MEDICAL WOMEN ASSOCIATION OF TANZANIA

MEWATA

MEWATA STRATEGIC PLAN

2018-2020

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ABBREVIATIONS

BCC	Behavior Change Communication
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
FGC/M	Female Genital Cutting/Mutilation
FP	Family Planning
GBV	Gender Based Violence
HTC	HIV Testing and Counseling
IEC	Information, Education, Communication
MDG	Millennium Development Goals
MEWATA	Medical Women Association of Tanzania
MKUKUTA	Mkakati wa Kukuza Uchumi na Kupunguza Umaskini Tanzania
MNCH	Maternal Newborn & Child Health
MOHCDGEC	Ministry of Health,Community Development,Gender,Elderly and Children
MTEF	Midterm Expenditure Framework
NACP	National AIDS Control Program
NGO	Non Governmental Organization
NIMR	National Medical Research Institute
ORCI	Ocean Road Cancer Institute
PORALG	President's Office Regional Administration and Local Government
PMTCT	Prevention of Mother to Child Transmission of HIV
RCH	Reproductive and Child Health
SWOT	Strengths, Weakness, Opportunity and Threats
TACAIDS	Tanzania Commission for AIDS
VCT	Voluntary Counseling and Testing

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President: Dr. MARY BEATRICE CHARLES

Signature: 

EXECUTIVE SUMMARY

This is MEWATA's third strategic plan covering the period of 2018-2020. It is in line with the Association's constitutional articles, revised in 2016 as a means of achieving the aims and objectives as well as national priorities on women and children's health. To position itself in the changing environment MEWATA functions by seeking opportunities to voice its views, collaborate with other organizations in an effort of empowering communities to realize and take charge of their own health. The process of preparing this plan was led by a consultant and it was participatory involving the Executive Committee members, MEWATA members and partners.

MEWATA has made a remarkable progress since its inception in 1987 with less than 20 members. Since then, MEWATA has grown to over 600 eligible members of which by the end of 2016 they were over 100 active members. MEWATA made her image and identity through organizing cervical and breast cancer screening campaigns, with increased accelerated performance from early 1990s. During the last strategic plan (2011-2015), MEWATA managed a project funded by Bristol Myers Squibb Foundation (BMSF) and through that key achievements were Mass screening campaigns which were done in 7 Tanzania mainland regions, i.e Tabora, Mwanza, Iringa Dar-es-Salaam, Mtwara Kilimanjaro and Pwani where a total of 16,282 women were screened for Breast cancer out of which 1.7% were found to have breast lesions and 10,593 women were screened for cervical cancer were 5% of them were found to have cervical lesion.

Despite these achievements MEWATA's main challenge is limited human and financial resources to fully implement plans as desired. Plans are implemented by members who are also employees of various other government and non-governmental organisations. These activities are implemented by members on voluntary basis. The 2011-2015 strategic plan had three thematic areas with several key result areas.

The current plan 2018-2020 will focus on three thematic areas which are (i) service delivery, (ii) MEWATA capacity and (iii) sustainability.

The main goals remain the same, however, thematic areas and results have been refocused to achieve more impact given the challenges and lessons learnt during the 6 year period 2011-2016 of implementation. As shown in the table below:

Table 1: Thematic areas for 2018-2020

	Strategic Component 2011-2015 and result areas (RA)		***Strategic Component- 2018-2020 and result areas***
SC I	REPRODUCTIVE HEALTH AND RIGHTS I	I	SERVICE DELIVERY (MATERNAL HEALTH)
RA	i. Cervical and Breast Cancer ii. Gender Based violence iii.Maternal New Born and Child Health		Cervical and Breast Cancer
SCII	HIV and AIDS	II	MEWATA SUSTAINABILITY
RA	i. Male partners participation in PMTCT/FP ii. Discordant couples		Construction of Well Women Center (Resource mobilization strategy)
SCIII	MEWATA CAPACITY DEVELOPMENT	III	MEWATA CAPACITY BUILDING
RA	i. Health professional ii. Institutional development		i. Advancement of female health professionals ii. Institutional development

For each thematic areas key results expected have been defined, with the corresponding activities and indicators to track progress. Many activities under Maternal health will also cover: gender based violence, screening for HIV and Non Communicable Diseases (NCD). MEWATA will continue to maintain the four approaches namely; networking and partnerships with development and implementing partners, internal capacity strengthening of MEWATA, advocacy to influence the attitudes of decision and policy makers on women health issues and rights and collaboration with researchers to add or understand new knowledge for the purpose of seeking solutions for maternal health challenges. The secretariat in consultation with the Executive Committee members will develop detailed annual work plan. The monitoring tools to track indicators will also form part of annual work plan. The second and third year work plan will be prepared following an internal review of achievements, challenges, activities and the available financial and human resources. This is meant to ensure that annual work plans incorporate lessons learnt, solutions to challenges and enabling factors to the achievements. However, this strategic plan is not costed.

1. BACKGROUND

1.1 MEWATA REGISTRATION AND OBJECTIVES

The Association was officially registered in 1989 with a status of a non-governmental, non-profit, non-partisan and non-religious voluntary organization. This strategic plan 2018-2020 maintains MEWATA registration and objectives as per constitution under under ARTICLE 5. Last year 2017 MEWATA marked 30 years of existence since inception in 1987. MEWATA was founded to address the interests of medical and dental women professionals; by promoting their education, improving standards of professional competences, fostering solidarity and linkages, encouraging and promoting research while advocating for policy changes in the health sector. These are well stipulated in MEWATA's constitution under ARTICLE 5 on aims and objectives; a summary of key phrases representing aims and objectives appear below as follows;

- o Means of promoting outlook and image of a medical women professional body
- o Promote the interest of female medical professionals
- o Foster friendship, professional communication and understanding among medical women
- o Identification of health problems/utilizing members' skills to solve them
- o Promote education for female health professionals
- o Encourage young women to join medical profession
- o Improve and maintain professional standards
- o Foster solidarity with other organizations
- o Conduct and promote research
- o Support members in education, training, service delivery
- o Assist the public with their health
- o Establish information centre
- o Publish and publicize association's activities
- o Advocacy for changes in health policy

These aims are achieved through the development of strategic plans which are translated into annual plans which are then approved by the General Assembly at the Annual General Meetings (AGM's). The Executive Committee headed by the President and other office bearers; oversee the secretariat on regular basis. The secretariat is responsible for handling day-to-day operations of the association including administration, technical and financial reporting, and internal and external communication under the guidance of the Executive Director.

