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*Fostering Financial Sustainability in Tanzania*

# Strengthening Capacity in Health Financing in Tanzania

*Quarterly Performance Report*

*July 1– September 30, 2013*

**October 31, 2013**

An abstract graphic consisting of several overlapping, nested rectangular outlines. The lines are black and gray, creating a complex, layered geometric pattern. The shapes are positioned in the lower half of the page, with some extending towards the right edge.

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## ACRONYMS

<b>COP</b>	Chief of Party
<b>FMR</b>	Financial Management and Reporting
<b>GoT</b>	Government of Tanzania
<b>HFS</b>	Health Financing Strategy
<b>HFU</b>	Health Financing Unit
<b>IR</b>	Intermediate Result
<b>ISC</b>	Inter-ministerial Steering Committee
<b>MBP</b>	Minimum Benefits Package
<b>MOHSW</b>	Ministry of Health and Social Welfare
<b>NHA</b>	National Health Accounts
<b>PER</b>	Public Expenditure Review
<b>PPP</b>	Public Private Partnership
<b>RMNCH</b>	Reproductive Maternal Neonatal and Child Health
<b>SCHF</b>	Strengthening Capacity in Health Financing
<b>SHA</b>	System of Health Accounts
<b>TWGHF</b>	Technical Working Group on Health Financing
<b>TWG</b>	Technical Working Group
<b>USAID</b>	United States Agency for International Development

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# I. INTRODUCTION

The Strengthening Capacity in Health Financing, Tanzania (SCHFT) is an 18-month Associate Award working with the Government of Tanzania (GoT) to improve health financing capacity and ensure long-term sustainability of health programs in Tanzania. This Associate Award follows the Health Systems 20/20 leader award that ran from October 2006 to September 2012. The period of performance for this cooperative agreement is September 25, 2012 – March 24, 2014.

The SCHFT team's goal is to enhance GoT capacity to ensure equity, access, and availability of appropriate health services across the country and to make certain that program decisions and the allocation of resources are linked to evidence-based processes. The project works closely with the Ministry of Health and Social Welfare (MOHSW) Health Financing Unit (HFU), health sector development partners and Tanzanian organizations to achieve three Intermediate Results (IRs) and associated components:

- **IR 1: Increased Effectiveness through Health Governance**  
**Component 1:** Develop MOHSW's capacity to provide ongoing management oversight of health financing, specifically by monitoring resource allocation through Public Expenditure Reviews (PER) and National Health Accounts<sup>1</sup> (NHA).
- **IR 2: Improved Planning for Financial Health Services**  
**Component 2:** Assist with completion of the national Health Financing Strategy (HFS).
- **IR 3: Sustainable Operations Capacity**  
**Component 3:** Provide technical assistance to MOHSW to evaluate/assess/model some of the agreed-upon approaches to expanding pooled-risk systems.

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<sup>1</sup> All previous NHA estimations completed in Tanzania (for fiscal years 2002-03, 2005-06 and 2009-10) were based on the System of Health Accounts (SHA 1.0) framework developed by the OECD in 2000. In 2011, the OECD, Eurostat and WHO released an updated version of the System of Health Accounts (SHA 2011) framework. The GOT is now using the updated SHA 2011 framework to estimate health expenditures in Tanzania. In accordance, the technical assistance provided by the SCHFT project uses the new SHA 2011 framework. To distinguish the original and updated versions of the SHA framework, we use the acronym NHA/SHA when referring to the updated SHA 2011 methodology.

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## 2. PROJECT ACCOMPLISHMENTS

This report covers the SCHFT project's Quarter 4 in Year 1, from July 1 to September 30, 2013. During this quarter, the project accomplished the following programmatic results:

- Completed training on National Health Accounts and System of Health Accounts (NHA/SHA) for University of Dar es Salaam (UDSM) and MOHSW staff (Activity 1.4);
- Assisted UDSM staff to develop a training module course outline on NHA/SHA that will be incorporated into the UDSM Health Economics Department's curriculum (Activity 1.4);
- Completed data collection for and wrote a draft report of the Minimum Benefits Package (MBP) health financing strategy policy options paper (Activity 2.1);
- Collected data for and wrote a draft report of the Public-Private Partnership (PPP) health financing strategy policy options paper (Activity 2.1); and
- Collected data for and submitted an inception report of the Financial Management and Reporting (FRM) options paper (Activity 2.1).

