

The United Republic of Tanzania



MINISTRY OF HEALTH,  
COMMUNITY DEVELOPMENT,  
GENDER, ELDERLY AND CHILDREN

**NATIONAL TRADITIONAL AND  
ALTERNATIVE MEDICINE  
STRATEGIC PLAN I  
2016/17 – 2021/22**

July 2016

## LIST OF ABBREVIATIONS

ADTM	Assistant Director for Traditional Medicine
ADRI	Animal Disease Research Institute
AIDS	Acquired Immuno-Deficiency Syndrome
AU	African Union
CCHP	Comprehensive Council Health Package
COSTECH	Commission for Science and Technology
DCS	Director for Curative Services
EAC	East Africa Community
FYDP II	Five Year Development Plan II
GCLA	Government Chemist Laboratory Agency
HIV	Human Immuno-deficiency Virus
ICT	Information, Communication and Technology
ITM	Institute of Traditional Medicine
KPIs	Key Performance Indicators
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MUHAS	Muhimbili University of Health and Allied Sciences
NHLQATC	National Health Laboratory for Quality Assurance and Training Centre
NIMR	National Institute for Medical Research
NTAMSP I	National Traditional and Alternative Medicine Strategic Plan I
PO-RALG	President's Office for Regional Administration and Local Government
SADC	Southern Africa Development Countries
SDGs	Sustainable Development Goals
SWAp	Sector Wide Approach
SWOC	Strength, Weakness, Opportunities and Challenges
SUA	Sokoine University of Agriculture
TAFORI	Tanzania Forest Research Institute
TAHPs	Traditional and Alternative Health Practitioners
TAHPC	Traditional and Alternative Health Practice Council
TAM	Traditional and Alternative Medicine
TAMSP I	Traditional and Alternative Medicine Strategic Plan I
TDV	Tanzania Development Vision
TFDA	Tanzania Food and Drug Authority
TFNC	Tanzania Food and Nutrition Centre
THPs	Traditional Health Practitioners
TM	Traditional Medicine
UDSM	University of Dar es Salaam
WHO	World Health Organization
WHO-Afro	World Health Organization African Region

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## Foreword

The motto of this National Traditional and Alternative Medicine Strategic Plan I 2016/17 – 2021/22 (NTAMSP I) is “Partnerships for delivering of quality traditional and alternative medicine”. This strategic plan is therefore crucial for Tanzania in its efforts to increase the traditional and alternative medicine services and uses of traditional and alternative medicines, but also in its efforts to improve the quality of medicinal products through agriculture and manufacturing. We believe that the health sector can make an important contribution to reduction of poverty through improvement of human health and marketing of medicinal products in Tanzania and abroad. The Government of the United Republic of Tanzania is fully committed to the SDGs, which are part of the National Five Year Development Plan II (2016/17 – 2020/21) whereby traditional and alternative medicine development is part of it. The institutionalization of traditional and alternative medicine has been an initial step towards its promotion and development. There is still work to be done, before we can claim that Tanzania has achieved its SDGs and traditional and alternative medicine development.

In the coming years traditional and alternative medicine will embark in advocating for cultivation of medicinal resources and manufacturing of quality traditional and alternative medicines, developing modern and quality facilities for traditional and alternative medicine practices, training of traditional and alternative health practitioners to provide quality services and developing traditional and alternative medicine management information system. These programmes will improve accessibility and quality of traditional and alternative health services and are crucial in achieving the SDGs. These programmes are ambitious, but necessary to make headway in improving the health of the population.

This brings us to the first part of the motto: partnerships. The days that the health sector was operating in isolation are gone (if they ever existed). The Decentralisation by Devolution policy of the Government has put the Local Government Authorities in charge of delivery of social services and has given to the President’s Office for Regional Administration and Local Government (PO-RALG) the task to supervise them. Other Ministries Departments and Agencies also have to support the Ministry of Health, Community Development, Gender, Elderly and Children in improving health, e.g. through education, industries, agriculture or water supply. The health sector has to work in partnership with all the government institutions that have a responsibility in health related service delivery and in particular traditional medicine.

Partnership with the private sector including associations of traditional and alternative medicine is also necessary to increase accessibility and quality of traditional and alternative health services. The private sector consists of all non-state actors, i.e. Faith Based Organisations, Non-Government Organisations, Community Based Organisations and also individual Traditional and Alternative Health Practitioners. I believe joining hands with all who can provide services to improve health is beneficial for our population.

Our Development Partners provide the health sector including traditional and alternative medicine an indispensable financial, technical and moral support. The crucial partners, who also are beneficiaries, are the communities and families that have to take ownership of their own health: healthy lifestyles, early treatment and adequate care at home can save many lives. All efforts in the traditional and alternative medicine should be focused on their collaboration for better health.

Last but not least, our traditional and alternative health practitioners, who are in day-to-day contact with patients and clients, are our partners and representatives. They give a face to traditional and alternative medicine, make or break trust in the communities and deliver quality care at odd hours and in remote rural places.

This NTAMSP I will be the guiding reference document for the preparation of Council Traditional and Alternative Health Strategic Plans. It will also guide the formulation of specific plans and programmes and annual plans at all levels regarding traditional and alternative medicine. I therefore recommend it all our partners, who join us in our efforts to achieve the SDGs.



Ummu A. Mwalimu (MP)

**Minister of Health, Community Development,  
Gender, Elderly and Children**



## Acknowledgement

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Development of this strategic plan is a key towards achieving the promotion and development of traditional and alternative medicine and Sustainable Development Goals (SDGs). The Ministry through its ongoing comprehensive health sector reforms has developed this strategic plan to guide deployment of resources for traditional and alternative medicine in the health sector. In the process of developing this plan adequate analysis of the current situation has been made and future needs of the traditional and alternative medicine have been identified.

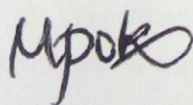
This first National Traditional and Alternative Medicine Strategic Plan gives an eye opening to the future strategic plan regarding traditional medicine promotion and development. Various documents developed by the Ministry, World Health Organization, and the African Union have been used to enrich this strategic plan. Together the strategies provide a comprehensive overview of all intentions for improvement of the traditional and alternative medicine. This document explains the governance arrangements of the traditional and alternative medicine in the health sector and the monitoring and evaluation of this strategic plan.

For the sake of overview, this plan restricts itself to the main issues, leaving details to specific strategic plan of the Ministry that includes Vision, Mission, Core Value and Objectives.

The preparation of this strategic plan was done in a participatory way, involving many experts from the Ministry, from PO-RALG, Planning Commission and other Ministries, from Local Government Authorities, from the private sector and from Development Partners. The Section of Traditional and Alternative Medicine coordinated the production of the strategic plan and edited the final version of the document.

To all who contributed to this plan and those who appear on appendix V, I would like to express my gratitude. The success of this plan relies on the commitment of all stakeholders within the government, non-governmental organisations, other partners and users of the services we provide.

The Ministry is committed to the implementation of this plan and shall utilise as reference document for planning, monitoring and evaluation.



Dr. Mpoki M. Ulisubisya

**Permanent Secretary**

## **Executive summary**

The National Traditional and Alternative Medicine Strategic Plan I (2016/17-2021/22) is the first strategic plan to be prepared under the leadership of the Ministry of Health, Community Development, Gender, Elders and Children. This first traditional and alternative medicine strategic plan provides guidance regarding traditional and alternative medicine promotion and development in the country. The plan was conceived in a participatory process involving various key Ministries, Departments and Agencies, Private Sector Partners and from Development Partners.

The development of this Traditional and Alternative Medicine Strategic Plan I (2016/17 – 2021/22), has considered relevant existing Policies, Guidelines and Operational documents such as Vision 2025, Five Year Development Plan II – (2016/17-2020/21), of which the National Strategy for Growth and Poverty Reduction is integrated, Health Policy (2007), the Health Sector Strategic Plan IV (2015-2020), the Ministry of health and Social Welfare Medium Term Strategic Plan (2013/14-2015/16); the Primary Health Services Development Program (2007-2017) and the Traditional and Alternative Medicines Act, CAP 244. Considerations for International documents has also been taken into account, such documents includes; World Health Organization-- Traditional Medicine Strategy (2014-2023), World Health Organization-African Region Office-Second Regional Strategy for the development of Traditional Medicine (2013), African Union Traditional Medicine Second Decade (2010-2020) and the global direction for achievement of the Sustainable Development Goals (SDGs). These documents aim at improving accessibility and quality of the health services including traditional and alternative medicine.

The main objective of this strategic plan is to provide for the linkage between TAM and conventional health practitioners in order to improve delivery of health care service to the entire community of Tanzania. Furthermore it will strengthen partnerships and collaboration between health service providers at all levels of healthcare.

The National Traditional and Alternative Medicine has been aligned with the Ministry of Health and Social Welfare Medium Term Strategic Plan (2013/14-2015/16) whereby vision, mission, core values and objectives remained under the ownership of the Ministry while strategies and targets were developed strategically for Traditional and Alternative Medicine unit.

The National Traditional and Alternative Medicine Strategic Plan I developed strategies and targets for the implementation of the Ministry's objective C, D, E and F leaving objective A and B which are directly implemented by other divisions of the Ministry.

The Vision and Mission of the National Traditional and Alternative Medicine Strategic Plan I are as stipulated hereunder:

❖ **Vision statement**

“To be a model of excellence in the delivery of quality and equitable health and social welfare services”.

❖ **Mission statement**

“To facilitate the provision of quality health and social welfare services to all people to enable them improve their wellbeing”.

The Corporate objectives are translated into a number of strategies and targets for accomplishment. Key performance indicators are further established for measuring performance and progress of the plan against the set objectives.

The objectives that will focus on NTAMSP I for the planned period of five years are as identified below:-

- C. Health and Social Welfare Services improved
- D. Institutional Capacity of the Ministry to implement its Core Functions enhanced.
- E. Research, Training and Continuous Professional Development Improved.
- F. Prevention and Control of Communicable and Non-Communicable Diseases improved.

The National Traditional and Alternative Medicine Strategic Plan I (2016/2017 – 2021/2022) covers four main chapters namely; Introduction; Situation Analysis; the Plan which includes Vision, Mission, Core Values, Objectives, Strategies and Targets; and Results Framework.

NTAMSP I

# CHAPTER ONE INTRODUCTION

## 1.1. Background

Since independence the Government saw the need to develop and promote traditional medicine and included it as one important area in health care service provisions. The efforts started in 1969 whereby the government asked the Government Chemist Laboratory to undertake investigations of medicinal resources preferably medicinal plants used by traditional health practitioners during their healing practice. The task was later shifted to UDSM, Faculty of Medicine at Muhimbili in July, 1974.