1.2 PROCESS OF DEVELOPING STRATEGIC PLAN

This is MEWATA's third strategic plan which follows the previous plan that ended 2015. The Executive Committee in consultation with MEWATA members across the country recommended that a three year strategic plan be developed instead of five year because two years i.e. 2016- 2017 have passed since the last strategic plan ended. Long strategic plan requires mid-term evaluation which may not be practical given the identified challenges of financial resources. This strategic plan is developed in accordance with the revised 2006 constitution ARTICLE 22 on the functions of the committee, items (b) and (e) , ARTICLE 24 on the Rules and Procedures Governing the Executive Committee, item (iv) , ARTICLE 31 on secretariat, item (iv) and ARTICLE 33 on the duties of the secretariat, item (ii). The development of the strategic plan started with searching for an external facilitator (i.e. developing Terms of reference) , strategy review meeting attended by the members of the Executive committee after revisiting the previous performance in key three thematic areas also regarded as strategic components i.e., (1) SERVICE DELIVERY (Maternal health) (2) MEWATA SUSTAINABILITY (3) MEWATA CAPACITY BUILDING. The process to develop the third MEWATA strategic plan (2018- 2020) involved desk review, development of tools to do the analysis, pre-stakeholders workshop and technical writing workshop. The reviewed past performance involved conducting SWOT analysis by identifying areas of strengths to build on, weaknesses to address, threats to guard against as well as opportunities that can be of advantage. Stakeholders and partners analysis was conducted, priority areas identified, vision and mission reviewed, result areas agreed, activities and output and process indicators were also developed. Priority areas were based on; past performance challenges and lessons learnt, areas where MEWATA was strong in technical expertise and leaving other areas for more placed implementers. Therefore the need to focus on few strategic areas so as to have impact, without losing the objects of why the Association was formed. Other criteria that guided the selection of results areas are:

- Alignment with Association's constitution and objects
- MEWATA's capacity and expertise to implement the interventions
- MEWATA has developmental and potential partners, who support and are interested in MEWATA's vision and mission
- Alignment with country priority to reduce maternal and child mortality, vision 2025 and development goals
- Emerging non-communicable (NCD) diseases
- Issues of Public Health importance (maternal mortality and community need and demand)

Areas that were used to assess progress were basically three; results versus activities to identify achievements and challenges, the progress towards indicators per each strategic component, and lastly the actions undertaken so far for MEWATA's objects translated into aims and objectives.

2. RATIONALE

2.1 MATERNAL HEALTH

2.1.1 Breast and Cervical Cancers

Addressing breast and cervical cancers was identified as one of the result area under thematic area no. 1. The rationale for identification is that; cervical cancer ranks first among the leading reproductive system cancers in the country, causing morbidity and mortality among women aged 15-44 years. The National policy on reproductive, maternal, newborn child and adolescent health has identified breast and cervical cancers screening as one of the key intervention although its operationalization is still weak. About 7,304 new cervical cancer cases are diagnosed annually in Tanzania.

Table 2: Cervical Cancer incidence in Tanzania Estimates for 2012

Indicator	Tanzania	Eastern Africa	World
Annual number of new cancer cases	7,304	45,707	527,624
Crude incidence rate	30.6	25.8	15.1
Age-standardized incidence rate	54.0	42.7	14.0
Cumulative risk (%) at 75 years old	5.8	4.6	1.4

Data accessed on 15 November 2015

When the incidence of cervical cancer is compared to other cancers in women of all ages in Tanzania, the data available indicates that cervical cancer forms 40.6% followed by breast cancer which forms 12.4%. These cancers are the most common among females in Tanzania. According to THMIS (2011-12), 66% of women age 15-49 years reported having heard of cervical cancer. Respondents living in urban areas were more likely to have heard of cervical cancer than women in rural areas (81% vs 61%). The proportion of women who have heard of cervical cancer increased with education level.

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1. ICO Information centre on HPV and cancer (HPV information centre) 2017

2. Human Papillomavirus and Related Diseases Report UNITED REPUBLIC OF TANZANIAVersion posted at www.hpvcentre.net on 19 April 2017. Data accessed on 15 Nov 2015. Data sources: Ferlay J, Soerjomataram I, Ervik M, Dikshit R, Eser S, Mathers C, Rebelo M, Parkin DM, Forman D, Bray F. GLOBOCAN 2012 v1.2, Cancer Incidence and Mortality Worldwide: IARC CancerBase No. 11 [Internet]. Lyon, France: International Agency for Research on Cancer; 2013. Available from: http://globocan.iarc.fr

3. Human Papilloma virus and relates Cancers. Summary report Update. January 29, 2010, HPV Centre.

The annual number of deaths arising from cervical cancer is the highest making it to be a leading cancer in all women of all ages, with 32.5% followed by breast cancer which forms 8.8%. Only 10-20% of the newly diagnosed cervical cancer patients are able to receive proper care in health facilities. 80% of the patients usually presents to hospital late with advanced disease that is incurable. Accessibility to cervical cancer diagnosis and treatment has been a serious challenge whereby about 80-90% are unable to access these services, ending dying at home or at traditional healer's clinics.4

The Ocean Road Cancer Institute (ORCI) reports cervical cancer as the number one cause of female admissions, despite it being easily detectable and curable cancer worldwide. Early screening and detection with adequate follow up therapy reduces the incidences and mortality rate arising from cervical cancer.

Human Papilloma Virus (HPV)

HPV is one of the most common viral infection of the reproductive tract and is the cause of a range of conditions in both men and women, including precancerous lesions that may progress to cancer. Although the majority of HPV infections do not cause symptoms and resolve spontaneously, persistent infection with HPV may result in disease. In women, persistent infection with specific HPV types (most frequently HPV-16 and HPV-18) may lead to precancerous lesions which, if untreated, may progress to cervical cancer. The distribution of HPV 16 & 18 among women with normal cervical cytology, precancerous cervical lesions and cervical cancer is indicated in the table below.

Table 3: Prevalence of HPV 16 and HPV 18 by cytology

	No. tested % (95% CI)	HPV 16/18 Prevalence
Normal cytology	2,854	3.3 (2.7-4.0)
High-grade lesions	96	46.9 (37.2-56.8)
Cervical cancer	97	68.0 (58.2-76.5)

Data updated on 02 Feb 2017 (data as of 30 Jun 2015)

2.1.2 Maternal, Newborn and Child Health

For the last decade, Tanzania's maternal deaths have remained unacceptably high. The maternal mortality ratio was 578 deaths per 100,000 in 2004/2005, (TDHS 2004/05) , 454 deaths per 100,000 in 2010 (TDHS 2010) and 556 per 100,000 in 2015/2016. Regional institutional maternal mortality ratios vary from about 100 in Dar es Salaam, Arusha and Kilimanjaro to over 250 in Tabora and Mtwara. This is appalling due to the fact that most of these deaths are preventable.

4 Version posted at www.hpvcentre.net on 19 April 2017

5 HPV vaccine background document. Available at http://www.who.int/immunization/sage/meetings/2016/octber/1_H PV_vaccine_background_document_27Sept2016.pd?ua=1,accessed April 2018

5 Demographic and Health Survey and Malaria Indicator Survey 2015-16

The leading causes of maternal death are postpartum hemorrhage (24%), eclampsia (15%) and sepsis (10%) and the most common indirect causes of maternal deaths were anemia (9%), HIV/AIDS (6%), and Malaria (4%) . Sixty three percent (63%) of births in Tanzania are delivered in health facilities, a substantial increase from 50% recorded in the 2010 TDHS. The percentage of births that take place in health facilities ranges between 40% in Simiyu and 94% in Dar es Salaam . Other challenges facing maternal health in Tanzania include;

i. Inaccesibilty to well-integrated RH services including antenatal care, availability of skilled attendance during and immediately after childbirth and availability of emergency obstetric care at facilities levels to address complicated pregnancies.

ii. More than 50% pregnant women delivery at home instead of health facilities. where few of them are attended by skilled health personnel.

iii. Some women have ended up with disabilities such as fistulas and infertility, which creates more stigma and discrimination from the society.