### ACTIVITY 1.4: DEVELOP CAPACITY OF SELECTED ACADEMIC INSTITUTION TO INCORPORATE NHA/SHA INTO COURSE CURRICULUM

SCHFT's work with UDSM is an important step towards institutionalizing the production and use of resource-tracking data. The project made a great deal of progress on Activity 1.4 during Quarter 4. To build UDSM (Health Economics Department) and MOHSW staff capacity on NHA/SHA, the SCHFT project conducted a week long training workshop to build UDSM (Health Economics Department) and MOHSW staff capacity on NHA/SHA. The project held this workshop during the week of July 15, 2013. It covered a range of topics, including: the purpose of resource tracking; the history of resource tracking in Tanzania; policy use of resource tracking data; boundaries of the NHA/SHA; SHA 2011 framework; stages of the NHA/SHA; collecting, weighting, mapping and analyzing data; and using the Health Account Production Tool (HAPT) to complete a NHA/SHA estimation. The full agenda from the training is presented in Annex A.

On the last day of training, the UDSM participants developed a Resource Tracking and SHA Action Plan that outlines the key steps to a) incorporate resource tracking and SHA content into the existing Health Economics course and b) develop a new standalone resource tracking class at the UDSM. The action plan is presented in Annex B.

The trainees completed pre and post surveys so that SCHFT could determine the effectiveness of the training. Overall, the assessment results (table 1) show that the participants increased their knowledge of NHA/SHA in the eight key competencies covered during the week. After the training, the UDSM staff began to take action to incorporate resource tracking content into their health economic curriculum so that new graduates from the program are prepared to understand, produce and use resource tracking data.

**Table 1: NHA/SHA Training Feedback**

<b>Competency</b>	<b>Before</b>	<b>After</b>
<b>SHA data: what they are and what they are used for</b>	2.8	4.8
<b>SHA classifications and tables</b>	1.7	4.8
<b>The SHA 2011 framework: the reasons for the revision from SHA 1.0 and the three “interfaces” (financing, provision, consumption) of SHA 2011</b>	2.0	4.8
<b>The key stages in the SHA process</b>	2.2	4.7
<b>The Production Tool: how to use it to customize SHA codes and collect and import data</b>	1.2	4.0
<b>The Production Tool: how to use it to check for double counting, analyze SHA data, and visualize results</b>	1.3	4.3
<b>Sources and estimation methods</b>	1.5	4.3
<b>Institutionalization of health accounts and planning for the upcoming SHA in Tanzania</b>	2.0	4.2

### **ACTIVITY 2.1: PROVIDE SUPPORT TO THE HFU AND ISC IN DEVELOPING THE HEALTH FINANCING STRATEGY**

In Quarter 4, the SCHFT project continued to work collaboratively with the MOHSW and development partners to develop Tanzania’s HFS. MOHSW selected several of the project’s staff to lead or participate in developing policy options papers. MOHSW envisions that the evidence emerging from the options papers will inform the direction and focus of the HFS, including: involvement of the private sector, efficiency in the use of health resources, expanding insurance coverage and ultimately increasing access to health services for the Tanzanian population.

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The MOHSW approved for members of the SCHFT team to lead the Public Private Partnership (PPP) options paper and the Financial Management and Reporting (FMR) options paper and to support the Minimum Benefits Package (MBP) options paper. During the past quarter, the SCHFT team moved quickly to initiate and complete the draft PPP options paper, as described in section 2.2 below. In addition, the TWGHF approved the project candidates<sup>2</sup> proposed to write the FMR option paper. Therefore, the SCHFT team also initiated data collection and developing a draft of the FMR paper.

