni DC	St Francis Hosp Dist	378	378	378	NA	0.0
75	Tanga	Handeni DC	Kwamgwe Disp	65	65	65	NA	0.0
76	Mbeya	Chunya DC	Chunya Dist Hosp	2084	2084	2005	NA	3.9
77	Mbeya	Chunya DC	Chalangwa HC	800	797	742	NA	7.8
78	Mbeya	Chunya DC	Mapogoro Disp	1259	1296	1296	NA	2.9
79	Njombe	Njombe DC	Matembwe HC	340	340	340	NA	0.0
80	Njombe	Njombe DC	Kanikelele Disp	521	521	531	NA	1.9
81	Njombe	Njombe DC	Ninga Disp	224	295	294	NA	23.8
82	Ruvuma	Songea DC	Songea Dist Hosp	NA	NA	NA	NA	NA
83	Ruvuma	Songea DC	Muhukuru HC	197	344	344	NA	42.7
84	Ruvuma	Songea DC	Maposeni Disp	222	222	222	NA	0.0
85	Ruvuma	Songea DC	Nambendo Disp	207	190	765	NA	72.9
86	Mtwara	Newala DC	Mkwedu HC	135	135	135	NA	0.0
87	Mtwara	Newala DC	Chitekete Disp	669	806	651	NA	2.8
88	Mtwara	Newala DC	Mkongi Disp	101	83	83	NA	21.7
89	Mtwara	Newala DC	Nambali Disp	1141	1265	1226	NA	6.9
90	Lindi	Nachingwea DC	Mnero Dist Hosp	284	284	284	NA	0.0
91	Lindi	Nachingwea DC	Naipanga HC	841	311	311	NA	170.4
92	Lindi	Nachingwea DC	Mkotokuyana Disp	215	215	215	NA	0.0

S/N	Region	LGA	Health Facility	DHIS 2 (R)	Summary	Tally (A)	Register	Error Rate (R-A)/A*100 (in %)
93	Lindi	Nachingwea DC	Namatumbusi Disp	480	480	54	NA	788.9
94	Kigoma	Kasulu TC	Kasulu TC District Hosp.	3620	3619	3623	NA	0.1
95	Kigoma	Kasulu TC	Kiganamo HC	1825	1775	1750	NA	4.3
96	Kigoma	Kasulu TC	Murufiti Disp.	494	480	475	NA	4.0
97	Katavi	Nsimbo DC	Kanoge HC	9451	9446	9397	NA	0.6
98	Katavi	Nsimbo DC	Kambuizi Disp.	790	790	790	NA	0.0
99	Katavi	Nsimbo DC	Sitalike Disp.	2984	2984	2984	NA	0.0
100	Rukwa	Kalambo DC	Mwimbi HC	448	482	482	NA	7.1
101	Rukwa	Kalambo DC	Sopa HC	231	238	238	NA	2.9
102	Rukwa	Kalambo DC	Kifone Disp	342	358	364	NA	6.0
103	Rukwa	Kalambo DC	Chalatila Disp	89	95	93	NA	4.3
104	Rukwa	Kalambo DC	Mtula Disp	339	329	329	NA	3.0
105	Rukwa	Kalambo DC	Mambwenkoswe Disp	546	572	562	NA	2.8
106	Rukwa	Kalambo DC	Kambo Disp	2424	2664	2652	NA	8.6
107	Songwe	Mbozi Dc	Mbozi Mission Hosp	1436	1436	1436	NA	0.0
108	Songwe	Mbozi Dc	Isansa HC	5321	4521	5276	NA	0.9
109	Songwe	Mbozi Dc	Nanyala HC	406	385	385	NA	5.5
110	Songwe	Mbozi Dc	Halambo Disp	516	516	516	NA	0.0
111	Songwe	Mbozi Dc	Igale Disp	691	690	686	NA	0.7
112	Songwe	Mbozi Dc	Ienzenya Disp	1022	1022	1022	NA	0.0
113	Songwe	Mbozi Dc	Mbewe Disp	746	746	746	NA	0.0
114	Songwe	Mbozi Dc	Shitunguru Disp	1776	1770	1770	NA	0.3
Average Error Rate								6.5
<i>Note: Error Rate above 100 percent was not included as it was taken as outlier data.</i>								

2.3.8 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 93.3 percent (average error rate of 6.7) for 2020 (Average Error rate was established by summing up error rate of six indicators and divided by six). This shows an improvement of a reduction of average error rate from 8.5 percent in 2019 to an error rate of 6.7 percent in 2020 implying an improvement of data quality (uniformity) from 91.5% in 2019 to 93.7% in 2020 (**Figure 1 & 2**).

Figure 1: Trend of Error Rates for Verified data from 2015 to 2020

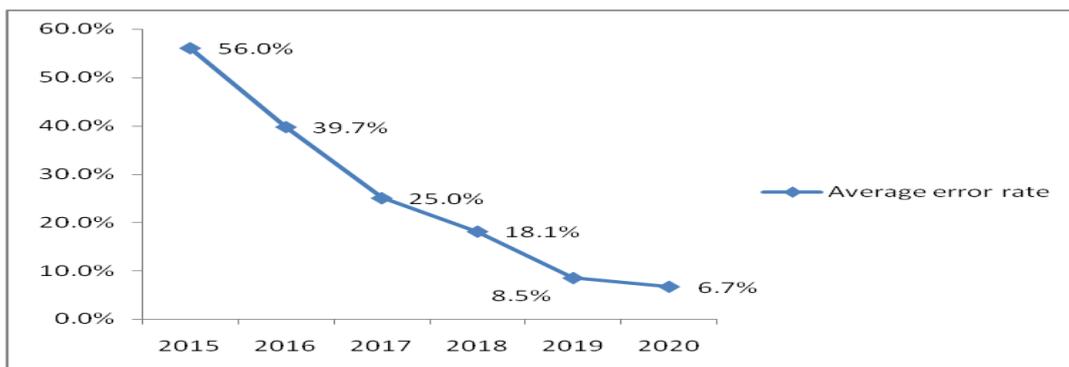
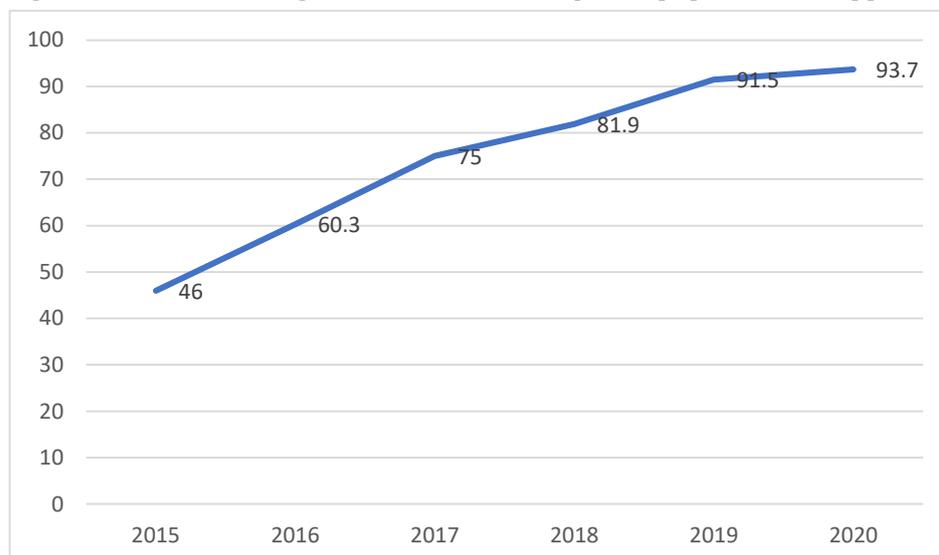


Figure 2. Percentage trend of data quality (uniformity) from 2015 to 2020



Source; IAG Verification reports from 2015-2020.

Despite the improvement of data quality, there is still a 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 of data from HMIS Tools and DHIS2, ***it is recommended that 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 and CHMTs should be enforced to conduct quarterly DQAs at LGAs level as per national guideline for data consistency improvement.***

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 30 tracer medicines in the 2020. 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. Results for the verification of the six institution strengthening indicators are as follows.

2.3.9 Percentage of PHC facilities with “3 Star” rating or higher

Star rating assessment improvement was earmarked to be conducted in 2020/2021. However, verification done found that the assessment was not done due to the challenge of Covid 19 and none availability of fund hence no results to report on. The last star rating was done in 2017/2018 in 2,833 PHC Facilities.

It is therefore recommended that, MoHCDGEC should set aside fund to enable implementation of star rating assessment and continue to implement the recommendations of the previous assessment.

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

The verification team confirmed that percentage of PHC facilities owned by public with at least one clinician and/or nurse was 99.6 percent, which is the same with the reported data of 99.6 Percent. Moreover, in 26 sampled LGAs it was observed that Public dispensaries with at least one Clinician/Nurse were 98 percent. In this case, public dispensaries which was found to be managed by medical attendants are: Chalatila dispensary in Kalambo DC in Rukwa region; and Mbewe dispensary in Mbozi DC in Songwe region. ***It is therefore, recommended that PORALG should allocate clinician /nurse in all PHC Facilities which are managed by health attendants for improving health services delivery.***

Table 25: Percentage Public Dispensaries with at least one clinician/nurse in the Regions

Baseline (2019)	Indicator Target (2020)	Reported (2020)	Confirmed (2020)
93%	95%	99.6%	99.6% (PO RALG)

2.3.11 Percentage of PHC facilities with continuous availability of 30 tracer medicines in the year 2020

According to data in DHIS2, percentage of PHC facilities with continuous availability of 30 tracer medicine in the year 2020 was 89.4 percent which is the same with the reported data of 89.4 percent and above the target of 80 percent (**Table 26**). For the samples 114 PHC facilities, Percentage of PHC facilities with continuous availability of 30 tracer medicines in 2020 was 86.6 percent (**Table 27**) and **Annex 15**

Table 26: Percentage of PHC facilities with continuous availability of 30 tracer medicines in the 2020

Baseline (2019)	Indicator Target (2020)	Reported 2020	Confirmed (2020)
96.3%	80%	89.4%	89.4% (DHIS2)

Table 27: Percentage of Sampled PHC facilities with continuous available of 30 tracer medicine in the year 2020

No	Region	LGA		Jan	Feb	Mar	Apr	May	Jun	Jly	Aug	Sept	Oct	Nov	Dec	Average
1	Singida	Mkalama DC	Kinyambuli HC	89.7	85	85.7	81	76.2	90.5	81	90.5	90.5	90.5	81	81	85.2
2	Singida	Mkalama DC	Dominic Disp	100	95	100	90	100	95	100	95	95.2	94.7	100	100	97.1
3	Singida	Mkalama DC	Kinampundu Disp	100	90	100	100	100	95	90	94.7	100	95	100	100	97.1
4	Singida	Mkalama DC	Msingi Disp	100	95	90	90	100	100	95	95	95	95	90	90	94.6
5	Shinyanga	Shinyanga DC	Tinde HC	95.2	100	90.5	73	90.5	90.5	90.5	90.5	100	85	81	92.8	90.0
6	Shinyanga	Shinyanga DC	Bugogo Disp	100	100	85	85	85	85	85	80	85	85	80	75	85.8
7	Shinyanga	Shinyanga DC	Zunzuli Disp	95	100	95	85	75	75	70	80	70	61.9	75	70	79.3
8	Shinyanga	Shinyanga DC	Mwasekagi Disp	100	100	100	85	80	85.7	75	85	65	95	90	85	87.1
9	Tabora	Nzega TC	Zogolo HC	100	100	90.5	90.5	95.2	95	95.2	95	95.2	85.7	100	100	95.2
10	Tabora	Nzega TC	Undomo Disp	95.2	95.2	100	81	95.2	90.5	95.2	100	76.2	61.9	81	85.7	88.1
11	Tabora	Nzega TC	Miguwa Disp	100	100	116.7	100	95.2	100	90.5	100	100	85.7	100	100	99.0
12	Dodoma	Chamwino DC	Chamwino H C	100	100	95.2	100	100	100	90.5	81	90.5	85.7	85	76.2	92.0
13	Dodoma	Chamwino DC	Chinoje Disp	75	80	90	95	95	95	90	85	90	90	80	85.7	87.6
14	Dodoma	Chamwino DC	Majeleko Disp	80	60	75	75	75	90	90	85	95	75	100	95	82.9
15	Dodoma	Chamwino DC	Mpwayungu HC	81	100	66.7	81	71.4	76.2	81	76.2	76.2	76.2	60	61.9	75.7
16	Dodoma	Chamwino DC	Mvumi Mission DDH	95	100	100	100	100	95.2	100	100	100	100	100	85.7	98.0
17	Dodoma	Chamwino DC	Zajilwa Disp	85	80	65	90	80	85	80	90	90	85	75	85	82.5
18	Dodoma	Chamwino DC	Sasajila Disp	70	100	95	95	105.6	85	95	90	90	85	85.7	80	89.7