Gender inequalities, social-cultural and economic factors are other challenges. Three delays have been identified to contribute to maternal deaths especially delays in making decision to seek care at family level; delay in reaching appropriate medical care and delay in receiving emergency obstetric services even when clients arrives on time at health facilities.

2.1.3 Gender Based Violence (GBV)

Domestic violence is a violation of basic human rights and has documented adverse health,demographic and economic consequences for women, children and societies. Women bear the brunt of domestic violence, including the associated health and psychological burdens.

Furthermore, women may be socialised to accept, tolerate, or even rationalise domestic violence. A research by WHO on women's health and domestic violence indicates that 48% of Tanzanian women have experienced violence in their lifetime, while 56% regard violence as normal in their lives. The same study also demonstrated that women take few actions to address domestic violence and remain in violent relationships, the reason why MEWATA takes it seriously.

The main findings from 2015-2016, DHS indicated that 40% of women aged 15-49 have ever experience physical violence, and 17% have ever experiences sexual violence. Sixteen percent of never married have also ever experiences physical violence. Nearly 75% of ever-married women experience marital control of their husbands and partners, including 29% whose husbands/partner demonstrated at least three of the five specified behavior: Spousal violence (physical 39%, emotional 36% and 14% sexual violence). The survey indicated that there was no change in physical violence since 2010 TDHS. Seven out of ten ever married women experienced spousal violence suffered injuries, usually cuts, bruises, or aches, notably, however, 15% also reported deep wounds, broken bones or teeth, and other serious injuries. Despite that only 54%, who have experienced physical or sexual violence sought help. Only 9% sought help from police and mostly from families.

6 Demographic and Health Survey and Malaria Indicator Survey 2015-16

7 WHO Multi-Country Study on Women's Health and Domestic Violence (2005), World Health Organization, Geneva

GBV is aggravated by negative culture practices and poverty which marginalize women. The social construction in many societies is patriarchal in nature when it comes to resources distribution in particular following the male spouse's death. Negative traditions prohibit widows to inherit or receive meager resources. Early and forced marriages, bride price and women cleansing against their wishes is another problem compounding violence against girls and women. The Tanzania Judicial System, which is expected to protect the rights of women unfortunately still, operates with customary laws especially to at the primary court level. Most of these customary laws were instituted with a patriarchal background, which fuels violence against women. Apart from customary laws the legal system is a mixture of other religious and statutory laws and the fact that these co-exist makes it difficult for women to access their rights. In many areas, rural as well as urban, violence against women and girls is regarded as a means of disciplining them and therefore considered as a normal practice .

2.2 MEWATA SUPPORT TO WOMEN'S RIGHTS

MEWATA's constitution ARTICLE 5 on aims and objectives items 5.3 and 5.4, and MEWATA's core values on 'social responsibility' and basic human right' mandate the association to identify GBV as a factor jeopardizing the health of Tanzanian girls and women. MEWATA therefore supports the signing and ratification of UN Convention on Elimination of all forms of Discrimination Against Women (CEDAW) by the Government of Tanzania, with a focus on injustices and rights to health. Although it is a positive step to have legislation, laws and good policies in place; implementation to end gender based violence is another challenge because gender based violence still manifests itself in many forms of our societies, partly due to cultural and historical unequal power relations between men and women with extensive male predominance system, unequal distribution of property, access and control of resources as well as lack of sharing responsibilities in Tanzania communities.

Women need another voice to support their plight which is in line with MEWATA's value of social responsibility. MEWATA is aware of Government efforts to eradicate violence, since it has placed this in MKUKUTA goal no. 2, with commitments to put in place legislative processes, raising awareness, and community education as well as elimination of sexual abuse.

8 Demographic and Health Survey and Malaria Indicator Survey 2015-16

3 PAST PERFORMANCE

3.1. INTRODUCTION

The review of the past performance of the ended strategic plan used the result areas and activities. Achievements and challenges were identified including the facilitating factors.

3.2 ACHIEVEMENTS

3.2.1 Breast and Cervical Cancer

- Mass screening campaigns were conducted during 2011-17 in 7 Tanzania mainland regions; i.e Tabora, Mwanza, Iringa Dar-es-Salaam, Mtwara, Kilimanjaro and Pwani
- A total of 16,282 women were screened for breast cancer, 1.7% were found to have breast lesions and 10,593 women were screened for cervical cancer wherby 5% among them were found to have cervical lesions . More than hundred MEWATA members and other health care professions received on job training on early detection and management for both breast and cervical cancers
- At every mass screening campaign, women were trained and encouraged to do regular self-breast examination, a total of 16,282 were reached
- Advocacy meetings with parliamentarians , LGA, Regional Secretariat to support and fund projects on Breast and Cervical cancer screening
- We were also able to increase knowledge on Cervical cancer and breast cancer to the people in the communities in the regions visited

Table 4: NUMBER OF WOMEN SCREENED BY MEWATA FROM 2005 TO 2016

Year	Region	Breast Screening	Breast changes & cancer	Cervical Screening	Cervical Ca /Early Changes
2005	Dar es Salaam	7259	46	0	0
2006	Mwanza	11668	25	0	0
2007	Mbeya	23102	27	0	0
2008	Lindi, Mtwara, Dodoma, Manyara	17454	54	4373	178
2012	Kilimanjaro	1 293	15	0	0
2014	Mwanza ,Tabora	8807	88	6226	355
2015	Tanga , Mwanza,Iringa DC	3218	55	2379	62
2016	Mwanza	2964	123	1808	77
	Total	**73744**	**433**	**9307**	**672**

The above table shows a summary of MEWATA outreach programs per year and per regions reached.

9 PRRP

3.2.2.Gender Based Violence

Mewata in partnership with a number of partners; that is MOH, UNFPA,MUHAS, MNH, WILDAF, WILAC, TGNP, TAWLA and TAMWA identified the need and participated in establishment of One Stop GBV Center. One stop center was intended to provide necessary services required by GBV victims that is PF3 forms, legal assistance, PEP, counseling and medical services at the same site and time. Such center was set up in Mara region where the prevalence of GBV is known to be high.

MEWATA participates in 16 days activism against GBV in the country. These campaigns are held annually, involving regions with high prevalence of GBV i.e. Mara, Shinyanga. MEWATA used the Government guidelines on GBV, where members and health care workers who come in contact with victims of GBV were trained on screening of patients and management of GBV cases.

Members were involved in developing GBV training manuals revision and as a result MEWATA members capacity in handling GBV caseas that is , are able to identify, manage, support and refer GBV cases.

3.2.3 Female Genital Cutting or Mutilation (FGC/M)

FGC/M involves cutting some part of the clitoris or labia for non-therapeutic reasons, usually as part of a rite of passage into adolescence. The practice is widely acknowledged as a violation of children and womens' rights, and it has the potential to cause serious medical complications. The Tanzanian Special Provision Act, a 1998 amendment to the penal code, specifically prohibits FGC/M (National Legislative Bodies, 1998). However, while the practice has been outlawed for almost two decades, it is still prevalent in many areas in Tanzania. FGC/M is considered compulsory in some communities, but in others it is optional. Ten percent of women aged 15-49 have been circumcised, a decline from 18% in the 1996 TDHS, and the prevalence is more double in rural than urban. The highest percentages of circumcised women are in Manyara and Dodoma regions (58% and 47%, respectively). 35% of circumcised women age 5-49 years were circumcised at the age of 1 year and 28% were circumcised at age 13 or older. 86% of women have heard of FGC/M, 95% believe that the practice is not required by their religion and that the practice should not be continued.

