THE INFLUENCE OF DIRECT HEALTH FACILITY FINANCING ON AVAILABILITY OF ESSENTIAL MEDICINES IN ULANGA DISTRICT COUNCIL IN MOROGORO REGION-TANZANIA

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ASSESSING THE INFLUENCE OF DIRECT HEALTH FACILITY FINANCING PROGRAM ON AVAILABILITY OF ESSENTIAL MEDICINES IN ULANGA DISTRICT COUNCIL IN MOROGORO REGION.

By

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A Dissertation Submitted in Partial Fulfillment of the Required For the Degree of Master of Public Health (MPH) of The Muhimbili University of Health and Allied Sciences

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CERTIFICATION

The undersigned certify that they have read and therefore recommend for acceptance by the Muhimbili University of Health and Allied Science a dissertation entitled "**The influence of Direct Health Facility Financing on the availability of essential medicine in Ulanga district council",** in fulfillment of the requirement for the degree of master of Public Health of the Muhimbili University of Health and Allied Science.

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Date

DECLARATION AND COPYRIGHT

I, Meshack Mwaikenda, declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other university for similar or any other degree award.

Signature……. Date…….

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DEDICATION

I would like to dedicate this work to my family for the unconditional love, support and prayers.

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ABBREVIATION

BOT Bank of Tanzania

CCHP Comprehensive Council Health Plan

CHF Community Health Fund

CHMT Council Health Management Team

DED District Executive Director

DFF Direct Facility Fund

DHA District Health Accountant

DHFF Direct Health Facility Financing

DMO District Medical Officer

ELMIS Electronic Logistics Management Information System

FFARS Facility Financing Accounting and Reporting System

HFGC Health Facility Governing Committee

HSR Health Sector Reform

LGA Local Government Authority

MOHCDGEC Ministry of Health, Community Development, Gender, Elderly and Children

NHIF National Health Insurance Fund

PlanRep3 Planning and reporting system version 3

PO-RALGP President's Office Regional Administration and Local Government

RBF Result Based Financing

WB World Bank

WHO World Health Organization

DEFINITION OF KEY TERMS

DHFF, Direct health facility financing is a form of fiscal decentralization in the health sector which refers to the direct payment of funds to health facility bank accounts. (B. H. Mwakatumbula 2021)

Essential medicines mean Essential medicines are those that satisfy the priority health care needs of the population. They can save lives, reduce suffering, and improve health(Hales et al. 2020)

Medicine refers to a substance which specifically promotes healing when ingested or consumed in some way. (Leszczy and Sciences 2016)

Medical supplies refer to the non-durable disposable health care materials ordered or prescribed by a physician which is primarily and customarily used to serve a medical purpose.(Leszczy and Sciences 2016)

Supply refers to the act of providing, equipping or making something available. Health facilities are supposed to be equipped with various medicines and medical supplies adequately to aid the process of service delivery (B. H. Mwakatumbula 2021)

Supply chain refers to the network of individuals, organizations, resources, activities, and technologies involved in the creation and distribution of a product or service from the supplier to the end consumer (Tanzanian german programme to support health 2011, USAID 2011).

ABSTRACT

Background: Shortage of essential medicine in the public health facility mainly primary facilities is a major issue in Tanzania. Despite increasing of numerous reform attempts and initiatives over the last decade, surveys conducted reports that shortage of medicine still common.

Objective of the study: To explore how Direct health facility financing influences the availability of essential medicines in health facilities.

Methodology: A case exploratory study design was conducted from 15 participants who were purposefully selected, from the five facilities that implemented the DHFF in Ulanga district, In-depth interviews technique was used to collect primary data and documental review for secondary data on Budgetary themes, Funds allocations and Ordering process. deductive thematic analysis approach was employed to analyze data using NVIVO version 12.

Results: Inadequate funds to the facilities hampered the medicine stock-outs within the facilities, the ordering cycle through the prime vendor system promotes the adequate supply of medicine within the facility due to the medicine stock out in the Medical store department store and the quarterly disbursement of funds contributed to the delay of availability of medicines in the facilities due to long waiting time.

Conclusion; The insufficient funds from DHFF, prime vendor system of supply and ordering chain as well as disbursement timeline of funds were major issues contributing to the essential medicine stock out in facilities. Providing funds similarly to the budgetary need of the facilities, ensuring all time availability of medicine in Medical store department store and providing alternative prime vendors rather than Medical store department and One-month disbursement of funds to reduce long waiting time of funds to reduce stock outs in facilities.

CHAPTER ONE
INTRODUCTION

1.0 Background of the study

Health financing is one of the components in health systems building blocks as which mainly influences the financial resources in improving health by promoting the quality services. Though this may be hindered in the context of global and local resources aren't quietly managed in term of proper utilization and allocation of resources. Some issues related to health financing has been reported in literature as it is vital for building resilient and inclusive healthcare systems that can provide high-quality services to all individuals. By tackling challenges such as insufficient funding, inequitable distribution of resources, high out-of-pocket payments, lack of transparency, fragmented systems, rising costs, global health crises impact, sustainability concerns, and policy reforms; countries can work towards attaining universal health coverage and facilitating the improvement of population health outcomes (Osei Afriyie et al. 2021). Literature suggests that in low and also middle income countries, there is mainly low allocation of funds and resources which has brought about the stagnation of improvement and provision of quality health services (B. H. Mwakatumbula 2021).

Shortage of essential medicine in the public health facility mainly primary facilities is a major issue in Tanzania. Despite increasing of numerous reform attempts and initiatives over the last decade, surveys conducted reports that shortage of medicine still common (Osei Afriyie et al. 2021). Community health management team have been responsible for planning and overseeing the utilization of financial resources under the implementation of the Comprehensive Council Health Plan Guide(CCHP). However, status of service delivery at council level is still unsatisfactory due to various challenges reported such as, poor infrastructures, shortage of the available human resource for health as well as inadequate medicines and medical supplies in health facilities (Willson et al.2011).This has been due to the disbursement of funds to the council rather than the Health facility accounts which has led to the use of the funds on other priority areas set by the council instead of health service delivery. This has led to primary health care facilities experiencing stock-outs essential medicines and the medical supplies hence poor quality and availability of reliable services (Israel, Kazungu, and Mchopa 2019).

The Decentralization by Devolution policy is one of health sector reforms initiatives that, has given power for service delivery in health sector. In Tanzania the direct health facility financing originated in the early 2000s when the government initiated health sector reforms that aimed at improving and managing the quality and accessibility of healthcare services across country.

Before Direct Health Facility financing (DHFF), many people in the nation faced serious difficulties getting access to medicine. Numerous problems with the healthcare system made it difficult for the public to afford and obtain necessary prescriptions. Prior to the establishment of the DHFF, many Tanzanians obtained their majority of their medicine from public health facilities. However, a number of issues, including insufficient funding, ineffective supply chain management, and a lack of suitable infrastructure, frequently resulted in shortages of essential medications for these clinics. Patients frequently had to pay cash for medications from private pharmacies in the lack of a functional drug supply system. People were severely financially burdened by this, particularly those from low-income backgrounds who were not able to access essential medicines (Opwora et al. 2009).

DHFF was initiated in 2017/2018 FY, health facilities allocate funds from different sources like User Fee, Community Health Funds (CHF), Result based financing (RBF), National Health Insurance Funds (NHIF), Health Basket fund (HBF) and from other Block Grants ("Direct Financing of Health Facilities : RBF and HBF-DHFF" 2020).

The Direct Health Facility financing model in Tanzania involves the process of providing financial resources directly to health facility based on their performance indicators such as the number of patients treated, immunization coverage rates, maternal and child health outcomes, and other key metrics. This funding mechanism aims to strengthen and capacitate the health facilities to deliver essential health services effectively and efficiently (MOH, 2020).

Furth more the planning and budgeting process especially in the area of essential medicines. Example, the allowable ceilings for expenditure in medicines and medical supply is 35% for HBF, Health block grants and Cost sharing funds costing of the health facility (Kapologwe et al. 2019). This aids in availability of essential medicines in the facilities by purchasing through MSD and Prime vendors (Wiedenmayer et al. 2019). Who the private partnership of MSD and have been given access to provide pharmaceutical equipment in Tanzania. The government together with partners agreed that direct health facility financing (DHFF) should be implemented to ensure that funds are available at the Health facility and thus allows the Health

facility autonomy, accountability and transparency in the service delivery process. (Wiedenmayer et al. 2019).

The main themes in this report are presented in six chapters that are follows. The influence of Direct health facility financing on the availability of essential medicine.

Chapter 1. It provides the backdrop for some critical issues relating to essential medicines and Direct health facility financing.

Chapter 2. It provides the literature reviews that indicates the relationship between essential medicine.

Chapter 3. It provides the methods and analysis that was conducted in the study to ensure the proper data interpretations and results.

Chapter 4. It provides the results from the collected data that was transcribed and analyzed by the researcher on the study settings.

Chapter 5. It provides the discussion of the interpreted data that was analyzed by the researcher

Chapter 6. It provides the conclusion and recommendation on what has to be done on the whole aspect of ensuring the availability of essential medicine in the health facilities.

1.1. Problem statement

Shortage of medicine has been a major problem in Tanzania has it has been revealed that there is a 40% gap of availability and supply of essential medicines, as 41% of patients have been reported not to be able to get the medicines they needed directly from the public health facilities (Joram and Hiliza 2023). A shortage of essential medicines leads to inadequate patient care, as healthcare providers may not have access to the necessary resources for diagnosis and treatment (Mwencha et al. 2017).This can result in delayed or missed diagnoses, improper treatment, and increased morbidity and mortality rates. In addition, patients may experience reduced quality of life due to inadequate pain management or other symptom relief and counterfeit medicines (Miller et al. 2020).

Several reviews of Tanzania on the essential medicines within the facility level reported on the significant gain in improving and facilitating the performance of the public sector supply on the availability of essential medicines in public sector (Miller et al. 2020). And have provided the influence of supply chain of medicine and medical supply (Israel, Kazungu, and Mchopa 2019). And reported on importance of having an alternative procurement system on medicine and medical supply in health facilities rather than depending on Medical store department responsible for Drug distribution (Joram and Hiliza 2023). However, the availability of essential medicines has remained to be a significant challenge in Tanzania. Understanding the interconnection of Direct Health Facility Financing especially on essential medicine may facilitate the increase of the supply chain especially in resource settings. Rarely discussed on how the Direct Health Facility Financing program influence the availability of essential in health facilities is vital to facilitate adequate resource allocation.