No	Region	LGA		Jan	Feb	Mar	Apr	May	Jun	Jly	Aug	Sept	Oct	Nov	Dec	Average
19	Iringa	Mufindi DC	Sadani HC	90.5	95.2	95.2	100	90.5	100	100	95.2	75	95.2	80	81	91.5
20	Iringa	Mufindi DC	Igomaa Disp	100	100	100	100	71.4	76.2	76.2	71.4	81	57.1	76.2	71.4	81.7
21	Iringa	Mufindi DC	Malangali HC	100	100	81	95.2	95	100	85.7	85.7	90	71.4	85.7	90.5	90.0
22	Iringa	Mufindi DC	Chogo Disp	90.5	90.5	0	100	81	90	90.5	0	0	90.5	90.5	81	67.0
23	Iringa	Mufindi DC	Mwitikila Disp	95.2	100	90.5	95.2	95.2	95.2	85.7	95.2	100	81	80	71.4	90.4
24	Iringa	Mufindi DC	Mpanga Disp	95.2	95.2	100	95.2	90	95.2	95.2	81	95.2	90.5	95.2	0	85.7
25	Iringa	Mufindi DC	Kilolo Disp	100	95	100	100	100	100	90.5	90	85.7	81	100	100	95.2
26	Morogoro	Mlimba DC	Mlimba HC	71.4	81	71.4	85.7	88.9	75	89.5	100	53.3	93.3	90	68.8	80.7
27	Morogoro	Mlimba DC	Msolwa/Mlimba Disp	0	0	83.3	0	0	95	88.2	90	85	70.6	94.7	100	58.9
28	Morogoro	Mlimba DC	Udagaji Disp	80	85	85.7	95	90	100	85	85	90	100	100	100	91.3
29	Morogoro	Mlimba DC	Mngeta HC	90.5	90	95.2	100	100	95.2	95.2	100	90.5	90.5	95.2	95.2	94.8
30	Morogoro	Mlimba DC	Kisegese Disp	90.5	85	90	76.2	76.2	81	85.7	85.7	81	76.2	95.2	90.5	84.4
31	DSM	Kigamboni DC	Vijibweni Dist Hosp	100	100	100	100	100	100	85.7	95.2	90.5	81	94.1	100	95.5
32	DSM	Kigamboni DC	Mkamba Disp	100	100	100	100	100	100	100	100	100	100	100	100	100.0
33	DSM	Kigamboni DC	Kimbiji HC	100	95.2	95.2	100	100	95.2	100	81	85	85.7	100	100	94.8
34	Pwani	Bagamoyo DC	Bagamoyo Dist Hosp	100	100	100	100	100	100	100	100	100	95.2	100	100	99.6
35	Pwani	Bagamoyo DC	Kerege HC	100	100	100	100	100	100	100	95.2	95.2	95.2	95	90.5	97.6
36	Pwani	Bagamoyo DC	Mlingotini Disp	100	100	100	100	100	100	100	100	90.5	76.2	90.5	90.5	95.6
37	Kagera	Bukoba MC	Ijuganyondo Disp	100	100	100	100	100	100	100	100	100	100	78.9	100	98.2
38	Kagera	Bukoba MC	Nshambya Disp	100	100	100	100	100	100	85.7	100	100	85.7	65	81	93.1
39	Kagera	Bukoba MC	Zamzam HC	100	100	100	100	100	100	100	90.5	90.5	90.5	95.2	95.2	96.8
40	Mwanza	Ukerewe DC	Kamasi Disp	50	100	108.3	57.1	57.1	100	100	100	100	100	66.7	100	86.6

No	Region	LGA		Jan	Feb	Mar	Apr	May	Jun	Jly	Aug	Sept	Oct	Nov	Dec	Average
41	Mwanza	Ukerewe DC	Muhula Disp	100	100	100	100	100	100	100	100	106.3	100	100	100	100.5
42	Mwanza	Ukerewe DC	Muriti HC	100	100	100	95.2	100	0	100	100	100	0	100	100	82.9
43	Mwanza	Ukerewe DC	Nansio Dist Hosp	100	95.2	90.5	85.7	90.5	100	100	100	0	85.7	71.4	76.2	82.9
44	Geita	Geita DC	Kashishi HC	76.2	95.2	90	66.7	95	61.9	85.7	81	57.1	52.4	85.7	60	75.6
45	Geita	Geita DC	Lwenzera Disp	85.7	90.5	71.4	66.7	66.7	85.7	81	81	61.9	61.9	66.7	61.9	73.4
46	Geita	Geita DC	Nkome Disp	71.4	66.7	81	76.2	81	81	85.7	90.5	76.2	76.2	55	66.7	75.6
47	Geita	Geita DC	Nzera Dist Hosp	100	100	100	100	100	100	100	100	100	100	100	100	100.0
48	Geita	Geita DC	Nyawilimilwa Disp	14.3	33.3	85	52.4	33.3	57.1	33.3	42.9	52.4	47.6	47.6	47.6	45.6
49	Simiyu	Maswa DC	Badi Disp	95.2	100	100	100	100	100	100	100	100	90	100	61.1	95.5
50	Simiyu	Maswa DC	Kidaganda Disp	100	100	87.5	94.1	94.1	93.8	88.2	88.2	88.2	82.4	78.9	0	83.0
51	Simiyu	Maswa DC	Maswa Dist Hosp	71.4	80	71.4	71.4	95.2	95.2	90.5	90.5	90.5	90.5	95.2	95.2	86.4
52	Simiyu	Maswa DC	Mwabayanda HC	95	90	95	90	100	95	95	90	95	85	0	70	83.3
53	Simiyu	Maswa DC	Nguliguli Disp	110.5	100	100	0	100	100	100	0	100	100	100	100	84.2
54	Mara	Butiama DC	Butiama Dist Hosp	95.2	90.5	90.5	100	0	75	81	66.7	61.9	70	0	71.4	66.9
55	Mara	Butiama DC	Kiagata HC	90.5	95.2	90.5	0	0	85.7	61.9	71.4	57.1	61.9	52.4	47.6	59.5
56	Mara	Butiama DC	Nyamisis Disp	80	75	60	60	61.9	55	60	45	65	60	61.9	50	61.2
57	Mara	Butiama DC	Rwamkoma Disp	85	80	80	80	63.2	60	55	40	50	45	35	40	59.4
58	Mbeya	Chunya DC	Chunya Dist Hosp	100	95.2	95	100	100	100	95.2	95	90	90.5	100	95.2	96.3
59	Mbeya	Chunya DC	Chalangwa HC	100	85.7	100	95.2	95.2	85.7	85.7	85.7	105	100	100	100	94.9
60	Mbeya	Chunya DC	Mapogoro Disp	100	100	100	90	100	90	90	75	90.5	90	90	100	93.0
61	Njombe	NJombe DC	Matembwe HC	100	85.7	100	85.7	90.5	100	100	100	100	90.5	0	100	87.7
62	Njombe	NJombe DC	Kanikelele Disp	81	71.4	0	0	0	4.8	90.5	76.2	89.5	85.7	76.2	81	54.7

No	Region	LGA		Jan	Feb	Mar	Apr	May	Jun	Jly	Aug	Sept	Oct	Nov	Dec	Average
63	Njombe	NJombe DC	Ninga Disp	81	0	0	0	81	100	100	100	100	100	100	95.2	71.4
64	Ruvuma	Songea DC	Songea Dist Hosp	NA	100	100	100	100	73.3	94.7						
65	Ruvuma	Songea DC	Muhukuru Disp	95.2	95.2	95.2	90.5	100	100	90.5	85.7	47.6	81	95.2	81	88.1
66	Ruvuma	Songea DC	Maposeni Disp	100	100	90	100	100	100	100	100	90	95	85	76.2	94.7
67	Ruvuma	Songea DC	Nambendo Disp	95	95	95	95	90	70	90	84.2	76.2	75	76.2	47.6	82.4
68	Mtwara	Newala DC	Mkwedu HC	100	90.5	100	100	100	100	100	100	100	100	100	100	99.2
69	Mtwara	Newala DC	Chitekete Disp	100	100	100	100	100	100	100	100	100	100	100	100	100.0
70	Mtwara	Newala DC	Mkongi Disp	100	100	100	100	95.2	100	100	100	100	100	100	100	99.6
71	Mtwara	Newala DC	Nambali Disp	100	100	100	100	100	100	95.2	100	100	100	100	100	99.6
72	Lindi	Nachingwea DC	Mnero Dist Hosp	100	100	100	90.5	100	100	100	100	100	90.5	100	100	98.4
73	Lindi	Nachingwea DC	Naipanga HC	81	95.2	81	81	76.2	76.2	85.7	81	85.7	76.2	95.2	95.2	84.1
74	Lindi	Nachingwea DC	Mkotokuyana Disp	71.4	57.1	76.2	71.4	66.7	71.4	81	81	71.4	66.7	61.9	71.4	70.6
75	Lindi	Nachingwea DC	Namatumbusi Disp	85.7	90.5	76.2	76.2	76.2	47.6	71.4	71.4	71.4	71.4	61.9	70	72.5
76	Tanga	Handeni DC	Mkata HC	100	55	100	95.2	100	NR	100	100	100	100	95.2	NR	94.5
77	Tanga	Handeni DC	Kang'ata Disp	52.4	71.4	61.9	61.9	61.9	NR	57.1	52.4	NR	NR	61.9	81	62.4
78	Tanga	Handeni DC	St. Francis Kwamkono Dist Hosp	90.5	95.2	95.2	95.2	95.2	95.2	90.5	95.2	100	95.2	95.2	100	95.2
79	Tanga	Handeni DC	Suwa Disp	100	71.4	81	81	66.7	76.2	76.2	52.4	NR	85.7	81	76.2	77.1
80	Tanga	Handeni DC	Kwangwe Disp	NR	71.4	81	76.2									
81	Manyara	Hanang DC	Tumaini Dist Hosp	100	95.2	95.2	100	100	100	95.2	90.5	100	85.7	95.2	100	96.4
82	Manyara	Hanang DC	Simbay HC	90.5	95.2	95.2	100	95.2	95.2	100	100	100	85.7	90	65	92.7
83	Manyara	Hanang DC	Gidahababieg Disp	95.2	57.1	76.2	100	85.7	100	100	85.7	95.2	76.2	95	90.5	88.1
84	Kilimanjaro	Hai DC	Machame Hosp Dist	100	100		100	85.7	100	100	100	100	100	100	100	98.7

No	Region	LGA		Jan	Feb	Mar	Apr	May	Jun	Jly	Aug	Sept	Oct	Nov	Dec	Average
85	Kilimanjaro	Hai DC	Lyamungo HC	95.2	100	95.2	90.5	90.5	90.5	100	90.5	105	100	100	100	96.5
86	Kilimanjaro	Hai DC	Nkwansira HC	100	100	100	100	100	95.2	95.2	95.2	95.2	90.5	95	100	97.2
87	Kilimanjaro	Hai DC	Nkweshoo Disp	100	90.5	85.7	100	100	100	95	95.2	100	100	100	100	97.2
88	Kilimanjaro	Hai DC	Longoi Disp	90	81	85	80	75	80	61.9	90.5	100	81	NR	80	82.2
89	Arusha	Karatu DC	Karatu Lutheran CDH	81	90.5	95.2	95.2	81	81	90.5	90.5	90.5	90.5	81	90.5	88.1
90	Arusha	Karatu DC	Oldeani HC	81	90.5	85.7	90.5	90.5	95.2	81	85.7	95.2	90.5	90.5	76.2	87.7
91	Arusha	Karatu DC	Kambi ya Simba HC	76.2	76.2	61.9	81	38.1	76.2	55	85.7	85.7	55	76.2	90.5	71.5
92	Arusha	Karatu DC	Ayalabe Disp	95	95	100	100	95	85	NR	NR	90	NR	95	85	93.3
93	Arusha	Karatu DC	Khusumay Disp	90	95	90	85	100	75	NR	NR	95	NR	90	95	90.6
94	Songwe	Mbozi DC	Igale Disp	100	100	100	100	100	100	100	100	100	100	100	100	100.0
95	Songwe	Mbozi DC	Isansa Health Center	95.2	100	100	100	100	100	90.5	100	90	95	81	85.7	94.8
96	Songwe	Mbozi DC	Isenzenya Disp	90	76.5	88.9	85	90	95	85	100	80	NR	NR	80	87.0
97	Songwe	Mbozi DC	Halambo Disp	60	66.7	78.9	75	70	70	80	70	73.7	57.9	65	46.7	67.8
98	Songwe	Mbozi DC	Mbewe Disp	88.2	100	93.8	100	100	87.5	82.4	83.3	94.4	81.3	92.9	113.3	93.1
99	Songwe	Mbozi DC	Shitutnguru Disp	77.8	89.5	87.5	100	84.2	84.2	100	78.9	73.7	100	100	72.2	87.3
100	Songwe	Mbozi DC	Nanyala HC	71.4	75	85	85	85	NR	85.7	85.7	84.2	75	85	75	81.1
101	Songwe	Mbozi DC	Mbozi Mission Hosp	100	100	100	100	100	100	100	100	100	100	100	100	100.0
102	Rukwa	Kalambo DC	Chalatila Disp	NR	NR	NR	NR	NR	94.4	90	31.6	80	70	75	38.9	68.6
103	Rukwa	Kalambo DC	Kambo Disp	85	75	94.7	90	NR	95	35.7	80	95	70	70	85	79.6
104	Rukwa	Kalambo DC	Kifone Disp	81	95	100	90	NR	95	NR	65	85	70	75	85	84.1
105	Rukwa	Kalambo DC	Mambwenkoswe Disp	NR	70	55	90	NR	50	NR	60	80	90	90	85	74.4
106	Rukwa	Kalambo DC	Mtula Disp	NR	90	90	85	NR	90	94.7	57.1	95	50	85	95	83.2