In 1989 the traditional medicine section was created under the directorate of curative services to cater for their affairs. In 1990 traditional and alternative medicine was included in the National Health Policy, as part of the health services provision in the country. The Government also enacted traditional and alternative medicines Act, No. 23 of 2002 and its regulations as well as various guidelines to ease promotion and monitoring of traditional and alternative health services.

In terms of the Policy context, the government has been making several efforts in response to the global and regional initiatives to develop and improve traditional medicine and hence the wellbeing of Tanzanians. The global and regional initiatives include WHO Traditional Medicine Strategy 2014-2023; WHO African Regional first and second Strategy (Traditional Medicine-2002 and 2013 respectively) and African Union first and second decade (Traditional Medicine 2000 – 2010 and 2011 – 2020 respectively).

Tanzania is endowed with a rich flora comprising of **over 12,000** plant species, fauna and marine resources. Its tropical climate is covered with a variety of plants and spices both natural and cultivated. These plants have a great potential for the use of Traditional Medicine. The practice of Traditional Medicine using herbs is well established in Tanzania. Traditional Health Practitioners have usually acquired their well-guarded knowledge from their grandfathers. Currently it is estimated that there are 75,000 traditional health practitioners, scattered all over the country, of which 13,000 have been registered.

## 1.2. Introduction to the NTAMSP I

This National Traditional and Alternative Medicine Strategic Plan I, is the first strategic plan since its acceptance as one of the health services delivered under the health sector of Tanzania. It provides an overview of the priority strategic directions across the health sector which is guided by the National Health Policy, Vision 2025, Five Year Development Plan (2016/17-2020/21), and the Traditional and Alternative Medicines Act, CAP 244. The strategy serves as the Traditional and Alternative Medicine guiding document for the development and implementation of annual plans for Traditional and Alternative Health Practice at all levels.

The development of this strategic plan has involved various key stakeholders including Ministries, Departments, Agencies, Training and Research Institutions as well as Associations of traditional health practitioners.

### **1.3. Traditional medicine and its importance**

Tanzania is one of the few countries in Africa which are endowed with many medicinal and aromatic plants that are resource products to be used for poverty alleviation. However, it is not known as to how many traditional medicines contributes in the National economy as well as curing of diseases.

In Tanzania it is estimated that about 60% of all health seeking population depends on traditional health services and that about 49% of all home deliveries majority of them are attended by traditional birth attendants. Traditional health practitioners including healers and birth attendants are very much respected especially by the rural population hence, there is a tendency to first consult traditional healers and later on consult modern health practitioners, and however, they continue to receive traditional health services while in modern health services.

WHO estimates that almost 80% of the world population especially in developing world uses herbal medicine for some aspect of primary health care. Herbal medicines fills the vacuum that is growing day by day due to ever increasing costs of conventional medications and poverty ridden developing world, including Tanzania and most of the population lives on less than **\$2 U.S.** per day. On the contrary herbal medicines can be manufactured from plants and processing them are cheaper than conventional pharmaceuticals thus providing an alternative means of disease treatment for almost three quarter of the world population.

According to WHO estimates, the demand of herbal medicinal plants at by 2012 was almost **US \$80 billion** and is expected to touch **US \$5 trillion** by the year 2050. There is huge potential for growth in this sector as unknown percent of this industry is still un-organized. Herbal remedies would become increasingly important especially in developing countries. Tanzania, with its biodiversity has a tremendous potential and advantage in this emerging area if appropriate investment through partnership is put in place.

### **1.4. Status of traditional and alternative medicine in Tanzania**

Traditional and Alternative Medicine is viewed as health services as well as health investment economic opportunity. The services being provided by practitioners serves in improving the quality of life of the Tanzanians; while medicines used are potential in reducing individual and National poverty by marketing and selling herbal medicines developed from medicinal resources that are available in the country.

In 2010 the Government through the then Ministry of Health and Social Welfare institutionalized traditional and alternative medicine by appointing regional and council coordinators. The Coordinators are the link between the Ministries (PO-RALG and MOHCDGEC), the traditional and alternative health practitioners in the Community and health facilities. The Coordinators have been trained regarding policy, the Act and its regulations as well as guidelines on traditional and alternative medicine promotion and development. Therefore, the appointment of the

coordinators has eliminated the institutional, legal, organisational and operational bottlenecks.

The traditional and alternative medicine in the health sector consists of the following levels:

- ❖ **Traditional health services** in councils, consisting of:
  1. Household and community traditional health services
  2. Kilinge, improved traditional health facilities and shops for traditional medicines
  3. Alternative medicine facilities
  4. Council Health Management Teams (Council traditional and alternative health services coordinator)
- ❖ **Regional traditional health services**, consisting of Regional Health Management Teams (regional traditional and alternative health services coordinator)
- ❖ **National level traditional and alternative health services**, consisting of Ministries, Departments and Agencies
- ❖ **Establishment traditional and alternative health practitioners fora at all levels**
  1. Umbrella organization/association for traditional health practitioners associations
  2. Tanzania alternative medicine association

### **1.5. Methodology**

The National Traditional and Alternative Medicine Strategic Plan was prepared in line with the Ministry of Health and Social Welfare Medium Term Strategic Plan (2013/14-2015/16) and the Health Sector Strategic Plan IV (2015-2020).

Furthermore, the strategic plan was prepared in a participatory approach involving key stakeholders of traditional and alternative medicine. These includes Ministry of Health, Community Development, Gender, Elderly and Children Headquarters (Section of Traditional and Alternative Medicine, Pharmaceutical Services unit and TFDA), Ministry of Finance and Planning – Planning Commission, Traditional and Alternative Health Practice Council, Pharmacy Council and Tanzania Nurse and Midwifery Council, Associations of Traditional and Alternative Medicine, National Institute for Medical Research, Institute of Traditional Medicine, Regional Traditional and Alternative Medicine Coordinators and Council Traditional and Alternative Medicine Coordinators, PORALG and Ministry of Agriculture and Food Security.

### **1.6. Purpose of the Plan**

The main purpose of this Strategic Plan is to guide health sector and other stakeholders in implementing its mandate in the provision of Traditional and Alternative Medicine towards achieving the sector vision and mission. Furthermore, the plan acts as a tool for resource mobilization and allocation, improvement of performance and contribute to Vision 2025, FYDP II (2016/2017 – 2020/2021),

SDGs and support the development of traditional and alternative medicine in Tanzania. The plan also intends to monitor performance through Key Performance Indicators (KPIs) as illustrated herein; informs the stakeholders what is planned and serves as a basis for accountability.

### **1.7. Layout of the document**

This document contains four Chapters and four Annexes:

- i. *Chapter One* covers the Introduction, approach, purpose and layout of this Plan. *Chapter Two* covers the Situation Analysis comprising of mandate, roles and functions and provides an analysis of Performance Review, SWOC Analysis, Stakeholders' Analysis, Recent Initiatives, and Critical Issues.
- ii. *Chapter Three* covers the Plan containing Vision and Mission Statements, Core Values, Objectives, Strategies, Targets and Key Performance Indicators.
- iii. *Chapter Four* describes the Results Framework containing the Purpose, Results Framework Matrix, Monitoring Plan, Planned Reviews and Milestones, Evaluation Plan and Reporting Plan.

The Plan also includes five annexes:

*Annex I:* Organization Chart,

*Annex II:* Matrix of the Strategic Plan,

*Annex III:* Priority traditional and alternative medicine activities to be included in the CCHP for the year 2017/18 - 2021/22,

*Annex IV:* Target Costs.

*Annex V:* List of participants



## CHAPTER TWO SITUATIONAL ANALYSIS

### 2.1. Introduction

This chapter describes the internal and external environmental scan conducted by the Traditional and Alternatives Medicine Section with the involvement of the Ministry of Health, Gender, Elderly and Children's departments covering the Situation Analysis; mandate, roles and functions; an analysis of performance review by highlighting achievements and constraints; SWOC Analysis, Stakeholders' Analysis, Recent Initiatives; and Critical Issues.

#### **Mandate**

The mandate of the Ministry of Health, Elderly and Children's has been reviewed from time to time to take on board the National Long Term and Medium Term Development Agenda as stipulated in the Tanzania Development Vision 2025, Five Year Development Plan II, and the Ruling Party Manifesto, Health Sector Development Policies and International and Regional Development Goals. These aims at making the Ministry more responsive to the community need for quality traditional and alternative health services.

Since the Fifth phase Government come into power November 2015, the mandate of the Ministry has been reviewed and provided in the **Government Notice No.144 published on 22 April, 2016**; the Ministry mandate as stipulated therein is:

- a) Policies on Health, Community Development, the Elderly, Children and Gender and their implementation;
- b) Preventive and Curative Services;
- c) Chemical Management Services;
- d) Medical Laboratory Services;
- e) Medical Research and Nutrition;
- f) Food and Drug Quality Services;
- g) Medical Supplies;
- h) Promotion of Traditional and Alternative Medicine;**
- i) Health Service Inspection;
- j) Family Planning;
- k) International Health and Medical Organisations;
- l) Coordination of NGO dealing with the functions under this sector;
- m) Coordination of International Organisations under this sector;
- n) Performance Improvement and Development of Human Resources under this Ministry;
- o) Extra-Ministerial Departments, Parastatal Organisations and Projects under this Ministry.

#### **Role of the traditional and alternative medicine section:**

The primary roles of the section are to promote, monitor and evaluate the development of traditional and alternative medicine.



## **Functions**

1. Development and translation of TAM policies, regulations and guidelines to key stakeholders.
2. Monitoring and evaluation of traditional and alternative medicine implementation
3. Coordinate TAM providers and other stakeholders
4. Promotion of the developed referral system within traditional and alternative medicine and between traditional and alternative medicine and modern medicine

## **Current vision and mission:**

1. Vision statement: *To be a model of excellence in the delivery of the quality and equitable health and social welfares.*
2. Mission statement: *To facilitate the provision of quality health and social welfare services to all people to enable them improve their wellbeing.*

## **Performance review:**

These performance reviews highlight the achievements and constraints made by Traditional and Alternative Medicine during the implementation of its core functions:

### **Achievement**

1. The review of National Health Policy of 1990 was done in 2007 whereby the importance of TAM was emphasized.
2. the development of TAM Act of 2002 was done
3. The establishment of TAHPC in 2005.
4. The development of 3 regulations in 2008 i.e., Registration of TAHPs and Facilities, Ethics and Code of conducts and Registration of *materia medica*.
5. the development of 3 guidelines in 2008 - 2010 i.e. Standard guidelines of Traditional and Alternative Health Facility, National Supervision guideline for quality Traditional and Alternative HealthCare Services and Traditional and Alternative Medicine Institutionalization guideline.
6. Availability of 26 regional and 182 council TAM coordinators
7. The development of training materials in 2013 e.g. Tiba Asili na Jamii.
8. The development of registration procedures for TAHPs including Healers (Prescribers), Traditional Birth Attendants, Traditional medicine sellers, etc.
9. The development and distribution of registration forms of TAHPs including Healers (Prescribers), Traditional Birth Attendants, Traditional medicine sellers, etc.