## ACTIVITY 2.2: ASSISTING THE HFU TO DEVELOP ALTERNATIVE HEALTH FINANCING PROPOSALS

During Quarter 4, the SCHFT team collected data and wrote the draft PPP report and presented it to the TWGHF. The project's final draft of the PPP options paper provides options for financing a range of PPPs in health and covers the following topics:

- Tanzania's policy, regulation and PPP institutional framework
- Status of health PPPs in Tanzania
- Financing health PPPs, including:
  - Funding PPPs through Health Insurance Schemes
  - Block grants for PPPs in health
  - Private sector access to finance
  - Corporate social responsibility and company sponsored health services
  - Donor basket funding for Service Level Agreements
  - Direct off-budget or vertical program funding
- Private investment into human resources development and infrastructure
- PPP case studies
- Approach to PPP monitoring and evaluation.

The project also continued to support MOHSW and the ISC to develop and finalize the MBP options paper. The team presented a preliminary draft of the MBP options paper to TWGHF members in June 2013. The TWGHF provided input to the team for further action in preparing the next draft of the options paper. The revised draft was submitted as scheduled in mid-July, 2013. Topics covered in the MBP options paper include:

- International perspectives on MBP
- Tanzanian experience with MBP
  - Current packages and legal framework
  - Priority-setting arrangement
  - Operations and performance
  - Identifying scenarios to bridge gaps in existing MBP

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<sup>2</sup> Stephen Musau and Timothy Cammack

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- Cost of three MBP scenarios
  - Approach to MBP monitoring and evaluation

Additional feedback is expected from the TWGHF which will be addressed in the next quarter.

Also, during this quarter, the project began its work on the FMR paper. The team conducted data collection, which included stakeholder consultations with various government and non-government officials. The team presented a preliminary draft of the FMR options paper to TWGHF members in August 2013. Topics covered in the FMR options paper include:

- Overview of the current public financial management system
- Financial management in MOHSW
- Financial management at medical stores department
- Financial management at Muhimbili Hospital
- Local Government Authorities financial management
- Financial management systems at the district and regional hospitals
- Recommendations for further strengthening public financial management

The project is currently awaiting feedback on the draft FMR paper. SCHFT expects to receive comments from the TWGHF by the end of next quarter.

Other HFS options papers that MOHSW and ISC approved, which are led by other stakeholders, are in various stages of data collection, stakeholder consultations and report writing. These options papers include: Insurance market (completed); Inclusion of the Poor (completed); Community Health Fund Reform (completed); Pay for Performance (completed); Provider autonomy (started); Institutional framework (started) and Fiscal space (not yet started).

## SUMMARY OF YEAR ONE ACCOMPLISHMENTS

During Year 1, the SCHFT project has accomplished the following results:

**Activity 1.1:** SCHFT drafted a resource tracking institutionalization plan and submitted it to the HFU, MOHSW. While the plan has not been formally approved, SCHFT has contributed to institutionalization of resource tracking as outlined in the plan by harmonizing resource tracking data reporting tools, and working with the UDSM to develop a resource tracking course.

**Activity 1.2:** SCHFT provided technical assistance to MOHSW HFU on the PER and supported the analysis and report writing PER workshops. The Ministry has adequate internal capacity to conduct PER internally in the future.

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**Activity 1.3:** SCHFT trained 16 technical staff (7 female, 9 male) on PER and NHA/SHA. Ten participants attended PER data analysis training (6 female, 4 male). Six UDSM participants attended NHA/SHA training (1 female, 5 male).

**Activity 1.4:** The UDSM has started to create resource tracking content for the existing Health Economics course.

**Activity 2.1:** SCHFT led and submitted the FMR options paper and PPP options paper to the TWGHF. SCHFT also completed a matrix comparing existing health financing indicators for reference to all consultants writing policy option papers.

**Activity 2.2:** SCHFT completed 9 TORs successfully. SCHFT submitted and presented inception reports to the MOHSW TWG and were approved to draft the full papers

**Activity 2.3:** SCHFT supported the GIZ team to draft and submit the MBP paper.

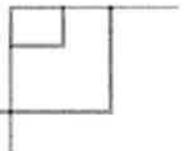
### 3. PROJECT ADMINISTRATION AND MANAGEMENT

During Quarter 4, the SCHFT team continued to ensure effective administration and management of the project operations in Tanzania. Project financial reporting deliverables, including quarterly financial reports and quarterly sub grantees' reports, were submitted on time.