No	Region	LGA		Jan	Feb	Mar	Apr	May	Jun	Jly	Aug	Sept	Oct	Nov	Dec	Average
107	Rukwa	Kalambo DC	Mwimbi HC	85.7	NR	100	95.2	95.2	95.2	100	NR	NR	55	76.2	71.4	86.0
108	Rukwa	Kalambo DC	Sopa HC	52.6	55	75	78.9	85	90	85	45	70	85	95	80	74.7
109	Kigoma	Kasulu TC	Kasulu Tc District Hosp	100	100	95.2	100	100	100	100	100	100	100	95.2	100	99.2
110	Kigoma	Kasulu TC	Kiganamo HC	100	100	100	100	100	100	85.7	100	100	100	100	90.5	98.0
111	Kigoma	Kasulu TC	Murufiti Disp	100	100	100	110.5	100	100	100	100	100	95.2	NR	100	100.5
112	Katavi	Nsimbo DC	Kanoge Health Center	95.2	81	100	133.3	100	90.5	90.5	NR	100	NR	90.5	NR	97.9
113	Katavi	Nsimbo DC	Kambuzi Dispensary	81	90	84.2	66.7	85.7	100	81	85.7	76.2	81	76.2	76.2	82.0
114	Katavi	Nsimbo DC	Sitalike Dispensary	85.7	81	38.1	42.9	90.5	90.5	81	85.7	71.4	61.9	66.7	71.4	72.2
Average Percentage																86.6

2.3.12 Percentage of LGAs with functional Council Health Service Board

According to the CHSBs Report of 2020, percentage of LGAs with functional CHSB was 100 percent which is the same with reported data of 100 percent (**Table 28**). Verification conducted in 26 sampled LGAs revealed that, all 26 (100 percent) of LGAs had functional CHSBs as per requirements.

Table 28: Percentage of LGAs with functional Council Health Board

Achievement (2019)	Indicator Target (2020)	Reported (2020)	Verified (2020)
89%	100%	100%	100% (PO RALG)

2.3.13 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 96.4 percent in 2020, which is slightly lower with the reported of 97 percent (**Table 29**).

Table 29: Percentage of completeness of a Quarterly DHIS2 entry by LGA (by day 30 after the end of each Quarter)

Achievement (2019)	Indicator Target (2020)	Reported (2020)	Verified (2020)
99%	100%	97%	96.4% (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 96.4 percent.

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

No	Region	LGA	ANC	L&D	Child Health	OPD	IPD	FP	Average (%)
1	Iringa	Mufindi DC	92.2	32.8	94.3	89.2	93.3	91.6	82.2
2	Morogoro	Mlimba DC	97.5	91.9	96.4	94.6	100.0	98.7	96.5
3	Pwani	Bagamoyo DC	79.3	79.3	79.3	88.6	50.0	82.1	76.4
4	Dar es Salaam	Kigamboni MC	98.3	95.2	96.5	91.9	97.9	97.7	96.2
5	Kagera	Bukoba MC	100.0	100.0	100.0	97.7	80.0	100.0	96.3

No	Region	LGA	ANC	L&D	Child Health	OPD	IPD	FP	Average (%)
6	Geita	Geita DC	96.4	97.4	94.9	96.5	83.3	96.9	94.2
7	Mwanza	Ukerewe DC	99.3	99.1	96.6	100.0	100.0	99.1	99.0
8	Mara	Butiama DC	100.0	100.0	100.0	97.2	95.8	100.0	98.8
9	Simiyu	Maswa DC	95.4	95.4	95.4	94.2	100.0	95.7	96.0
10	Singida	Mkalama DC	100.0	100.0	100.0	100.0	100.0	100.0	100.0
11	Shinyanga	Shinyanga DC	100.0	100.0	100.0	100.0	100.0	100.0	100.0
12	Tabora	Nzega TC	100.0	100.0	100.0	100.0	100.0	100.0	100.0
13	Dodoma	Chamwino DC	100.0	100.0	100.0	100.0	100.0	100.0	100.0
14	Lindi	Nachingwea DC	100	100	100	97.6	100	100	99.6
15	Mbeya	Chunya DC	100	94.1	99.7	96.4	97.2	99.7	97.9
16	Mtwara	Newala DC	100	100	100	100	100	100	100.0
17	Njombe	Njombe DC	100	100	95.4	94.8	100	100	98.4
18	Ruvuma	Songea DC	100	98.7	97.7	95.8	100	100	98.7
19	Manyara	Hanang DC	96.1	97.6	91.1	97.2	100.0	92.0	95.7
20	Kilimanjaro	Hai DC	97.9	97.9	97.5	98.8	100.0	98.1	98.4
21	Tanga	Handeni DC	91.8	91.8	63.8	92.1	100.0	91.3	88.5
22	Arusha	Karatu DC	88.7	88.7	88.8	90.3	100.0	88.0	90.8
23	Kigoma	Kasulu TC	100.0	100.0	100.0	100.0	81.7	100.0	97.0
24	Katavi	Nsimbo DC	100.0	100.0	100.0	100.0	100.0	100.0	100.0
25	Rukwa	Kalambo DC	98.5	100.0	96.5	99.1	100.0	98.4	98.8
26	Songwe	Mbozi DC	98.8	97.5	97.7	96.7	97.2	100.0	98.0
Average Percentage			97.3	94.5	95.4	96.5	95.2	97.3	96.1

2.3.14 LGAs with unqualified opinion in the External Audit Report

CAG Audit Report for 2019/20 indicated that, a total of 176 LGAs (95.1 percent) out of 184 LGAs audited obtained unqualified opinion (**Table 31**). For FY 2018/19, a total of 176 LGAs (95.1 percent) obtained unqualified opinion. This implied that there is no change in performance at LGAs. Furthermore, out of 26 sampled LGAs, all 25 LGAs (96.2 percent) obtained unqualified opinion whereby Shinyanga DC obtained qualified opinion.

It is therefore, recommended that, PORALG should continue to enhance good governance and accountability to all key players at LGAs for improved internal control of public resources.

Table 31: LGAs with unqualified opinion in the External Audit Report

Base (2018/19)	Target (2019/20)	Reported (2019/20)	Verified 2019/20
96%	100%	95.1%	95.1%

Source: CAG Report of 2019/20

2.3.15 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 99.4 percent, timely submission 97.9 percent and accuracy of data entered DHIS2 from summary form was 88.9 percent.

Table 32: Reporting, timely submission and accuracy of data capturing

S/N	Region	District	Reporting Rate	Submitted On Time	Accuracy
1	Tanga	Handeni DC	94.0	88.7	91.6
2	Manyara	Hanang DC	99.3	95.1	90.2
3	Kilimanjaro	Hai DC	98.3	98.3	94.0
4	Arusha	Karatu DC	100.0	100.0	96.1
5	Singida	Mkalama DC	100.0	100.0	92.7
6	Shinyanga	Shinyanga DC	100.0	100.0	83.7
7	Tabora	Nzega TC	100.0	100.0	86.1
8	Dodoma	Chamwino DC	100.0	94.0	90.9
9	Mbeya	Chunya DC	100.0	95.8	91.6
10	Njombe	Njombe DC	99.3	95.1	93.5
11	Ruvuma	Songea DC	99.3	99.3	94.0
12	Mtwara	Newala DC	100.0	100.0	96.1
13	Lindi	Nachingwea DC	100.0	98.9	95.8
14	Kagera	Bukoba MC	100.0	100.0	90.2
15	Geita	Geita DC	100.0	100.0	88.5
16	Mwanza	Ukerewe DC	100.0	96.8	86.6
17	Mara	Butiama DC	100.0	97.9	90.4
18	Simiyu	Maswa DC	95.6	97.2	85.4
19	Kigoma	Kasulu TC	100.0	100.0	63.9

S/N	Region	District	Reporting Rate	Submitted On Time	Accuracy
20	Katavi	Nsimbo DC	100.0	99.3	89.6
21	Rukwa	Kalambo DC	100.0	97.9	78.3
22	Songwe	Mbozi DC	100.0	99.7	87.5
23	Iringa	Mufindi DC	98.8	94.6	81.9
24	Morogoro	Mlimba DC	96.6	98.2	66.4
25	Pwani	Bagamoyo DC	100.0	95.8	88.0
26	Dar es salaam	Kigamboni MC	100.0	93.8	99.1
LGAs Average Performance			99.4	97.9	88.9

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 **Table 33**. This implies that all sampled 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. Furthermore, the following challenges were observed to some LGAs.

- (1) In some LGAs there were no evidence of feedback mechanism used to share to the health facilities on any data variations observed after validation; and
- (2) LGAs have no buffer stock for MTUHA BOOKS because of recently direct disbursement of funds to Health facilities whereby printing and stocking is taking place.

Table 33: Data Management Assessment at sampled LGAs

S/N	Region	Council	System Assessment	
			Scores	expected
1	Tanga	Handeni DC	7	7
2	Manyara	Hanang DC	7	7
3	Kilimanjaro	Hai DC	7	7
4	Arusha	Karatu DC	7	7
5	Tabora	Nzega DC	7	7
6	Singida	Mkalama DC	7	7
7	Shinyanga	Shinyanga DC	7	7
8	Dodoma	Chamwino DC	7	7
9	Mbeya	Chunya DC	6	7

S/N	Region	Council	System Assessment	
10	Njombe	Njombe DC	6	7
11	Ruvuma	Songea DC	6	7
12	Mtwara	Newala DC	7	7
13	Lindi	Nachingwea DC	6	7
14	Kagera	Bukoba MC	7	7
15	Geita	Geita DC	6	7
16	Mwanza	Ukerewe DC	7	7
17	Mara	Butiama DC	7	7
18	Simiyu	Maswa DC	6	7
19	Kigoma	Kasulu TC	6	7
20	Katavi	Nsimbo DC	6	7
21	Rukwa	Kalambo DC	6	7
22	Songwe	Mbozi Dc	6	7
23	Iringa	Mufindi DC	7	7
24	Morogoro	Mlimba DC	7	7
25	Pwani	Bagamoyo DC	7	7
26	Dar es salaam	Kigamboni MC	7	7
			172	182
LGAs Data management performance in percentage			94.5	

Data Management Assessment at sampled PHC Facilities

As it was for the case of 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 114 sampled Health Facilities performance of all outlined above was at an average of 97.6 percent **Table 34**. This implies that, all sampled 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.

