

**MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT,
GENDER, ELDELY AND CHILDREN**

PHARMACY COUNCIL



STRATEGIC PLAN 2016/17 – 2020/21

JULY, 2016

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Abbreviations

ADDO	Accredited Drug Dispensing Outlet
CHF	Community Health Fund
CPD	Continuous Professional Development
GPP	Good Pharmacy Practice
HRP	Human Resource Plan
HSSP	Health Sector Strategic Plan
ICT	Information and Communication Technology
IMIS	Integrated Management Information System
KPIs	Key Performance Indicators
LGAs	Local Government Authorities
MIS	Management Information System
MKUKUTA	Mkakati wa Kukuza Uchumi na Kupunguza Umaskini
MKURABITA	Mpango wa Kurasimisha Biashara Tanzania
MoFP	Ministry of Finance and Planning
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
NACTE	National Council for Technical Education
NCDs	Non-Communicable Diseases
NGOs	Non Governmental Organisations
NHIF	National Health Insurance Fund
NSGRP	National Strategy for Growth and Reduction of Poverty
OPRAS	Open performance Review and Appraisal System
PBFP	Property and Business Formalisation Programme
PMU	Procurement Management Unit
PO-PSM	Presidents Office, Public Service Management
PTIs	Pharmacy Training Institutions
QMS	Quality Management System
RUM	Rational Use of Medicines
SOPs	Standard Operating Procedures
TCU	Tanzania Commission for Universities
WHO	World Health Organisation

Statement by the Chairman of the Council

On behalf of the Council, I am privileged to present the Pharmacy Council Strategic Plan for the period of five years July, 2016 up to June, 2021. This Strategic Plan (SP) has been developed following implementation of the previous plan (2013-2018) which was terminated prematurely in 2015/16 in order to accommodate new targets and focus after 2015 election. These changes and its development have also taken into account important frameworks especially the National Second Five Years Development Plan (2016/17-2020/21) and the Health Sector Strategic Plan (HSSP) IV (2015-2020).

The primary mandate of the Council is reflected in the Council's mission, which is *"to regulate and control pharmacy professional, practice and business in Tanzania"*. This mission is in line with the National Health Policy, 2007. The Council's vision is *"to be efficient and effective regulator and controller in pharmacy professional, practice and business in East Africa"* It is our anticipation that, the implementation of this plan will provide the extent to which mission and vision are being realized.

It is the Council's hope that the existing regulatory systems and the interventions outlined in this strategic plan will enable the Council to achieve its ultimate goal in provision of the best pharmaceutical care and services in the country. It outlines interventions and financial resources needed for its implementation. In addition to addressing issues specifically on the pharmacy profession, practice and business, the strategic plan has also put emphasis on improving the services for its employees including gender, environmental and HIV/AIDS issues and implementation of National Anti-Corruption Strategy.

Management and all Council's staff will embrace core values stipulated in the plan as the Council's brand. The Board reiterates its necessary support including liaising with the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) to facilitate smooth implementation of the plan. With this admiration, I advocate that the Council management to ensure prudent use of resources so as to achieve the targets and consequently the objectives set in the plan.

I wish Management of Council and the entire Staff successful implementation of this Strategic Plan.

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Mr. Legu R. Mhangwa
CHAIRMAN OF THE PHARMACY COUNCIL

Statement by the Registrar

The first Strategic Plan of Pharmacy Council covered the period of July 2009 to June 2012 followed by the Second Strategic Plan which was developed to cover a period of five years from July 2013 up to June 2018. In order to accommodate new government policies on HIV/AIDS, corruption and related matters, it necessitated plan review, and

come up with the third strategic plan. The third strategic plan will cover a period of five years from July 2016 to June 2021.

The Plan sets out six (6) objectives, a number of strategies and targets necessary to achieve the Council's Goal. It also includes Key Performance Indicators (KPIs) as measurements that will be used to evaluate the degree of achievement of the stated targets and objectives.