1.2. Conceptual frame work

1. **Extent of Funds Allocation Sufficiency:** To evaluate whether the funds allocated by DHFF are sufficient for essential medicines in healthcare facilities, a comprehensive analysis should be conducted. This includes:

a) **Budgetary system:** Examining the total budget allocated by DHFF for medical supplies and compare it with the actual costs of these supplies in the facilities. This will provide a clear picture of whether the allocated funds are enough or not.

2. **Influence of DHFF on the Logistical System of Ordering Essential medicines:**

The influence of DHFF on the logistical system can be determined by:

a) **Ordering Process:** Evaluating the current ordering process of medical supplies in the facilities. Determine if the process is streamlined and if it aligns with the funding disbursement schedule of DHFF.

b) **Change in ordering Cycle:** Analyzing if the funding from DHFF had any impact on the ordering cycle of medical supplies. A positive impact would mean shorter ordering cycles and timely availability of supplies.

3. **Timeline of Funds Disbursement from DHFF Alignment with Facility Needs:**

To determine if the funds disbursement timeline from DHFF aligns with the facility's needs,

a) **Disbursement Timeline:** Reviewing the disbursement schedule of DHFF and compare it with the usage pattern of medical supplies in the facilities.

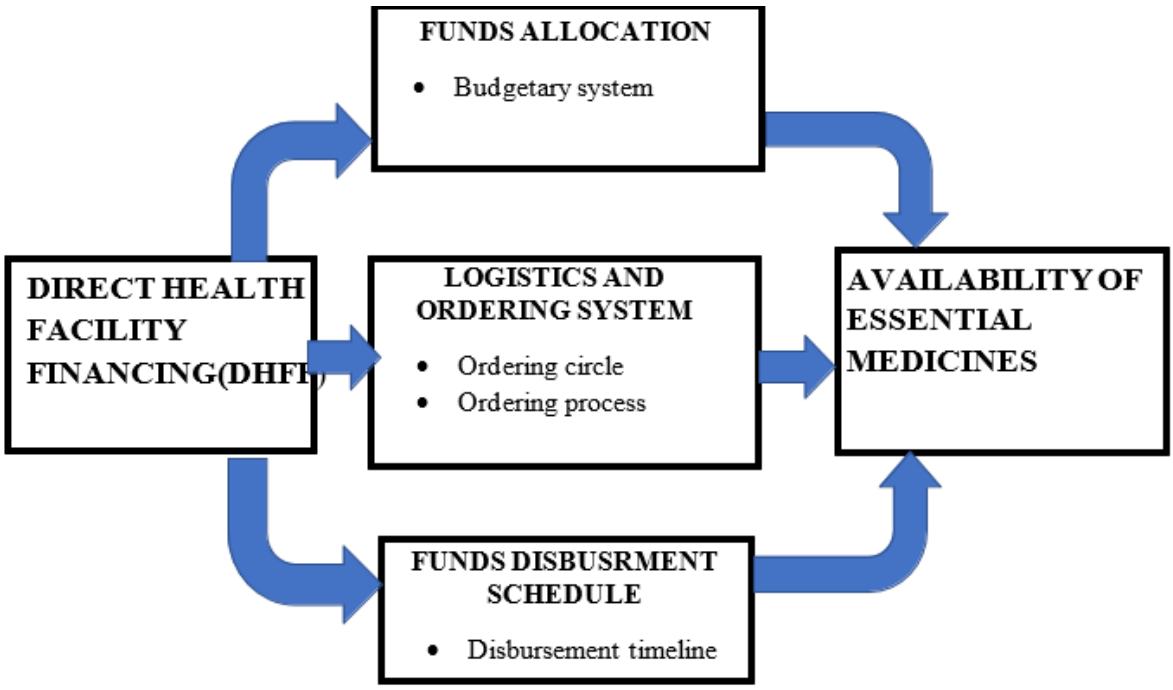


Figure 1. *Conceptual framework developed from literature by the researcher.*

1.3. Rationale

The study provided valuable insights into whether the funds allocated by the DHFF are sufficient to meet the needs for essential medicines in healthcare in Ulanga district facilities. Understanding this aspect is crucial for ensuring that patients receive timely and adequate care without facing shortages or stock outs. This information is essential for optimizing supply chain management, reducing delays, and improving overall operational efficiency within healthcare facilities and lastly analyzing the timeline of funds disbursement from DHFF in relation to the needs of healthcare facilities will help determine if there are any discrepancies or delays in financial support. Ensuring that funds are disbursed promptly when needed for maintaining uninterrupted healthcare services and addressing urgent medical requirements. And highlight how effectively resources are allocated by DHFF to support the procurement of essential medicines. Understanding this aspect can aid in identifying areas for improvement, streamlining budget allocation processes, and enhancing resource utilization for better healthcare outcomes.

1.4. Research Questions.

1.4.1. General Research Question.

How does Direct health facility financing influences the availability of essential medicine in Ulanga District?

1.4.2. Specific Research Questions

1. How do funds from DHFF contribute in the availability of some essential medicine in health facilities?
2. How does DHFF influence the logistical system of ordering some essential medicine in health facilities?
3. How do funds disbursements timeline from DHFF align with the need of the facility in ordering some essential medicines?

1.5. Objectives of the study

1.5.1. General Objective

To explore the influence of DHFF on the availability of essential medicine in Ulanga District.

1.5.2. Specific Objectives

1. To explore the contribution of funds allocated by DHFF sufficient in managing the availability of essential medicine in health facilities.
2. To identify the influence of DHFF on the logistical system of ordering essential medicine in health facilities.
3. To explore how timeline of funds disbursement from DHFF align with the need of the facility in ordering essential medicines.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This part provides the discussions of what other researchers have done and report on DHFF and supply chain for essential medicines.

2.2. Theoretical literature review

2.2.1. Concept of DHFF

Direct health facility financing (DHFF) is a form of fiscal decentralization in the health sector which refers to the direct payment of funds to health facility bank accounts. It is the shift from input-based to output-based payment to health facilities (Waweru, Goodman, and Kedenge 2015). DHFF enables health facilities to allocate funds autonomously and ensure the procure inputs for service delivery to respectable communities. This is to ensure payment matches priority services by increasing autonomy, transparency, accountability and capacity. Also DHFF strengthen basic financial management systems planning and budgeting together with Facility Financial Accounting and Reporting system (FFARS). In Tanzania DHFF Sources are from User fee revenue, NHIF, CHF and HBF (Borghi et al. 2021).

2.2.2. Origin of DHFF

Globally, adaptation of decentralization by devolution policy in the health sector the reforms has led to the development of policies like DHFF. This will aim at improving efficiency quality and fostering innovations in the health sector (Joram and Hiliza 2023,H. Mwakatumbula 2021, Joram and Hiliza 2023 Joram and Hiliza 2023).

In Tanzania, the introduction of DHFF program and its implementation started to take effect in the fiscal year 2017/2018 precisely on February 2018 in all district councils under the guidance of president's office, regional and local government authorities, PO-RALG. Prior to DHFF Districts had control over funds for health facilities. Therefore, health facilities lacked autonomy since they had indirect access to funds or the financial resources which resulted to poor quality health service delivery and implementation of different health interventions. DHFF aims at increasing autonomy to Health Facility Governing Committees, HFGC in the health facility. The CHMT and the CHSB helps in the process of planning and budgeting through the CCHP. The MOHCDGEC and PO-RALG play a great role in as the purchaser and

provider since they determine the payment services and managing funds together with service delivery (Ruhago and Kibusi, 2022).

2.2.3. Concept of supply chain for essential medicines

Medical Stores Department (MSD) is the backbone that holds the supply of public essential medicines in Tanzania. It receives direct Funds deposited by the ministry of Finance, MOF through MOHCDGEC. The MOHCDGEC allocates funds for medical supplies to each health facility directly to MSD. At the facility level complementary funds which are managed by HFGC (CHF, NHIF, and user fees) are used for procuring medicines and medical supplies. This aids in reducing the 40% supply gap of medicine which is left by MSD 60% supply capacity. The ordering procedures under The Public Procurement Act of 2016 are linked with the MSD Head Office in Dar-es-Salaam through its five Zonal offices to the District or Health facility. The process in turn will wastes time and disconnects between the medical demands and supply (Wiedenmayer et al. 2019).

However, due to the 40% gap of supply caused by inadequacy of MSD to supply the required demand of essential medicines, various recommendations have been given to address the problem. Alternative procurement system has been introduced to enable Health Facilities to use their funds to purchase medicines and medical supplies from other alternative suppliers. The system is known as the Prime Vendor System for supply of medicine which was initiated in Dodoma region and its district councils (Wiedenmayer et al. 2019).

2.2.4. Significance of DHFF and supply chain for medicine and medical supply

The following are the significance of DHFF on the supply chain for essential medicines;

DHFF reduces the supply gap of medicine and medical supply. Since the implementation of Prime vendor procurement system funded by the health facilities started the 40% gap of medicine supply in the Health facilities has been reduced in the districts that it has been implemented.

DHFF enables Health Facility autonomy in the procurement procedures of medicines under the public procurement procedures. Due to this fiscal decentralization Health Facilities are able to order and pay medicines and medical supplies autonomously to other suppliers without depending much on the allocated finances from MOH through MSD.

Availability of essential medicines and medical supplies. DHFF enables the availability of medicines and medical supplies in Health facilities due to the autonomous power to purchase such supplies through its funds rather than depending on one supplier MSD which is burdened. Reduces time for ordering and supply of medicines and medical supplies. The Health facilities are able to order and obtain medical supplies in time through alternative suppliers using their own funds and reduce time for the procurement process which is unlikely when operating with MSD.

2.2.5. Empirical literature review

A study conducted on the availability of essential medicines in four regions in Tanzania, Mtwara, Lindi, and Tanga from 87 health facilities in the regions. As the study aimed to examine the problem of insufficient funds and disbursement of funds but also the ineffective flow of resources to service providers. The study focused broadly on the assessment of supply management issues and public financial management process at district level. It where qualitative and quantitative data was collected from the MSD zonal store department, district level and the facility level. aimed to review on the current levels of shortage, especially of essential medicine in the four regions as well as to identify bottlenecks that could be tackled through different interventions by the program and its partners. The findings on the research were, Primary care public health facilities in the four regions face severe stock-outs of essential medicines and medical equipment's by the average of 35%. Major bottlenecks observed were;

- Unstable supply of medicine by MSD requests from health facilities.
- Health facilities lack of capacity to order medicine correctly, including predicting medicine needs and to manage stock-keeping.