Furthermore, the following challenges were observed to some facilities as indicated in the table below;

- (i) Some of Health facilities were using MTUHA Books old version of 2016 and 2017 (Table 35: Health Facilities with old review scores of less than 6) due to failure to print new version MTUHA books of 2018 as a result of delay of Health sector basket fund disbursement; and
- (ii) Health facilities were not conducting monthly Data Quality Audits and therefore resulting to inconsistency of data among the MTUHA Book set

Table 34:Data Management Assessment at sampled PHC Facilities

S/N	REGION	DISTRICT	HEALTH FACILITIES	Tool Review		System Assessment	
				Scores	expected	Scores	expected
1	Tanga	Handeni DC	Mkata HC	6	6	14	14
2	Tanga	Handeni DC	Kang'ata Disp	6	6	14	14
3	Tanga	Handeni DC	St. Francis Kwamkono Hosp Dist	6	6	14	14
4	Tanga	Handeni DC	Suwa Disp	6	6	14	14
5	Tanga	Handeni DC	Kwamgwe Disp	3	6	14	14
6	Manyara	Hanang DC	Tumaini Dist Hosp	6	6	14	14
7	Manyara	Hanang DC	Simbay HC	6	6	14	14
8	Manyara	Hanang DC	Gidahababieg Disp	6	6	14	14
9	Kilimanjaro	Hai DC	Machame Hosp Dist	6	6	14	14
10	Kilimanjaro	Hai DC	Lyamungo HC	6	6	14	14
11	Kilimanjaro	Hai DC	Nkwansira HC	6	6	14	14
12	Kilimanjaro	Hai DC	Nkweshoo Disp	3	6	12	14
13	Kilimanjaro	Hai DC	Longoi Disp	6	6	14	14
14	Arusha	Karatu DC	Karatu Lutheran CDH	6	6	14	14
15	Arusha	Karatu DC	Oldeani HC	6	6	14	14
16	Arusha	Karatu DC	Kambi ya Simba HC	6	6	14	14
17	Arusha	Karatu DC	Ayalabe Disp	6	6	14	14
18	Arusha	Karatu DC	Khusumay Disp	6	6	14	14
19	Singida	Mkalama DC	Msingi Disp	6	6	14	14
20	Singida	Mkalama DC	kinyambuli HC	6	6	14	14
21	Singida	Mkalama DC	Dominiki Disp	6	6	14	14
22	Singida	Mkalama DC	Kinampundu Disp	6	6	14	14
23	Tabora	Tabora DC	Miguwa Disp	6	6	14	14
24	Tabora	Tabora DC	Undomo Disp	6	6	14	14
25	Tabora	Tabora DC	Zogolo HC	6	6	14	14
26	Shinyanga	Shinyanga DC	Bugogo Disp	6	6	14	14
27	Shinyanga	Shinyanga DC	Tinde HC	6	6	14	14
28	Shinyanga	Shinyanga DC	Mwasekagi Disp	6	6	14	14
29	Shinyanga	Shinyanga DC	Zunzuli Disp	6	6	14	14
30	Dodoma	Chamwino DC	Mvumi Hospital	6	6	14	14
31	Dodoma	Chamwino DC	Chinoje Disp	6	6	14	14

S/N	REGION	DISTRICT	HEALTH FACILITIES	Tool Review		System Assessment	
				Scores	expected	Scores	expected
32	Dodoma	Chamwino DC	Zajitwa Disp	6	6	14	14
33	Dodoma	Chamwino DC	Majeleko Disp	6	6	14	14
34	Dodoma	Chamwino DC	Chamwino Disp	6	6	14	14
35	Dodoma	Chamwino DC	Mpwapwa Disp	6	6	14	14
36	Dodoma	Chamwino DC	Sasajila Disp	6	6	14	14
37	Mbeya	Chunya DC	Chunya Dist Hosp	3	6	12	14
38	Mbeya	Chunya DC	Chalangwa HC	6	6	14	14
39	Mbeya	Chunya DC	Mapogoro Disp	6	6	14	14
40	Njombe	Njombe DC	Matembwe HC	3	6	12	14
41	Njombe	Njombe DC	Kanikelele Disp	3	6	12	14
42	Njombe	Njombe DC	Ninga Disp	3	6	12	14
43	Ruvuma	Songea DC	Songea Dist Hosp	3	6	12	14
44	Ruvuma	Songea DC	Muhukuru HC	3	6	12	14
45	Ruvuma	Songea DC	Maposeni Disp	6	6	14	14
46	Ruvuma	Songea DC	Nambendo Disp	6	6	14	14
47	Mtwara	Newala DC	Mkwedu HC	6	6	14	14
48	Mtwara	Newala DC	Chitekete Disp	6	6	14	14
49	Mtwara	Newala DC	Mkongi Disp	3	6	12	14
50	Mtwara	Newala DC	Nambali Disp	3	6	12	14
51	Lindi	Nachingwea DC	Mnero Dist Hosp	3	6	12	14
52	Lindi	Nachingwea DC	Naipanga HC	3	6	12	14
53	Lindi	Nachingwea DC	Mkotokuyana Disp	3	6	12	14
54	Lindi	Nachingwea DC	Namatumbusi Disp	3	6	12	14
55	Kagera	Bukoba MC	Ishambya Disp	6	6	14	14
56	Kagera	Bukoba MC	Zamzam HC	6	6	14	14
57	Kagera	Bukoba MC	Ijuganyundo Disp	6	6	14	14
58	Geita	Geita DC	Nzera Hosp	6	6	14	14
59	Geita	Geita DC	Nkome Disp	6	6	14	14
60	Geita	Geita DC	Rwenzera Disp	6	6	14	14
61	Geita	Geita DC	Nyawilimilwa Disp	6	6	14	14
62	Geita	Geita DC	Kashishi HC	6	6	14	14
63	Mara	Butiama DC	Kiagata HC	6	6	14	14

S/N	REGION	DISTRICT	HEALTH FACILITIES	Tool Review		System Assessment	
				Scores	expected	Scores	expected
64	Mara	Butiama DC	Nyamisisi Disp	6	6	14	14
65	Mara	Butiama DC	Rwankoma Disp	6	6	14	14
66	Mara	Butiama DC	Butiama Dist Hosp	6	6	14	14
67	Simiyu	Maswa DC	Maswa Hosp	6	6	14	14
68	Simiyu	Maswa DC	Badi Disp	6	6	14	14
69	Simiyu	Maswa DC	Mwabayanda HC	6	6	14	14
70	Simiyu	Maswa DC	Kidaganda Disp	6	6	14	14
71	Simiyu	Maswa DC	Nguliguli Disp	6	6	14	14
72	Mwanza	Ukerewe DC	Nansio Dist Hosp	6	6	14	14
73	Mwanza	Ukerewe DC	Muriti HC	6	6	14	14
74	Mwanza	Ukerewe DC	Kamasi Disp	6	6	14	14
75	Mwanza	Ukerewe DC	Muhula Disp	3	6	12	14
76	Kigoma	Kasulu TC	Kasulu TC District Hosp.	3	6	14	14
77	Kigoma	Kasulu TC	Kiganamo HC	4	6	14	14
78	Kigoma	Kasulu TC	Murufiti Disp.	4	6	14	14
79	Katavi	Nsimbo DC	Kanoge HC	6	6	14	14
80	Katavi	Nsimbo DC	Kambuzi Disp.	6	6	14	14
81	Katavi	Nsimbo DC	Sitalike Disp.	3	6	14	14
82	Rukwa	Kalambo DC	Mwimbi HC	6	6	14	14
83	Rukwa	Kalambo DC	Sopa HC	4	6	12	14
84	Rukwa	Kalambo DC	Kifone Disp	6	6	14	14
85	Rukwa	Kalambo DC	Chalasila Disp	3	6	12	14
86	Rukwa	Kalambo DC	Mtula Disp	4	6	12	14
87	Rukwa	Kalambo DC	Mambwenkoswe Disp	4	6	12	14
88	Rukwa	Kalambo DC	Kambo Disp	4	6	14	14
89	Songwe	Mbozi Dc	Mbozi Mission Hosp	6	6	14	14
90	Songwe	Mbozi Dc	Isansa HC	4	6	13	14
91	Songwe	Mbozi Dc	Nanyala HC	3	6	13	14
92	Songwe	Mbozi Dc	Halambo Disp	6	6	14	14
93	Songwe	Mbozi Dc	Igale Disp	5	6	14	14
94	Songwe	Mbozi Dc	Isenzenya Disp	6	6	14	14
95	Songwe	Mbozi Dc	Mbewe Disp	6	6	14	14
96	Songwe	Mbozi Dc	Shitunguru	3	6	14	14
97	Iringa	Mfindi DC	Sadani HC	6	6	14	14
98	Iringa	Mfindi DC	Igomaa Disp	3	6	14	14
99	Iringa	Mfindi DC	Malangali HC	6	6	14	14
100	Iringa	Mfindi DC	Chogo Disp	6	6	14	14
101	Iringa	Mfindi DC	Mwitikila Disp	6	6	14	14

S/N	REGION	DISTRICT	HEALTH FACILITIES	Tool Review		System Assessment	
				Scores	expected	Scores	expected
102	Iringa	Mfindi DC	Mpanga Disp	6	6	14	14
103	Iringa	Mfindi DC	Kilolo Disp	6	6	14	14
104	Morogoro	Mlimba DC	Mlimba HC	6	6	14	14
105	Morogoro	Mlimba DC	Msolwa/Mlimba Disp	6	6	14	14
106	Morogoro	Mlimba DC	Udagaji Disp	6	6	14	14
107	Morogoro	Mlimba DC	Mngeta HC	6	6	14	14
108	Morogoro	Mlimba DC	Kisegese Disp	6	6	14	14
109	Pwani	Bagamoyo DC	Bagamoyo Dist Hosp	6	6	14	14
110	Pwani	Bagamoyo DC	Kerege HC	6	6	14	14
111	Pwani	Bagamoyo DC	Mlingotini Disp	6	6	14	14
112	Dar es salaam	Kigamboni DC	Vijibweni Hosp	6	6	14	14
113	Dar es salaam	Kigamboni DC	Mkamba Disp	6	6	14	14
114	Dar es salaam	Kigamboni DC	Kimbiji HC	6	6	14	14
				606	684	1558	1596
Performance in percentage				88.6		97.6	

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 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 and supervisions that meet national supervision standards. It was found that, percentage of Data Quality Audit reports that meets national DQA standards was 91.0 percent which is above the target of 78 percent (**Table 35**). However, Pwani region conducted one DQA out of 18 expected DQAs in year 2020 due to

lack of funds, and Tanga region conducted 16 DQAs but only one met national DQA standard due to unsatisfactory supervision by RHMT. **(Table 36). It is recommended that, MoHCDGEC should enforce the RHMT to conduct DQA according to national guidelines for improved service delivery.**

Table 35: Percentage of RHMTs required biannual Data Quality Audits (DQA) that meets national DQA standards

Baseline 2019	Target 2020	Reported 2020	Verified 2020
69.2%	78%	47%	91.0%

Source: MoHCDGEC, RHMTs Reports 2020

Table 36: DQA Reports Assessed

No	Region	Number of Expected DQA Reports	Number of DQA Reports Available (A)	DQA Reports that meet National DQA standards (B)	Percentage of DQA Reports that meet National DQA standards (B/A*100)
1	Kigoma	16	12	12	100
2	Katavi	10	10	10	100
3	Rukwa	8	8	8	100
4	Songwe	10	3	2	67
5	Singida	14	14	14	100
6	Shinyanga	12	12	12	100
7	Tabora	16	8	8	100
8	Dodoma	16	16	16	100
9	Kagera	16	9	9	100
10	Geita	12	12	12	100
11	Mwanza	16	16	16	100
12	Mara	18	18	18	100
13	Simiyu	12	8	8	100
14	Iringa	10	10	10	100
15	Morogoro	18	4	4	100
16	Pwani	18	1	1	100
17	Dar es Salaam	10	20	20	100
18	Lindi	12	12	12	100
19	Mbeya	14	14	14	100
20	Mtwara	18	18	18	100

No	Region	Number of Expected DQA Reports	Number of DQA Reports Available (A)	DQA Reports that meet National DQA standards (B)	Percentage of DQA Reports that meet National DQA standards (B/A*100)
21	Njombe	12	12	12	100
22	Ruvuma	16	16	16	100
23	Tanga	22	16	1	6
24	Kilimanjaro	14	14	3	21
25	Arusha	14	14	14	100
26	Manyara	14	13	11	85
Total		368	310	281	91

2.4.2 Percentage of LGAs submitting requests for matching funds

Currently, the role of LGAs is to appoint Enrolment Officers (EO) at village and/or streets level who are responsible for enrolling household for iCHF. EOs use Insurance Management Information System (IMIS) to enroll iCHF Members and contributions are directly deposited to respective RAS account. The current approach opposes the former approach of LGAs submitting requests to NHIF. The role of LGA with regard to Improved Community Health Funds (iCHF) is to coordinate the enrolment procedures. While is to reclaim the amount of funds to respective RAS for the health services delivered. In this case, it was found that 184 LGAs (100 percent), requested for matching funds. ***It is recommended that, PO RALG/MoHCDGEC should revisit the indicator to match with the current approach of iCHF.***

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 supervision standards was 93.2 percent which is below the reported data of 100 percent (**Table 37 and Table 38**).