3.2.4 Advancement of female medical professional

One of the core functions of MEWATA is the advancement of female medical professionals. MEWATA tries as much as possible to incorporate this core function through all of its activities. As in other key result areas this was achieved through commitment and the spirit of volunteerism, through the dedicated leadership of the executive committee, facilitation of the executive committee and support from development and implementing partners.

The following are the main achievements:

- MEWATA members were trained to perform screening for cervical cancer based on the Tanzania Cervical Cancer Screening curriculum.
- Members of MEWATA executive committee, leaders of AGOTA and TANNA through support of TANNA were trained in Leaderhip by the University of Stellenbosch.
- MEWATA members are well represented in leadership positions through various governmental and NGO as well as professional associations. For several years MEWATA members have continued to receive international and local awards for their contributions and achievements in health such as the Dr. Martin Luther King, Jr Drum Major for Justice Award and Tanzania Women of Achievement Awards.
- MEWATA provided support or facilitated members to attend various short courses and training for young female leaders. For example a member received support from SIDA to attend a one month International Training Program on Sexual and Reproductive Health Rights in Malmo, Sweden. Other trainings received were on Monitoring and Evaluation conducted in Ethiopia, and leadership and economic empowerment training in the USA.
- Through the 'under 40s' program young female doctors continuously provide mentorship to female medical students and young female students who are pursuing science subjects in secondary schools.
- Through support from AMREF MEWATA provided education on sexual and reproductive health rights in 4 secondary schools in both Iringa and Dar Es Salaam regions as well as 2 universities in Iringa.
- MEWATA received Bristol- Myers Squibb support to strengthen herself as an institution through training provided to the secretariat and this has resulted in improved financial management and accountability.
- MEWATA continues to grow its membership throughout the country through the identification of focal persons and addition of new members from the 26 regions of the country.

3.2.5 Institutional development strengthening achievements

The achievement under this result area were made possible by the same factors similar to other result areas including presence of a well-functioning secretariat. Availability of functioning internal control systems and policies such as Financial Manaual, Procurement Manual and Human Resource Manual and the formation of resource mobilization committee. MEWATA continued to embrace her documents and communicate with various partners and funders whenever necessary such as; Pink Ribbon Red Ribbon, BMSF, Embassy of France to Tanzania, UNFPA, Foundation for civil society, Population Action International (PAI) and Amref Health Africa who have been supporting the organization in various programs.

The following are the achievements:

- Annual implementation plans were developed yearly from 2011 to 2017 and 4 Annual General Meetings were conducted in 2012, 2014, 2015 and 2016, with members receiving progress report and making important decisions for the organization
- MEWATA was able to establish and register a Company Limited by guarantee for running of the Well Women Centers (WWC) to be constructed in her secured land at Mbweni JKT area in Dar es Salaam
- Human resource, Financial, Procurement manuals plus GBV protocols were developed
- Project proposals were developed and submitted to potential funders such as BMSF, PISSCA, AMREF, BMAF,French Embassy, IPAS, Foundation for civil society and UNFPA
- MEWATA received institutional strengthening funds from Foundation for Civil Society and BMSF where training of newly elected EC members with subcommittees and secretariat on leadership skills, governance and result based programming (RBP) was conducted.

The association organizational structure was revised putting in place various sub committees and deployed the secretariat which runs day today activities, currently with Executive Director, Program Officer, Accountant and Office Administrator.

3.3 CHALLENGES ENCOUNTERED

MEWATA was not able to achieve by 100% the previous Strategic Plan, for example activites under HIV i.e men involvement and discordant couples were not implemented partly because of the scarce of resources, not being a high priority, and the components had many other partners who were considered more placed and had expertise to deal with them i.e. activities under HIV, which included men involvement and discordant couples and PMTCT. MEWATA invested in areas where her experience are extremely good.

Few common challenges were observed and these include:

- Despite high spirit of volunteerism of members, their availability to participate in activities is low due to tight schedule in their employement institutuions.
- We had not put clear strategies on tracking MEWATA members who have applied and successfully attended short courses and seminars leading to seeing low applicants among MEWATA members.
- Inabilty to deliver comprehensive follow up and treatment through phase II and III of mass screening campaign due financial constraints.
- Lack of a mechanism to track clients refered to health facilities for further care.
- Because MEWATA partners with Government (health facilities and workers),follows government priorities, the changes in Government's priorities due to competing health priorities aslo affected MEWATA's plan.
- Dependency on Development Partners affected MEWATA too, especially when donor priorities changes

In conclusion the previous SP was developed without baseline data and measurable targets which has resulted to inabiltity to accurately asses our performances.

4. PRIORITY SETTING

4.1. INTERNAL APPRAISAL

The process of internal appraisal involved looking at the internal environment of MEWATA, such as; vision and mission, objectives, core values, management style, structure, procedures, guidelines, staff skills and numbers, feedback mechanism, organization culture, information system, logistics, procurement, services provided, internal communication and financial resources and systems. Other areas included; operational manuals, governance and relationship with partners. Areas in which MEWATA did well and those that required improvement were identified and recorded as strengths and weaknesses. The actions and interventions to build on strengths and action to address the weaknesses appear under the chapter of result areas and activities.

Table 5: Internal appraisal strength and weaknesses

STRENGTHS	WEAKNESSES
o MEWATA has multi-skilled members with a strong volunteerism spirit which has ensured adequate manpower necessary for conducting several activities within the organization i.e. mass screening campaigns o MEWATA has secretariat in place which support effective running of day to day office activities in close collaboration with MEWATA Executive Committee o Presence of committees, led by members with clear defined roles on specific objectives and goals o A good relationship between members, with respect to seniority has allowed junior members to be mentored by senior members and enabled professional growth and transfer of skills o A good professional conduct/ethics among members has enabled implementation of projects and collaboration with other stakeholders o Members with variety skills such as clinical skills, proposal development, project implementation and advocacy skills for various health issues o MEWATA has a compelling vision and mission o MEWATA has Financial, Human Resources, procurement, systems which facilitate smooth running of the office o MEWATA has revised her Organogram to allow smooth transition of leadership and succession of members into various positions within the association o MEWATA members are working with several national and international organizations, which makes it easy to lobby and advocate for women health	o Inability to meet members expectation affects the volunteerism spirit due to lack of incentives. o Two way communication gaps between the national and regional offices has resulted to poor involvement of members from up country. o Conflicting demands on members which affects their participation in the activities. o Poor record keeping/data capturing brings about inadequate reporting of our activities and achievements o Few female doctors have actively enrolled and participating in MEWATA activities o Rapid turn-over rate for secretariat affects project implementation

4.2 OPPORTUNITIES AND CHALLENGES (EXTERNAL APPRAISAL)

MEWATA operates in an external environment that creates opportunities for the Association to take advantage of and there are challenges and threats that may creat risks to the Association. The external environment is dictated by the political, social, economic and technological conditions surrounding MEWATA, both locally in Tanzania and externally as International and global trends. Risks measure are taken in the activities.