Two major recommendations were pointed out within the study. An alternative procurement system could enable districts to access medicines from complementary sources to MSD using their own funds. The alternative procurement system could be set up on regional level and mandated to a prime vendor.

The study on the implementation of DHFF and its effect on the health system performance in Tanzania in seven regions with a sample involving 42 health facilities, 422 patient consultations, 52 health workers and 42 HFGC collected information on the acceptability, knowledge and practice of the DHFF program. The study used the mixture of quantitative and qualitative data using questionnaires, focus group discussions and in-depth documentary reviews. The study design was a non-controlled mixed method study design. The study

outcomes in measuring health systems effects were on the structural quality of maternal health, governance and accountability and health systems responsiveness (Kapologwe et al. 2019). The study was expected to uncover the knowledge gaps that require rectification in the implementation of DHFF program. The study also faced various limitations in the study design used whereas before and after the study design which was non-controlled, a case control study or quasi-experimental design was not possible as implementation started simultaneously across all regions. (Wiedenmayer et al. 2019).

The study conducted on the supply chain of medicine. Dodoma as a pilot region and its seven councils under the PO-RALG. The aim was to complement the national supply chain in case of stock-outs with a simplified, transparent and efficient procurement procedure based on public-private approach with a prime vendor at a regional level. The pilot region endorsed the concept of involving the private sector the procedures to procure complementary supplies from a single vendor were made. The implementation was guided by standard operating procedures and closely monitored with performance indicators.

It was found that, in the pilot region medicine availability increased from 69% in 2014 to 94% in 2018. The prime vendor supplies were of assured quality and average prices comparable to prices of MSD. Procurement procedures were simplified, shortened, standardized, transparent and well governed. Procurement capacity was enhanced at all levels of the health system. Councils are able to procure complementary medicines and medical supplies from the prime vendor since the health facilities have financial autonomy which allows them to benefit from the economies of scale (Joram and Hiliza 2023).

The study conducted on the implementation that DHFF on the health facilities mainly the primary health facilities that are health centers and Dispensaries. In this study, data was collected through interviews and focus group discussions. Also, the study applied both qualitative and quantitative approaches. During the study various problems were discovered including poor documentation, poor HFGC involvement and training and the charging of user fee above the national level guidelines. Also the level of understanding on DHFF was very poor among the health service providers. (Joram and Hiliza 2023)

Also, the study concluded that after DHFF was generally well established: All facilities had opened bank accounts and funds had been transferred. HFGCs were active in planning for and the use of funds. Examples of DHFF contribution to facility cash income are as follows; accounting for 47% in health centers and 62% in dispensaries. The main items of expenditure

were wages for support staff were (32%) and also travel (21%) lastly construction and maintenance (18%). DHFF was perceived to have had a highly positive impact by a great majority through funding support staff, outreach activities and renovations, which in turn was perceived to have improved health worker motivation, utilization, and quality of care. The study did not base much on the supply for essential medicines since it aimed at examining the general implementation of DHFF program and improve the challenges found during the implementation of the study.

The general identified gap:

Addressing the knowledge gap is essential for informing policy and programmatic decisions related to the funds management and time on the logistical management of ordering medicine in the facilities. This research aims to contribute to the body of knowledge and provide evidence on the effectiveness of the financing approaches, specifically DHFF on the availability of essential medicines by conducting a study in Ulanga District council, Morogoro region.

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CHAPTER THREE
METHODOLOGY

3.0. Introduction

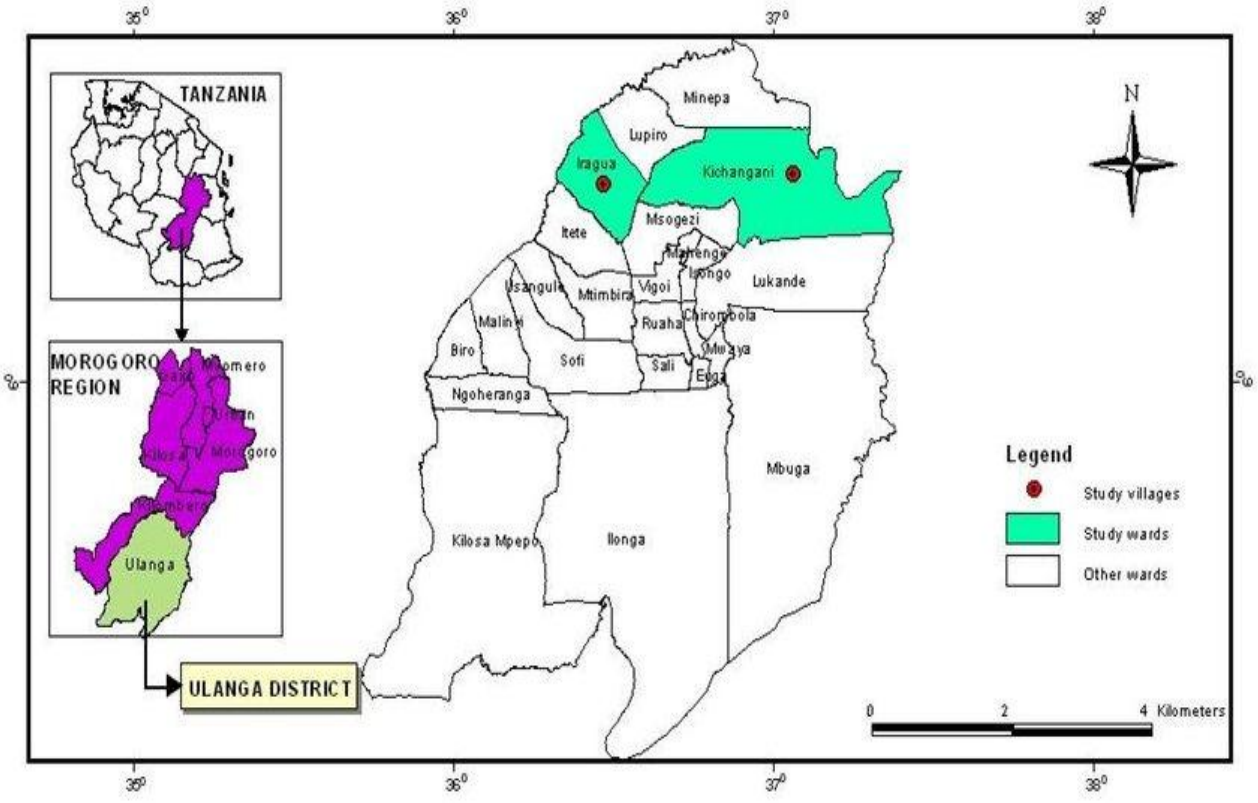
This chapter explains methodology which was useful to meet the study objectives. Such methodologies include research study design, study area, study population, Sample and sampling techniques, sources of data and data collection methods, data analysis and presentation as well as ethical consideration of the study.

3.1. Study Design

The study employed an exploratory case study design using a qualitative approach. A case study is a research design that involves an empirical and critical investigation of a particular contemporary phenomenon within its real-life context using variety sources of evidence. Case studies offer flexibility in data collection methods, allowing researchers to utilize multiple sources of evidence such as interviews, observations, and document analysis.

(Bhushan S.2019).

3.2. Study area



The study took place in Ulanga District council in Morogoro region. langa District is located in the Morogoro Region of Tanzania. As of the latest census data, the population of Ulanga District is approximately 200,000 residents. Ulanga District covers an area of about 14,000 square kilometers and is characterized by diverse geographical features. It is situated in a hilly region with elevations ranging from 600 to 1,500 meters above sea level. The economy of Ulanga District is primarily based on agriculture, which employs over 80% of the population. Key crops include maize, rice, cassava, and various cash crops like tobacco and sunflower.
Ulanga District council is one among 9 district in Morogoro region located at the eastern zone in Tanzania mainland, the study was conducted in the following facilities, Lupiro Health center, Mwaya health center, kichangani Dispensary, Milola dispensary and Isongo dispensary. And also was conducted at the District council headquarter especially in the DMO office. This is due to the burden of medicine that faces the area as from the report from MSD it had adequate medicine supply as item ordered for medicine was 80% units but amount received was 22%.

3.3. Study population

The study population selected included 22 facilities comprising of 2 health centers and 20 dispensaries that implemented the DHFF program.

3.4. sample size and Sample selection.

A total 15 participants from 5 facilities, constituting 25% of 22 facilities that implemented DHFF in Ulanga district. According to WHO guideline, which consider the population adequate for the study and as based on the distribution model that categorized 3 participants' from each sampled facility. The selection included 6 from health service providers, 3 respondents were from the DMO's Office (Community Health Management Team), 2 are members of health Facility governing committees and 2 were other stake holder; 1 Accountants and 1 Community Health Workers.

3.5. Sampling and sampling technique.

The study employed non-probability sampling technique. This is because the objectives were qualitative based objectives (Bhushan S.2019).

3.6. Sampling technique and sampling procedure.

Purposive sampling technique was used to select participants. The researcher used a criteria of experience to select participants.

Face to face approach to interact participants who are familiar with DHFF and have experience concerning the supply for essential medicines in order to obtain crucial information for the study.

3.8. Data collection methods

The study employed primary and secondary data collection method.

3.9. Key informant Interview method

In-depth interviews with key informants was employed as the data collection method. These interviews offered the opportunity to ask follow-up questions, probe for more details, and allowed for a comprehensive exploration during the interview process to gain a deep understanding of the subject matter. The structured interview on respondents to allow flexibility accuracy and dependability of answers.

3.10. Documentary Review

Documentary review was conducted for tracking medical bills records through and Medicine reports in various health facilities and the DMO's office which comprised of check books, cash books, payment vouchers, ledgers, expenditure reports and audit reports to review and how much was spent in the process of supply for essential medicines and analyzed through the SPSS software. Also the researcher used software in place like FFARS and PlanRep3 to review budgeted costs for essential medicines.