On September 20, 2013, Abt Associates signed Modification 2, which increased project obligation from \_\_\_\_\_ to \_\_\_\_\_. Abt has made two payments totaling \_\_\_\_\_ 7 to the University of Dar Es Salaam, which leaves a commitment of \_\_\_\_\_. As of September 2013, the project had spent a total of \_\_\_\_\_. This leaves the project with an uncommitted budget balance of \$ \_\_\_\_\_.

**Table 4: Q4 Financial Expenditure Summary**

<b>SCHF Tanzania</b>	
Total Obligated Funding:	
Less Cumulative expenditures (including accruals) as of September 2013:	
Less Cumulative Commitments (including accruals) as of September 2013:	
Obligated Funding Balance as of September 2013:	



# 4. M&E PERFORMANCE INDICATOR TABLE

Table 5: M&E Performance Indicators

Activity	Indicator	Data Source		Q1: October 1 - December 31, 2012		Q2: January 1 - March 31, 2013		Q3: April 1 - June 30, 2013		Q4: July 1 - Sept 2013		End of Project Target
		Q1 Target	Q1 Result	Q2 Target	Q2 Result	Q3 Target	Q3 Result	Q4 Target	Q4 Result			
<b>Intermediate Result 1: Increased effectiveness in health governance</b>												
<b>Component 1: Develop capacity to provide ongoing management oversight of health financing in MOHSW, specifically monitoring resource allocation through PERs and NHA</b>												
1.1	1.1: MOHSW formally approves an institutionalization plan for resource tracking and initiates implementation of at least 2 planned activities before the end of project	Institutionalization plan	Draft institutionalization plan developed	Draft institutionalization plan completed	Institutionalization plan finalized	Draft plan submitted to HFU, MOHSW	Implementation of Institution alization plan	Facilitated harmonization of resource tracking data reporting tools	Implementation of Institutionalization plan	As outlined in the plan: working with the UDSM to develop a resource tracking course.	Complete	
1.2	1.2: MOHSW-led PER completed with support from local technical/academic institution	Draft PER report	PER commenced	PER commenced	PER data analysis complete	Data analysis completed	Draft PER report complete	Draft underway	Draft being revised	The Ministry has adequate internal capacity to conduct PER internally in the future.	Complete	
1.3	1.3.1: Number of relevant technical staff from MOHSW and local technical institutions trained in NHA, PER, and/or NHA Production Tool (disaggregated by gender)	Project records	NHA - 4 PER - 4	Training of HFU staff on PER commenced: 4 training session involving the 4 HFU staff - 1(M), 3(F)	PER data analysis complete; Training institution identified	10 participants attended PER data analysis training (6 female, 4 male); UDSM selected	NHA training completed	NHA training materials developed. Training of UDSM and MOHSW staff to commence next quarter.	NHA training completed	6 UDSM participants attended NHA/SHA training - 1 (F), 5 (M)	8	

Activity	Indicator	Data Source	Q1: October 1 – December 31, 2012		Q2: January 1 – March 31, 2013		Q3: April 1-June 30, 2013		Q4: July 1-Sept 2013		End of Project Target
			Q1 Target	Q1 Result	Q2 Target	Q2 Result	Q3 Target	Q3 Result	Q4 Target	Q4 Result	
	1.3.2: % of relevant technical staff from MOHSW and local technical institutions that received training in NHA, PER, and/or NHA Production Tool who say they are using new skills on the job and can provide examples (disaggregated by gender)	Project records, Post training assessment	N/A	This activity will not take place until the next quarter (Q2)	NHA training provided to UDSM	Waiting approval for UDSM subcontract to initiate training	NHA training provided to UDSM	Approval of UDSM subcontract granted. Training to commence in Q4.	NHA training provided to UDSM staff	Training was completed. Follow up survey will be administered in year 2	75%
1.4	1.4: NHA course content adapted to fit the TZ context and incorporated into the teaching curriculum.	Project records	N/A	RFA for an academic institution that expresses interest in incorporating NHA into their course curriculum drafted. Ready to be issued in the third quarter	University selected, and curriculum under review by SCHFT project.	Waiting approval for UDSM subcontract	University selected, and curriculum under review by SCHFT project.	Approval of UDSM granted, NHA/SHA module for inclusion to course curriculum to be developed in Q4.	Training course module outline developed	Adoption of the course planned for the next quarter	Complete
<b>Intermediate Result 2: Improved planning for financing health services</b>											
Component 2: Assist with completion of GoT health financing strategy											
2.1	2.1.1: MOHSW drafts HFS document that (1) outlines key system bottlenecks; (2) describes various policy options, including the benefits and risks of each; and (3) explains reasons for selecting the policy(ies)	HFS document	N/A	Activities related to the achievement of this indicator will not take place until the next quarter	Paper identified and started	MBP inception report presented and approved; Paper started; Project waiting for feedback on contributing to 2 additional policy options papers	Paper identified and started	PPP inception report presented and approved; options paper started. First draft of MBP options paper submitted to TWGHF. Awaiting feedback regarding consultants for PFM	Paper identified and started	MBP paper completed (undergoing review); PPP paper complete (undergoing review); FMR paper started	Complete