Table 6: Opportunities and Challenges

OPPORTUNITIES	CHALLENGES/THREATS
o Good partnership/collaboration and support by the Government, national and international organizations has made MEWATA to excel and achieve its goals o Presence of Global, Regional and national policies, strategies, guidelines,comitments e.g SDGs,CARMMA, National Health Policy and HSSP IV o High level of political will and support from the Government o Presence of different organizations that support and collaborate with MEWATA	o Global, Regional and Domestic economic crisis, with shifting of donors environment has lead to change in development/global priorities o Change of government leadership and directives, priorities and policies affects MEWATA

4.3 PRIORITY AREAS

Given the analysis and the past performance, MEWATA priorities will not change significantly. The vision, mission and core values remain relevant for the next three years however, the organisational strengths and performance call for MEWATA to seek mechanism of recognizing and rewarding members who volunteer, are committed and excel in supporting the association aspirations. This will also motivate others to join the association. The proportion of active members is about 16 %, so the priority is to proactively find out how many doctors exist in the country and approach them for registration and support.

i. MEWATA will need to develop a strong M & E system, including capacity building on M & E and record keeping, hiring M&E specialist.

ii. Members' database is needed to better capture members information, location, specialities and allow better communication among members across the country, capacity mapping.

iii. MEWATA attempted many activities most of which dependend on partners and Government health workers and facilities. The priority is to focus on result areas, where MEWATA will have a strong and positive impact.

iv. HIV and AIDS interventions including PMTCT have many more active players in the country, however, during screening campaigns MEWATA will support health workers to perform HIV testing and counseling.

v. Non Communicable Diseases (NCD's) are emerging as a major source of morbidity in the country; MEWATA will take the advantage of screening (take blood pressure and blood sugar) to screen for Hypertension and Diabetes, and refer clients to reliable support services.

vi. MEWATA will use the same avenues to encourage male involvement in PMTCT and couple communication

vii. The Association needs were far greater than the financial resources from her partners, even then MEWATA will continue to partner with Development Partners.

viii. MEWATA will continue to increase her capapcity in proposal development, resource mobilization skills and emphasis on sustainability including construction of its own clinic.

4.4 STAKEHOLDER AND PARTNERS' ANALYSES

MEWATA had a number of stakeholders and partners during the last strategic plan, who ranged from; Government, UN agencies, Non Governmental Organisations, Bilateral partners and institutions. Most interventions were implemented under the financial and technical support of Development Partners, and implemented in collaboration with the Government health workers following exisiting health delivery system. Community leadership and media was instrumental during mass campaing screening activities

Table 7: Stakeholders Analyses

SN	KEY STAKEHOLDER	WHAT MEWATA EXPECTS FROM STAKEHOLDERS
1.	Government (MOHCDGEC, PO-RALG, LGA	Government policies and guidelines, standard operating procedures, generic IEC materials and documents related to strategic components identified approvals and working permits for technical people supporting MEWATA. Government health employees (HRH) participation for implementing activities Government health facilities to conduct activities Technical and Supportive supervision, joint monitoring and reviews for various interventions and financial support
2.	UN agencies UNFPA, WHO, UNICEF, UN WOMEN, UNAIDS	Funds to support MEWATA activities Capacity building on MEWATA SP thematic areas Global guidelines,strategies, commitments regulations and legislations
3.	NGO: JHPIEGO, AMREF MARIE STOPES, PATHFINDER, TMARC, UMATI, TAYOA, WAMA, IMA WORLD, THPS, AGPAHI, CSSC, MBEYA HIV NETWORK, WILDAF, WILAC,TAWLA, PSI, MDH, WRATZ,CHAI, Deloitte, Engender Health, Future Group and BMAF	Partnership in various MEWATA activities MEWATA to receive financial resources as sub recipients or sub-sub-recipients
4.	Bilateral partners :Pink Ribbon Red Ribbon, BMSF, Foundation for civil society, French Embassy, Swedish Embassy USAID, CDC, Global Fund	Funding to sustain MEWATA activities capacity building of members and secretariat Institutional strengthening
5.	National regulatory, research and academic institutions	Provision of research approval collaboration and partnering in research and publication
6.	Media Partners National and Local	Partnership Media sessions for community and public awareness Media coverage on MEWATA activities Public service announcements
7.	Community and Clients	Availability and readiness to demand and receive the services Advocates of services given

Table 8: Stakeholders Analyses

SN	KEY STAKEHOLDER	WHAT PARTNERS EXPECTS FROM MEWATA
1.	Government (MOHCDGEC, PO-RALG, LGA	Advocacy Quality services delivery to community Awareness and sensitization Memorandum of understanding (MOU)
2.	UN agencies UNFPA, WHO, UNICEF, UN WOMEN, UNAIDS	Partnership as implementing partners Transparency and accountability Implement activies as per signed agreement
3.	National Non- Governmental Organisations: JHPIEGO, AMREF MARIE STOPES, PATHFINDER, TMARC, UMATI, TAYOA, WAMA, IMA WORLD, THPS, AGPAHI, CSSC, MBEYA HIV NETWORK, WILDAF, WILAC,TAWLA, PSI, MDH, WRATZ,CHAI, Deloitte, Engender Health, Future Group and BMAF	Partnership Technical expertise Joint activities Collaboration
4.	Bilateral partners :Pink Ribbon Red Ribbon, BMSF, Foundation for civil society, French Embassy, Swedish Embassy USAID, CDC, Global Fund	Transparency and accountability Impelement activities as per signed agreement Timely submission of report
5.	National regulatory, research and academic institutions	Develop and submit protocols Comply on rules and regulations Conduct research to inform policy change and decision making Dissemination of findings
6.	Media Partners National and Local	Partnership Provide content for media coverage Social cooperate responsibility
7.	Community and Clients	Health education and promotion Provision of quality service delivery

5. VISION , MISSION, RESULT AREAS AND ACTIVITIES

5.1 VISION AND MISSION

5.1.1 MEWATA vision:

Tanzanian medical women excelling in medical and dental ethics with attainment of quality health interventions.

5.1.2 MEWATA's mission

The mission is to promote professional development of women medical and dental proffesionals for better delivery of quality health services for women of Tanzania.

5.1.3 Core values

Transparency: MEWATA believes in honest communication, absolute openness, and transparent use of influence, power and resources, sharing what we know among MEWATA members.
Basic human right: MEWATA believes that health is a basic human right and requires the involvement and participation of all stakeholders.

Accountability: MEWATA recognizes and is committed to be stewards of resources entrusted to her by God and use them in performing duties in a rational manner and taking responsibility for all our actions

Ethics: MEWATA is dedicated to pursuing excellence and produce quality work which is scientifically and ethically sound by respecting dignity, values and cultural diversities of people.

Social responsibility: MEWATA stands against anything that exposes the woman of Tanzania to health risk factors and is committed to make a positive contribution to the health of the girl child and her family.

Professional standards: MEWATA is committed to learn, grow, be innovative, share experiences and prepared for new ideas as we maintain high professional, ethical and medical standards.