3.13. Trustworthiness

The principle researcher ensured Credibility was established through various methods such as prolonged engagement, peer debriefing, testing and modifying interview guides, restating and summarizing responses during interviews, triangulation of data sources, and ensuring consistency with participant feedback. These mechanisms helped in confirming the accuracy and trustworthiness of the study's results (Ahmed 2024).

Credibility: The principle researcher involved spending sufficient time in the field to learn and understand the culture, social setting, or phenomenon of interest. This approach required to

observe various aspects of a setting, speak with a range of people, and developed relationships and rapport with members of the culture. By being present for an extended period, I become oriented to the situation, detect and account for data distortions, rise above preconceptions, and built trust with participants. This process allowed for a deep understanding of perspectives and experiences within a particular context. And also involved reflexivity and triangulation that enhanced the credibility of the research findings.

Transferability: The researcher had thick descriptions that offers comprehensive contextual details that allow readers to evaluate the applicability of research outcomes that through describing the research context as well as the participants and the methods allowed most of the readers to be able to evaluate the similarities that exist between the study and the context that enables the applicability and the relevance of the study and also through the strategies that sampling process and criteria that enabled the justification of the potential transferability that occurred in the findings.

Dependability: The researcher had the methodological documentation as each and every step that is being done and conducted and decision made during the study as this have ensured the transparency and allow others to have the chance of replicating the study or assessing the dependability also the researcher kept an audit trail of the decision also the changes in data analysis as well as the processes to ensures traceability that will promote the basic maintenance of record of decision that has been made by the researcher.

Confirmability: The researcher had the peer debriefing that engaged experts to validate the interpretation and also to minimize the personal biases that occurred in one way or another by involving participants in the verification process that ensured their point of view and experiences are accurately represented that enabled the strengthening the confirmability of the findings through providing the opportunity for participants as they were be able to validate as well as to offer corrections to the interpretation (Ahmed 2024).

3.14. Data Management and Data Analysis

After conducting the interviews, the researcher meticulously reviewed and checked the entire the interview guide to ensure all sections were completed accurately, identify any errors or omissions, and maintain consistency with other gathered information. Following the interviews, the researcher diligently organized all collected data to prevent any potential lapses in memory.

Step 1: Becoming familiar with the data.

The initial step involved the researcher immersing themselves in the collected data by repeatedly going through the transcripts, reviewing notes, and listening to the recordings multiple times

Step 2: Generate initial codes

During the second step of the qualitative data analysis process, the data was organized in a more structured and meaningful way. Open coding was utilized to develop and refine codes throughout the coding process. The researcher carefully examined the data to identify codes that accurately represented the content of each line or paragraph. To code the data, the researcher used highlighters and inserted comments within the text to mark specific sections for further analysis.

Step3: Search the for themes

The third is more about themes searching from the codes that were previously determined from the data. The researcher organized various cedes in to possible themes by looking for patterns in the coding and categorized them into tentative themes.

Step 4: Reviewing the themes

In the fourth phase, the researcher reviewed the tentative themes re-reading the entire data set to ascertain whether some possible themes were not really themes.

Trustworthiness

The principle researcher ensured the dependability and trustworthiness of research outcomes in qualitative research, which deals with subjective, interpretive, and contextual data, which is essential for researchers. Validity and credibility was established through various methods such as prolonged engagement, peer debriefing, testing and modifying interview guides, restating and summarizing responses during interviews, triangulation of data sources, and ensuring consistency with participant feedback. These mechanisms helped in confirming the accuracy and trustworthiness of the study's results (Ahmed 2024).

Credibility: The principle researcher involved spending sufficient time in the field to learn and understand the culture, social setting, or phenomenon of interest. This approach required to observe various aspects of a setting, speak with a range of people, and developed relationships and rapport with members of the culture. By being present for an extended period, I become oriented to the situation, detect and account for data distortions, rise above preconceptions, and built trust with participants. This process allowed for a deep understanding of perspectives and

experiences within a particular context. And also involved reflexivity and triangulation that enhanced the credibility of the research findings.

Transferability: The principle researcher had thick descriptions that offers comprehensive contextual details that allow readers to evaluate the applicability of research outcomes that through describing the research context as well as the participants and the methods allowed most of the readers to be able to evaluate the similarities that exist between the study and the context that enables the applicability and the relevance of the study and also through the strategies that sampling process and criteria that enabled the justification of the potential transferability that occurred in the findings.

Dependability: The principle researcher had the methodological documentation as each and every step that is being done and conducted and decision made during the study as this have ensured the transparency and allow others to have the chance of replicating the study or assessing the dependability also the researcher kept an audit trail of the decision also the changes in data analysis as well as the processes to ensures traceability that will promote the basic maintenance of record of decision that has been made by the researcher.

Confirmability: The principle researcher had the peer debriefing that engaged experts to validate the interpretation and also to minimize the personal biases that occurred in one way or another by involving participants in the verification process that ensured their point of view and experiences are accurately represented that enabled the strengthening the confirmability of the findings through providing the opportunity for participants as they were be able to validate as well as to offer corrections to the interpretation (Ahmed 2024).

3.15. Ethical Consideration

The study requested an ethical clearance with Ref. No. DA 282/298/01.C/2279 from the institutional board review (IRB) of directorate of research and publication of the Muhimbili University of Health and Allied science.

The letter to conduct the research from the District office copying the DMO's office was obtained with Ref. No. UDG/ADM/F.10/1 VOL IV/32. All data that was collected and handled confidentially and used only for the purpose of this study and not otherwise. The consent of respondents to participate or decline from participation without being required to give explanation or being forced was observed. Privacy was assured, risks associated with participating in the study and respondents or participant's names did not appear in the questionnaires.

CHAPTER FOUR

4.0. RESULTS

A total of 15 participants were interviewed in this study from 5 health facility including the Community health management team, the community health workers, medical officer, accountant and pharmacist. The participant involved nine males and six female participants with a working experience starting from 1-3 years which were six members and 4-6 years were 6 members and 7-10 working experience were three participants. The study composition is as shown below

*Table 1: **SOCIAL DEMOGRAPHIC CHARACTERISTICS OF THE STUDY PARTICIPANTS***

SOCIAL DEMOGRAPHIC CHARACTERISTICS OF THE STUDY PARTICIPANTS		
SEX		(%)
Male	9	60
Female	6	40
TOTAL	**15**	**100**
AGE GROUP		
20-30	4	26.67
31-40	8	53.33
41-50	3	20
TOTAL	**15**	**100**
PROFESSION TYPE		
MEDICAL OFFICERS	4	26.67
ACCOUNTANT	3	20
PHARMACIST	5	33.33
CHMT	2	13.33
CHW	1	6.67
TOTAL	**15**	**100**
YEARS OF EXPERIENCE		
1-3 years	6	40
4-6 years	6	40
7-10 years	3	20
TOTAL	**15**	**100**

During the data analysis 3 main themes were generated. Funds allocation, ordering cycle and fund disbursement timeline. There are three sub-themes on funds allocation including Budgetary process, allocation for drug purchase and funds received and drugs availability. On the second theme ordering process has four sub-theme which are Logistic management before and after, Pre-Ordering process, ordering process and Chain of ordering and lastly the fund disbursement timeline which have three sub-theme including Timing of receiving funds, Funds Disbursement schedule and Concentrated funds disbursements. All elements of the themes and subthemes are presented and discussed in the subsections below.

*Table 2;**Thematic analysis coding illustration**.*

THEMES	**CODES**	**NARRATIVES**
Funds allocation	Budgetary process	*"Most of the money goes to drugs, this is the first priority of the facility that 50% of the budget should be in medicines as from the action plan which the facility follows."* ***(Participant 8)***
		"There is an action plan and everything is ready, if it has been written that if 50% is supposed to go to medicine then it should go there that each and everything is budgeted and cannot be withdrawn by any mean" ***(participant 1)***
	Allocation for Drug Purchases	*The majority of a healthcare provider's budget is allocated towards drug purchases, which accounts for approximately 50% of the total budget"* ***(participant 11)***

		"*Yes there is the guideline that is being followed that's includes the funds for medicines as all I know is that there is a percentage of funds that is being allocated for medicine*" **(Participant 7)**
		"Aah... All requirement and budgetary procedure that have to be done in the facility are implemented from the guideline that makes the medicine being a priority so the needs that each health provider writes always the medicine takes high percentage" **(Participant 1**)
	Funds received and drug availability	*" Yes ... Aah for now we have the medicine stocks that can last long till the next approved budget though some medicine may not be available but there is at least some amount of medicine that will keep the facility to run smoothly and for the medicine that's won't be available then we have to buy direct from the prime vendors*" **(Participant 13)**
Influence of Direct Health Facility Financing on logistical system	Logistic management before and after	*"Before we used to spend according to how we were budgeted on without receiving money, but now we are budgeting on our own needs and preparing our own necessary needs for the facility* " **(Participant 6)**

	Pre-Ordering process	*"If medicines are stocked out then we have to wait for the next budget to be approved which makes us to wait longer while in need of the medicine at that time"* **(Participant 3)**
	Ordering process	*"Aah…. the money from DHFF usually is paid through the MSD accounts that sometimes the items that are ordered may be out of stock that making difficult for us to purchase some medicine that sometimes may take even months*" **(participant 2)**
	Chain of ordering	*"Aah ..too much time is spent in the process of ordering the medicine as the budget needs to be approved by the DMO's office for the purchase which results to long waiting time*" **(Participant 4)**
		"There is no place you can say DHFF money can cover everything the money that comes from the DHFF covers at most but it's not sufficient to cover all the need of the facility especially in ordering medicine in the facility" **(participant 7)**
Funds disbursement Timeline	Timing of receiving funds	*"Money from DHFF sometimes can be delayed making us buy from other vendor and not MSD using other source of funds to cover the gap within the facility*"**(Participant 2)**

	Funds Disbursement schedule	*"The amount of money from DHFF is usually provided quarterly which makes us to wait bit longer for such money to be delivered to us and this leads to too much waiting time for the next purchase to take place*"**(Participant 3)**
	Concentrated funds disbursements	*"Yah... Last year all the for the whole year was deposited into the facility's bank account, that forced us to budget all needs for the whole year which disrupts our regular workflow, requiring additional time to complete tasks and often resulting in shortages of crucial supplies*"**(participant 5)**

4.1. Funds allocation

There are several raised concerns with the funds allocation sufficiency in all aspect of availability of medicine in the facilities which were raised and this are Compliance in use of funds Allocated, Budgetary process, Allocation for Drug Purchases, Adherence to the guideline of expenditure on Medicine and the Funds received and drug availability. The issues are presented below.

