SUMMARY OF HDT STRATEGIC PLAN (2013 TO 2017)

Health Promotion Tanzania (HDT)-(Formally known as Human Development Trust) is a local not-for-profit non-governmental organization (NGO) established in 2004. Since its registration, it was addressing many development issues including Poverty reduction, HIV and AIDS and income generating activities through its three program areas namely capacity building, service delivery and policy advocacy. Recognizing that Tanzania is among 11 countries worldwide with highest maternal mortality rates where about 22 women dies every day due to maternal reasons and one in 12 children die before fifth birthday, HDT will in the next five years be embarking into contributing to improved maternal and child health. *Below is the summary of results:*

Vision	**A responsible and healthy society.**
Mission	Through Result-Based approach, HDT envisage to pioneer and promote innovative community health systems and standards that deliver sustainable impact results.
Main Intervention	**COMMUNITY SYSTEM STRENGTHENING:** Building capacity of community and health systems to take responsibility and demand accountability, providing technical and financial support to community own initiatives to advance maternal and child health **INSTITUTIONAL STRENGTHENING**: Strengthen HDT and partners in governance, financial and technical capacity for delivering the strategic plan and own sustainability **POLICY ADVOCACY:** Undertake policy analysis, budget analysis, expenditure analysis, public health service monitoring and linking local advocacy to national advocacy to advance maternal and child health. **SOCIAL ACCOUNTABILITY MONITORING:** Working with community groups, support community oversight, public integrity, and performance management towards maternal and child health.
Goals	Reduce maternal mortality from 454 (in 2010) to 193 per 100,000 live birth by 2017 Reduce under-five mortality from 81 (in 2010) to 54 per 1000 live birth by 2017.
Level 1 results	R1: 60% of pregnant mothers makes 4+ ANC visits from current 43% (in 2010) by 2017 R2: 65% of pregnant mothers deliver at hospital (from 52% in 2010) by 2017 R3: 50% of women of reproductive Health receiving HIV services receiving FP services by 2017 R4: Reduced under-weight among under five from 21% (in 2010) to 14% by 2017 R5: 50% of males of women attending ANC tested at ANC are tested for HIV by 2017
	COMMUNITY SYSTEM STRENGTHENING / **POLICY ADVOCACY**
Level two results	1.1. Improved CBOs' capacity in demanding accountability for better maternal and child health services 1.2. Improved health seeking behavior by community members 1.3. Improved Men involvement in maternal and child health 1.4. Improved community hygienic practices 1.5. Improved data quality and consumption for maternal and child health in operational districts 2.1. Improved advocacy capacity among CBOs and women groups in operational districts 2.2. Increased financing for maternal & child health from 8% of health budget (in 2011/12) to 15% by 2017 2.3. Increased budgeting for maternal and child health in operational districts 2.4. Increased support from future leaders on maternal and Child Health
	INSTITUTIONAL STRENGTHENING / **SOCIAL ACCOUNTABILOITY MONITORING**
Level two results	3.1. Increased HDT capacity in Public health. 3.2. HDT financial system in all offices uses accounting soft ware 3.3. MER system improved with online reporting system for regional offices 3.4. Functional HRM and administration 3.5. HDT constructs its own offices for sustainability 3.6. MCH partners capacity strengthened 4.1 At least two Accountability sessions done in each district by 2015 4.2 At least one CSO in each district has skills to undertake SAM 4.3. Improved maternal health expenditure management 4.4. Improved community oversight on health services 4.5. Improved accountability on maternal Health issues

HDT PILLARS:

Proposed five years Budget summary in Millions TZS							
	Y1	Y2	Y3	Y4	Y5	Total	%
Capacity building	742.00	742.00	793.94	674.85	573.62	3,526.41	28%
Policy Advocacy	602.50	609.18	647.33	550.23	467.70	2,876.94	23%
Social Accountability Monitoring	106.40	112.07	121.30	103.10	-	442.87	3%
Capital investment	514.50	252.23	41.16	51.45	61.74	921.08	7%
Support cost	684.33	994.90	1,045.43	1,088.32	714.68	4,527.65	36%
HDT institutional development	308.90	20.33	21.75	18.49	13.87	383.34	3%
Grand total	**2,958.63**	**2,730.70**	**2,670.91**	**2,486.45**	**1,831.61**	**12,678.29**	**100%**

HDT INVESTMENT PRINCIPLES:

Principle # one High impact: Ensuring Value for money, cost effective interventions

Principle # two System change: Selecting interventions that affecting the root causes than symptoms of the problem

Principle # three Measurable: Results that are Quantifiable beyond immediate outcomes

Principle # four Scalable: Develop a model that can be replicated in comparable environment to bring the same results

Principle # five Sustainable: Investing in results that are Durable beyond HDT investment

Principle # six Leverage: Recognizing efforts by other partners, build on them and record indirect impact from onset of interventions.

HEALTH PROMOTION TANZANIA [HDT]

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