Teamwork: MEWATA is committed to working together and supporting one another in achieving the vision, mission, goals and objectives. (Together Everyone Achieves More)

5.1.4 Goals

MEWATA's broad goals for 2018-2020 are;

I. To promote maternal health by delivering quality reproductive services with a focus on reproductive cancers and NCD's

II. To establish a Well Women Center of excellence in the country

III. To strengthen MEWATA members' professional and institutional capacity so as to contribute towards national efforts of providing quality health services

5.2 STRATEGIC APPROACHES

5.2.1 Promoting partnership

The Government recognizes the significant role and contributions of Associations like MEWATA and considers them as important partners in the development process, for instance the health system in Tanzania has 44% contributed by the private health care .

The Government encourages partnership with various stakeholders so as to complement on her efforts in the provision of health services. MEWATA therefore identifies MOHCDGEC (departments and institutions such as NACP, RCH and ORCI), PORALG (Regional Hospitals and Local Governments) as key partners in realising her objectives and will promote and strengthen strategic partnerships. The partnership will contribute to the implementation of MEWATA's Strategic plan III, promote women access to health services and therefore contributes to improved quality of life. The benefits are many such as enhancing government's capacity to develop integrated solutions to multiple problems in this case maternal health, with a focus on; Breast and Cervical cancers, Gender Based Violence. Other key partners are Women Media associations, partners professional associations, Gender based organisations, academic and research institutions etc.

MEWATA strategic approach is to initiate partnership building process, with her potential partners so as to identify areas of collaboration and concerns, opportunities to take advantage of, strengths to build on, challenges to face and to overcome the limiting factors. Following this, MEWATA will create opportunities to discuss coordination mechanism as well as sharing plans and areas of collaboration, monitoring joint activities and inviting stakeholders to share in progress. (Refer Table 4&5)

10 Ministry of Health Tanzania Health Sector Strategic Plan III - 2009-2015 (HSSP III, 2009-2015)

5.2.2 Advocacy

MEWATA cannot achieve her strategic plan without advocacy, either externally or within her association. Many identified strategic areas' success depends heavily on advocacy. MEWATA understands advocacy as a deliberate strategic process aiming at influencing attitudes and actions of key religious, political, government leaders with power and responsible for making, enforcing or correcting policies, laws, systems and structures at different levels for the betterment of women and children. Depending on the issue at hand and of public health importance,MEWATA will use the following advocacy strategies; education to provide information to the community and sensitization workshops to effect or influence the common practice.

Another advocacy strategy is dialogue and consensus building to persuade decision makers and other stakeholders. This will involve consultative meetings, round table discussions and workshops. Low incentives, poor working conditions and demand for better pay will be involved in the dialogue. MEWATA will use activist strategies and partner with legal organizations to increase awareness to undesirable situation such as gender based violence, in collaboration with other stakeholders. The advocacy approach will include but not limited to identifying specific issues by consensus from stakeholders coupled with identifying allies and opponents. MEWATA will join or build coalitions, solicit for resources and decide on methods to use; such as press release, media interview, drama, lobbying, face to face meeting, position paper etc. When the time is appropriate advocacy campaign might be carried out coupled with monitoring and evaluation.

5.2.3 Capacity Building

MEWATA goal is to support whenever appropriate the organizational and technical capacity of health systems to improve quality of care and respond to community health needs.

Capacity building is the process by which individuals, groups, communities and organisations increase their ability to perform core functions. For both the public and private sectors of the health system, the priority area for MEWATA is to address the skill gap in providing quality health care services. MEWATA will enhance human resource development, including improving the skills of exisiting health care workers, especially at primary and secondary level health facilities and to other community members. In promoting organisational development capacity in various health-related areas, MEWATA will bank on skills of its members to build a basis of Trainer of Trainers (TOT) in the three thematic areas who will conduct trainings to existing health staff on delivering quality services to community they serve.

Working closely with Central and Local Government and stakeholders, MEWATA will support strengthening of health systems capacity, improve the skills and performance of health professionals and community groups and increase awareness on various health issues to health and non health related organizations and institutions both public and private sector through conducting health talks and or screening exercises to such organizations.

MEWATA believes that skills building to existing health workers at all levels will help to encourage communities to access services early and promote their health
MEWATA also focuses on professional development within her members and also we promote young school girls to take science subjects and subsequently to medical field.

5.2.4 Research

According to MEWATA Objects, ARTICLE 5 on aims and objective item 5.7, MEWATA will not only conduct research but also promote research agenda in development of medicine and public health. MEWATA may identify a number of strategic areas with a focus on; cervical and breast cancer, MNCH, gender based violence, as well as professional and institutional capacity development. Under each strategic component there are issues which would need added knowledge or areas that are unknown and need research.

MEWATA members will employ their professional skills alone or in collaboration with other research institutes like Universities, National Institute of Medical Research(NIMR) to undertake research on breast and cervical cancers and any other related MNCH agenda in generating new knowledge.

6 IMPLEMENTATION PLAN

6.1 ASSOCIATION FUNCTIONS

MEWATA's constitution ARTICLE 6 provides for how the association functions, and this is as follows:

- Organize and facilitate awareness to the public.
- Collaboration with other organizations/professional bodies.
- Establish sub-committees and sub committees.
- Seek opportunities to voice views.
- Promote means and facilities to continuing education.
- Organize national and international forums.
- Publicize through various media.

While a number of these functions are very specific to MEWATA as an Association yet they are also applicable and provide direction on how MEWATA should carry her objectives and aim externally. Building on the previous strategic plan, MEWATA will primarily use advocacy as an approach, seek opportunities to air her views and promote partnership with key stakeholders to realize her aims and objectives, conduct capacity building and research.

MEWATA builds on her strengths of having members across the whole country with head office in Dar-es-Salaam. Members are well qualified professionally to undertake identified areas of her strategic plan; however, majority cannot be direct implementers in all strategic areas, because their duties assigned to them by their employers, make them volunteers only for the association. In order to have a lasting impact MEWATA should focus on key areas and key approaches, hence the rationale for picking advocacy, partnerships, capacity building and research. This arises from the understanding that MEWATA is not starting from an empty sheet acknowledges other key players.

6.2 SERVICE DELIVERY

MEWATA has identified maternal health as the area of interest and below are the results expected and activities to be undertaken

Table 9: Results and activities of Maternal Health

RESULTS	ACTIVITIES
i. Strengthened Partnership with MOHCDGEC on promoting breast and cervical cancers, GBV and MNCH program	**o** Collaborate with MOHCDGEC and other stakeholders on issues pertaining to promotion of breast and cervical cancers, GBV and MNCH programs **o** Referal of cases identified during mass screening campaigns
ii. Increased knowledge and skills of health workers on cervical and breast cancers and other NCD's and management	**o** Train members across the country on screening and management of Breast and Cervical cancers **o** Train HCW's in the facilities on screening and management of Breast and Cervical cancers **o** Procure supplies and equipment necessary for management of breast and cervical cancer
iii. Budget allocation/Increased budget for cervical and breast cancer services	**o** Conduct advocacy meetings to high level policy/decision makers on cervical and breast cancers
iv. Improved health seeking behavior for breast and cervical cancers	**o** Educate women and men on early health seeking behavior regarding breast and cervical cancers
v. Increased Service providers' skills to handle GBV clients	**o** Train HCW's in the facilities on screening and management of GBV survivors

6.3 MEWATA CAPACITY

6.3.1 Advancement of female medical professionals

Nationally the health sector faces a serious shortage of human resources. Unfortunately even for those existing, there is limited skills, knowledge and core competence and gap to cope with increasing burden of disease and technological advancement. It has also been voiced that some health workers lack client oriented approaches such as using abusive language, which makes service providers look inefficient and lack professional medical ethics. Although there is a crisis for human resource in many cadres it is worse with clinicians.