4.1.1. Budgetary process.

In the whole process of budgeting the facilities have to follow the guideline that provide the percentage that should adhered by each facility when ordering for the necessary medicine for the facility to perform to its maximum, hence it has been introduced that the total budget should include the half percentage is being allocated to the essential medicine within the all the facilities from the DHFF funds. And this was confirmed by one participant.

"it has been written that 50% is supposed to go to medicine then it should go there that each and everything is budgeted and cannot be withdrawn by any means'' (participant 1).

The budgeting system of the facilities basically focuses on the needs of medication that from whole sources of funds the budgeting system basically aims on the medical supplies and equipment's and this as proven that the facilities have the focus on the medicine and medical equipment to provide the basic services to the health services user as this was confirmed by one participant.

"Most of the money goes to drugs, this is the first priority of the facility that 50% of the budget should be in medicines." (Participant 8).

Additionally, the study discovered that low involvement of health providers in the whole process of budgeting hence some basic medicine that they have budgeted are being neglected which leads to the unavailability of some medical supply in the facility.

> ***"Aah…most of us we prepare departmental budget and submit to the facility in charge from there they discuss it without our participation only the accountant and pharmacist are included, and at the end we find that some drugs are missing from the list we have provided" (participant 9).***

4.1.2 Allocation for Drug Purchases

The facilities which receives funds from DHFF have been mandated to provide the budget that will include the maximum budget compared to the other needs that being the essential medicine and medical supplies, hence when budgeting the DHFF money the facility is expected to have the 50% maximum on the medicine for all facilities under the program to ensure the adequate availability of medicine and medical supplies in the facility to promote the supervision of health services to the health services users.

> ***"The majority of a healthcare provider's budget is allocated towards drug purchases, which accounts for approximately 50% of the total budget'' (participant 11).***

The participant has provided the detail on the guideline that has to be followed when budgeting on the funds that the guideline provides the clear percentage that has to be allocated on the medicine of the facilities, and thus has to be followed by each facility to make sure there is adequate availability of medicine in the facilities. Has one participant said that;

"Yes there is the guideline that is being followed that's includes the funds for medicines as all I know is that there is a percentage of funds that is being allocated for medicine" (Participant 7).

Moreover, it has been reported that whenever the budget is being made the main priority is focusing on the medicine that's play a crucial role in the facilities. And through DHFF program funds it has enabled the process of availability of medicine to be reliable compared to the previous years below 2017.

"All requirement and budgetary procedure that have to be done in the facility are implemented from the guideline that makes the medicine being a priority so the needs that each health provider writes always the medicine takes high percentage" (Participant 1).

4.1.3. Funds received and drug availability

The study identified the availability of stock medicines that were purchased from DHFF funds that shows that the amount that DHFF provided to the facilities where likely sufficient to cover some medicine gap that did existed on the previous quarters before the its introduction. The respondents said that

"***we have the medicine stocks that can last long till the next approved budget though some medicine may not be available but there is at least some amount of medicine" (Participant 13).***

4.2. Influence of DHFF on logistical system

In the aspect of ordering and logistical process various concerns were raised that includes Logistic management before and after, Pre-Ordering process, Ordering process, Chain of ordering and Insufficiency of DHFF Funding for Medication Procurement. The issues are presented below.

4.2.1. logistical management before and after.

The process of ordering medicine has been changing since the introduction of it. Mainly has it was reported by the participant is that before the ordering of medicine the budgeting was done at the council level for the needs of various facilities hence from there you will have the budget

approved for your facility to have the medicine as budgeted but as soon as the DHFF program began the budgeting process and shifted and has been done to the facility level that made it possible for them to have all basic requirements and needs for their facilities in respect to the medicines that they budgeted. This was confirmed by the response who said.

"**W*e used to spend according to the needs that we were budgeted on without receiving money, but now we are budgeting on our own needs and preparing our own necessary needs for the facility '' (Participant 6).***

4.2.2. Pre ordering process.

The funds from DHFF usually are placed in the facility accounts that from their they directly order the medicine from the prime vendors thus making it difficult for the unexpected expenditure to occur as the money is provided quarterly for the ordering process hence when in need with medicine at a sudden time which may have be out of stock won't be able to purchase till the next quarter of ordering. This was confirmed by a participant who said

"If you planned to order medicine unexpectedly then you have to wait for the next budget to be approved which makes us to wait longer while in need of the medicine at that time'' (Participant 3.

4.2.3. Ordering process.

The facility accounts that the money is being deposited usually the purchase are done through the prime vendors mainly being the Medical Store Department that usually takes the order from the facilities and deliver the budgeted medicine but sometimes the system usually is unfavorable due to the fact that some medicine are out of stock that limiting the whole process of delivering the essential medicine to the facility hence leading to inadequate medicine supply in the facility.

"money from DHFF usually is paid through the MSD accounts that sometimes the items that are ordered may be out of stock that making difficult for us to purchase some medicine that sometimes may take even months'' (participant 2).

4.2.4. Chain of ordering

The facilities usually have the guidance that they follow before ordering and purchasing the medical supplies to the respected vendor this chain has influenced the untimely availability of medicine as this leads to too much time is taken in the approval process of the facility budget that is undertaken by the DMO's office that may take up a week comparing to the other task that is been faced with and due to this the ordering process may take too much time only in preparing the purchase.

"…too much time is spent in the process of ordering the medicine as the budget needs to be approved by the DMO's office for the purchase which results to long waiting time" (Participant 4).

Also the study also reported that the funds from DHFF cannot cover the procurement of all medicine and medical equipment of the facilities that hence they have to have other source of funds that may cover the remaining percentage of the medicine gap, and this funds may be from the basket funds or other sources that may facilitate the availability of the medicine stocks in the facility.

"There is no place you can say DHFF money can cover everything the money that comes from the DHFF covers at most but it's not sufficient to cover all the need of the facility especially in ordering medicine in the facility" (participant 7).

4.3. Fund disbursement timeline.

In the aspect of the disbursement timeline various issues where raised and this includes the, Timing of receiving funds, Funds Disbursement schedule and Concentrated funds disbursements are the subthemes that where generated from the study by the respondent. The issues are presented below.

4.3.1. Timing of receiving funds.

The whole procedure of allocating and distributing the funds may take time and this may affect the facilities who are in need of such funds. The responsible individuals who are in action of preparing the phases of the disbursement of the funds may have to take a lot of time and basing

the facility medicine needs which must have to be available at any time can lead to the inadequacy of some medical supplies.

> ***"Money from DHFF sometimes can be delayed and this affects the whole process of performing to the maximum of the facility, like we cannot order the required medicine on time" (Participant 2).***

4.3.2. Funds Disbursement schedule.

According to the DHFF guideline the funds are to be disbursed after three months and this in other hand may affect the availability of medicine that may have stocked out before the completion of the quarter and this may affect the facility to perform to its maximum hence the facility has to find the other source of funds and use it to other prime vendor to purchase some medicine and medical supplies that are stocked out to cover the gap of unavailable medicines.as it was stated by the respondent that,

> ***"The amount of money from DHFF is usually provided quarterly which makes us to wait bit longer for such money to be delivered to us and this leads to too much waiting time for the next purchase to take place" (Participant 3).***

4.3.3. Concentrated funds disbursements

The funds from DHFF are deposited in the facilities accounts and it is done quarterly. In some settings the funds may be deposited at once that the whole year budget is being deposited at once within the facility and this affect the whole process of the purchase of the medicine, this is by providing the whole year budget some medicine may be stocked out to the prime vendor and they have only one chance that they have to purchase the medical supply hence leading to the unavailability of essential medicine in the facility.

"... Last year all the for the whole year was deposited into the facility's bank account, that forced us to budget all needs for the whole year which disrupts our regular workflow, requiring additional time to complete tasks and often resulting in shortages of crucial supplies" (participant 5).

Moreover, it has been reported that sometimes when ordering the medicine to the prime vendor they have the amount that is budgeted and this is what the facility wants and needs to perform to its maximum, but MSD in other hand may bring the medicine that only covers 20% of what is been budgeted which cause the service users to have an alternative of attending to the private pharmacy for the purpose of purchasing the medicine that the facility wouldn't provide.

"Yah... you know sometimes when we order the medicine, we don't get the full percentage of what we ordered and this is like when we order for example medicine of ten million for the facility we may get the only two million stocks and the rest they say its stocked out only because we pay directly form the MSD accounts which is limited to other prime vendors" (participant 15).

4.4. The data from the documentary review that the researcher generated from the various sources of documented data are presented below.

*Table 3;*Funds disbursement in facilities from the year 2019 to 2024

YEAR	AMOUNT OF SOME ESSENTIAL MEDICINE NEEDED	AMOUNT OF SOME ESSENTIAL MEDICINE ORDERED	AMOUNT OF SOME ESSENTIAL MEDICINE RECEIVED
2019/20	**195**	**90**	**30**
2021/22	**282**	**94**	**64**
2023/24	**288**	**130**	**70**

The data above shows how the trends on how the facility ordering cycle and what is been delivered within the facility. As in the year 2019/20 the facility needed 195 items to cover the facility need but from the amount ordered it ordered 90 items which is lower than the average of medical supplies needed but still it got 30 item which is the lowest for the facility to operate in the provision of the service , and in the year 2021/22 the facility needed 282 items but ordered 94 items but ended up getting 64 items which is insufficient to cover the medical needs of the facility and within the year 2023/24 the facility had intended to have 288 items but regarding the amount ordered it only have to order 130 items but ended up getting 70 items which are insufficient to cover the medical service for the facility.

Table 4;Essential medicine ordering cycle in facilities from the year 2019 to 2024

YEAR	AMOUNT RECEIVED BY DHFF (TSHS)	AMOUNT USED IN SOME ESSENTIAL MEDICINE
2019/20	90,000,000.00	45,000,000.00
2021/22	110,000,000.00	55,000,000.00
2023/24	130,000,000.00	65,000,000.00

The data above shows the expenditures on medicines within the facility that shows the flow of the order to the delivery of order to the facilities. Within the base year 2019/20 the funds were deposited of amount 90,000,000 Tsh and the amount that was spent in the ordering process of the essential medicine was 45,000,000 Tshs only to the same year and with all that budget it was aimed to have 195 units of medicine to the facility but what was only ordered was 90 units and the what was delivered by MSD was only 30 units which represents only 15% of the total unit needed by the facility.