Activity	Indicator	Data Source	Q1: October 1 – December 31, 2012		Q2: January 1 – March 31, 2013		Q3: April 1-June 30, 2013		Q4: July 1-Sept 2013		End of Project Target
			Q1 Target	Q1 Result	Q2 Target	Q2 Result	Q3 Target	Q3 Result	Q4 Target	Q4 Result	
	2.1.2: Evidence that the MOHSW effectively utilized NHA and PER results to inform the development of health policy options, including the development of the HFS	HFS documentation	N/A	Activities related to the achievement of this indicator will not take place until the next quarter	PER results inform HFS	Matrix comparing existing health financing indicators circulated for reference to all consultants writing policy option papers; recommendations developed for HFS based on PER data	N/A	HFS development to be undertaken after completion of options papers	N/A	HFS report outline discussed by TWGHF.	Evidence documented
2.2	2.2.2 Number of Terms of Reference (TOR) documents written (with MOHSW) to facilitate the development of policy option papers for the ISC	TOR documents	7	The SCHF project led 4 TORs and supported 3. All TORs have been submitted to the TWGHF for funding considerations	7 TORs considered by TWGHF for funding	9 TORs submitted and have funding identified	Completed	Development of TORs completed successfully.	Completed	Completed	7
	2.2.1: Number of project-generated policy options papers presented to MOHSW for potential inclusion in HFS	Policy option documents	N/A	This activity will not take place until the next quarter	2 policy options papers underway	One policy option paper underway (PPP), waiting to hear back from ISC on additional paper (PFM)	2 policy options papers underway	PPP options paper under way. Waiting to hear back from ISC regarding consultants to lead Public Financial Management option paper.	2 policy papers near completion	PPP and PFM papers completed (waiting for feedback)	2
	2.2.3: Number of policy options papers that the project played a supportive (i.e. non-lead) role in	Policy option documents	N/A	This activity will not take place until the next quarter	Project support being provided	Waiting for approval from ISC to support additional	Project support being provided	Support being provided to MBP options paper; Final	Project support being provided	Supported the GIZ team lead to complete the	2

Activity	Indicator	Data Source	Q1: October 1 – December 31, 2012		Q2: January 1 – March 31, 2013		Q3: April 1-June 30, 2013		Q4: July 1-Sept 2013		End of Project Target
			Q1 Target	Q1 Result	Q2 Target	Q2 Result	Q3 Target	Q3 Result	Q4 Target	Q4 Result	
	developing				2 to 2 policy options papers	policy options papers	to 2 policy options papers	draft being written. SCHFT project agreed with USAID to support 1 policy option paper instead of 2. This decision was influenced by the MOHSW selection process.	1 to 1 policy options papers	MBP paper, and the final draft was submitted.	
<b>Intermediate Result 3: Sustainable capacity operations</b>											
Component 3: Provide technical assistance to the MoHSW to evaluate/assess/model some of the agreed upon approaches to expanding pooled risk (group social health insurance) systems											
3.1	3.1 TWG on health financing completes road map for risk pooling initiatives in Tanzania with project support	Road map	N/A	This activity will not take place until the next quarter	Complete the health financing road map	MOHSW expressed interest in synthesizing the policy options papers rather than completing a road map	N/A	MOHSW expressed interest for the SCHFT project to hold policy analysis workshop which focuses on insurance-related option papers. This will be done once all of the HFS health insurance related option papers are complete. This may not be completed until Year 2.	N/A	Policy workshop to be held after completion of option papers	Complete