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

Baseline 2019	Target 2020	Reported 2020	Verified 2020
63%	73%	100%	93.2%
Source: RHMTs Supervision Reports 2020			

Table 38: Percentage of RHMTs required Quarterly supportive supervision visits for LGAs that meets National Supervision Standards

NO	Region	Number of expected supportive supervisions Reports	Number of Quarterly Supportive Supervision Reports Available (A)	Number of Quarterly Supportive Supervision Reports that Meet National Standards (B)	Percentage of Quarterly Supportive Supervision Reports that Meet National Standards (B/A) *100
1	Kigoma	32	15	15	100
2	Katavi	20	20	15	75
3	Rukwa	16	16	16	100
4	Songwe	20	2	2	100
5	Singida	28	26	26	100
6	Shinyanga	24	18	18	100
7	Tabora	32	24	24	100
8	Dodoma	32	32	32	100
9	Kagera	32	24	24	100
10	Geita	24	24	24	100
11	Mwanza	32	32	32	100
12	Mara	36	27	27	100
13	Simiyu	24	21	21	100
14	Iringa	20	18	18	100
15	Morogoro	36	2	2	100
16	Pwani	36	33	33	100
17	Dar es Salaam	20	20	20	100
18	Lindi	24	24	24	100
19	Mbeya	28	19	19	100
20	Mtwara	36	36	36	100
21	Njombe	24	18	9	50
22	Ruvuma	32	32	32	100
23	Tanga	44	26	5	19

NO	Region	Number of expected supportive supervisions Reports	Number of Quarterly Supportive Supervision Reports Available (A)	Number of Quarterly Supportive Supervision Reports that Meet National Standards (B)	Percentage of Quarterly Supportive Supervision Reports that Meet National Standards (B/A) *100
24	Kilimanjaro	28	28	28	100
25	Arusha	28	28	28	100
26	Manyara	28	21	16	76
Total		736	586	546	93.2

2.5 Verification of Disbursement Linked Indicators (DLI 6 National)

This section 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 39**).

2.5.1 Average and Variance of LGAs Performance scores

Average performance scores for the LGAs according to the DHIS2 generated Performance Scores during the year 2020 was established by using population weighted LGA score. In using this approach, the average of LGA's performance score was 65, with the highest score being 85 and the lowest score being 38.

Variance in LGA performance scores was established by using Statistical Package for the Social Sciences (SPSS 20). Therefore, variance in LGA's performance score in 2020 was 11.9 which is slightly higher than baseline of 11 scores in 2019.

2.5.2 Average of Regional Performance scores

The reported average of regional performance scores was 77, while the performance confirmed was 78.9 which is more than the previous year (2019) of 65 percent. However, there was no target set for comparison with achievement as shown in **Table 39**.

Table 39: LGA and Region Performance Score

S/N	Indicator Name	Baseline (2019)	Target (2020)	Reported (2020)	Confirmed (DHIS2, 2020)
1	Average of LGA performance scores	78	Not available	63	64.8
2	Variance in LGA performance scores	11	Not available	12	11.9
3	Average of regional performance scores	76	Not available	77	78.9

Source: LGAs Balance Score Card, Regional Balance Score Card, National Balance Score Card, 2020. (Table 41)(Table 42)

Table 40: Balance Score Card for DLI 2 (Base Indicators)

S/N	Indicator Name	Baseline 2020	Target 2020/21	Achievement 2020/21
1	Share of health in total government budget	9% (2019/20)	10.00%	NO UPDATE
2	Percentage of councils whose annual CCHPs pass in the first round of assessment	96.1% (CCHP, 2020/21)	97% (2020/21)	NO UPDATE
3	Percentage of completion of "Star Rating" Reassessment of PHC facilities	–	50% (reassessment)	NO UPDATE
4	Percentage of annual employment permits for HRH in PHC given to the Nine Critical regions	36.0%	35%	–
5	Action Plans of Audits of recipients of HBF received			
6	Percentage of PHC facilities with bank accounts opened according to Guidelines from MoFP/Accountant General	100%	100%	100% (PORALG)

Table 41: Balance Score Card for DLIs 4,5 and 6

Implementation status for the Performance indicators for disbursement of Health Basket Funds for FY2018/19 Disbursement					
NATIONAL LEVEL STATUS					
S/N	Indicator	Baseline 2019	Target 2020	Achievements 2020	Remarks
LGAS					
<i>Service delivery outputs</i>					
1.	Percentage of pregnant women attending four or more antenatal care visits (ANC4)	80.5%	84.0%	90.1% (DHIS2)	
2.	Proportion of mothers who received 2 doses of intermittent preventive treatment (IPT2) for malaria during last pregnancy	87.4%	91.0%	79% (DHIS2)	
3.	Percentage of institutional deliveries	82.7%	85.0%	83.3% (DHIS2)	
4.	Percentage of women of reproductive age (15-49 years) using modern family planning methods	41.5%	43.0%	41.6% (DHIS2)	
5.	% of pregnant women who receive adequate quantity of iron and folate tablets during their current ANC visit (enough supplies for next visit)	84.0%	86.0%	75% (DHIS2)	
6.	Proportion of children 12-59 months receiving at least one dose of Vitamin A supplementation during the past year	146.7%	100.0%	112% (DHIS2)	
<i>Improving Conditions for Quality of Care</i>					

7.	Percent of PHC facilities with "3 stars" rating or higher	–	50.0%	–	no update
8.	Number and percentage of Public Dispensaries with at least one skilled staff	93.0%	95.0%	99.6%	Only 21 Dispensaries do not have atleast 1 skilled staff
9.	Percentage of Public PHC facilities with continuous availability of 30 tracer medicines (medicines, vaccines, medical devices) in the past year	96.3%	80% (restructured)	89.4% (DHIS2)	
10.	Percentage of LGAs with functional Council Health Service Boards (meeting quarterly)	89.0%	100.0%	–	
11.	Percentage of completeness of quarterly DHIS 2 entry by LGA (MTUHA phase one forms by Day 30 after the end of each quarter)	99.0%	100.0%	97% (DHIS2)	
12.	Percentage of LGAs with unqualified opinion in the external audit report	96.0%	100.0%	NOT OUT	
<i>Regions/RHMTs</i>					
<i>Regions have improved annual performance in supporting PHC services as measured by regional Balance Score Card</i>					
13.	RHMT's required biannual data quality audits (DQA) for LGAs that meets national DQA standards	69.2%	78%	47%	
14.	Percentage of LGAs submitting requests for matching funds	–	66%	–	
15.	RHMT's required annual supportive	63%	73%	100% (RHMTs REPORT)	

	supervision visits for LGAs that meets national supervision standards				
Central (MoHSW and PMO-RALG)					
<i>MoHSW and PMO-RALG have improved annual PHC service performance as measured by the national Balance Score Card</i>					
16.	Average and variance of LGA performance scores	Average : 78 Variance (SD) 11		-	scorecard not complete. Some data missing
17.	Average of regional performance scores	76		-	
18.	Percentage of unsupported expenditures in MoHSW/PMO-RALG in their annual audits	MOHCD GEC 0.03% PORAL G 0.01%	MOHCDGEC 0% PORALG 0%	-	
19.	Percentage of LGA's receiving CHF matching funds	-	78%	-	
*NOTE: Some of the Indicators have no updates for year 2020/21 and some results are not out yet					

2.5.3 Percentage of LGAs receiving CHF Matching Funds.

The current approach requires RAS to request funds from PO - RALG. This approach opposes the former which requires LGAs to request the matching funds from NHIF. Hence, the team could not capture number of councils that received matching funds as per ToR requirement, instead, allocations of matching for regions were provided by PO LARG. From that report, it was observed that a total of TZS 1.83 billion (29.1 percent) matching funds was released out of TZS. 6.32 billion requested in financial year 2019/20 (Table 42). ***In this case, it is recommended that, PO - RALG should adhere guidelines on Matching funds by allocating funds as requested by regions secretariat for improved health services delivered.***

Table 42: Matching Funds received in regions against Requested

S/N	Region	Premium Fund	Matching fund
1	Dodoma	940,460,000	115,275,879
2	Shinyanga	509,610,000	62,461,951

S/N	Region	Premium Fund	Matching fund
3	Morogoro	548,860,000	77,522,101
4	Pwani	182,940,000	40,108,147
5	Tabora	135,957,000	27,468,398
6	Mwanza	280,190,000	100,059,480
7	Ruvuma	158,620,000	45,886,777
8	Mbeya	273,750,000	141,020,683
9	Njombe	210,210,000	86,901,749
10	Geita	157,596,000	75,104,762
11	Rukwa	97,440,000	29,808,844
12	Manyara	273,204,000	69,863,353
13	Tanga	129,339,000	194,347,645
14	Arusha	229,800,000	80,467,852
15	Singida	157,200,000	110,345,822
16	Mara	93,500,000	62,741,562
17	Lindi	100,960,000	97,219,130
18	Mtwara	132,460,000	120,958,348
19	Iringa	201,340,000	46,003,747
20	Kagera	259,960,000	80,097,538
21	Katavi	207,300,000	43,021,291
22	Kigoma	185,770,000	34,098,022
23	Kilimanjaro	363,610,000	0
24	Dar es Salaam	293,140,000	0
25	Simiyu	109,500,000	27,047,169
26	Songwe	94,590,000	71,658,040
Total		6,327,306,000	1,839,488,290

Source: Region marching funds report-2019/2020

2.5.4 Percentage of unsupported expenditure in MoHCDGEC

For the year 2019/20, CAG Audit Report shows that there were no payments made without supporting documents (unsupported expenditures) in MoHCDGEC. This makes a slight difference of 0.03 percent when compared with reported data.

2.5.5 Percentage of unsupported expenditure in PORALG

For the year 2019/20, CAG Audit Report shows that expenditure not supported was TZS **267,397,368.00** out of the total recurrent expenditure of **TZS 61,902,357,367.65**. It is from these figures that, the percentage of unsupported expenditures for PORALG was **0.43** percent (**Table 43**).

Table 43: 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 %	0.00%
PO RALG	0.01%	0%	0.01 %	0.43%

Source: CAG Report 2019/20

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

Verification was conducted on Annual Capacity Building Plan and implementation report for the year 2020/21. Out of 16 planned activities, nine (56 percent) activities were completed four (26 percent) on progress and three (18 percent) activities were not done by the time of verification (**Table 44**). *It is recommended that, MoHCDGEC should implement the remaining seven capacity building activities as per annual plan.*

Table 44: Status of implementation of Capacity Building Plan for 2020/2021

Area: Capacity for MOHCDGEC and PORALG to lead, regulate and facilitate Institutional strengthening at all levels			
Issues and/or Capacity Gaps hindering performance and achievement of results	Activity No	Activity	Status of Implementation
Towards the end of the program and Program restructuring there is a need of 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 learned from all levels of the project implementation.	1	To convene quarterly technical SPHCR meeting with all technical stakeholders (4meetings in a year).	Two technical SPHCR review meeting has been conducted to review the progress of the program
	2	Support program team to run the program smoothly. The support includes stationeries, support attendance to invited program related workshops, training etc.	The support to the day-to-day office running has been done as per plan
As per requirement, the is a need to conduct a procurement audit of the program annually. This has been not done since the	3	To conduct a procurement audit by IAG of the program for the year ending June 2020 including its	The procurement Audit by IAG is on going in line with the HBF annual Verification.