Hence in the year 2023/2024 the funds have raised up 14.44% from the base year. The amount that the facility was funded was 65,000,000Tshs and from that the facility which needed 288 items in facility but what was ordered was 130 item and the MSD delivered only 70 items which shows only 24.3% of the total item that was needed by the facility, and the order that was provided by the facility, which marks the role of MSD as the major prime vendor to the facility in the whole process of availability of essential medicines in the facility.

*Table 5;S*howing the availability of medicine in facility level.

ESSENTIAL MEDICINE AVAILABILITY IN FACILITY LEVEL		
	AVAILABLE	NOT AVAILABLE
ANTIBIOTICS	49.20%	50.80%
ANTIMALARIALS	45.60%	54.40%
ANTIRETROVIRALS	57.70%	42.30%
VACCINES	31.30%	68.80%
ANAELGESICS	43.30%	56.60%

The data provided shows the distribution of the availability of essential medicine at the facility level. The groups of medicine mainly categorized in the groups of antibiotics, antimalarial, antiretroviral, vaccines and analgesics within the facilities. From the table we have noticed the high stock out of some medicine that being vaccines with the percentage of 68.80% followed by analgesics with 56.60% and also followed by antimalarial with the percentage of 54.40% and 50.80% of the antibiotics followed by the least stock out medicine group of antiretroviral with 42.30% within the facility level.

Generally, the availability of medicine is mostly influenced by DHFF and this is due to the procedures and the process that DHFF is implemented on within the facilities that are provided with DHFF funds as the main source of purchasing the essential medicine and medical supplies.

CHAPTER FIVE

5.0 DISCUSSION

This research aimed at evaluating the influence of Direct Health Facility Financing on the availability of essential medicine in facilities. The discussed results were obtained from the facilities.

5.1. Funds allocation.

Health facilities orders from the MSD based on their financial capabilities. This has made the facilities to balance their needs with what they can afford from the budget allocated. This explains that some orders may be less than what they intended for the facility to operate well. Through the growing population it has been not quite well for the facility to project the need of the service users to the demand of the essential medicine per user. Similar to the literature that has shown that the funds allocated to the facility doesn't base on their need but to the location where they are located (Kalolo et al. 2021).

The allocation of funds seems to be based on the type of facility only and not on the usage of the facility by the population. This explains the difference in ordering behavior, where facilities attending to a comparatively lower number of patients may have excess funds while ones with high patient attendance have insufficient funds. The budget analysis proved that there is uneven distribution of funds and funds do not cover the necessary requirements of the facility. Due to this, facility face the shortage of essential medicine that leads to the improper provision of health services leading to inadequate supply of essential medicine per facility.

From the literature inadequate funds have been reported to have caused the proper handling of the uncertainty of demand of medicine within facilities. This is due to the funds that can pay for extra package of essential medicine not to be available and hence the DHFF funds not to be sufficient by itself hence forcing the facility to have other sources of funds to cover the medicine gap in the facilities to overcome the stock out of essential medicine within the facilities (Joram and Hiliza 2023).

5.2. Ordering and logistical cycle

One of the factors that affect the availability of essential medicines in the districts' health centers and dispensaries is the order cycle. Facilities order once every three months, which

means that if facilities miss any items in their orders, they would have to wait for three months before they can reorder those items. As this may lead into the uncertainty of demand within the facilities and also resulting into patient not being able to have access to the quality health care. This restriction on program is run by the MSD and is designed to reduce the workload at the MSD central and zonal stores.

Shortening the order cycle would have the effect of reducing the number of out of stock days for some items, which may be out of stock at the health facility but in stock at the MSD. This may come at an increased cost to the MSD, but if executed well the costs could be offset by the benefit associated with regular/high turnover of stock.

The way the orders are compiled and sent to the MSD, and how the MSD acts on the orders and sends them to the DMOs and health facilities. As already discussed, health facilities compile their orders on a quarterly basis, and thus they have the challenge of forecasting demand for three months. Most facilities knowingly ordered less than their projected demands, then when their orders were sent to the DMOs, it was possible that orders were further revised, mostly downwards. So by the time the MSD got the orders they would send less than what was requested.

A literature finds that an act of sending less than requested leads to the inadequacy of the essential medicine within the facilities and the quarterly allocation of funds leads to the medicine stock out has the facilities won't be able to project the demand that will be needed within the facilities hence reducing the facility performance on the supply of medicine and medical supply (Kapologwe et al. 2019).

5.3. Fund disbursement timeline.

The quarterly funds disbursement has made the availability of essential medicine to be challenging. This is having proven that the schedule for the disbursement of funds play a crucial role in availability of medicine and medical supplies in facilities.

When funding is released on a quarterly basis, may lead into stock out of some essential medicine which lead into dealt and long term pain of patient due to the in accessibility of essential medicine healthcare facilities often face challenges in procuring and maintaining a consistent supply of essential medicines. This is because they may need to wait for the next disbursement to replenish their stock, leading to potential shortages during the period between

disbursements. Furthermore, the procurement process itself can be time-consuming, involving bidding, contract negotiations, and delivery timelines, which can further exacerbate the issue of medicine shortages. The unpredictability of funding availability can also make it difficult for facilities to plan effectively for their medicine needs, potentially leading to stock outs and disruptions in patient care. In addition, quarterly disbursements can create financial pressure on facilities, as they may need to manage their budgets carefully to ensure they have enough funds to cover essential medicine purchases throughout the quarter. This can lead to difficult choices about which medicines to prioritize, potentially impacting the availability of essential medicines for patients.

A study conducted found that delayed fund disbursement was a significant contributor to stock outs of essential medicines in public healthcare facilities in Uganda. Similarly, a report by the World Health Organization highlighted the importance of consistent funding for healthcare facilities, stating that inadequate financing was a major barrier to ensuring the availability of essential medicines.

Moreover, emphasized the importance of a predictable funding mechanism for healthcare facilities. The researchers found that unpredictable funding led to stock outs of essential medicines, negatively affecting patient care in primary healthcare facilities (Ruhago and Kibusi,2022).

5.4. Limitations of the study.

Limitations

Subjectivity and Researcher Bias The interpretations made by researchers can be influenced by their personal experiences, beliefs, or biases, which may affect the credibility of the findings.

Mitigation

The researcher employed multiple coders during data analysis to help ensure a more objective interpretation of the data.

CHAPTER SIX

6.0. CONCLUSION AND RECOMMENDATION

6.1. Conclusion

There were insufficient funds allocated towards the facilities provided by DHFF program which is the key stone for the access of the essential medicine within the facility, and through the funds the facility can operate to the maximum capacity and resulting to quality delivery of health service among the service users.

The MSD ordering system has been seen to be a major setback due to the long process and waiting hours for the order to be processed which results to inadequate availability of essential medicine within the facility, through the ordering system DHFF funds may not hamper the availability of medicine as the guideline recommends the DHFF funds to be used directly to the MSD accounting system.

The quarterly disbursement of funds was additionally seen as the issue to the availability of essential medicine, the facilities aren't able to predict the exact amount of the essential medicine that needs to be purchased to sustain the general population that uses the service, which may bring the stock out of some essential medicine within the facility.

6.2. Recommendations

Based on the study findings, the study therefore recommends the following:

1. Results of the study shows the insufficient funds within the facility. Ulanga district council should increasing of funds compared to the need of the facility and providing other sources of funds that would reduce the burden of the medicine stock out.
2. Result of the study shows prolonged ordering time of funds disbursement, the Ministry of Health, should review the three-month order cycle. Cutting down the time spent on order preparation on and delivery will have the immediate effect of reducing the number of days a facility is out of stock of a particular item that is available at MSD stores. Suggesting at least one-month cycle.
3. Further studies on Direct Health Facility Financing on the availability of essential medicine in other regions in Tanzania.

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CONSENT/ ASSENT FORMS:

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

SCHOOL OF PUBLIC HEALTH AND SOCIAL SCIENCES

DEPARTMENT OF PUBLIC HEALTH

ID NO…….

Consent to participate in the study.

Greetings! My name is MESHACK DAUD MWAIKENDA, I am a university student pursuing a Master's degree in Public Health at Muhimbili University of Health and Allied Sciences. On behalf of the Muhimbili University of Health and Allied Sciences (MUHAS). I serve as a principle investigator focused on exploring the influence of Direct health facility financing in the availability of essential medicine in health facilities found at Ulanga District council found at Morogoro,Tanzania.

Purpose of the study

It aims to understand the influence of Direct Health Facility Financing in the availability of essential medicines in health facilities located at Ulanga District. Ultimately, the study seeks to know how the DHFF program play a crucial part in ensuring the availability of essential medicines in health facilities to ensure quality delivery of health services.

Confidentiality

I assure you any information you provide will be kept highly confidential and will not be shared with anyone or anywhere except for those directly engaging in this study and for the fulfillment of this research purpose. The conversations will be anonymized and names will not be

mentioned in any report or document, and if you would prefer to sit at a certain location for the interview, we can work together to find a better place that will be good for you.

Requirement for the participation

If you agree to participate in this study, you will be required to answer a series of questions that have been prepared for the study's objectives through interviewing and allow me to obtain the intended information.

Benefits

The study will provide valuable insights into whether the funds allocated by the DHFF are sufficient to meet the needs for essential medicines in healthcare facilities. Understanding this aspect is crucial for ensuring that patients receive timely and adequate care without facing shortages or stock outs also the study can shed light on how efficiently these processes are managed. This information is essential for optimizing supply chain management, reducing delays, and improving overall operational efficiency within healthcare facilities and lastly analyzing the timeline of funds disbursement from DHFF in relation to the needs of healthcare facilities

Right to withdraw and alternatives

The interview will take about 25-30 minutes and it is voluntary participation: It is your choice whether to participate or not. Nothing will happen if you refuse to participate. If anyone has told you that you must participate, that is not true. If you will need to leave the conversation at any point, you are always allowed to leave even if you have signed the consent form.