The Medical Universities enrollment as well as output do not show a significant increase in female professionals. For instance the intake for 2009 of the public University enrolled 200 students and out of these only 30 are female students. Those who graduate successfully experience challenges both professionally and other life demands like combining family, leadership, management with professional work which is still typical in Tanzania society. Although the Ministry of Health and Social Welfare is planning and has started to formulate health policies and plans to address the human resource crisis by having the right number of motivated, qualified and skills mix staff in the right place it is not evident if these deliberate efforts take into consideration addressing the women medical situation.

MEWATA will contribute on this area by conducting advocacy activities to Secondary schools to encourage and aspire children including female students to take science subjects and later on to join medical schools. In addition to this, MEWATA will also work in close collaboration with training and academic institutions and other stakeholders to enhance the capacity of existing members to provide quality health care services through conducting trainings on different health aspects.

Table 10: Results and activities for Women professional advancement

RESULTS	ACTIVITIES
i. Increased in number of MEWATA members enrolled in training institutions	**o** Establish partnership with funding agencies and academic institutions for scholarships
ii. Increased in number of female doctors in leadership position in health and non-health sectors	**o** Identify and avail information on training and academic institutions
iii. Increased number of members who are Continous Proffesional Development (CPD) accredited through MEWATA	**o** Identify short courses for MEWATA members Identify and conduct leadership trainings among members
iv. Increased members awareness on professionalism and medical ethics	**o** Advocate for leadership among female doctors in various sectors
	o Establish partnership with MAT/ MOHCDGEC in accrediting CPD's ther members
	o Conduct trainings/seminars to her members on good professional conduct and ethics

6.3.2 Institutional Development

Since its inception, MEWATA activities have been undertaken by members on voluntary basis and fundraising through various sources ranging from individual, public to corporate institutions. Morever, members also make annual contributions as a fee which adds to her revenue. In addition, MEWATA engage in solicited and unsolicited Grant proposal writing which are submitted to donors. MEWATA will continue to increase her ability to effectively enhance its leadership and governance capacity, structure and systems. These systems are such as financial systems (including fund raising strategies, financial and grant management, accounting systems, internal control systems and procedures, record keeping, reporting and audits), Human Resource Manual, Procurement Manual, and Contracts. Effective planning, monitoring and evaluation systems will be in place.

Table 11: Results and activities for Institutional development

RESULTS	ACTIVITIES
i) Strengthened MEWATA management systems, governance and institutional capacity to deliver her vision, mission and goals	**o** Collect and maintain data and information on female doctors **o** Develop annual implementation plan **o** Review and update existing systems HR, FINANCIAL, PROCUREMENT **o** Capacity building to members and secretariat on M & E and record keeping **o** Develop resource and funding mobilization strategy and plan **o** Write project proposals and submit to potential funders; **o** Document and communicate progress to partners; **o** Expansion and retention of MEWATA secretariat including hiring of M&E personnel **o** Develop capacity of the Executive Committee and secretariat for effective leadership, governance, accountability and result based programming
ii) MEWATA organizational structure strengthened with democratic and participation of members for sustainability	**o** Conduct Annual General meetings (AGM) **o** Increasing participation of members in MEWATA's activities at the national level, and in the respective regions **o** Provide regular reporting and feedback on organization activities **o** Conduct constitutional review when necessary **o** Identification and engage more MEWATA members from different institutions Government, National, International organizations, and UN agencies **o** Encourage timely payment of membership and annual subscription fee
iii) Strengthened partnership and rapport with the Government, National and International Organizations by following Government Policies and Guidelines	**o** Engage the government in implementation of all activities **o** Conduct lobbying/advocacy on breast and cervical cancer **o** Search and identify funding organizations/ institutions with interest to fund breast/cervical cancer activities **o** Conduct research to generate evidence for sharing and use in advocacy, programming and decision making **o** Participate in national technical working groups **o** Organise and participate in various coalitions **o** Document and disseminate reports on lesson learnt/experiences from various MEWATA activities

6.4 MEWATA SUSTAINABILITY

MEWATA sustainability strategy for the next three years is focusing on fundraising and establishment of Well Women centres in collaboration with other partners.

This state of the art centre with high technical support from hospital operations, management and strong monitoring and evaluation systems will ensure that the organization maintains its niche in the market place.

Table 12: Results and activities for Well Women Centre

RESULTS	ACTIVITIES
i. Establishment of MEWATA Well Women Centres	**o** Strengthen WWC fundraising committee by having an enthusiastic team responsible for the project such as developing of resource mobilization plans etc. **o** Conduct fund raising activites for construction of WWC using various approaches **o** Approach and engage prominent leaders/women leaders, men and business men for fund raising **o** Utilization of the WWC plot through various activites to attract funding e.g. AGM and screening activities **o** Plan and construction of WWC **o** Engage International, national, regional and district stakeholders in fund raising for WWC
ii. Initiate WWC activities in various Regions/chapters	**o** Solicit new plots for WWC constructions in the regions/chapters; **o** Conduct fund raising activities for construction of WWC using various approaches **o** Plan construction of WWC in phases **o** Engage International, national, Regional and District stakeholders in fund raising for WWC

6.4.1 Annual Work Plan Preparation

The Secretariat in consultation with the Executive Committee members will prepare each year's work plan for the implementation of this strategic plan. The plan details yearly short term results and activities, time frame, and budget. Therefore the work plan in this strategic plan only gives key results and main activities. Indicators appear under monitoring and evaluation section.

7.MONITORING AND EVALUATION

7.1 REPORTING

MEWATA will report on regular basis depending on the annual work plan schedule. The annual report and strategic plan implementation status will be submitted and presented to the annual general assembly meeting by the President. The quarterly progress report from the Executive Director (ED) will be presented to the EC meeting. Monthly and any other updates will be submitted to all Executive committee members through emails and if necessary on adhoc meeting. The ED will be submitting timely reports in order to communicate MEWATA activities, achievements, challenges and lessons learnt internally as well as among partners and to donors. Reports will depend on the activity that is taking place and may include research briefs, donor funded ones depending on contractual agreements. The ED will summarize key issues and forward them to the Executive Secretary for action. Financial reports will be developed to meet the needs of the association, partners, donors and for internal decision making.

7.2. AUDIT

Audit will be conducted as per International Standards on Auditing and constitution ARTICLE 37. The audit report must address the financial status, confirmation of balances and all transactions, whether they were done in accordance to financial policies and assess value for money.

7.3 INDICATORS

The strategic plan includes implementation plan covering approaches, results and main activities. These will be expanded in the annual work plans which cover time frame as well as cost for each activity. Indicators for results appear below to monitor progress as well as to be used during internal evaluation. Process and output indicators tailored to specific activity or a group of activities and means of verification have been left out in this strategic plan and when required will be included in the work plan. The monitoring and reporting tools to track indicators will be developed with the work plan. Where they exist from national monitoring systems they should be consulted. Below are indicators under each strategic area. They measure main activities under each result as well.