### **Challenge**

1. Financial constraint during the facilitation of development of guidelines.
2. Human resource constraints i.e. at present there are only 3 staff out of 5 at the section level and the TAHPC there are 4 staff out of 16 required.
3. Coordination between units dealing with TAM.
  - a) Reporting system between the Councils and regions to the MOHCDGEC; and
  - b) Reporting system of the TAHPC, ITM and NIMR. Each one report to different level.

4. Knowledge and skills on Traditional medicine at all levels
5. Availability of research on TAM
6. Resistance to change to some contemporary/ modern health practitioners towards TAM
7. Availability of fund to carry out activities for implementation of roles and functions.
8. Collaboration among stakeholders in the promotion and development of traditional and alternative medicine
9. Availability of formalized training institutions for traditional health practitioners.
10. Availability of documentation in traditional medicine practice

### **Way forward**

1. Strengthening the institutionalization of traditional and alternative medicine
2. Promotion of commercial production and use of herbal medicines
3. Implementation of WHO Traditional Medicine Strategy
4. Strengthening the capacity of traditional and alternative health service training

### **2.2: Stakeholder's analysis**

The Traditional and Alternative Medicine Section has a broad number of stakeholders who have responsibility of contributing to the successful achievement of the short, medium and long term initiatives. The following is the list of stakeholders:

- (i) Ministry of Health, Community Development, Gender, the Elderly and Children
- (ii) PO – RALG,
- (iii) Traditional and Alternative Health Practice Council,
- (iv) Research Institutions,
- (v) Politicians,
- (vi) Development Partners,
- (vii) Community (patients/clients), and
- (viii) Traditional and Alternative Health Practitioners.

### **Stakeholders and their expectations:**

- (1) Government:** (Ministry of Health, Community Development, Gender, the Elderly and Children; PO-RALG; Traditional Medicine section and TAHPC);
- a) Adherence to policy guidelines, legislation and regulations.
  - b) Institutionalization of traditional and alternative health services
  - c) Proper management of resources on traditional and alternative medicine
  - d) Adherence to accountability and transparency
  - e) Adherence to ethical practice and effective measures to fight misconduct and erosion of ethics.
  - f) Regulatory processes of traditional and alternative health practices Strengthened
  - g) Regular communications and feedback enhanced
  - h) monitoring and evaluation of traditional and alternative health services Strengthened
  - i) Coordination, partnerships and linkage of stakeholders enhanced

**(2) Development Partners:**

- a) MOHCDGEC goals and targets achieved
- b) Traditional and alternative health services recognized, accepted and supported
- c) Accountability and transparency Improved
- d) Partnership and collaboration with stakeholders strengthened

**(3) General public/Community:**

- a) Involved and participate in implementation of NTAM SP activities
- b) Regular communications and Feedback on traditional and alternative health services strengthened
- c) Effective clients charter and satisfaction of traditional and alternative health services enhanced
- d) Participation in monitoring and evaluation of traditional and alternative health practices
- e) Recognition and acceptance of their services

**(4) Community (Patients/Clients):**

- a) Effective clients charter and satisfaction of traditional and alternative health services to safeguard patient's rights (Quality care, Confidentiality) enhanced
- b) Information, education and communication strengthened
- c) Participation in monitoring and evaluation of traditional and alternative health practices

**(5) Politicians:**

- a) Adherence on policy guidelines, legislation and regulations of traditional and alternative health services
- b) Evidence based research and right information on traditional and alternative health services supported
- c) Accountability, Transparency and quality traditional and alternative health services Advocated and supported
- d) Proper Information, education and communication on the role of traditional and alternative health practices supported
- e) Recognition and acceptance of their services
- f) Participation in monitoring and feedback of traditional and alternative health practices

**(6) Service Providers:**

- a) Participation in development of policy guidelines, legislation and regulations of traditional and alternative health practices
- b) Adherence to policy guidelines, legislation and regulations of traditional and alternative health practices
- c) Accountability and Transparency in the provision of traditional and alternative health services enhanced.
- d) Networking and Information sharing with stakeholders
- e) Adherence to referral guidelines of patients/clients attending traditional and alternative service delivery points (kilinge, clinic, dispensary, health centre and hospitals)
- f) Respect each other and amicable resolution of conflicts
- g) Participation in monitoring including supportive supervision and evaluation of traditional and alternative health practices

## SWOC analysis

This section provides a summary of major Strengths, Weaknesses, Opportunities and Challenges of the Traditional and Alternative Medicine Section and the strategic issues that will have to be addressed by the Strategic Plan that covers the period of 2016/17 - 2021/22.

**Table 1: SWOC analysis matrix**

	<b>STRENGTHS</b>	<b>WEAKNESSES</b>	<b>OPPORTUNITIES</b>	<b>CHALLENGES</b>
1.	Political will to develop and promote traditional medicine in the country	Weak institutionalization	Peace and stability of the country	Frequency change of top leadership
2.	Existence Traditional Medicine Section within Ministry	Under staffed	Although they are few but Committed	Availability of funds to employ staff
3.	Availability of partners/donors	non existence of TAM TWG	Support from development partners/donors e.g. WHO and AU encouragement for developing and promoting Traditional Medicine	Commitment of partners/donors to support TAM interventions at levels
4.	Availability of Health Policy, MoHSW Medium Term Strategic Plan (2013 / 2016) and HSSP IV , Act, Regulations and Guidelines on traditional and alternative medicine	Inadequate collaboration among stakeholders in the promotion and development of traditional medicine at all levels (National, regional and district)	Existence of implementation framework for traditional and alternative medicine at all levels	Availability of Dialogue structure
5.	Existence of Traditional and Alternative Health Practice Council	Under staffed	Although they are few but Committed	Availability of funds to employ staff
		weak collaboration between traditional and conventional medicine councils	Existence of TM section	Availability of Dialogue structure
6.	availability Traditional health practitioners' country wide	Adherence policy, act, regulations and guidelines	Existence of policy, act, regulations and guidelines on TAM	Ability to conceptualize and utilize the existing documents (policy, act, regulations and guidelines)
		inadequate documentation on Traditional medicine practice and transparency	Existence of National Research and higher learning Institutions (ITM, NIMR, COSTECH, UDSM, MUHAS, ADRI, SUA and TAFORI, GCLA, TFNC, NHLQAC) dealing with	<ul style="list-style-type: none"> <li>• Availability of resources (human and financial)</li> <li>• Coping with new technologies</li> <li>• Availability of formalized training institutions for THPs'</li> </ul>

			Traditional Medicine	practices
7.	Existence of Research Institutions dealing with Traditional Medicine	Inadequate domestication of WHO applied research protocols to guide research on Traditional Medicines	The existence of fora for international meetings on traditional medicine e.g. WHO, AU	Resources (Financial and Human resources)
8.	Availability of medicinal resources	In availability of well researched Traditional medicines in the market	Easy accessibility and Cheap to process  The existence of Traditional medicines market worldwide  Existence of BRN initiative which advocate for in country manufacturing of medical commodities	<ul style="list-style-type: none"> <li>• Bio-piracy</li> <li>• Conducive environment to process traditional medicines</li> <li>• Emerging and re-emerging of communicable and non communicable diseases</li> </ul>
9.	collaboration with research and higher learning institutions (ITM, NIMR, COSTECH, UDSM, MUHAS, ADRI, SUA and TAFORI, GCLA, TFNC, NHLQAC)	In availability of Traditional medicine research findings in use	The existence of World Health Organisation Traditional Medicine Research Protocol  World Health Assembly Resolutions 56.31 advocate for the promotion of Traditional Medicine	availability of formalized training institutions for THPs' practices  Resources (Financial and Human resources)
10.	Utilization of TAM as front line healthcare services to rural population	Inadequate awareness of documentation of TAM services	Availability of registered TAHPs in the country	Poor traditional and alternative facility infrastructure
11.	13,000 TAHPs registered	Adherence to profession ethics in delivering services	Well acceptable and respected by the community they serve	Erosion of professional ethics,

### Critical issues

A review of the situation analysis has raised a number of critical issues that require interventions as summarized below:

1. Organization structure of the MOHCDGEC separates traditional and alternative medicine section and the Council in terms of reporting and line of command.
2. Majority of practitioners have poor understanding and do not adhere to Guidelines and regulations for provision of traditional and alternative medicine services.
3. Majority of practitioners do not have improved facilities hence provide poor quality of traditional alternative medicine services
4. THPs Depend on natural forests as sources in all medicines used. No system of growing/cultivating medicinal plants.
5. Negative attitude towards traditional and alternative medicine among conventional health practitioners.

6. No proper mechanisms for referral system between TAHPs and modern health facilities.
7. No proper supportive supervision and follow-up of services rendered by TAHPs
8. Institutionalization of traditional and alternative health services.
9. Moral decay and increased incidences of malpractice.
10. Lack of interest of developing partners in terms of supporting research and development of traditional medicine practice and products
11. TAHPs accountability and transparency
12. Capacity building to TAHPs, regional and district coordinators.
13. Financing of Traditional and alternative medicine activities at all levels.
14. Erosion of professional ethics
15. Inadequate collaboration among stakeholders in the promotion and development of traditional and alternative medicine at all levels (National, regional and district)
16. Inadequate collaboration between traditional and conventional health practitioners
17. Inadequate domestication of WHO applied research protocols to guide research on Traditional Medicines
18. Low staff morale and poor working environment
19. Weak Monitoring and Evaluation of Traditional and Alternative Health Services
20. Inadequate registration on traditional and alternative medicine (practitioners, facilities and products)
21. Inability to cope with outbreak of diseases e.g HIV/AIDS pandemic and other emerging epidemics.
22. Inability to cope with new technologies and products development
23. Inadequate funds and other resources to carry out activities
24. Non existence of formalized training institutions for traditional health practitioners' practices
25. Bio-piracy

### **Recent initiatives**

The following are some of measures which have been carried out in the past four years. These initiatives have assisted the unit to learn the gaps that faces the unit plan and way forward to improve it;

1. Reorganization of THPs into umbrella organizations.
2. Follow-up by high level authorities on services provided by THPs at all levels.
3. Increased registration of THPs
4. A special task was conducted countrywide to remove all sign posts for advertisement of THPs services. Also advocacy was conducted through information, education and communication channels including media
5. The Ministry and the Council has been carrying out sensitization and advocacy through media such as Television, Radio and newspapers.
6. The Ministry, the Council and ITM-MUHAS have been carrying out training of TAHPs regarding best practice in traditional and alternative medicine. ( 119 TAHPs have been trained)
7. Registration: Since 2014 to June, 2016, the Council has registered a total of 13,000

## CHAPTER THREE THE PLAN

### 3.1. Introduction

This Chapter presents the Strategic Plan to be implemented and realized in five years period (2016/2017–2021/2022). The chapter states the Mission, Vision and Core Values of the Organization and Objectives that can be achieved through set of Strategies, Targets and Key Performance Indicators (KPIs).