Risk

Participants in this study face minimal to no risk. The questionnaire does not collect identifying information, ensuring confidentiality. All responses will have anonymized and used solely for research purposes. There are no physical risks, and participants can skip any questions they are uncomfortable answering. The research team will uphold ethical standards to protect participants throughout the study.

Whom to Contact: In case you have any questions concerning this study please contact Principal Investigator Meshack Daud Mwaikenda Tel +255655891576. Or to my supervisors Prof. Phares Mujinja; Phone no. 0715271170 or Mr. Pankras Luoga Phone number 0684523604. If you have any questions about your rights as a participant, you may contact Dr. Nahya Mohamed, the Chairperson of the Research and Publications Committee, via MUHAS. P.O. Box 65001, Dar es Salaam-Tanzania, Tel +2552150302-6).

Do you want to ask me anything further before you decide whether or not to participate?

Certificate of Consent

Do you agree to participate in this study? YES/NO

I consent to participate in the academic research after reviewing the provided information, either by reading it myself or having it explained to me. I have had the chance to ask any questions I had, and they have been satisfactorily answered. My participation in this study is voluntary, and I agree to take part in it willingly.

Signature: _____ Date _____

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

SCHOOL OF PUBLIC HEALTH AND SOCIAL SCIENCES

DEPARTMENT OF PUBLIC HEALTH

UTMB NO……

Idhini ya Kushiriki kwenye Utafiti.

Salamu! Jina langu ni MESHACK DAUD MWAIKENDA, mimi ni mwanafunzi wa chuo kikuu anayesoma shahada ya Uzamili katika Afya ya Umma katika Chuo Kikuu cha Afya na Sayansi za Sekta ya Afya Muhimbili. Kwa niaba ya Chuo Kikuu cha Afya na Sayansi za Sekta ya Afya Muhimbili (MUHAS) Kama mtafiti mkuu ninayejikita katika kuchunguza ushawishi wa Fedha za Moja kwa Moja kwa Vituo vya Afya katika upatikanaji wa dawa muhimu katika vituo vya afya vilivyopo katika Halmashauri ya Ulanga mkoani Morogoro, Tanzania.

Lengo la Utafiti

Lengo ni kuelewa ushawishi wa Fedha za Moja kwa Moja kwa Vituo vya Afya katika upatikanaji wa dawa muhimu katika vituo vya afya. Mwishowe, utafiti unalenga kujua jinsi programu ya DHFF inavyochangia kwa kiasi kikubwa kuhakikisha upatikanaji wa dawa na vifaa tiba katika vituo vya afya.

Uhifadhi wa Siri

Nakuahidi kuwa habari yoyote utakayotoa itabaki kuwa ya siri na haitashirikishwa na yeyote au mahali popote isipokuwa kwa wale wanaoshiriki moja kwa moja katika utafiti huu na kwa kutekeleza lengo la utafiti huu. Mazungumzo yatakuwa ya kutotambulika na majina hayatazungumziwa katika ripoti au nyaraka yoyote, na kama ungependa kukaa mahali fulani wakati wa mahojiano, tunaweza kufanya kazi pamoja kutafuta mahali bora kwako.

Mahitaji ya Kushiriki

Ikiwa unakubaliana kushiriki katika utafiti huu, utahitajika kujibu mfululizo wa maswali yaliyotayarishwa kwa malengo ya utafiti kupitia mahojiano na kuniruhusu kupata habari inayokusudiwa.

Manufaa

Utafiti utatoa ufahamu muhimu juu ya ikiwa fedha zilizotengwa na DHFF zinatosha kukidhi mahitaji ya dawa na vifaa tiba katika vituo vya afya. Kuelewa hili ni muhimu kwa kuhakikisha kuwa wagonjwa wanapata huduma za haraka na za kutosha bila kukumbana na upungufu au kutokuwepo kwa vitu. Pia, utafiti unaweza kutoa mwanga juu ya jinsi mchakato huu unavyosimamiwa kwa ufanisi. Habari hii ni muhimu kwa kuboresha usimamizi wa ugavi, kupunguza kucheleweshe, na kuboresha ufanisi wa jumla ndani ya vituo vya afya, na mwishowe kuchambua muda wa kutolewa kwa fedha kutoka DHFF kulingana na mahitaji ya vituo vya afya.

Haki ya Kujiondoa na Mbadala

Mahojiano yatakuchukua dakika 25-30 na ni ushiriki wa hiari: Ni uamuzi wako kama utashiriki au la. Hakuna kitakachotokea ikiwa utakataa kushiriki. Ikiwa mtu yeyote amekwambia kwamba lazima ushiriki, hiyo sio kweli. Ikiwa utahitaji kuondoka mazungumzoni wakati wowote, unaruhusiwa kuondoka hata kama umesaini fomu ya idhini.

Hatari

Washiriki katika utafiti huu wanakabiliwa na hatari ndogo hadi hakuna. Kielelezo hakisanyi habari inayotambulisha, kuhakikisha usiri. Majibu yote yatatambulika na kutumika kwa madhumuni ya utafiti tu. Hakuna hatari za kimwili, na washiriki wanaweza kuruka maswali yoyote waliyotaka kujibu. Timu ya utafiti itadumisha viwango vya maadili kulinda washiriki kwa njia yote kwenye utafiti.

Kwa Mawasiliano: Katika kesi unayo maswali yoyote kuhusu utafiti huu, tafadhali wasiliana na Mtafiti Mkuu Meshack Daud Mwaikenda Simu +255655891576. Au kwa wasimamizi wangu Prof. Phares Mujinja; Simu namba 0715271170 au Bw. Pankras Luoga Simu namba 0684523604. Ikiwa una maswali yoyote kuhusu haki zako kama mshiriki, unaweza kuwasiliana na Dk. Nahya Mohamed, Mwenyekiti wa Kamati ya Utafiti na Machapisho, kupitia MUHAS. P.O. Box 65001, Dar es Salaam-Tanzania, Simu +2552150302-6

Je, unataka kunisaili kitu kingine kabla ya kuamua ikiwa utashiriki au la?

Cheti cha Idhini

Je, unakubaliana kushiriki katika utafiti huu? NDIO/HAPANA

Nakubaliana kushiriki katika utafiti wa kitaaluma baada ya kusoma habari iliyotolewa, ikiwa ni kwa kusoma mwenyewe au kuwa imeelezwa kwangu. Nimepata nafasi ya kuuliza maswali yoyote niliyokuwa nayo, na yamejibiwa kwa kuridhisha. Ushiriki wangu katika utafiti huu ni wa hiari, na nakubaliana kushiriki kwa hiari.

Saini: _____ Tarehe _____ .

APPENDIXIS; I

INTERVIEW GUIDE

English version of interview guide

Background Information.

Sex……

Age……...

Working experience……...

Name of the facility……

Research Question 1: How funds from DHFF sufficient in managing the availability of essential medicine in health facilities?

1. Can you describe the process of allocating funds from DHFF for purchasing essential medicines in your health facility?
   Probe for;
   - Steps involved in allocating funds from DHFF for purchasing essential medicines who initiates the process,
   - Who approves funds allocations,
   - How funds are disbursed within the facilities.
   - Priority areas where funds are mostly disbursed.

2. What percentage of the total DHFF funds is typically allocated for procuring essential medicines?
   Probe for:
   - The amount of budget speeded in medicine from DHFF.
   - The expenditure of the remaining amount from DHFF.

3. What challenges, if any, have you faced in managing the availability of essential medicines with the allocated DHFF funds?

Probe for:

- Challenges in allocating funds for essential medicine
- Challenges in funds disbursement
- Challenges in mobilizing funds for essential medicines

4. Are there specific guidelines or criteria followed when utilizing DHFF funds for essential medicines?
   Probe for:
   - The criteria for allocating funds
   - The basic principles followed in funds re-allocation and mobilization

5. Can you provide examples of essential medicines that have been consistently available due to DHFF funding?
   Probe for;
   - The stocked medicine ordered from the DHFF funds.
   - The utilization of the essential medicine ordered by DHFF.

6. In what ways do you involve healthcare staff in decision-making regarding the allocation of DHFF funds for essential medicines?
   - How health care staff are involved in decision making
   - How are their opinions and decision being implemented and regarded?

Research Question 2: How DHFF influence the logistical system of ordering the essential medicine in health facilities?

1. How has the introduction of DHFF affected the process of ordering essential medicines within your health facility?
   Probe for;

- The ordering process before DHFF was introduced.
- The ordering process after DHFF introduced.
- The challenges faced before and after initiation of DHFF.

2. What changes have been implemented in the logistical system for ordering essential medicines post-DHFF implementation?
   Probe for:
   - The ordering mechanism before and after the introduction of DHFF.
   - The health care staff responsible for ordering the essential medicine before and after DHFF introduction.
   - The stock of essential medicine before and after the introduction of DHFF.

3. Have there been any improvements in stock levels since adopting DHFF for ordering essential medicines?
   Probe for;
   - The changes that occurred in the ordering cycle for the medicine
   - The mechanism that was adopted before and after introduction of DHFF
   - The major improvement occurred after the DHFF was introduced

4. How do you ensure timely and accurate orders for essential medicines under the DHFF system?
   Probe for
   - The strategies done to ensure timely orders for the medicines.
   - The measures to overcome untimely order for essential medicines.
   - The impact of untimely ordering of medicines.

5. Are there any training programs or capacity-building initiatives related to improving logistical systems for ordering essential medicines with DHFF funds?
   Probe for
   - The responsible agent for providing training
   - The focus of training programs in ordering medicines
   - The participants who are trained

6. How do you address any bottlenecks or challenges encountered in the logistical system when ordering essential medicines through DHFF?
   Probe for;
   - Responsible people for addressing the challenges facing the logistical system
   - The measure taken to combat such challenges
   - The means used to overcome future challenges

7. What measures are in place to prevent stock outs or overstocking of essential medicines with the use of DHFF funds?
   Probe for;
   - The internal measures that are done to prevent the medicines stock out.
   - The medicines that have high chance of being stock out.
   - The responsible persons to report the stock out of medicine in the facility

Research Question 3: 3. How funds disbursement timeline from DHFF align with the need of the facility in ordering essential medicines?