Area: Capacity for MOHCDGEC and PORALG to lead, regulate and facilitate Institutional strengthening at all levels

Issues and/or Capacity Gaps hindering performance and achievement of results	Activity No	Activity	Status of Implementation
beginning of the program. Towards the end, it is important to conduct a procurement audit as per PAD.		dissemination to the Management.	
	4	To conduct end of program implementation completion and results report (ICRR).	The end of program implementation completion and results report (ICRR) is on its initial steps of reviewing and finalizing the TOR.
	5	To conduct end of the Program Value for Money (VFM) Audit.	Program Value for Money (VFM) Audit is on process, this is done by CAG.
Prevalence of stunting in children under five years is still high in six Regions of Ruvuma, Iringa, Rukwa, Njombe Geita and Kagera. There is a need of intervention to combat the stunting level in these Regions.	6	To conduct two days on the SAM management, On Job Training - OJT in selected hospitals so as they can support the other lower-level facilities in PHC facilities.	Not yet done but will be accomplished by June 2021.
All PHC facilities to be re-assessed 2 years after the initial assessment. The assessment will be completed by June 2021.	7	To Re-assess 7,819 health facilities for 26 regions to get the final star rating of all PHC health facilities (The average cost for one Region is 100,000,000.00Tsh).	Not done.
To ensure functionality of the Rehabilitated and upgraded health facilities.	8	To conduct 4 days orientation to 32 CEmONC supervisors	Not done, however the orientation is planned to be conducted on April 2021.
	9	To conduct technical and high-level supportive supervision to rehabilitated CEmONC Facilities and	High level supportive supervision has been done in Geita, Shinyanga and Tabora Region and

Area: Capacity for MOHCDGEC and PORALG to lead, regulate and facilitate Institutional strengthening at all levels			
Issues and/or Capacity Gaps hindering performance and achievement of results	Activity No	Activity	Status of Implementation
		assist in maternal death audit in the facilities.	the technical supportive supervision has been done in Simiyu, Singida, Mara, Geita, Kagera and Katavi Region.
	10	To conduct end of the program term review and Proposal development for the follow up projects.	The end of program implementation completion and results report (ICRR) is on its initial steps of reviewing and finalizing the TOR.
Health System Strengthening: Health facility plans should be intergrated at council level before being compiled at national level. Currently, facility staff lacks capacity to develop sounds plans that are linked with funds utilization.	11	To print 5000 copies of harmonized financial guideline.	Harmonised financial and guideline has been printed yet to be disseminated and distributed.
	12	To conduct one day's dissemination meeting to RHMT and CHMT on harmonized Planning, budgeting, accounting, Procurement and reporting guideline as well as CCHP Guideline (3 RHMT and 3 CHMT members a total of 52 RHMT from 26 Regions and 362 CHMT members from 184 Councils).	Not done, however the dissemination meeting to RHMT and CHMT on harmonized Planning, budgeting, accounting, Procurement and reporting guideline as well as CCHP Guideline will be disseminated during RMOs meeting 2021
Poor adherence on the environmental and social safeguards in PHC facilities.	13	To create awareness to Environmental Health Officers at Regional and council levels on impact assessment during constructions, new building.	The awareness creation to environmental officers has been done at Dodoma, Manyara, Geita, Mtwara, Songea and Mbeya Region.
	14	Sensitize and orient	Not yet done but will be

Area: Capacity for MOHCDGEC and PORALG to lead, regulate and facilitate Institutional strengthening at all levels			
Issues and/or Capacity Gaps hindering performance and achievement of results	Activity No	Activity	Status of Implementation
		National, Region and district decision makers including key actors on the necessity to incorporate environmental Impact Assessment, social aspects to safeguard public health and the environment including solving grivance issues by April 2021	accomplished by June 2021
	15	To develop a National Guideline for Environmental, Social and Safeguarding Measures for use and adoption by all district by February 2021	Not yet done but will be accomplished by June 2021
	16	To facilitate development of a generic Environmental and Social Management Plan for use and adoption by all district by February 2021	Not yet done but will be accomplished by June 2021

Status of Implementation of Previous Recommendation

No.	Previous Recommendation	Implementation Status
01	For improved uniformity of data from HMIS Tools and DHIS2, it is recommended that all key players involved in data management (Health Care Providers, and HMIS Focal at LGAs) should be required to correctly capture data from respective sources. more effort should be focused to Family Planning and Child Health (Vitamin A HMIS Tools Number 8 and 7 for improved quality of data.	Implemented as average error rate decreased from 56 percent in 2015 to 6.7 percent in 2020. And average error rate of data quality ot family planning has reduced from 51.2 percent in 2017 to 13 percent in 2020.
02	For star rating assessment; It is recommended that the Government through MoHCDGEC should	Last assessment was done in 2017/18. Since the recommendation

No.	Previous Recommendation	Implementation Status
	allocate funds for implementation of star rating assessment in PHC facilities	is not implemented.
03	For eight selected health centers to meet CEmONC standard, it is recommended to be renovated and equipped to meet CEmONC standards for improved EmONC Services.	HCs has been renovated and new HCs has been reconstructed.
04	For improved compliance to CCHP guidelines, it is recommended that low performing councils in CCHP preparation should take an advantage of learning from the high performing councils	Councils whose Annual Comprehensive Council Health Plans passes the First Round of Assessment improved from 83.7 percent in 2017 to 95.7 percent in 2020.
05	MoHCDGEC should enforce RHMTs to conduct both Supervision and DQAs which are underperforming.	There is an improvement in supervision and DQA from 49 percent in 2016 to 91 percent in 2020
06	PORALG should continue to support LGAs in deploying more competent, committed and qualified staff to enhance internal control	Unqualified opinion has increased from 29 percent in 2016 to
07	For improving Monitoring, Enforcement and Reporting on Environmental and social measure in HFs, MoHCDGEC and PO-RALG are advised to strengthen Quality Improvement Team	Not done
08	PORALG should find resources for constructing incinerators and placenta pit to all HFs or involving private sectors on handling healthcare waste especially hazardous waste	Not done
09	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	Not done
10	PO-RALG and MoHCDGEC should have plan of conducting Environment Impact Assessment /Environment Audit to all HFs as per EMA, 2004 requirement	Not done

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

This section presents assessment of compliance of health facilities with financial management and procurement procedures, manuals, guidelines and utilization of financial resources and guidelines, health facilities supported on uses of the guidelines and utilization of DHFF funds at the health facilities. It also provides recommendations for future improvement as narrated below:

3.1 Assessment of health facilities with relevant procedure manuals, guidelines for procurement and financial management

Verification Team assessed compliance of financial and procurement guidelines and procedure by using criteria on financial and procurement. For the case of financial guideline and Procedure, team assessed availability of Financial Management Guideline, Public Finance Act, Local Authority Financial Management or Guidelines from PORALG/MoFP. And for the case of procurement management, team assessed availability of Public Procurement Regulation, PPRAs Guideline, and Directives from PORALG/MoFP. Therefore, availability of any document was taken that HF qualify to have relevant procedure manuals and/or guidelines. In this case, it was verified that a total of 37 (32.5 percent) out of 114 sampled have relevant procedure manual and/or guideline for financial management. Meanwhile, 83 (72.8 percent) out of 114 have had relevant procedure manual and/or guideline for procurement management (**Table 45**). *In this case, it is recommended that, PO-RALG should disseminate the relevant Guidelines or Manuals to all and provide capacity building to staff at facility level.*

Table 45: Assessment of health facilities with relevant procedure manuals, guidelines for procurement and financial management (N=114)

	Procurement Management Guidelines					Financial Management Guidelines				
	Public Procurement Regulation	PPR As Guideline	Directives PORA LG/MoHDG EC	Procurement Act	HF's with at least one of procurement guideline or manual	Financial Management Guidelines	Public Finance Act	LAF M (1997)	Guidelines from PORALG/MoHDG EC	HF's with at least one of Financial guideline or manual
Number of HF	16	8	25	20	37	34	9	5	62	83
Sampled HF	114	114	114	114	114	114	114	114	114	114
Percentage (%)	14.0	7.0	21.9	17.5	32.5	29.8	7.9	4.4	54.4	72.8

3.2 Assessment of the health facilities complying with financial management and procurement procedures, manuals, guidelines

In complying with financial management and procurement procedures, manuals, guidelines, the Government introduced FFARS system for the to use in financial and procurement matters. The system can generate different reports on financial and procurement. For procurement the system generates: Procurements Plan, Requisition Note, Stores Ledger, and LPO. For the case of financial management, the system generates different repots including: itemized expenditure report, Bank reconciliation and general ledger. During verification, it was observed that 114 (100 percent) are using FFARS system for financial and procurement management. Therefore, all 114 sampled health facilities complying with financial management and procurement procedures, manuals, and guidelines (**Annex 16**).

3.3 Assessment of Health Facilities Supported on Uses of the Guidelines

The Assessment of Health Facilities Supported on Uses of the Guidelines were conducted. The team assessed number of health care providers who received support in term of formal, orientation and in-house training on the use of guidelines and manuals related to financial management and procurement. It was observed that 108 sampled publics were supported by PORALG/RAS in terms on the use Financial and Procurement Manuals and Guidelines (**Annex 17**).

3.4 Assessment on utilization of DHFF at the Health facilities

Assessment on utilization of DHFF at the Health facilities involves verification of relevant documents including facility bank account, annual facility Plan, Monthly technical, financial reports and feedback.

Verification team observed that, all 108 sampled public have Bank account and received funds directly to their approved Bank account from MoFP, Annual Facility Plan, Quarterly and Financial Report as well as received feedback from LGAs **See Table 46** and **Annex 18**

The six FBOs includes Karatu Letheran (Karatu DC), Mvumi Mission (Chamwino DC), Machame Hospital at District Level (Hai DC), Mnero Hospital (Nachingwea DC), Mbozi Mission Hospital (Mbozi DC) and St. Francis Kwa Mkono (Handeni DC) do not receive funds direct from MoFP but they do receive funds via LGA. All comply with utilization of DHFF as per requirements.

Table 46: Assessment on Utilization of DHFF at PHC Facilities (N=108)

PHC	Availability of			
	HBF Accounts	Annual Facility Plan	Quarterly Technical & Financial Reports	Feedback Reports from LGAs
Public Health Facilities	108	108	88	97
Percentage	100	100	77	85

3.5 Verification of Environmental and Social Safeguards

This section presents results of verification of environmental and social safeguards at the Regional, LGA and Health care facilities Levels. Health-care facilities services inevitably generate wastes that may be hazardous to health or have harmful environmental effects. Some of them, such as sharps or infected blood, carry a higher risk for infection and injury than any other type of wastes. Thus, the management of Healthcare is crucial and involves set of activities including handling, treatment, storage and disposal of all types of Health Care Waste generated.

This verification was done to ascertain whether stakeholders comply with National Policies, Guidelines, and Standards for the purpose of identifying and recommending necessary measures to avoid/ mitigate environmental and social risks.

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

This task involves verification of whether program activities carried at are being implemented in compliance with Environmental Management Act (EMA, 2004), Environmental Impact Assessment & Environmental Audit Regulations (EIA & EAR 2005), other Regulations, Guidelines and Procedures issued by the Ministry responsible for environment. This was focused to ascertain their compliance based on three criteria. This included availability of certificate/ report of EIA/EA, Infection Prevention Control (IPC) or Sort, Set, Shine, Standardize and Sustain (5S) report as well as star rating report especially with component of environment and social.

Verification of 114 sampled revealed that two (12.5%) have EA certificate/report. The two facilities were Mbozi Mission Hospital in Mbozi DC in Songwe Region and Vijibweni Hospital in Kigamboni Municipal Council in DSM Region.

Furthermore, it was noted that 102 (89.5 percent) sampled had star rating assessment/ reassessment reports conducted by the Ministry of Health in the year 2018, of which environmental and social indicators were also assessed and rated. Likewise, 96 (84.2 percent) sampled verified had IPC reports as a mechanism of monitoring quality. (**See Table 47**) and (**Annex 19**).

It is recommended PO-RALG and MoHCDGEC to have plan of conducting Environment Impact Assessment /Environment Audit to all as per EMA, 2004 requirement.

Table 47: Detailed Compliance with Environmental Act, Regulations and Guidelines (N=114)

level of HF	EIA/ EA Certificate/ report		IPC, QIP &5s reports		Star rating report	
	Available	Not available	Available	Not available	Available	Not Available
Dispensary	0(0%)	65(100%)	50(76.9%)	15(23.1%)	59(90.7%)	6(9.2%)
Health Centre	0(0%)	33(100%)	31(93.3%)	2(6.1%)	32(97.0%)	1(3.0%)
Hospital	2(12.5%)	14(87.5%)	15(93.8%)	1(6.2%)	11(68.7%)	5(31.2%)
Grand Total	2(1%)	112(99.0%)	96(84.2%)	18(15.8%)	102(89.5%)	12(10.5%)

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

The goal of monitoring is to ensure that environmental and social measures are safely handled to minimize environmental and social risks to health workers, community and Environmental at large. Monitoring of (inputs, activities and outputs,) enforcement and reporting of Environmental and social safeguards to HFs do comply with the Relevant Policies, Guideline, Standard and SOPs, in way to ensure minimum health and environmental risks to HFs. Thus, the verification was done to ascertain whether the monitoring, enforcement and reporting on environmental and social measures at all HFs level were adequate.

Verification results with regards to sampled revealed the following based on criteria as follows:

- (i) 94 (82 percent) had a focal person overseeing issues of environmental and social safeguards;
- (ii) 108 (95 percent) had annual health facility plans comprised environmental and social safeguard interventions;
- (iii) 102(89 percent) had Quality Improvement teams which involve staff from each sections/units of;
- (iv) Internal supervision reports were found to be conducted by the QITs in only 41 (37 percent) of all as a means to enforce compliance;

- (v) CHMTs conducted quarterly supportive supervision in 90 (81percent) of all with supervision feedback reports observed;
- (vi) 90 (79 percent) of all HFs had in place NEW IPC/ Updated Guideline of 2018 Version issued by Ministry and;
- (vii) 66 (59 percent) of HFs staff have attended training /orientation on the use of the New/update IPC Guideline,
- (viii) Decontamination procedures were performed as per Standards shown on the New/ Updated Guideline of using 5-7 buckets by 98 (86 percent). The detail obtained in **Table 48** and **Annex 20**.