### 3.2. Vision and Mission

#### 3.2.1. Vision Statement

To be a model of excellence in the delivery of quality and equitable health and social welfare

#### 3.2.2. Mission Statement

To facilitate the provision of quality health and social welfare services to all people to enable them to improve their wellbeing.

### 3.3. Core Values

The Traditional and Alternative Medicine will operate based on the following core values:

- a) **Professionalism:** We will strive to achieve the highest standards and practices of our professions and actively look for opportunities to improve on those standards.
- b) **Customers focus:** We will always treats customers with courtesy and be responsive, timely and proactive to meet their needs.
- c) **Integrity:** We consistently not seek gifts, favours or inducements in the cause of discharging their duties nor we will offer gifts, favour or inducements.
- d) **Impartiality:** We will perform our duties with fairness, objectively and without prejudice.
- e) **Team work:** We work together towards common goals by sharing skills, knowledge and experience with each playing his/her part but all subordinating personal prominence and effectiveness of the whole.
- f) **Loyalty:** We will serve the Government of the day and comply with lawful instructions of our superiors to the best of our abilities.

### 3.4. Objectives, Strategies, Targets and Key Performance Indicators

In pursuit of the Ministry vision, mission and addressing the identified critical issues to meet its five year's plan Strategic Plan, TAM set strategies and targets to be achieved and provides Key Performance Indicators (KPIs) to measure organization performance towards four earmarked among the six (6) main objectives of the Ministry;

### **3.4.1. OBJECTIVE C: health and social welfare services improved.**

#### ***Rationale:***

The core business of the Ministry is to ensure the availability, accessibility, affordability and quality of health and social welfare services at all levels and to the whole population. In this regard, the Ministry takes its role seriously as steward of the sector, providing the necessary regulation and supportive supervision to ensure that health and social welfare services are continuously expanded in scope, quality and responsiveness to the needs of the Tanzania people.

The Traditional and Alternative Medicine play the critical role in supporting the provision of quality traditional and alternative treatment to all people. However, the Ministry is facing a number of challenges in the provision of quality traditional and alternative health care services. These limit the access to traditional and alternative health care services due to socio economic constraints, poor and insufficient traditional and alternative health infrastructure and facilities, limited quality medicines and weak mechanism for accreditation of traditional and alternative health facilities. To address the above challenges, the following strategies will be adopted.

#### ***Strategies:***

1. Strengthen traditional and alternative health services
2. Ensure training of traditional health practitioners in order to provide quality services.
3. Increase awareness on traditional and alternative medicine to conventional practitioners
4. Develop guidelines for enabling referral system
5. Monitor Legislations, Regulation, Guidelines, Standards, Ethics and code of conduct.
6. Strengthen traditional and alternative medicine monitoring

#### ***Targets:***

1. Registered THPs increased from 13,000 to 60,000 by June 2022.
2. Registered traditional and alternative health facilities increased from 112 to 672 by June 2022.
3. Capacity building plan for traditional health services developed by June 2022
4. Traditional medicine awareness to conventional health practitioners increased from 10% to 30% by June 2022
5. Traditional and Alternative Medicine Referral Guidelines developed by June 2022
6. Legislations, regulations, guidelines, standards, ethics and codes of conduct reviewed/developed by June 2022
7. Database for monitoring traditional and alternative medicine services established by 2022



**Key Performance Indicators:**

- a) Number of registered TAHPs
- b) Number facilities registered
- c) Capacity building plan for traditional health services in place
- d) Level of Traditional medicine awareness to conventional health practitioners increased from 10% to 30%
- e) Traditional and Alternative Medicine Referral Guidelines in place
- f) Number of Legislations, regulations, guidelines, standards, ethics and codes of conduct reviewed/developed
- g) Database for monitoring traditional and alternative medicine services in place

**3.4.2. OBJECTIVE D: Institutional capacity of the Ministry to implement its core functions enhanced.**

**Rationale:**

The institution capacity is the foundation for supporting core functions of public institutions through provision of effective and efficient internal services such as policy and planning, administration and traditional and alternatives medicine Section, human resources management, finance and accounting, internal audit, procurement, legal, communication and ICT. The Ministry needs efficient and functioning internal services in order to improve the quality of services delivery to stakeholders.

However, the Ministry is facing a number of challenges which includes but not limited to unequal distribution of the formally trained human resources for health between urban and rural areas dealing with traditional and alternative medicine, fragmentation of health financing sources, moral decay and ethics, insignificant increase in number and quality of infrastructure, facilities, inadequate information, inadequate capacity to absorb changes in traditional and alternative health care services technology and low staff morale to promote traditional and alternative medicine. To address these challenges, the following strategies will be adopted.

**Strategies:**

1. Strengthen traditional and alternative health services management at all levels
2. Collaborate with stakeholders to perform core functions of monitoring, regulation, promotion and support the development of traditional and alternative health services
3. Strengthen functions and systems for accountability, ethics and transparency
4. Strengthen institutional leadership, management and planning.
5. Enhance Traditional and Alternative Medicine financing.
6. Strengthen partnership in the delivery of TAM services at all levels

**Targets:**

1. 208 TAM Coordinators from 26 Regions and 182 Councils trained on Traditional and alternative Medicine Management skills by June 2022
2. Working tools, equipment and facilities for Traditional and Alternative Medicine Section, TAHPC, Region and Council in place by June 2022,
3. TAM communication strategy developed by June, 2022

4. Traditional and alternative Medicine Coordination, harmonized by June 2022,
5. Traditional and Alternative Medicine joint Stakeholders Plan developed by June 2022,
6. Traditional and Alternative Medicine streamlined in Ministry's SWAp Committees by June 2022,
7. Traditional and Alternative Medicine marketing strategy developed by June 2022.

### **Key Performance Indicators**

- a) Number of TAM Coordinators trained on Traditional and alternative Medicine Management
- b) Working tools, equipment and facilities in place
- c) Number of meetings conducted
- d) TAM communication strategy in place
- e) Plan for Stakeholders Involvement developed
- f) Number of SWAp Committees meetings conducted.
- g) Traditional and Alternative Medicine marketing strategy document in place.

### **3.4.3. OBJECTIVE E: Research, training and continuous professional development improved**

#### **Rationale:**

Institutional performance is a function of various activities including research, training and continuous professional development. Training and continuous professional development improves the availability and quality of staff and increase the level of individual and organizational competences. On the other hand, research plays a critical role in providing evidence to guide decision making, institutional development and technology transformation.

However, there are a number of challenges facing the institution capacity to promote research, training and continuous professional development in TAM. These include inadequate utilization and dissemination of TAM research findings, TAM capacity to absorb changes in health services technologies, weak institutionalization of TAM continuous professional development in health and inadequate TAM skilled human resources for health. To address these challenges, the following strategies will be adopted.

#### **Strategies:**

- 1) Strengthen research in Traditional and Alternative Medicine
- 2) Promote and support appropriate training and research development in TAM
- 3) Increase the utilization of traditional medicine research findings
- 4) Advocate for in country manufacturing and Production of TAM commodities through partnerships

#### **Targets:**

1. Curricula of Traditional Medicine developed by 2022
2. Accreditation standards for Traditional Medicine Training developed by 2022
3. 5 Medicinal products produced and registered by 2022

4. 5 medicinal resources for use in the country promoted by 2022

### **Key Performance Indicators**

- a) Curricula of Traditional Medicine in place
- b) Number of Traditional and Alternative Medicine researches conducted
- c) Number of new traditional and alternative medicines produced
- d) Number of Traditional Medicine Research trainings provided

### **3.4.4. OBJECTIVE F: Prevention and control of communicable, non communicable and neglected tropical diseases improved**

#### **Rationale:**

Prevention and control of communicable and non-communicable diseases is critical for enhancing the wellbeing and quality of life. It involves provision of immunization services, health promotion, rehabilitation services, prevention, treatment, care and support. The commonest communicable diseases are Malaria, HIV and AIDS, Tuberculosis, and Neglected Tropical Diseases. On the other hand, non-communicable include but not limited to cancers, cardiovascular diseases, liver and kidney diseases, diabetes, trauma and injuries and these stand to be the most major causes of mortality, morbidity and disability.

However, the prevention and control of communicable, non-communicable and Neglected Tropical Diseases faces a number of challenges including: high burden of communicable and non-communicable diseases, limited quality medicines, inadequate adherence to infection prevention control, inadequate implementation of environmental pollution control strategies, inadequate skilled human resources for traditional and alternative health and non-adherence to standards and specifications for health care delivery. To address these challenges, the following strategies will be adopted.

#### **Strategies:**

Strengthen partnership between TAM and conventional health practitioners in the prevention and control of communicable, non-communicable and neglected tropical diseases.