This Plan has been prepared in line with the National Planning Frameworks such as National Five Year Development Plan (2016/2017-2020/21) and Health Sector Strategic Plan IV (2015-2016), National Health Policy (2007), other national strategies and relevant legislations. The Plan has taken into account critical issues that emerged during implementation of the previous Strategic Plan. The Council has involved relevant stakeholders in the discussions and finalization of the Plan. To achieve Council vision and mission, the following objectives have been developed: -

- a. HIV/AIDS Infections and Non-Communicable Diseases (NCD) Reduced;
- b. National Anti-Corruption Strategy effectively enhanced;
- c. Registration of pharmaceutical personnel and premises strengthened;
- d. Capacity of pharmaceutical personnel improved;
- e. Compliance with regulations of pharmacy profession, practice and business improved; and
- f. Institutional capacity to deliver quality services efficiently, strengthened

It is of absolute importance for the Council to realize these objectives and meet expectations of its customers, stakeholders and the public at large. In this regard, management is committed to provide the necessary resources to accomplish the Plan. Monitoring and Evaluation of the plan will be regularly undertaken to ensure that anticipated results are achieved.

Special thanks are extended to the MoHCDGEC, the Council and Secretariat for the support and efforts in ensuring completion of the Pharmacy Council Strategic Plan 2016/17 – 2020/21.

.....
Elizabeth Shekalaghe
REGISTRAR – PHARMACY COUNCIL

Executive Summary

The development of the third Strategic Plan (2016/17 to 2020/21) is founded on Council mandate provided under the Pharmacy Act, Cap 311. The Council's mandate is to regulate and control pharmacy profession and practice. It is worth noting that the third Strategic plan is preceded by other two consecutive plans since July 2009. The first



Council Strategic Plan (SP) was implemented from the year 2008/09 to 2011/12 and the second one from the year 2012/13 to 2015/16.

The preparation of third Strategic Plan has taken into account the gaps observed and limitations experienced during the implementation of the second plan as evidenced in annual performance reports, internal and external financial audits findings.

This Plan is organized into four chapters. The First chapter covers establishment of Pharmacy Council organizational structure and the method used in its development. The second chapter presents situation analysis showing performance review of the implementation of the second SP. Chapter three presents the actual plan covering key aspects such as mission, vision, core values, objectives, strategies, targets and key performance indicators. Chapter four presents result framework with monitoring and evaluation plans.

Performance review of the implementation of second SP, generally indicated good progress whereby Council managed to process and register 439 pharmacies and bring the total number of registered pharmacies to 1,334 by 2015/16. This is equal to 33 percent increase. A total of 328 pharmacists, 388 pharmaceutical technicians and 179 pharmaceutical assistants were registered, enrolled and enlisted, equals to 22 percent, 27.4 percent, and 32 percent increase respectively. Intern centers have been increased from 23 to 27. It is also due to shortage of Medicine Dispensers, Council in collaboration to other stakeholders established Medicine Dispensers Course. In this period, 770 Medicine dispensers were trained and recognized by the Council.

A total of 4701 Accredited Drug Dispensing Outlets (ADDOS) were accredited to bring 11,350 accredited ADDOS countrywide, which is equal to 41.4 percent increase, 7,286 dispensers and 7,895 owners of ADDOS were trained and recognized.

Inspections were conducted to 2,221 premises including 818 pharmacies, 256 ADDOS and 1,147 unregulated drug shops. Of the inspected 2,221 premises 1,076 (48 percent) complied with the standards. In collaboration with National Council for Technical Education, Council inspected 40 Pharmacy Training Institutions (PTIs) which applied for approval to offer pharmacy courses. A total of 13 (32.5%) PTIs met the required standards and were approved to conduct pharmacy training.

Past performance review indicated that, the rate of retention of pharmaceutical personnel and renewal of business permits were 70 percent and 64 percent respectively. Other achievements include; introduction of Continuous Professional Development (CPD) programs for pharmacy professionals, and equipping of the Lake and Northern Zone offices. During the same period, internal revenue collection grew from TZS.1.32 Billion in 2014/15 to TZS. 1.76 billion in 2015/16 (25 percent increase) and improvements on financial audit opinions were observed during the period.



This revised plan has six Strategic objectives as stated below

- A. HIV/AIDS Infections and Non – Communicable Diseases (NCD) Reduced;
- B. National Anti-Corruption Strategy effectively enhanced;
- C. Registration of pharmaceutical personnel and premises strengthened;
- D. Capacity of pharmaceutical personnel improved;
- E. Compliance with regulations of pharmacy profession, practice and business improved; and
- F. Institutional capacity to deliver quality services efficiently, strengthened.