It is recommended that, for improving Monitoring, Enforcement and Reporting on Environmental and Social measure in, MoHCDGEC and PO-RALG should strengthen Quality improvement team.

Table 48: Monitoring, Enforcement, and Reporting on Environmental and Social Measures to sampled health care facilities

Health Facility level	Health Facilities	Quality Improvement Team (QIT)		Facility Annual Plan		Focal person to oversee the environmental and social safeguard (ESSG)		New/updated IPC guideline of June 2018		staffs trained/oriented on New /updated IPC Guideline		Internal Supervision report		CHMT Supportive Supervision	
		Available	Not available	Available	Not Available	ESSG Available	ESSG Not available	Available	Not Available	Available	Not Available	Available	Not Available	CHMT Feedback Report Available	CHMT Feedback Report Not Available
Dispensary	65	55(85%)	10(15%)	63(97%)	2(3%)	48(74%)	17(26%)	44(68%)	21(32%)	29(45%)	36(55%)	18(28%)	47(73%)	51(78%)	14(22%)
Health Centre	33	31(94%)	2(6%)	31(94%)	2(6%)	30(91%)	3(9%)	30(91%)	3(9%)	26(79%)	7(21%)	13(39%)	20(61%)	29(88%)	4(12%)
Hospital	16	16(100%)	0(0%)	14(88%)	2(12%)	16(100%)	0	16(100%)	0	12(79%)	4(21%)	11(39%)	5(60%)	12(88%)	4(12%)
Grand Total	114	102(89%)	12(11%)	108(95%)	6(5%)	94(82%)	20(18%)	90(79%)	24(21%)	66(59%)	46(41%)	41(37%)	71(63%)	90(81%)	22(19%)

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

ESSA recommendation report required that, Specific stakeholder level activities and indicators of performance to be monitored. These activities and performances are monitored across all stakeholder levels (National, Region, LGA and sampled HFs by defining the roles/responsibilities of each level of stakeholder and ensuring specific activities as well as sub-activities are performed. The Verification team assessed the compliance based on the availability of Inputs (fund, human resources and equipment's), Activities, and Outputs (various implementation reports). These performances indicators were assessed in all 26 Regions (RHMTs), 26 LGAs (CHMTs) and 114 sampled HFs.

The verification results revealed the following:

- (i) 26 (100 percent) of all Regions, 26 (100 percent) of all LGAs and 93 (82 percent) of sampled HFs had focal person(s) overseeing the implementation of the recommendation in the ESSA Report;
- (ii) 26 (100 percent) of all Regions, 26 (100 percent) of all LGAs and 108 (95 percent) of HFs had comprehensive/ annual facilities plans with environmental and social activities included;
- (iii) 24 (92 percent) at the Regions, 21 (81 percent) LGAs, and 62 (54 percent) of sampled HFs had quarterly environmental reports;
- (iv) 26 (100 percent) at Regions and 25 (96 percent) LGAs environmental and social safeguards activities were coordinated at lower level.

Based on the above criteria regarding the awareness of ESSA report recommendations showed that all levels of stakeholders 26 (100 percent) Regions, 26 (100 percent) and 84 (74 percent) of sampled were familia with the ESSA Recommendations See **Table 49 and Annex 21-23**

Table 49: Availability of Focal Person, health plan, environmental report, coordination at all levels and an Awareness of ESSA Report

Levels	Focal Person		Comprehensive council health plan/report		Coordination at all level		Quarterly Environmental report		Awareness of ESSA Recommendation	
	Available	Not Available	Available	Not Available	Done	Not Done	Available	Not Available	Aware on ESSA	Not aware on ESSA
Region	26 (100%)	0 (0%)	26(100%)	0 (0%)	26 (100%)	0 (0%)	24 (85%)	2 (8%)	24 (92%)	2 (8%)
LGA	26 (100%)	0 (0%)	26 (100%)	0 (0%)	25 (96%)	1 (4%)	21 (81%)	5 (19%)	24(92%)	2 (8%)
Health Facility	93 (82%)	21 (18%)	108 (95%)	6 (5%)	N/A	N/A	62 (54%)	52 (46%)	84 (74%)	30 (26%)

3.5.4 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 was done to ascertain whether participatory community consultations (with focus on gender and vulnerable groups) are 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/Council Health Service Board documents.

According to the Guidelines, the composition of HFGC/CHSB requires to have a total of eight members for the dispensary, 11 members for Health center and 15 members for Hospital, with the focus of gender and vulnerable groups. The results show as follows:

- (i) 114 (100 percent) of all had Functional HFGC/CHSB which represents community consultations in the service provisions at;
- (ii) Composition of HFGC/CHSB members in sampled levels were 520 (100 percent) at Dispensary, 240 (66 percent) at Health Centre and 120 (67 percent) at Hospital;
- (iii) Based on gender at all sampled, members were 520(46.3percent) Males and 361(32.1 percent) Female;
- (iv) Based on vulnerable members both Males and Females were 39 (3.5percent).
The detail shown on **Table 50 and Annex 24**.

It is therefore recommended that MoHCDGEC and PO-RALG is advised to review HFGC/CHSB Guidelines to accommodate vulnerable groups representation.

Table 50: Compliance of with HFGC/CHSB

Institution Level	HFGC/CHSB		Composition with Vulnerability				Total
	Presence of Health Facility Governing Committee	Facility Governing Committee Available	Sum of Non-Vulnerable Male Available	Sum of Vulnerable Male Available	Sum of Non-Vulnerable Female Available	Sum of Vulnerable Female Available	
Dispensary	65	65(100%)	280(54%)	14(2.5 %)	218(42%)	8 (1.5 %)	520(100%)
Health Centre	33	33(100%)	133(37%)	7(2%)	97(27%)	3(1%)	240 (66%)
Hospital	16	16(100%)	107(45%)	3(1%)	46(19%)	4(2%)	160(67%)
Grand Total	114	114 (100%)	520 (46.3 %)	24(2.2%)	361 (32.1%)	15(1.4%)	921 (2%)

3.5.5 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.

Client complaints have been identified as a valuable resource for monitoring and improving patient safety, the verification was carried out in 114 sampled 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. Verification results has revealed the following:

- (i) 26 (23 Percent) of sampled HFs had Guidelines/directives from PORALG/MoHCDGEC on handling Clients complains;
- (ii) 56 (49 percent) of sampled HFs had grievances register and;
- (iii) 35 (31 percent) of sampled HFs had Redress reports.
- (iv) 113 (99 percent) use suggestion boxes and
- (v) 81 (71percent) had displayed telephone numbers of the HFs MOI, DMO, RMO and PO-RALG and;
- (vi) 47 (41 percent) use help desk. The detail shown in **(Table 51), Table 52 and (Annex 25)**.

it is recommended that PORALG should follow up to the PHC facilities to ensure that grievance register and redress report are prepared and maintained as well as disseminate grievances guideline.

Table 51: Availability of Grievance Monitoring Mechanisms at Sampled Health care Facilities

Type of HCF	Guidelines/Directives		Grievance Register		Grievance Readdress Report	
	Available	Not Available	Available	Not Available	Available	Not Available
Dispensary	9 (14%)	56 (86%)	24 (37%)	41 (63%)	12 (18%)	53 (82%)
Health Centre	8 (24%)	25 (76%)	19 (58%)	14 (42%)	14 (42%)	19 (58%)
Hospital	9 (56%)	7 (44%)	13 (81%)	3 (19%)	9 (56%)	7 (44%)
Grand Total	26 (23%)	88 (77%)	56 (49%)	58 (51%)	35 (31%)	79 (69%)

Table 52: Availability of Grievance Monitoring Mechanisms at Verified Healthcare Facilities

Type of HCF	Suggestion Box		Telephone Number		Help Desk	
	Available	Not Available	Available	Not Available	Available	Not Available
Dispensary	64 (98%)	1 (2%)	46(71%)	19 (29%)	22 (34%)	43 (66%)
Health Centre	33 (100%)	0 (0%)	25 (76%)	8 (24%)	14 (42%)	19 (58%)
Hospital	16 (100%)	0 (0%)	10 (63%)	6 (37%)	11 (69%)	5 (31%)
Grand Total	113 (99%)	1 (1%)	81 (71%)	33 (29%)	47 41%)	67 (59%)

3.5.6 Participating health care facilities are implementing guidelines on management of environmental and social impacts.

Verification of whether participating health care facilities 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

3.5.7 Waste Segregation

Verification on waste segregation involved assessing availability and use of healthcare waste register, color-coded waste bins, safety boxes, secured storage area/ space. Through observation in different section/units of HFs, it was observed that eight (7 percent) of sampled HFs maintained a HCW log book /register, 110 (96 percent) of sampled use colored coded dustbins/containers with bin liners, 114(100 percent) of sampled HCF use standard/ or improvised Safety boxes for sharps storage and 108 (95 percent) of sampled HFs have no secured storage area for healthcare wastes (**Table 53 and Annex 26**).

Table 53: Waste Segregation and Transportation

Type of HCF	Health care Waste Register		Color Coded Waste Bins		Safety Box for Sharps		Secured Waste storage Area	
	Available	Not Available	Available	Not Available	Available	Not Available	Available	Not Available
Dispensary	2 (3%)	63 (97%)	61 (94%)	4 (6%)	65 (100%)	0 (0%)	0 (0%)	65 (100%)
Health Centre	4 (12%)	29 (88%)	33 (100%)	0 (0%)	33 (100%)	0 (0%)	2 (6%)	31 (94%)
Hospital	2 (13%)	14 (87%)	16 (100%)	0 (0%)	16 (100%)	0 (0%)	4 (25%)	12 (75%)
Grand Total	8 (7%)	106 (93%)	110 (96%)	4 (4%)	114 (100%)	0 (0%)	6 (5%)	108 (95%)

3.5.8 Capacity of Health Care Waste Handler.

Healthcare worker are routinely involved in the management of HCW at their HFs 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.

The Verification was done through interviewing the waste handlers whether had received formal training / on job trained on HCWM, it was revealed that, 93 (82 percent) of the HFs waste handlers had received training on HCWM (**Table 54**)

It is recommended that, PORALG and MoHCDGEC advised prepare training for healthcare waste handlers for the purpose of improving management of healthcare waste and reducing occupational Health risks.

Table 54: Capacity of Healthcare Waste Handler

Type of HCF	Capacity Building Waste Handler formal/on job training	
	Training/on job trained	Not trained/on job
Dispensary	47 (72%)	18 (28%)
Health Centre	30 (91%)	3 (9%)
Hospital	16 (100%)	0 (0%)
Grand Total	93 (82%)	21 (18%)

3.5.9 Waste Disposal Process

According to healthcare waste management guidelines, disposal process can be done either onsite or offsite. The Verification was done to confirm, the availability of waste disposal structures in HFs that included availability of incinerator, placenta pit and ash pit, and whether disposal process was on/or off - site.

The results show that 114 (100 percent) of sampled HFs dispose health care waste on-site, 79(69 percent) had incinerators, 42(37 percent) had ash pit, 87 (76 percent) had placenta pit and 37 (32 percent) had trolley for transportation of Health Care Waste (HCW). The detail shown on (**Table 55**)

Therefore, it is recommended that, PORALG advised to construct incinerators and placenta pit in or involving private sectors on handling healthcare waste especially hazardous waste.

Table 55: Availability of Final Waste Disposal structures by type of facility.

Type of HCF	Incinerator		Ash Pits		Placenta Pit		Trolley/charts	
	Available	Not Available	Available	Not Available	Available	Not Available	available	Not available
Dispensary	40 (62%)	25 (38%)	20 (31%)	45 (69%)	45 (69%)	20 (31%)	10(15%)	55(85%)
Health Centre	24 (73%)	9 (27%)	13 (40%)	20 (60%)	28 (85%)	5 (15%)	17(52%)	16(48%)
Hospital	15 (94%)	1 (6%)	9 (56%)	7 (44%)	14 (88%)	2 (12%)	10(63%)	6(37%)
Grand Total	79 (69%)	35 (31%)	42 (37%)	72 (63%)	87 (76%)	27 (24%)	37(32%)	77(68%)

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

The Verification was done on 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 Environmental and Social Monitoring Framework (ESMF) and Operations Manual. The process based on six indicators including availability of Occupational Health and safety register, Availability of Standard Operating Procedures for Infection Prevention and control), availability reliable water and power source, Hygiene and Sanitation (WASH) infrastructure and adherence of Occupational Health Safety for new construction sites.