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## **1. REASONS GOALS, OBJECTIVE AND/OR TARGETS WERE NOT MET**

The project team met its objectives and targets this quarter. It is important to note, however, that while the SCHFT project has completed the PPP, FMR and MBP draft options papers as scheduled, the team will not be able to finalize these drafts until it receives feedback on the drafts from TWGHF. The project circulated the papers to the TWGHF and did not receive any comments. The papers were then circulated for a second time.

## **2. LESSONS LEARNED**

After submitting the first draft of the MBP options paper (led by GIZ, with support from SCHFT) to the TWGHF, the SCHFT project learned critical lessons that it has incorporated into its development process for the other options papers. First and foremost, active dialogue with clients and stakeholders is essential throughout the drafting process to ensure that all expectations are known, and that stakeholder inputs are sufficiently incorporated into the paper. Secondly, once a zero draft is compiled, it is beneficial to hold meetings with three key groups of stakeholders, including the government, donor community and the private sector. The options paper should be submitted to the TWGHF only after receiving comments from these groups and incorporating their feedback into the draft. This process enables multiple stakeholders to provide input into the production of the paper so that the results are in line with their expectations.

## **3. BEST PRACTICES/CREATIVE IMPLEMENTATION**

During the past quarter, the SCHFT team developed draft PPP and FMR papers. The options papers provide case studies from within Tanzania to highlight best practices that are already underway and could potentially be scaled up in the future. While interviewing stakeholders in Tanzania and writing several of the case studies, it was essential for the team to not only look at what works well within Tanzania, but to also look critically at what could work better. The teams

also researched best practices in other countries to propose new practices and a broad menu of options to consider in the HFS. Given that some of the approaches highlighted are novel and have only been implemented in a handful of other countries, the next steps may involve analyzing the feasibility of implementing the new approach(s) in Tanzania.

## 4. PLANS FOR NEXT QUARTER

The SCHFT project has the following plans for Quarter 1, year 2:

**Assist UDSM to develop resource tracking course training materials (Activity 1.4):** Following the resource tracking course outline that SCHFT and UDSM created in Q4, the next steps will be to assist UDSM to develop detailed teaching materials. The project will work with UDSM economics professors to incorporate resource tracking, in particular NHA/SHA materials into the health economics course curriculum and lay foundations for a long term stand-alone resource tracking course.

**Work with UDSM to facilitate stakeholder completion of the fiscal year 2013-14 NHA/SHA data analysis (Activity 1.4).** The MOHSW has expressed interest in working with the Project and UDSM to host a data analysis workshop for the FY2013-14 NHA. The project will work with UDSM to respond to this need.

**Assist the HFU to Develop Alternative Health Financing Proposals (Activity 2.2):** The SCHFT project will continue to revise and finalize the MBP, PPP and FMR options papers as directed by the MOHSW and TWGHF.

**Work with MOHSW to hold a policy workshop on health insurance related option papers (Activity 3.1).** Following discussions among the project, USAID and the MOHSW, the SCHFT team will work with the HFU and other stakeholders to synthesize at least three policy option papers, including the three insurance-related policy papers (CHF, MBP and Insurance market options paper). The SCHFT team will then work with MOHSW to host a workshop for further discussion on the proposed health insurance options.