1. How often are funds disbursed to your facility?
   Probe for;
   - The periodic time that funds are often disbursed
   - The change in time how it affects availability of medicine before and after the introduction of DHFF

2. Have there been any delays in fund disbursement in the past?
   Probe for;
   - What measures were employed to combat these delays.
   - The effect did they bring to the facility.

3. Can you provide examples of how funds disbursed through DHFF have been utilized to address specific facility needs?
   Probe for;
   - The specific needs that the facility prior in the utilization of the allocated funds

4. Based on your experience, what recommendations would you make to improve the alignment between funds disbursement timelines and facility requirements.

   Probe for;

   - The recommendation that the facility will adhere to provide the proper disbursement
   - The DHFF recommendation to satisfy the need of the facility to have the equal alignment in time schedule.

SWAHILI VERSION

Swali la Utafiti 1: Je, fedha kutoka DHFF zinatosha katika kusimamia upatikanaji wa dawa muhimu katika vituo vya afya?

Mwongozo wa Mahojiano

Taarifa za Msingi:

Jinsia……

Umri……

Uzoefu wa Kazi……

Jina la Kituo cha Afya……

Swali la Utafiti 1: Je, fedha kutoka DHFF ni za kutosha katika kusimamia upatikanaji wa dawa muhimu katika vituo vya afya?

1. Je, unaweza kuelezea mchakato wa kutenga fedha kutoka DHFF kwa ajili ya kununua dawa muhimu katika kituo chako cha afya?

   Probe kwa

   - Hatua zinazohusika katika kutenga fedha kutoka DHFF kwa ajili ya kununua dawa muhimu, nani anayeianzisha,
   - Nani anayeidhinisha kutenga fedha,
   - Jinsi fedha zinavyotolewa ndani ya vituo.
   - Maeneo ya kipaumbele ambapo fedha hutolewa zaidi.

2. Ni asilimia ngapi ya jumla ya fedha za DHFF kawaida hutengwa kwa ajili ya kununua dawa muhimu?

   Probe kwa:

   - Kiasi cha bajeti kilichotumika kwa dawa kutoka DHFF.
   - Matumizi ya kiasi kilichobaki kutoka DHFF.

3. Je, umekumbana na changamoto yoyote katika kusimamia upatikanaji wa dawa muhimu kwa kutumia fedha zilizotengwa kutoka DHFF? Probe kwa:

   - Changamoto katika kutenga fedha kwa dawa muhimu
   - Changamoto katika usambazaji wa fedha
   - Changamoto katika kuchangisha fedha kwa dawa muhimu

4. Kuna mwongozo au vigezo maalum vinavyofuatwa wakati wa kutumia fedha za DHFF kwa ajili ya dawa muhimu? Probe kwa:
    - Vigezo vya kutenga fedha
    - Misingi ya msingi inayofuatwa katika kutenga na kuchangisha fedha

5. Je, unaweza kutoa mifano ya dawa muhimu ambazo zimekuwa zikipatikana kwa kawaida kutokana na ufadhili wa DHFF? Probe kwa;
    - Dawa zilizopo zilizoagizwa kutoka fedha za DHFF.
    - Matumizi ya dawa muhimu iliyooagizwa na DHFF.

6. Kwa njia gani unashirikisha wafanyakazi wa afya katika kufanya maamuzi kuhusu kutenga fedha za DHFF kwa ajili ya dawa muhimu? Probe kwa;
    - Wafanyakazi wa afya wanashirikishwaje katika kufanya maamuzi
    - Maoni na maamuzi yao yanatekelezwa vipi na kuheshimiwa?

Swali la Utafiti 2: Jinsi DHFF inavyoathiri mfumo wa vifaa vya kuhifadhi dawa muhimu katika vituo vya afya?

1. Utekelezaji wa DHFF umeathirije mchakato wa kuagiza dawa muhimu katika kituo chako cha afya? Probe kwa;
    - Mchakato wa kuagiza kabla ya DHFF kuanzishwa.
    - Mchakato wa kuagiza baada ya DHFF kuanzishwa.
    - Changamoto zilizokabiliwa kabla na baada ya kuanza kwa DHFF.

2. Mabadiliko gani yamefanyika katika mfumo wa vifaa vya kuhifadhi dawa muhimu baada ya utekelezaji wa DHFF? Probe kwa:
    - Mbinu ya kuagiza kabla na baada ya DHFF kuanzishwa.
    - Wafanyakazi wa afya waliohusika katika kuagiza dawa muhimu kabla na baada ya DHFF kuanzishwa.
    - Hifadhi ya dawa muhimu kabla na baada ya DHFF kuanzishwa.

3. Je, kumekuwa na uboreshaji wowote katika viwango vya hisa tangu kuanzisha DHFF kwa kuagiza dawa muhimu? Probe kwa;
    - Mabadiliko yaliyotokea katika mzunguko wa kuagiza dawa.

- Mbinu zilizotumika kabla na baada ya DHFF kuanzishwa.
- Maboresho makubwa yaliyotokea baada ya DHFF kuanzishwa

4. Jinsi gani unahakikisha kuagiza kwa wakati na sahihi kwa dawa muhimu chini ya mfumo wa DHFF? Probe kwa
    - Mikakati iliyofanywa kuhakikisha amri za wakati kwa dawa.
    - Hatua za kushinda amri za wakati za dawa muhimu.
    - Athari za amri za wakati za dawa.

5. Kuna programu za mafunzo au juhudi za kuongeza uwezo zinazohusiana na kuboresha mifumo ya vifaa vya kuagiza dawa muhimu kwa kutumia fedha za DHFF? Probe kwa
    - Msimamizi anayewajibika kutoa mafunzo
    - Fikira za mipango ya mafunzo katika kuagiza dawa
    - Washiriki waliopewa mafunzo

6. Jinsi gani unashughulikia vikwazo au changamoto zinazokabili mfumo wa vifaa vya kuagiza dawa muhimu kupitia DHFF? Probe kwa;
    - Watu waliohusika katika kushughulikia changamoto za mfumo wa vifaa vya kuhifadhi dawa
    - Hatua zilizochukuliwa kupambana na changamoto hizo
    - Njia zilizotumika kushinda changamoto za baadaye

7. Ni hatua gani zilizopo kuzuia kutokuwepo kwa hisa au kutokuwa na hisa ya dawa muhimu kwa kutumia fedha za DHFF? Probe kwa;
    - Hatua za ndani zinazochukuliwa kuzuia kutokuwepo kwa dawa.
    - Dawa ambazo zina nafasi kubwa ya kukosa hisa.
    - Watu waliohusika kuarifu kukosa hisa ya dawa katika kituo cha afya

Swali la Utafiti 3: Jinsi wakati wa utoaji wa fedha kutoka DHFF unavyolingana na mahitaji ya kituo katika kuagiza dawa muhimu?

1. Mara ngapi fedha hutolewa kwa kituo chako? Probe kwa;
    - Kwa muda gani fedha hutolewa.

- Mabadiliko ya wakati yanayokwenda kutoka kutokuwepo kwa fedha na kuwepo kwa fedha kabla na baada ya kuanzisha DHFF.

2. Je, kumekuwa na kucheleweshwa kwa utoaji wa fedha hapo awali? Probe kwa;
    - Hatua gani zilizochukuliwa kushughulikia kucheleweshwa huku.
    - Athari zilizosababishwa na kucheleweshwa huko.

3. Je, unaweza kutoa mifano ya jinsi fedha zilizotolewa kupitia DHFF zimekuwa zikitumika kutatua mahitaji maalum ya kituo? Probe kwa;
    - Mahitaji maalum ambayo kituo kilikuwa na kabla ya kutumia fedha zilizotengwa.

4. Kulingana na uzoefu wako, ungependa kupendekeza nini kuboresha usawa kati ya muda wa utoaji wa fedha na mahitaji ya kituo? Probe kwa;
    - Mapendekezo ambayo kituo kitazingatia kutoa utoaji sahihi
    - Mapendekezo ya DHFF ili kufikisha mahitaji ya kituo ili kuwa na usawa sawa katika ratiba ya muda.

THE UNITED REPUBLIC OF TANZANIA
PRESIDENT'S OFFICE
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT
ULANGA DISTRICT COUNCIL

In reply please quote:
Ref.No.UDC/ADM/F.10/1 VOL IV/32 **04/05/2024**

For Director,
Department of community Health,
Muhimbili University of Health and
Allied science
P.O.BOX 65001;
DAR ES SALAAM.

REF: **INTRODUCTION LETTER FOR YOUR STUDENT**
MESHACK DAUD MWAIKENDA

1. Reference is made to your letter with Ref: No. HD/MUH/T.647/2023 of dated 03rd June 2023 with the heading above captioned.

2. I am here to inform you that, the named student above has been accepted to undertake research titled " **Assessing the influence of Direct health facility financing program on the availability of essential medicine in Ulanga District council-Morogoro Region"** so inform him to come.

Thank you!

John Machua
For: DISTRICT EXECUTIVE DIRECTOR
ULANGA DISTRICT COUNCIL

Cc. District Medical Officer

UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

OFFICE OF THE DIRECTOR – POSTGRADUATE STUDIES

In reply quote;
Ref. No. HD/MUH/T.647/2023

03rd June, 2024

The Municipal Director,
Ulanga District Council,
P.O. Box 22,
ULANGA

Re: INTRODUCTION LETTER MESHACK DAUD MWAIKENDA

We would like to inform you that the bearer of this letter is **Meshack Daud Mwaikenda** with Reg. No. **HD/MUH/T.647/2023** is a student at Muhimbili University of Health and Allied Sciences (MUHAS) "pursuing **MPH-Regular Track.**

As part of his studies, he will be doing an elective research titled: "**Assessing the Influence of Direct Health Facility Financing Program on Availability Essential Medicines in Ulanga District Council-Morogoro Region."**

The research has been approved by the Chairman of University Senate.

Kindly provide him the necessary assistance to facilitate the conduct of his research.

We thank you for your cooperation.

Ms. Victoria Mwanilwa
For: DIRECTOR, POSTGRADUATE STUDIES

c.c **Meshack Daud Mwaikenda**

9 United Nations Road; Upanga West; P.O. Box 65001, Dar Es Salaam: Tel. G/Line: +255-22-2150302/6; Ext. 1015; Direct Line:+255-22-2151378;Telefax:+255-22-2150465;E-mail:dpgs@muhas.ac.tz;Web:https://www.muhas.ac.tz