#### **Targets:**

- 1) 75% of registered TAHP's sensitized on prevention of diseases by 2022
- 2) Continuing and professional development for TAHPs implemented by 2022
- 3) Preventive traditional medicine practices advocated by June 2022
- 4) Dialogue fora between TAM and conventional health practitioners conducted at all levels by June 2022

### **Key Performance Indicators**

- a) Percentage of registered TAHP's sensitized
- b) Number of trainings sessions provided
- c) Number of Meetings, Workshops and Public campaign carried out
- d) Number of brochures and fliers in place

**Table 2: OBJECTIVES, TARGETS AND KEY PERFORMANCE INDICATORS MATRIX**

<b>Objective</b>	<b>Strategies</b>	<b>Targets</b>	<b>Key Performance Indicators</b>
<b>C: Health and Social Welfare Services improved</b>	Strengthen traditional and alternative health services	Registered THPs increased from 13,000 to 60,000 by June 2022	Number of registered THPs
		Registered traditional and alternative health facilities increased from 112 to 672 by June 2022	Number of facilities registered
	Ensure training of traditional health practitioners in order to provide quality services.	Capacity building plan for traditional health services developed by June 2022	Capacity building plan for traditional health services in place
	Increase awareness on traditional and alternative medicine to conventional practitioners	Traditional medicine awareness to conventional health practitioners increased from 10% to 30% by June 2022	Level of Traditional medicine awareness to conventional health practitioners increased from 10% to 30%
	Develop guidelines for enabling referral system	Traditional and Alternative Medicine Referral Guidelines developed by June 2022	Traditional and Alternative Medicine Referral Guidelines in place
	Monitor Legislations, Regulation, Guidelines, Standards, Ethics and code of conduct.	Legislations, regulations, guidelines, standards, ethics and codes of conduct reviewed/developed by June 2022	Number of Legislations, regulations, guidelines, standards, ethics and codes of conduct reviewed/developed
	Strengthen traditional and alternative medicine monitoring	Database for monitoring traditional and alternative medicine services established by 2022	Database for monitoring traditional and alternative medicine services in place
<b>D: Institutional capacity of the Ministry to implement its core functions enhanced</b>	Strengthen traditional and alternative health services management at all levels	208 TAM Coordinators from 26 Regions and 182 Councils trained on Traditional and alternative Medicine Management skills by June 2022	Number of TAM Coordinators trained on Traditional and alternative Medicine Management
	Collaborate with stakeholders to perform core functions of monitoring, regulation, promotion and support the development of traditional and alternative health services	Working tools, equipment and facilities for Traditional and Alternative Medicine Section, TAHPC, Region and Council in place by June 2022,	Working tools, equipment and facilities in place
	Strengthen functions and systems for accountability, ethics and transparency	Traditional and alternative Medicine Coordination, harmonized by June 2022,	Number of meetings conducted
		TAM communication strategy developed by June, 2022	TAM communication strategy in place
	Strengthen partnership in the delivery of TAM services at all levels	Traditional and Alternative Medicine joint Stakeholders Plan developed by June 2022,	Traditional and Alternative Medicine joint Stakeholders Plan in place
Strengthen institutional leadership, management and planning	Traditional and Alternative Medicine streamlined in Ministry's SWAp Committees by June 2022,	Number of SWAp Committees meetings conducted.	

Objective	Strategies	Targets	Key Performance Indicators
	Enhance Traditional and Alternative Medicine financing	Traditional and Alternative Medicine marketing strategy developed by June 2022	Traditional and Alternative Medicine marketing strategy document in place.
<b>E:</b> Research, training and continuous professional development improved	Strengthen research in Traditional and Alternative Medicine	Curricula of Traditional Medicine developed by 2022	Curricula of Traditional Medicine in place
	Promote and support appropriate training and research development in TAM	Accreditation standards for Traditional Medicine Training developed by 2022	Number of Traditional and Alternative Medicine researches conducted
		TAM research and development conducted	
	Increase the utilization of traditional medicine research findings	5 Medicinal products produced and registered by 2022	Number of new traditional and alternative medicines produced
	Advocate for in country manufacturing and Production of TAM commodities through partnerships	5 Medicinal products produced and registered by 2022	Number of new traditional and alternative medicines produced
5 medicinal resources for use in the country promoted by 2022		Number of Traditional Medicine Research trainings provided	
<b>F:</b> Prevention and control of communicable, non communicable and neglected tropical diseases improved.	Strengthen partnership between TAM and conventional health practitioners in the prevention and control of communicable, non communicable and neglected tropical diseases.	75% of registered TAHP's sensitized on prevention of diseases by 2022	Percentage of registered TAHP's sensitized
		Continuing and professional development for TAHPs implemented by 2022	Number of trainings sessions provided
		Dialogue fora between TAM and conventional health practitioners conducted at all levels by June 2022	Number of Meetings, Workshops and Public campaign carried out
		Preventive traditional medicine practices advocated by June 2022	

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## CHAPTER FOUR RESULTS FRAMEWORK

### 4.1. Purpose and Structure

The Results Framework shows the Monitoring, Evaluation and Reporting mechanisms as a management tools in essential elements to be undertaken for the purpose of improving institutional performance. This will be done by focusing implementation on results and using the feedback of M&E information to adjust implementation and to ensure transparency and accountability. To attain that, effective monitoring and evaluation will be conducted to track progress and identify gaps to be addressed in different levels of implementation.

### 4.2. Linkage with National Planning Frameworks

This Strategic Plan has four objectives which contribute to Tanzania Development Vision (TDV 2025) which substantially aim to transform the country to middle income status by 2025. The TDV 2025 target 5 aims at achieving a **competitive economy capable of producing sustainable and shared benefits**; the Five Year Development Plan II (2016/17 – 2020/21) focus to **Nurturing Industrialization for Economic transformation and Human Development**. Other policies which used as a basis for this plan includes the Health Policy 2007, the Primary Health Services Development Program (2007-2017), The Health Sector Strategic Plan IV (2015-2020), Traditional and Alternative Medicine Act CAP 244 of the year 2002, Also, this Strategic Plan intends to contribute implementation of the Ruling Party Manifesto 2015.

### 4.3. Monitoring, Reviews and Evaluation Plan

This sub section gives information on Monitoring Plan, Planned Reviews and Evaluation Plan which will cover the five years of the strategic plan.

#### 4.3.1. Monitoring Plan

The monitoring plan consists of indicators and indicator description, baseline value for each indicator; indicator targets values, frequency of data collection and means of verification, frequency of reporting and responsible person for data collection, analysis and reporting.

**Table 3: Monitoring Plan Matrix**

No.	Indicator	Indicator Description	Baseline		Indicator Target Value					Data collection and Method of analysis			Means of Verification	Frequency of Reporting	Responsibility of Data Collection
			Date	Value	Year1	Year2	Year3	Year4	Year5	Data source	Data collection Instruments/ Methods	Frequency of Data Collection			
C	Number of registered THPs	This indicator measures the number of Traditional and Alternative Health Practitioners registered	2016	13,000	21,000	33,000	45,000	57,000	75,000	Traditional and Alternative Health Practitioners register	Practitioners Register	Monthly	Traditional and Alternative Council Meetings and Reports	Monthly, Quarterly, Semi-Annually and Annually	TAHPC
	Number of facilities registered	This indicator measures the number of Traditional and Alternative Health facilities registered	2016	0	8,000	12,000	12,000	12,000	18,000	Traditional and Alternative Health facilities register	Health facilities register	Monthly	Traditional and Alternative Council Meetings and Reports	Monthly, Quarterly, Semi-Annually and Annually	TAHPC
	Capacity building plan for traditional health services in place	This indicator measures whether the Capacity building plan for traditional health service is available	2016	0		1				Section Reports	Reports	Yearly	Traditional and Alternative Section Meetings and Reports	Yearly	ADTM
	Level of Traditional medicine awareness to conventional health practitioners	This indicator measures the percentage of conventional health practitioners' awareness on Traditional and Alternative medicine	2016	17%	28%	44%	60%	76%	100%	A survey on the Traditional medicine awareness to conventional health practitioners	Questionnaires, Interviews	Yearly	Survey Reports	Yearly	ADTM



No.	Indicator	Indicator Description	Baseline		Indicator Target Value					Data collection and Method of analysis			Means of Verification	Frequency of Reporting	Responsibility of Data Collection	
			Date	Value	Year1	Year2	Year3	Year4	Year5	Data source	Data collection Instruments/ Methods	Frequency of Data Collection				
	Traditional and Alternative Medicine Referral Guidelines in place	This indicator shows whether Traditional and Alternative Medicine Referral Guidelines is available	2016	0	1						Section Reports	document	Yearly	Traditional and Alternative Section Meetings and Reports	Yearly	ADTM
	Number of Legislations, regulations, guidelines, standards, ethics and codes of conduct reviewed/developed	This indicator shows the Number of Legislations, regulations, guidelines, standards, ethics and codes of conduct reviewed/developed	2016	10							TAHPC Reports	document	Yearly	document	yearly	TAHPC
	Database for monitoring traditional and alternative medicine services in place	This indicator shows whether Database for monitoring traditional and alternative medicine services is available	2016	0	1						Section Reports	document	Yearly	Traditional and Alternative Section Meetings and Reports	Yearly	ADTM

No.	Indicator	Indicator Description	Baseline		Indicator Target Value					Data collection and Method of analysis			Means of Verification	Frequency of Reporting	Responsibility of Data Collection	
			Date	Value	Year1	Year2	Year3	Year4	Year5	Data source	Data collection Instruments/ Methods	Frequency of Data Collection				
D	Number of TAM Coordinators trained on Traditional and alternative Medicine Management	208 TAM Coordinators will be trained in groups according to their 4 zones and XX of TAM Coordinators of the drop out	2016/17	208	208	xx	xx	xx	xx	xx	Training & Annual reports	Report Books	Quarterly	Minutes review	Quarterly	TAHPC
	SWAP-TWG for TAM in place	Monthly TAM- TWG committee meetings conducted	2018/19	12	12	12	12	12	12	12	TAM-TWG committee reports	Minutes of the meeting	Monthly	Minutes review	Monthly	ADTAM.
	Working tools, equipment and facilities in place	This indicator intend to measure number of working tools, equipment and facilities in place.	2016/17	12	12	12	12	12	12	12		Assets ledger	Quarterly	Quarterly Progress report	Quarterly	ADTM
	Number of meetings conducted	This indicator intend to measure number of meeting conducted (Weekly, monthly, quarterly and annual)	2016/17	12	12	12	12	12	12	12		Minutes of the meeting	Monthly	Minutes review and attendance list	Quarterly	ADTM
	Plan for Stakeholders Involvement developed	This indicator intend to measure involvement of stakeholders in developing plan.	2016/17	1								Minutes of the meeting	Monthly	Minutes review and attendance list	Quarterly	ADTM
	Number of SWAp Committees meetings conducted.	This indicator aim to measure number of SWAp Committees meetings conducted.	2016/17	12	12	12	12	12	12			Minutes of the meeting	Monthly	Minutes review and attendance list	Quarterly	ADTM

No.	Indicator	Indicator Description	Baseline		Indicator Target Value					Data collection and Method of analysis			Means of Verification	Frequency of Reporting	Responsibility of Data Collection	
			Date	Value	Year1	Year2	Year3	Year4	Year5	Data source	Data collection Instruments/ Methods	Frequency of Data Collection				
	Traditional and Alternative Medicine marketing strategy document in place.	This indicator intend to measure number of Traditional and Alternative Medicine marketing strategy document developed.	2016/17							1	document	Minutes of the meeting	Monthly	Minutes review and attendance list	Quarterly	ADTM
E	Curricula of Traditional Medicine in place	This indicator shows whether the Curricula of Traditional Medicine is in place	2016	0			1				Section Reports		Yearly	Traditional and Alternative Section Meetings and Reports	Yearly	ADTM
	Accreditation standards for Traditional Medicine Training in place	This indicator shows whether the Accreditation standards for Traditional Medicine Training is attained	2016	0				1			Section Reports		Yearly	Traditional and Alternative Section Meetings and Reports	Yearly	ADTM
	Number of medicinal products produced and registered	This indicator shows the number of medicinal products produced and registered	2016	0		1	2	3		5	Traditional and Alternative Section Meetings and Reports		Yearly	Traditional and Alternative Section Meetings and Reports	Yearly	ADTM