# ANNEX A: NHA/SHA TRAINING AGENDA

Table 2: NHA/SHA Training Agenda

Date	Objectives
<b>Monday</b> <b>July 15, 2013</b>	<ul style="list-style-type: none"> <li>• Purpose of resource tracking</li> <li>• Overview of resource tracking methodologies and history of implementation in Tanzania</li> <li>• Policy use of resource tracking data in Tanzania</li> </ul>
<b>Tuesday</b> <b>July 16, 2013</b>	<ul style="list-style-type: none"> <li>• Defining expenditures and boundaries of NHA/SHA</li> <li>• Similarities and differences between the SHA 1.0 and SHA 2011 frameworks</li> <li>• NHA/SHA classifications</li> <li>• Three interfaces of the NHA/SHA framework</li> <li>• Reading NHA/SHA tables</li> </ul>
<b>Wednesday</b> <b>July 17, 2013</b>	<ul style="list-style-type: none"> <li>• Overview of key stages of the NHA/SHA</li> <li>• Introduction to the Production Tool</li> <li>• Customizing NHA/SHA codes</li> <li>• Collecting data</li> </ul>
<b>Thursday</b> <b>July 18, 2013</b>	<ul style="list-style-type: none"> <li>• Collecting data (continued)</li> <li>• Weighing data</li> <li>• Double counting</li> </ul>
<b>Friday</b> <b>July 19, 2013</b>	<ul style="list-style-type: none"> <li>• Mapping data</li> <li>• Visualizing results</li> <li>• Open discussion on role of UDSM in harmonizing resource tracking in Tanzania</li> <li>• Development of work plan to incorporate NHA/SHA content into existing course curriculum</li> </ul>
<b>Monday</b> <b>July 22, 2013</b>	<ul style="list-style-type: none"> <li>• Mock NHA/SHA Estimation using Production Tool               <ul style="list-style-type: none"> <li>○ Import surveys</li> <li>○ Address donor/NGO double-counting</li> <li>○ Map data</li> <li>○ Review and validate expenditure flows</li> <li>○ Export NHA/SHA diagrams, tables</li> </ul> </li> <li>• Final questions and comments</li> <li>• Feedback questionnaire</li> </ul>

# ANNEX B: RESOURCE TRACKING ACTION PLAN

**Table 3: UDSM Resource Tracking Action Plan**

Action Item	Description	Output	Team Members	Stakeholders to Engage	Timeline
<b>Including Resource Tracking and SHA Content into Existing Health Economics Course</b>					
1. Identify course	Identify a course where the resource tracking and SHA content can be included.	Health Economics course identified	Health Economics Team	N/A	Complete
2. Place content	Determine where course content fits within existing health economics course.	Place content in health financing section regarding policy	Health Economics Team and Post Graduate Studies Coordinator	N/A	End of July 2013 (Complete as of 9/30/13)
3. Update curriculum	Review curriculum and modify content accordingly.	Draft content	Health Economics Team and Post Graduate Studies Coordinator	MOHSW	July - August 2013 (Complete as of 9/30/13)
4. Acquire additional practical inputs from ongoing SHA exercise	Engage in the data analysis and report writing of existing SHA exercise.	Participate in data analysis and report writing	Resource Tracking Team	MOHSW	July - August 2013 (exact dates TBD as of 9/30/13)
5. Gain input from MOHSW	Meet with the MOHSW to discuss new content and gain feedback/ input	Input/ Comments from MOHSW	Health Economics Team	MOHSW	End of August 2013 (Complete as of 9/30/13)

6.	Finalize course materials	Finalize revised course materials, including the timing of the course, weighting, content, presentations, handouts, course assessment, etc.	Finalized course materials	Post Graduate Studies Coordinator, Head of Economics Department	N/A	September 2013 (In progress 9/30/13)
7.	Administration of the formalized course	Determine who is teaching each topic.	Allocation of teaching load	Post Graduate Studies Coordinator, Head of Economics Department	N/A	Before October 2013

#### Developing a new Resource Tracking Course

5.	Assess demand for the course	Determine whether there is demand for additional resource tracking course work.	Decision to move forward with new course	Health Economics Team, Post Graduate Coordinator, Head of Economics Department	MOHSW, LGAs, current students, recent alumni, Development Partners, Health NGOs	July 2014
6.	Develop Resource Tracking Course	Develop full-fledged course content.	Draft course developed	Health Economics Team	MOHSW, LGAs	September 2014
7.	Initiation of steps to establish a Resource Tracking Course	Submission of write up and draft course content to the University to establish a fully-fledged course.	Write up and draft course content submitted	Health Economics Team	Department, College of Arts and Social Science, University Senate	September 2014 – October 2015
8.	Development of final Resource Tracking Course	After approval of the write up and draft, finalize Resource Tracking	Final course developed	Health Economics Team	MOHSW, LGAs	October 2015

Course