3.5.11 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 verification team observed the availability of OHS register and Post Exposure Prophylaxis (PEP) Register in the HFs setting.

Verification revealed that, 44 (39 Percent) of sampled HFs had Occupational Health and Safety registers and 98(86%) had PEP registers. See **Table 56 and Annex 27**

Therefore, it is recommended that, PORALG to ensure that, all have OHS register and PEP register.

Table 56: Status of PEP Registers at

Type of HCF	Occupation Health register		PEP Register	
	Available	Not Available	Available	Not Available
Dispensary	25 (38%)	40 (62%)	54 (83%)	11 (17%)
Health Centre	12 (36%)	21 (64%)	29 (88%)	4 (12%)
Hospital	7 (44%)	9 (56%)	15 (94%)	1 (6%)
Grand Total	44 (39%)	70 (61%)	98 (86%)	16 (14%)

3.5.12 Availability of occupational Safety and Health (OSH) Standard Operation Procedures (SOPs).

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

It was observed that the availability of Standard Operational Procedures for Infection Prevention and Control (SOPS), were in place and displayed in different sections / units of operations within the HFs , However , the availability of these instructive posters by percentage coverage were as follows: 111(97 percent) of the HFs had hand washing SOPs , 108(95 percent) had Color Coded SOPs, 111(97 Percent) had SOPs for 5S, 98(86 percent) SOPs for Decontamination as per New IPG Guideline practicing (5-7buckets arrangement) , 98 (86 Percent) had PEP Protocol (**Table 57 and Annex 28.**

Table 57: Availability of SOPs in Healthcare Facilities

Type of HCF	Hand wash SOPs		PEP SOPs		Color coded bins SOPs		5S SOPs		Decontamination new Guideline SOPs	
	Displayed	Not Displayed	Displayed	Not Displayed	Displayed	Not Displayed	Displayed	Not Displayed	Displayed	Not Displayed
Dispensary	62 (95%)	3 (5%)	54 (83%)	11 (17%)	60 (92%)	5 (8%)	62 (95%)	3 (5%)	53 (82%)	12 (18%)
Health Centre	33 (100%)	0 (0%)	29 (88%)	4 (12%)	32 (97%)	1 (3%)	33 (100%)	0 (0%)	31 (94%)	2 (6%)
Hospital	16 (100%)	0 (0%)	15 (94%)	1 (6%)	16 (100%)	0 (0%)	16 (100%)	0 (0%)	14 (88%)	2 (12%)
Grand Total	111 (97%)	3 (3%)	98 (86%)	16 (14%)	108 (95%)	6 (5%)	111 (97%)	3 (3%)	98 (86%)	16 (14%)

3.5.13 Water, Sanitation and Hygiene (WASH) Standards, Infrastructure and PPE in Health Care Facilities.

Verification of this part involved the assessment of WASH standards, availability of infrastructure (Power and Water supply as well as Hygiene and Sanitation), and Personal Protective Equipment (PPE).

Verification results show that:

- (i) 93(82 percent) of all sampled HFs had reliable water supply and the main water sources was tap water by 82 (72 percent) and borehole 58 (51 percent);
- (ii) 13 (81 percent) at Hospital, 24 (81 percent) at HC, and 13 (20 percent) at dispensaries have laundry services;
- (iii) 106 (93 percent) of sampled HFs had reliable power source.
- (iv) 88 (77 percent) of sampled HFs had separate toilets for Males and Female for both patients and staff;
- (v) 15 (13 percent) of sampled HFs had Latrines for Physically Challenged People;
- (vi) 113 (99 percent) of sampled HFs had Personal Protective Equipments (PPEs).
The detail shown in **Table 58 and Annex 29**).

Recommendation is made to the MoHCDGEC and PO-RALG to adhere with design structures that consider the needs of physically challenged people.

Table 58: Availability of WASH infrastructure in Health care facilities

	Reliable source of Water Supply Available		Tape water Available		Borehole water available		Separate toilet for Male and Female for both patients and staffs Available		Toilet for Physical Challenge clients Available		Protective Gears Available in HF		Power source		Availability of Laundry Facilities	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Dispensary	47(72%)	18(28%)	39(60%)	26(40%)	30(46%)	35(54%)	47(72%)	18(28%)	5(8%)	60(92%)	64(98%)	1(2%)	60(92%)	5(8%)	13(20%)	52(80%)
Health Centre	30(91%)	3(9%)	29(88%)	4(12%)	21(64%)	12(36%)	28(85%)	5(15%)	6(18%)	27(82%)	33(100%)	0(0%)	31(94%)	2(6%)	24(81%)	9(19%)
Hospital	16(100%)	0	14(88%)	2(12%)	7(51%)	9(56%)	13(81%)	3(19%)	4(25%)	12(75%)	16(100%)	0(0%)	15(94%)	1(6%)	13(81%)	3(19%)
Grand Total	93(82%)	21(18%)	82(72%)	32(28%)	58(51%)	56(49%)	88(77%)	26(23%)	15(13%)	99(87%)	113(99%)	1(1%)	106(93%)	8(7%)	50(44%)	64(56%)

3.5.14 Compliance with Occupational Safety for HFs with construction Sites.

Verification team found that there were no construction activities taking place among 26 (100%) sample health care facilities visited.

3.6 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.

3.7 Incinerators

Incineration is an efficient and effective way to reduce organic and combustible waste to inorganic matter. Verification of Healthcare waste disposal structures was done to determine whether structural design and operations do comply with stipulated Standards as per Healthcare Waste Management Guideline. **Table 58** and **Annex 30**.

During the verification we observed the following:

- (i) 16 of sampled Hospitals had no High-Tech type of Incinerator as per guideline instead use De Monte fort type of incinerators;
- (ii) Two (6 percent) out of 33 sampled HCs had High Tech type of incinerator, of all complied with Standard. This health Centre includes Mkata (Handeni DC) and Simbay HC (Hanang DC);
- (iii) 25 (80 percent) of all Health Centers had De Monte fort incinerators of which eight (32 percent) complied with Standards and;
- (iv) 41(63 percent) of sampled Dispensaries use De Monte fort type of incinerators, however, noted that seven (17 percent) of sampled Dispensaries had complied with standards.

3.7.1 Placenta Pits

Verification revealed that, 14(88 percent) of sampled Hospitals, 30 (91 percent) Health centers and 48 (74 percent) Dispensaries had placenta pits for disposal of pathological waste. However, eight (57 percent), 20(67 percent) and 31(64percent) of sampled Hospitals, Health centers and Dispensaries had placenta pits structures complied with standards respectively.

3.7.2 Ash Pits

Verification observed that, 7 (44 percent) of sampled hospitals, 11 (33 percent) Health Centers and 45 (69 percent) dispensary had ash pits for disposal of ash residues. However, it was noted that, one (14 percent) of sampled Hospital, three (27 percent) of Health Centres and two (10 percent) of Dispensaries had ash pits complied to standards respectively. The detail shown in **Table 59** and **Annex 31**.

Hence, it is recommended that MoHCDGEC and PO-RALG should ensure that Guideline are adhered on Health Care Waste Disposal facilities.

Table 59: Compliance of HCW Disposal Structures with standards

level of HF	INCENERATORS										Placenta Pit				Ash pit			
	High tech Incinerator						Demonteforte for HC and Dispensary											
	Availability		Constructe d as per National stds		Capacity to burn waste to ash level		Available		Constructed as per National stds		Available		Constructed as per National stds		Ash pit available		Constructe d as per National stds	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Dispen sary	NA	NA	NA	NA	NA	NA	41(63 %)	24(37 %)	7(17 %)	58(89 %)	48(74 %)	17(26 %)	31(65 %)	17(35 %)	20(31 %)	45(69 %)	2(3 %)	63(97 %)
Health Centre	2(6 %)	0(0%)	2(100 %)	0(0 %)	2(100 %)	0(0%)	25(81 %)	6(19 %)	8(32 %)	17(68 %)	30(91 %)	39(9 %)	20(67 %)	10(33 %)	11(33 %)	22(67 %)	3(9 %)	30(91 %)
Hospita l	0(0 %)	16(10 0%)	0(0%)	0	0(0%)	16(10 0%)	16(10 0%)	0(0%)	6(38 %)	10(62 %)	14(88 %)	2(12 %)	8(57 %)	6(43 %)	7(44 %)	9(56 %)	1(6 %)	15(94 %)
Grand Total							84(74 %)	30(26 %)	21(18 %)	93(82 %)	92(81 %)	22(19 %)	59(64 %)	33(36 %)	38(33 %)	76(67 %)	6(5 %)	108(9 5%)

4. Challenges, Recommendations and Conclusion

DLIs2

- (i) Re-assessment of star rating for PHC facilities was not done during 2019/20 and 2020/21 due to unavailability of funds. *It is recommended that the Government through MoHCDGEC should allocate funds for implementation of star rating assessment in PHC facilities.*

DLIs 4

- (ii) Improper recording of data in the system (DHIS2) and those in the HMIS tools lead to non uniformity of data. *It is recommended that 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 as per national guideline to improve data uniformity;*
- (iii) PHC facilities with 3-star rate or above is 19 percent of PHC which is lower than expected. *It is recommended that PHC facilities which rated below "3 Star" should implement identified gaps during the assessment for improved health service delivered.*
- (iv) Two Percent of sampled public dispensaries were managed by Medical Attendant. *PORALG is advised to allocate clinician /nurse in all PHC Facilities which are managed by health attendants for improving health services delivery.*
- (v) There is no improvement in LGAs performance resulted from CAG Audit Report opinion. *PO RALG should continue to enhance good governance and accountability to all key players at LGAs for improved internal control of public resources.*

DLIs 5

- (vi) Currently the role of LGAs is to monitor enrollment of members to ICHF, PO RALG/MoHCDGEC should revisit the indicator to match with the current approach of ICHF.

DLIs 7

It was observed that seven (43.7 percent) of capacity building activities were not done by the time of verification. *MoHCDGEC should implement the remaining seven capacity building activities as per annual plan.*

Financial and Procurement Task

Slow dissemination of relevant procedure manual and or guideline for financial management, where by total of 37 (32.5 percent) out of 114 sampled were found to have manuals. *PO-RALG disseminate the relevant Guidelines or Manuals to all and provide capacity building to staff at level.*

Environmental and Social safeguard

- (vii) Internal supervision reports conducted by the QITs in 41 (37 percent) of all HFs as a means to enforce compliance; Both PO-RALG and MoHCDGEC should have plan of conducting Environment Impact Assessment /Environment Audit to all as per EMA, 2004 requirement.
- (viii) Based on vulnerable members both Males and Females were 39 (3.5percent). Both MoHCDGEC and PO-RALG are advised to review HFGC/CHSB Guidelines to accommodate vulnerable groups representation.
- (ix) 56 (49 percent) of sampled HFs had grievance register and; 35 (31 percent) of sampled HFs had Redress reports. PORALG should follow up to the PHC facilities to ensure that grievance register and redress report are prepared and maintained as well as disseminate grievances guideline.
- (x) 37 (32 percent) had trolley for transportation of Health Care Waste (HCW). PORALG and MoHCDGEC advised prepare training for healthcare waste handlers for the purpose of improving management of healthcare waste and reducing occupational Health risks.
- (xi) Three (27 percent) of Health Centres and two (10 percent) of Dispensaries had ash pits complied to standards respectively. PORALG is advised to construct incinerators and placenta pit in or involving private sectors on handling healthcare waste especially hazardous waste.
- (xii) Verification revealed that, 44 (39 Percent) of sampled HFs had Occupational Health and Safety registers and 98(86%) had PEP registers. PORALG to ensure that, all have OHS register and PEP register.
- (xiii) 15 (13 percent) of sampled HFs had Latrines for Physically Challenged People. Recommendation is made to the MoHCDGEC and PO-RALG to adhere with design structures that consider the needs of physically challenged people.

4.1 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 2019/20 for 2021/2022 disbursement.

Generally, there is an improvement of data quality as average error rate decreased from 56 percent in year 2015 to 6.7 percent in year 2020. However, the exercise of assessing the quality of services in health facilities through rating of performance and quality improvement plans (QIP) to address the gaps is yet to be done as the last assessment was conducted in 2017/18. Moreover, most of healthcare waste management structures are not constructed in accordance to National health care waste management standards for minimized occupational health risk. Therefore, more emphasis should focus on the area of environmental and social safeguards particularly on Management of hazardous waste disposal in the PHC facilities.

Annexes: See Volume II.