No.	Indicator	Indicator Description	Baseline		Indicator Target Value					Data collection and Method of analysis			Means of Verification	Frequency of Reporting	Responsibility of Data Collection
			Date	Value	Year1	Year2	Year3	Year4	Year5	Data source	Data collection Instruments/ Methods	Frequency of Data Collection			
	Number of medicinal resources in use	This indicator shows the number of medicinal resources in use	2016	0		1	2	3	5	Traditional and Alternative Section Meetings and Reports		Yearly	Traditional and Alternative Section Meetings and Reports	Yearly	ADTM TAHPC
F	Percentage of registered TAHP's sensitized	This indicator intend to measure number of registered TAHP's sensitized.	2018/19	1		1	1	0	0	Review of secondary data	Stakeholders meeting reports Field visits	Quarterly	Review meetings	Quarterly	ADTAM.
	Number of trainings sessions provided	This indicator aim to measure % of registered TAHP's sensitized on prevention of Diseases.	2017/18	45000	9000	9000	9000	9000	9000	Council Register Book	Registration Forms	Quarterly	Council register Book	Quarterly	TAHPC.
	Number of Meetings, Workshops and Public campaign carried out	This indicator intends to measure number of meetings , workshop and public campaign conducted	2017/18	45,000	9,000	9,000	9,000	9,000	9,000	reports	Minutes of the meeting and attendance list	Monthly	Minutes review and attendance list	Quarterly	TAHPC
	Number of brochures and fliers in place	This indicator intend to measure number of brochures and fliers in place	2016/17							brochures and fliers	Store ledger	Quarterly	Stock taking	Quarterly	TAHPC ADTM

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### 4.3.2. Planned Reviews

These are reviews that aim to obtain progress status on the implementation of strategic plan.

### 4.3.3. Review Meetings

This involves various meetings that will be conducted to track progress on the milestones, activities and targets/outputs critical for achievement of institution objectives. The plan shows type of meetings, frequency, designation of chairpersons and members in each meeting.

**Table 4: Planned Review Meetings**

No.	Type of Meeting	Frequency	Designation of the chairperson	Participants
1.	Ministerial Management Meeting	Weekly	PS	Directors, Assistant Directors and Program Managers
2.	Directorate Management Meeting	Weekly	DCS	Assistant Directors and Program Managers
3.	Section Management Meeting	Weekly	ADTM	Section staff members and Council secretariat
4	TAM TWG meetings	Monthly	ADTM	TWG Members
5	RHMT Management	Monthly	RMO	RHMT Members
6	CHMT	Monthly	DMO/MMOH	CHMT Members
7	TAHPC	Quarterly	Chairman of TAHPC	Council members

#### 4.3.4. Evaluation Plan

The evaluation plan is a roadmap that identifies the goals and studies to be conducted during the plan, description of each evaluation, evaluation questions, methodology, timeframe and the responsible person. One evaluation will be conducted over the period of five years and intend to obtain evidence as to whether the interventions and outputs achieved have led to the achievement of the outcomes as envisioned in the Strategic Plan outputs. The Evaluation Plan matrix is detailed below;

**Table 5: Evaluation Plan**

No.	Evaluations	Description	Evaluation Questions	Methodology	Time frame	Responsible person
	Survey on traditional medicine awareness to convectional/ modern health practitioners	This survey aim to assess awareness/appreciation of modern practitioners on traditional medicine.	<ul style="list-style-type: none"> <li>• Are you aware of TAM policies, guidelines, legislation, regulations, and standards?</li> <li>• Have you ever involved on TAM providers?</li> <li>• Do you appreciate their services?</li> </ul>	<ul style="list-style-type: none"> <li>•Field visit</li> <li>•Questionnaire</li> <li>•Interviews</li> </ul>	2 month	ADTM

#### **4.4. Reporting Plan**

Reporting plan describes the procedures and types of reports that will be produced for proper monitoring. It is comprised of internal and external reporting plan. In this context, this section provides details of the reporting plan for the period of five years of implementation.

#### **4.5. Internal Reporting Plan**

Internal reporting plan clearly defines individual's roles and responsibilities for implementing and maintaining the planned targets. It aims at minimizing the time spent in preparing for submission of reports and afford for more time to focus on plan implementation. For effective implementation of the strategic plan, several reports will be prepared and shared internally (Directors and to the head of sections/units) so as to track progress and challenges during implementation. These reports include monthly section reports, quarterly and annual progress reports. The table below shows the detailed Internal Reporting Plan:-

**Table 6: Internal report**

<b>S/N</b>	<b>Type of Report</b>	<b>Recipient</b>	<b>Frequency</b>	<b>Responsible Person</b>
1.	Quarterly Progress Report	DCS	Quarterl	ADTM
2.	Mid Year Progress Report	DCS	Mid	ADTM
3.	Annual Progress Report	DCS	Annuall	ADTM

#### **4.6. External Reporting Plan**

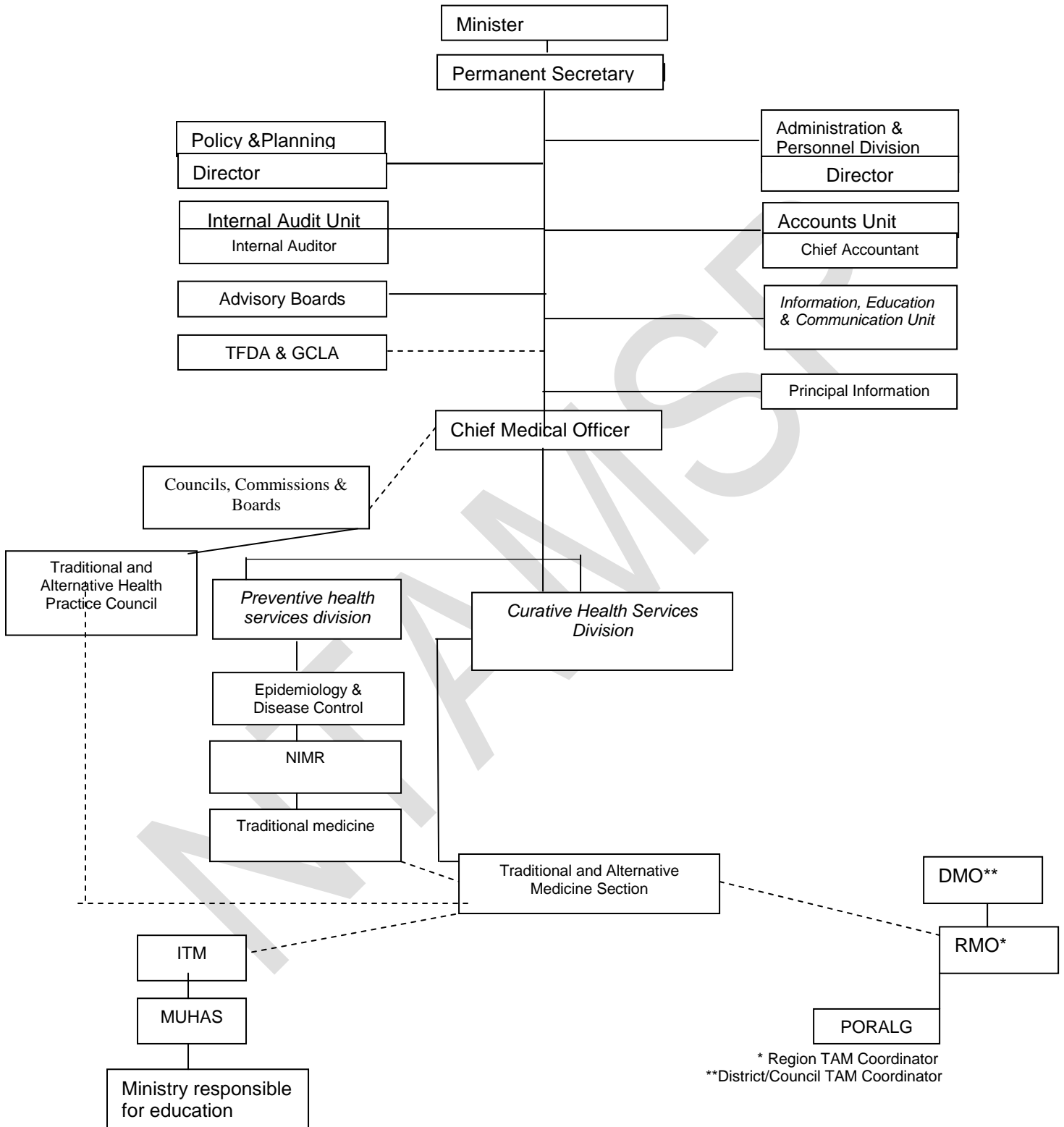
This type of reporting involves different categories of reports submitted at various levels. The reports which are submitted to external users include the following; quarterly and annual performance reports, financial reports as well as projects implementations reports.

**Table 7: External Reporting Plans Matrix**

<b>S/N</b>	<b>Type of Reports</b>	<b>Recipient</b>	<b>Frequency</b>	<b>Responsible Person</b>
1	Progress Traditional Medicine Development Report	WHO-African Region	Annually	MOHCDGEC
2	Progress Traditional Medicine Development Report	EAC	Annually	MOHCDGEC
3	Progress Traditional Medicine Development Report	SADC	Annually	MOHCDGEC
4	Progress Traditional Medicine Development Report	African Union	Annually	MOHCDGEC



