

Health Promotion and System Strengthening



Project full name:
Health Promotion and System Strengthening (HPSS)

Domain:
Health

Phase II:
2015 - 2019

Total budget:
CHF 18'475'000

Location:
Dodoma, Morogoro & Shinyanga Regions

Main partners:

- Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGE&C)
- President's Office - Regional Administration and Local Government (PO-RALG)
- National Health Insurance Fund (NHIF)
- Research and Higher Learning Institutions

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Project Overview

Tuimarisha Afya (HPSS) is a programme that has been mandated to SDC by the Government of Tanzania through the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGE&C). The first phase of the project was implemented in Dodoma Region covering all 7 districts. The project is now in its second phase and has rolled out to two new regions of Morogoro and Shinyanga. It currently covers a total of 23 districts.

Overall goal

To improve the health status and well-being of Tanzanians with a focus on those most at risk (women, children, youth, the elderly and the poor) and support the health system to become more responsive to health needs and demands of the different population groups.

Approach

The HPSS project is applying a comprehensive approach to health system strengthening by looking at both supply (availability of medicines, financing) and demand (health promotion priorities from a community perspective).

The project is playing a facilitating role in supporting the district councils to implement simultaneously the four components of the health system in an integrated approach:

- **Re-design of Community Health Fund (CHF)** into a viable health insurance scheme with a professional organizational structure and a strong IT management system. The new CHF enables members to seek health services at any of the 827 health facilities in the three project Regions and provides access to hospital care.

- Support districts to strengthen the **Management of Medicine Supply (MSM)** and reduce medicines stock-outs.
- Support in **Health Technology Management (HTM)** to allow districts to better maintain buildings and medical equipment of health facilities. Such improved infrastructure and equipment will facilitate health care delivery.
- Support **Health Promotion (HP)** activities in the communities by working with government health officers and community development officers to apply participatory approaches which enable communities to identify their health needs and develop appropriate solutions and plans.

Research and Documentation is an overarching activity of this project mainly for bringing out evidence-based information for policy dialogue and for policy decision-making. Gender, HIV/AIDS and Social inclusion are the three main cross-cutting issues of this project.

KEY ACHIEVEMENTS

- CHF coverage in all the three regions has improved: Dodoma cumulative **29.3%** (baseline 4%); Morogoro cumulative **6.1%** (baseline 0.1%); Shinyanga cumulative **15.4%** (baseline 1.7%).
- The Prime Vendor Mechanism (a pooled drugs procurement mechanism which complements the current Medical Stores Department (MSD) drug delivery system) has seen an increase in medicine availability in health facilities at **85%** and filling up to **60%** gap of out-of-stock medicines that are not available at MSD.
- Introduction of routine maintenance of medical equipment has seen Dodoma region making savings of up to **USD 319'3594**, equipment that would have been disposed as non-functional.
- **270** villages have been empowered to develop and implement their village plans through a participatory rural appraisal methodology.
- Knowledge generation for all the four components is being used for policy dialogue and influence at the regional and national level.

Beneficiaries

The main beneficiaries are communities, health workers and district authority staff in Dodoma, Shinyanga and Morogoro Regions.