Table 13: Results and Indicators for Maternal Health

RESULT AREAS	INDICATORS
i. Increased knowledge and skills of health workers on Cervical and Breast cancers and GBV screening and management	**o** Proportion and/or numbers of health care providers trained on Cervical and Breast cancers and GBV screening and management **o** Number of health facilities benefited from the training on cervical and breast cancer, GBV and MNCH implemented by MEWATA in collaboration with the Government and other stakeholders **o** Number of MEWATA members trained on screening and management of Breast and Cervical cancer and GBV survivors
ii. High level reproductive health cancers policy/decision makers reached	**o** Number of policy makers met **o** Number of meetings conducted/attended with the MOH and other partners
iii. Improved health seeking behavior for breast and cervical cancer and GBV	**o** Number of mass screening campaigns conducted **o** Proportion of women screened for cervical, breast cancer who receive treatment **o** Number of women educated on breast and cervical cancers and GBV **o** Number of equipment and machines procured and supplied by MEWATA
iv. Strengthened Partnership with MOHSW and other stakeholders on promoting cervical and breast cancer, GBV and MNCH program	**o** Number of partners engaged in MEWATA activites identified **o** Number funded proposals secured

Table 14: Results and Indicators for Female professional advancement

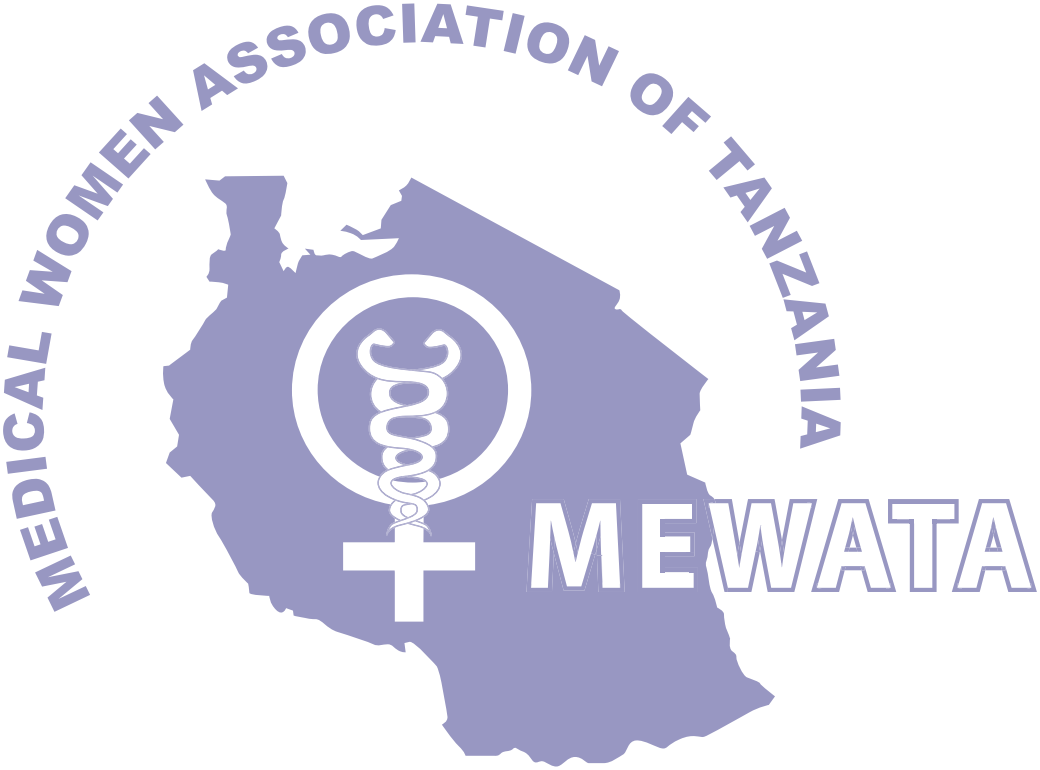
RESULTS	INDICATORS
i. Career's development information available to female medical and dental professionals	**o** Number of women doctors receiving scholarship or shortcourses through MEWATA **o** Number of short courses identified and attended by MEWATA members **o** Number of women doctors in various leadership positions. **o** Numbers of MEWATA members full engaged
ii. Research issues to be undertaken by MEWATA identified and followed up.	**o** Number of female doctors attending and presenting in various scientific conferences in and outside Tanzania **o** Number of dissemination meetings conducted **o** Number of researches undertaken by MEWATA
iii. Rewarding mechanism in place	**o** Number of MEWATA members rewarded
iv. Increased number of MEWATA members	**o** Proportion of members joining in MEWATA **o** Proportion of members engaged in activites and events organized/under by MEWATA **o** Proportion of members paying the annual subscription fees

Table 15: Results and indicators Institutional capacity

RESULTS	INDICATORS
i. Strengthened MEWATA management systems, governance and institutional capacity to deliver her vision, mission and goals	Number of institutional management systems and policy documents reviewed Number of Annual Implementation Plan in place Available M& E system for MEWATA Number of members trained on M&E Number of Result Management System(RMS) in place Number of proposals written and submitted Number of reports shared with partners Number of secretariat hired and retained Number of EC and Secretariat trained in Leadership,Governance and Accountability and Result Based Programming
ii. MEWATA organizational structure strengthened with democratic and participatory of members for sustainability	Number of members participating in MEWATA events/activities Number of AGM's conducted Number of members attending in activities/events Number of times the constitution revised Number of members from Government, National, International organizations, and UN agencies attending MEWATA activities/events Number of members paying annual fees Number of Income Generating Activity for MEWATA
iii. Strengthened good partnership and link with the Government, National and International Organizations	Number of policy makers and partners engaged in MEWATA activities Number activities with Government participation Number of government guidelines supporting Breast and Cervical in place Number of researches conducted Number of TWGs participated by MEWATA Number of coalitions participated by MEWATA Number of best practices developed and disseminated

Table 16: Results and indicators of Well Women centre

RESULTS	INDICATORS
i. Establishment of Well Women Centre	**o** Amount of funds raised for WWC per year **o** Number of Fund Raising event conducted **o** Number of meetings conducted by Fund Raising Committee **o** Number of Fund Raising event conducted **o** Number of meetings conducted by Fund Raising Committee **o** Key milestones achieved **o** Number of events/activites conducted at WWC plot **o** Resource mobilization plan in place **o** Number of prominent leaders and BM engaged for WWC
ii. WWC activities in various regions/chapters initiated	o Number of regions/MEWATA chapters with WWC activities implemented o Number of International, National, Regional and District stakeholders engaged in in fund raising for WWC o Number plots secured for WWC at the regions o The amount of funds raised for the WWC o Number of fund raising activites for construction of WWC conducted


MEDICAL WOMEN ASSOCIATION OF TANZANIA
MEWATA

THE MEDICAL WOMEN ASSOCIATION OF TANZANIA
(MEWATA)
P.O. Box 65443 Dar es Salaam - Tanzania
1st Floor MHIC Building, Muhimbili | Tel: +255 766 800 272, +255 (0) 718 460 939
E-mail: info@mewata.co.tz, Website: www.mewata.or.tz