# APPENDIX I: HEALTH PART OF THE MINISTRY'S ORGANISATION STRUCTURE



## APPENDIX II: STRATEGIC PLAN MATRIX

Objective	Strategies	Targets	Key Performance Indicators	Responsibility
C: Health and Social Welfare Services improved	Strengthen traditional and alternative health services	Registered THPs increased from 13,000 to 60,000 by June 2022	Number of registered THPs	TAHPC Coordinators
		Registered traditional and alternative health facilities increased from 112 to 672 by June 2022	Number of facilities registered	TAHPC Coordinators
	Ensure training of traditional health practitioners in order to provide quality services.	Capacity building plan for traditional health services developed by June 2022	Capacity building plan for traditional health services in place	ADTM TAHPC Coordinators
	Increase awareness on traditional and alternative medicine to conventional practitioners	Traditional medicine awareness to conventional health practitioners increased from 10% to 30% by June 2022	Level of Traditional medicine awareness to conventional health practitioners increased from 10% to 30%	ADTM TAHPC Coordinators
	Develop guidelines for enabling referral system	Traditional and Alternative Medicine Referral Guidelines developed by June 2022	Traditional and Alternative Medicine Referral Guidelines in place	ADTM
	Monitor Legislations, Regulation, Guidelines, Standards, Ethics and code of conduct.	Legislations, regulations, guidelines, standards, ethics and codes of conduct reviewed/developed by June 2022	Number of Legislations, regulations, guidelines, standards, ethics and codes of conduct reviewed/developed	TAHPC
	Strengthen traditional and alternative medicine monitoring	Database for monitoring traditional and alternative medicine services established by 2022	Database for monitoring traditional and alternative medicine services in place	ADTM TAHPC
D: Institutional capacity of the Ministry to implement its core functions enhanced	Strengthen traditional and alternative health services management at all levels	208 TAM Coordinators from 26 Regions and 182 Councils trained on Traditional and alternative Medicine Management skills by June 2022	Number of TAM Coordinators trained on Traditional and alternative Medicine Management	TAHPC
	Collaborate with stakeholders to perform core functions of monitoring, regulation, promotion and support the development of traditional and alternative health services	Working tools, equipment and facilities for Traditional and Alternative Medicine Section, TAHPC, Region and Council in place by June 2022,	Working tools, equipment and facilities in place	ADTM TAHPC Coordinators
	Strengthen functions and systems for accountability, ethics and transparency	Traditional and alternative Medicine Coordination, harmonized by June 2022,	Number of meetings conducted	ADTM
		Traditional and Alternative Medicine Stakeholders Involvement Plan developed by June 2022,	Plan for Stakeholders Involvement developed	ADTM
	Strengthen institutional leadership, management and planning	Traditional and Alternative Medicine streamlined in ministry's SWAp Committees by June 2022,	Number of SWAp Committees meetings conducted.	ADTM

Objective	Strategies	Targets	Key Performance Indicators	Responsibility
	Enhance Traditional and Alternative Medicine financing	Traditional and Alternative Medicine marketing strategy developed by June 2022	Traditional and Alternative Medicine marketing strategy document in place.	ADTM
E: Research, training and continuous professional development improved	Strengthen research in Traditional and Alternative Medicine	Curricula of Traditional Medicine developed by 2022	Curricula of Traditional Medicine in place	ADTM TAHPC
	Promote and support appropriate training and research development	Accreditation standards for Traditional Medicine Training developed by 2022	Number of Traditional and Alternative Medicine researches conducted	ADTM TAHPC
		5 Medicinal products produced and registered by 2022	Number of new traditional and alternative medicines produced	TAHPC
		5 medicinal resources for use in the country promoted by 2022	Number of Traditional Medicine Research trainings provided	TAHPC ADTM
F: Prevention and control of communicable, non communicable and neglected tropical diseases improved.	Promote Traditional and Alternative Medicine for prevention and control of communicable, non communicable and neglected tropical diseases.	75% of registered TAHP's sensitized on prevention of diseases by 2022	Percentage of registered TAHP's sensitized	TAHPC Coordinators
		Continuing and professional development for TAHPs implemented by 2022	Number of trainings sessions provided	ITM/TAHPC Coordinators
		Preventive traditional medicine practices advocated by June 2022	Number of Meetings, Workshops and Public campaign carried out	TAHPC/ADTM Coordinators
			Number of brochures and fliers in place	TAHPC/ADTM

**APPENDIX III: PRIORITY TRADITIONAL AND ALTERNATIVE MEDICINE ACTIVITIES TO BE INCLUDED IN THE CCHP FOR THE YEAR 2017/18 - 2021/22**

<b>PRIORITY AREA</b>	<b>PROBLEM</b>	<b>TARGET</b>	<b>INTERVENTION</b>	<b>ACTIVITY</b>	<b>OUTPUT INDICATOR</b>	<b>COUNCIL/REGIONAL TARGETS</b>
<b>Number 12:</b> Traditional medicine and alternative healing	existence of un registered traditional and alternative health practitioners the council/region	Registered THPs increased from 13,000 to 60,000 by June 2022	mapping and registration	To conduct mapping and registration of ..... traditional and alternative health practitioners in the councils/region by June 2018-22	.....number of traditional and alternative health practitioners identified	All Traditional and alternative health practitioners identified and geographically located
			advocacy	to sensitize all councillors, ward and village/mtaa executive officers on traditional medicine policy, act, regulations and guidelines by June, 2018-22	.....number of councillors, ward and village/mtaa executive officers sensitized	All councillors, ward and village/mtaa executive officers and CHMTs enforces Traditional and alternative health practitioners adherence to National guideline
				to sensitize 50 members of CHMTs and 60 modern health practitioners on traditional medicine policy, act, regulations, guidelines, importance of registration and referral of patients by June, 2018-22	.....number of CHMTs and modern health practitioners sensitized	
				To sensitize to ..... traditional healers on national guidelines of traditional medicine by June 2018-22	1: .....number of traditional and alternative health practitioners sensitized 2: .....number of THPs registered	All Traditional and alternative health practitioners adhere to National guideline
				regulatory framework and	To conduct quarterly review meetings with all	number of councillors, CHMTs, traditional and

			practice	councillors, 50 members of CHMTs, 600-1000 traditional and alternative health practitioners, 50 religious leaders and 60 clinicians by June 2018-22	alternative health practitioners, religious leaders and clinicians attended	All Traditional and alternative health practitioners adhere to National guideline
				To conduct quarterly traditional and alternative health practitioners registration checks by June 2018-22	1: number of checks conducted 2: number of THPs registered	
	existence of un registered traditional and alternative health facilities the council/region	registered traditional and alternative health facilities increased from 112 to 672 by June 2022	mapping and registration	To conduct mapping and registration of ..... traditional and alternative health facilities in the councils/region by June 2018-22	.....number of traditional and alternative health facilities identified	All Traditional and alternative health facilities identified and geographically located
				To sensitize to ..... TAHPs having modern traditional and alternative health facilities by June 2018-22	1: .....number of traditional and alternative health practitioners sensitized 2: .....number of facilities registered	
	existence of un registered traditional medicines the council/region	5 Medicinal products produced and registered by 2022	mapping of traditional medicine producers and registration	To conduct mapping and registration of ..... traditional medicine producing facilities in the councils/region by June 2018-22	.....number of traditional medicine producing facilities identified	All Traditional and alternative health facilities identified and geographically located
				To sensitize to ..... TAHPs on registering traditional medicines by June 2018-22	1: .....number of traditional health practitioners sensitized 2: .....number of traditional medicines	

					registered	
	existence of disease/conditions requiring referral by traditional and alternative health practitioners the council/region	Traditional and Alternative Medicine Referral Guidelines developed by June 2022	mapping and registration	To conduct mapping of diseases/conditions requiring referral in the councils/region by June 2018-22	.....number of traditional and alternative health facilities identified	All Traditional and alternative health practitioners identified and geographically located
				To sensitize to ..... TAhPs referring cases to modern health facilities by June 2018-22	1: .....number of traditional and alternative health practitioners sensitized 2: .....number of facilities registered	
	existence of un coordinated traditional and alternative health practitioners associations	Traditional and alternative Medicine Coordination, harmonized by June 2022 (traditional and alternative health practitioners association coordinated)	mapping and coordinating	To conduct mapping and coordinating ..... traditional and alternative health practitioners association in the councils by June 2018-22	.....number of traditional and alternative health practitioners association identified	All Traditional and alternative health practitioners association in the council identified
			advocacy	to sensitize traditional and alternative health practitioners associations to formulate umbrella association by June, 2018-22	1: number of traditional and alternative health practitioners association sensitized 2: umbrella association formed	All Traditional and alternative health practitioners adhere to National guideline
			regulatory framework and practice	To conduct quarterly meetings with umbrella association leadership by June 2018-22	number of umbrella association leadership attended	
	existence of murder and violence associated with traditional	Traditional and alternative Medicine Coordination, harmonized by June 2022 (traditional and	formulating and coordinating	To formulate and coordinate traditional and alternative health practitioners committees in each ward in the	number of ward traditional health practitioners committees formulated	All Traditional and alternative health practitioners adhere to National laws and guidelines

	medicine practice	alternative health practitioners committees formulated and coordinated)		councils by June 2018-22		
			advocacy	to sensitize traditional health practitioners to formulate committees dealing with murder and violence associated with traditional medicine practice by June, 2018-22	1: number of traditional health practitioners sensitized to formulate committees 2: ward committees to deal with murder and violence associated with traditional medicine formed	
			regulatory framework and practice	To conduct quarterly meetings with committees by June 2018-21	number of committees members attended	
	Pregnant mothers delay from traditional midwifery (TBAs) came with complications	Traditional and Alternative Medicine Referral Guidelines developed [Pregnant mothers delivering at home with the support of traditional midwifery (TBAs) reduced from 49% to 19%] by June 2022	mapping and referral customization	To conduct mapping and referral customization to ..... traditional midwifery (TBAs) in the councils by June 2018-22	number of traditional midwifery (TBAs) identified	All Traditional midwifery (TBAs) identified and geographically located
			advocacy	To sensitize ..... traditional midwifery (TBAs) on importance of referral of pregnant mothers to modern health facilities by June 2018-22	1: number of traditional midwifery (TBAs) sensitized 2: referral of pregnant mothers to modern health facilities increased	All traditional midwifery (TBAs) adhere to (referral system) National guideline
			regulatory framework and practice	To carryout quarterly supportive supervision to ..... traditional midwifery (TBAs) by	number of traditional midwifery (TBAs) supervised	

				June 2018-22		
	Low community awareness and understanding of traditional medicine and alternative healing	Legislations, regulations, guidelines, standards, ethics and codes of conduct reviewed/developed by June 2022 (community awareness and understanding of traditional medicine alternative healing increased from 10% to 40%)	removal of advertisement posts	To identify and removal of all un-required traditional medicine advertisement posts in the councils by June 2018-22	number of un required traditional medicine advertisement posts removed	All Traditional and alternative health practitioners adhere to National guidelines
			advocacy	To sensitize the community using local media on national guidelines of traditional medicine by June 2018-22	1: number of sensitisation performed 2: community aware of quacks and hence controls them	
			regulatory framework and practice	To carryout quarterly checks on unwanted advertisement posts by June 2018-22	number of checks attained	
	Low ability to develop and keep records of patients by THPs	Capacity building plan for traditional health services developed by June 2022 (THPs ability to develop and keep records of patients increased from 0% to 10%)	training and keeping records	To conduct training to 600-1000 THPs to develop and keep records in the councils by June 2018-22	number of THPs trained	All Traditional and alternative health practitioners adhere to National guidelines
			advocacy	To sensitize 600-1000 THPs on the importance of developing and keeping records by June 2018-22	1: number of THPs sensitized 2: records developed and kept by THPs	
			regulatory framework and	To carryout quarterly supervision to 600 THPs	number of supervisions performed	



			practice	by June 2018-21		
	Low quality of traditional medicines used	Capacity building plan for traditional health services developed by June 2022 (awareness and understanding of the importance of developing medicinal botanical gardens for traditional medicines increased from 0% to 5%)	awareness on medicinal botanical gardens	To sensitize 600-1000 THPs on developing medicinal botanical gardens in the councils by June 2018-22	number of THPs on developing medicinal botanical gardens sensitised	quality of traditional medicines used adhere to National guidelines
			advocacy	To sensitize the community using local media on developing medicinal botanical gardens, cultivating, growing, protecting and conserving medicinal resources by June 2018-22	1: number of sensitisation performed 2: number of botanical gardens developed 3: number of communities with conservation areas	
				to sensitize 600-1000 THPs on developing medicinal botanical gardens by June, 2018-22	1: number of THPs sensitized 2: number of THPs with botanical gardens	
			regulatory framework and practice	To carryout quarterly supervision and checks on medicinal botanical gardens developed and community conservation areas in the council by June 2018-22	number of supervision and checks performed	
	insufficient information on traditional medicine in the council	Capacity building plan for traditional health services developed by June 2022 (information on traditional medicine	operational research	To conduct operational research in traditional medicine in the councils by June 2018-22	information on traditional medicine gathered	

		increased from 5% to 10%)				
			advocacy	To sensitization to 600-1000 THPs to provide information on traditional medicine services by June 2018-22	number of THPs participated	The utilization of traditional medicine research findings adhere to National guidelines
			regulatory framework and practice	To conduct annually meetings with 600-1000 THPs and 60 clinicians by June 2018-22	number of THPs and clinicians attended	
	Low quality facilities providing traditional medicine and alternative healing services	Capacity building plan for traditional health services developed by June 2022 (Facilities providing traditional medicine and alternative healing services improved from 0% to 5%)	awareness on improved facilities for traditional and alternative healing service	To conduct mapping and registration of improved 20 traditional medicine and alternative healing facilities in the councils by June 2018-22	number of traditional healers identified	All improved Traditional and alternative healing facilities identified and geographically located
			advocacy	To sensitization to 600-1000 traditional healers on traditional and alternative medicine national facility guidelines by June 2018-22	1: number of traditional healers sensitized 2: number of improved traditional and/or alternative health facilities	All Traditional practitioners and healers adhere to National guideline
			regulatory framework and practice	To carryout quarterly traditional medicine facilities checks by June 2018-22	number of checks attained	
	modern health practitioners fail to follow traditional medicine practice	Traditional medicine awareness to conventional health practitioners increased from 10% to 30% by June 2022 (modern health practitioners	documenting and recording	To conduct documenting and recording the existing traditional medicine practice in the councils by June 2018-22	number and types of traditional medicine practice identified	All Traditional medicine practices identified and geographically located

		failure to follow traditional medicine reduced from 5% to 30%)				
			advocacy	To sensitization to 600-1000 traditional healers regarding documenting and recording the existing traditional medicine practice by June 2018-22	number of traditional healers sensitized	
			regulatory framework and practice	To conduct annual meeting with 600-1000 traditional healers, 60 clinicians by June 2018-22	number of traditional healers, and clinicians attended	

**APPENDIX IV: TARGET COSTS**

Objective	Strategies	Targets	Responsible	Budget	TIMEFRAME				
					2017/18	2018/19	2019/20	2020/21	2021/22
C: Health and Social Welfare Services improved	Strengthen traditional and alternative health services	Registered THPs increased from 13,000 to 60,000 by June 2022	TAHPC	240,000,000					
		registered traditional and alternative health facilities increased from 112 to 672 by June 2022	TAHPC	240,000,000					
	Ensure training of traditional health practitioners in order to provide quality services.	Capacity building plan for traditional health services developed by June 2021	ADTM	120,000,000					
	Increase awareness on traditional and alternative medicine to conventional practitioners	Traditional medicine awareness to conventional health practitioners increased from 10% to 30% by June 2022	Council and Regional Coordinators	50,000,000					
	Develop guidelines for enabling referral system	Traditional and Alternative Medicine Referral Guidelines developed by June 2022	ADTM	75,000,000					
		Pregnant mothers delivering at home with the support of TBAs reduced from 49% to 19% by June 2022	ADTM TAHPC Coordinators at Council and Regional level	50,000,000					
	Monitor Legislations, Regulation, Guidelines, Standards, Ethics and code of conduct.	Legislations, regulations, guidelines, standards, ethics and codes of conduct reviewed/developed by June 2022	TAHPC	150,000,000					
	Strengthen traditional and alternative medicine monitoring	Database for monitoring traditional and alternative medicine services	ADTM TAHPC	150,000,000					

Objective	Strategies	Targets	Responsible	Budget	TIMEFRAME				
					2017/18	2018/19	2019/20	2020/21	2021/22
		established by 2022							
		THPs ability to develop and keep records of patients increased from 0% to 10% by June, 2022	ADTM TAHPC Coordinators at Council and Regional level	120,000,000					
		Strengthen coordination of traditional and alternative health practitioners associations by June, 2021	ADTM Coordinators at Council and Regional level	25,000,000					
D: Institutional capacity of the Ministry to implement its core functions enhanced	Strengthen traditional and alternative health services management at all levels	208 TAM Coordinators from 26 Regions and 182 Councils trained on Traditional and alternative Medicine Management skills by June 2022	TAHPC	180,000,000					
	Collaborate with stakeholders to perform core functions of monitoring, regulation, promotion and support the development of traditional and alternative health services	Working tools, equipment and facilities for Traditional and Alternative Medicine Unit in place by June 2022,	ADTM TAHPC Coordinators at Council and Regional level	60,000,000					
	Strengthen functions and systems for accountability, ethics and transparency	Traditional and alternative Medicine Coordination, harmonized by June 2022,	ADTM TAHPC Coordinators at Council and Regional level	60,000,000					
		Existence of murder and violence associated with traditional health practice reduced by June 2022	ADTM TAHPC Coordinators at Council and Regional level	180,000,000					

Objective	Strategies	Targets	Responsible	Budget	TIMEFRAME				
					2017/18	2018/19	2019/20	2020/21	2021/22
		Traditional and Alternative Medicine Stakeholders Involvement Plan developed by June 2022,	ADTM TAHPC	56,000,000					
	Strengthen institutional leadership, management and planning	Traditional and Alternative Medicine streamlined in ministry's SWAp Committees by June 2022,	ADTM	0					
	Enhance Traditional and Alternative Medicine financing	Traditional and Alternative Medicine marketing strategy developed by June 2022	ADTM TAHPC	65,000,000					
E: Research, training and continuous professional development improved	Strengthen research in Traditional and Alternative Medicine	Curricula of Traditional Medicine developed by 2022	ADTM	50,000,000					
	Promote and support appropriate training and research development	Accreditation standards for Traditional Medicine Training developed by 2022	ADTM TAHPC Research Institutions	50,000,000					
		5 Medicinal products produced and registered by 2022	ADTM TAHPC	48,000,000					
	Strengthen research in Traditional and Alternative Medicine	5 medicinal resources for use in the country promoted by 2022	ADTM TAHPC Coordinators at Council and Regional level	25,000,000					
		Awareness and understanding of the importance of developing medicinal botanical gardens/farms for traditional medicines increased from 0% to 5% by June 2022	ADTM TAHPC Coordinators at Council and Regional level	60,000,000					
F: Prevention and control of	Promote Traditional and Alternative	75% of registered TAHP's sensitized on prevention of	TAHPC Coordinators at	240,000,000					

Objective	Strategies	Targets	Responsible	Budget	TIMEFRAME				
					2017/18	2018/19	2019/20	2020/21	2021/22
communicable, non communicable and neglected tropical diseases improved.	Medicine for prevention and control of communicable, non communicable and neglected tropical diseases.	diseases by 2022	Council and Regional level						
		Continuing and professional development for TAHPs implemented by 2022	ADTM TAHPC	240,000,000					
		Preventive traditional medicine practices advocated by June 2022	ADTM TAHPC Coordinators at Council and Regional level	240,000,000					

## APPENDIX V: LIST OF PARTICIPANTS

S/NO	NAME	TITLE	INSTITUTION
1	Dr. Paulo Peter Mhame	Acting Assistant Director, Traditional and Alternative Medicine	Ministry of Health, Community Development, Gender, Elderly and Children
2	Dr. Mariam Ongara	National PPP Coordinator	Ministry of Health, Community Development, Gender, Elderly and Children
3	Mr. Silvesta Njelekela	Economist	Ministry of Health, Community Development, Gender, Elderly and Children
4	Dr. Ruth R. Suza	Registrar, Traditional and Alternative Health Practice Council	Ministry of Health, Community Development, Gender, Elderly and Children
5	Mr. Simon Ernest	Health Secretary	Ministry of Health, Community Development, Gender, Elderly and Children
6	Dr. Jacob Chembele	Dental Surgeon	Retired Officer
7	Ms. Alphoncina Mahano	Dodoma Region, TAM Coordinator	PO-RALG – Dodoma Region
8	Dr. Rainer Kapinga	Bahi, District Medical Officer	PO-RALG – Bahi District Council
9	Dr. Hamoud J. Ndenge	Dodoma Municipal, TAM Coordinator	PO-RALG – Dodoma Municipal
10	Mr. Ramadhan Nyenzi	Bahi, TAM Coordinator	PO-RALG – Bahi District Council
11	Mr. Yona Ndaiga	Chamwino, TAM Coordinator	PO-RALG – Chamwino District Council
12	Mr. Muhsin Issa	Kibaha, TAM Coordinator	PO-RALG – Kibaha District Council
13	Ms. Reliever Meena	Health Secretary	Ministry of Health, Community Development, Gender, Elderly and Children
14	Ms. Calister Imeda	Research Scientist	National Institute for Medical Research
15	Dr. Ester Innocent	Director, Institute of Traditional Medicine	Muhimbili University of Health and Allied Sciences
16	Mr. Edwin Ninde	Principal Economist	Planning Commission, Ministry of Finance and Planning
17	Mr. Jacob Focas	Principal Economist	Planning Commission, Ministry of Finance and Planning
18	Ms. Marylaura William	Accountant	Ministry of Health, Community Development, Gender, Elderly and Children
19	Ms. Rudia Magoma	Secretary	Ministry of Health, Community Development, Gender, Elderly and Children
20	Ms. Josephine Bernard	Attendant	Ministry of Health, Community Development, Gender, Elderly and Children
21	Mr. Bakari Omar	Driver	Ministry of Health, Community Development, Gender, Elderly and Children
22	Mr. Geoffrey Marijan	Driver	Ministry of Health, Community Development, Gender, Elderly and Children