In this Plan, rationale, strategies, targets, milestones and key performance indicators (both output and outcome indicators) have been developed for each objective. Specific, Measurable, Achievable Realistic and Time bound (SMART) targets and indicators have been developed for each objective so as to facilitate monitoring and evaluation of the Council performance. Additionally, results framework with Monitoring, Evaluation and reporting plans have been presented to ensure responsibility and accountability in the implementation of the plan.

CHAPTER 1: INTRODUCTION

1.1 Background

The Pharmacy Council under the Ministry of Health, Community Development, Gender, Elderly and Children is responsible for regulating and control of pharmacy profession and practice. The Council's responsibility is stated in the Health Policy, 2007 and its mandate is stipulated in the Pharmacy Act, Cap 311. The Act provides for the efficient and comprehensive regulation and control of pharmacy profession and practices in Tanzania Mainland. In order to improve public service delivery, Council is managed as a semi-autonomous institution.

Specific functions of the Council are as prescribed in Section 4 of the Pharmacy Act, 2011 and specifically is mandated to;

- a) Safeguard and promote the provision of pharmaceutical services in compliance with norms and values;
- b) Establish, develop, maintain and control acceptable standards of pharmacy profession and practices;
- c) Enquire into any query relating to a pharmacy practice raised by the public;
- d) Enhance and maintain the integrity and dignity of the pharmacy profession and practices;
- e) Promote interest in, and advancement of the pharmacy profession;
- f) Regulate standards and practices of the Pharmacy Profession;
- g) Uphold and safeguard acceptable standards of pharmacy practice in both private and public sectors
- h) Evaluate academic and practical qualifications for Pharmacists, Pharmaceutical Technicians and Pharmaceutical Assistants for the purpose of registration, enrolment or enlisting;
- i) Foster cooperation, collaboration and links between the Council and other institutions, dealing with the pharmacy profession;
- j) Ensure proper collection and management of fees and charges;
- k) Keep and maintain registers, rolls and lists for the registration, enrollment and enlisting of pharmacists, pharmaceutical technicians, pharmaceutical assistants and intern pharmacists;
- l) Manage accounts and assets of the Council;
- m) Ensure pharmacy training in the country guarantees the necessary knowledge, skills and attitude needed for the pharmacy practice;
- n) Promote rational use of medicines;
- o) Regulate activities of Pharmacists, Pharmaceutical Technicians and Pharmaceutical Assistants
- p) Advise the Minister on matters relating to pharmacy practice; and
- q) Carry out such other functions as may be conferred upon the Council by any other written law.

1.2 Council Institutional Framework

The Council is the highest decision making organ on regulation of the pharmacy profession and practice. This Parastatal Institution is managed by the Registrar who is the secretary to the Council and reports to Permanent Secretary of the MoHCDGEC. The Registrar is responsible for proper management of the Council resources including employees, funds and properties. There are four (4) units under Registrar office namely; Legal Services, Procurement Management, Internal Audit and Finance and Accounts.

Moreover, the Registrar is assisted in day to day activities by the Deputy Registrar who oversees four (4) departments. These are Registration, Education and Training, Pharmacy Practice, Human Resource and Administration and Zone offices. Currently there are six zones (i) Lake Zone (ii) Eastern Zone (iii) Southern Highlands Zone (iv) Northern Zone, (v) Southern zone and (vi) Western zone (*Annex 1*)

In order to improve service delivery, Council has delegated some of its functions and powers to the Local Government Authorities (LGAs) through TFDA Delegation of Powers, GN. No 162 of 2006.

1.3 Rationale

This is the third Strategic Plan since establishment of the Council in 2002. The first Strategic Plan covered the period 2009-2012. The five years plan pave a way for development of a second strategic plan to accommodate new changes following the enactment of new Pharmacy Act, 2011. The second SP covered the period 2012/13-2017/18 however it was terminated prematurely in 2015/16 in order to accommodate new focus and targets after 2015 election

It is expected that, the third Plan, will provide strategic direction for proper utilization of institutional resources in order to achieve Council's mission and vision and other NATIONAL Objectives outlined in national planning frameworks such as National Strategy for Growth and Poverty Reduction (NSGPR), CCM Election Manifesto of 2015, Vision, 2025 and National Five Year Development Plan II(2016/17-2020/2021).

The expected outcome of implementing this SP is to have in place a well regulated pharmacy profession and practice.

1.4 Development Process

This Strategic Plan has been developed based on the format prescribed in the Medium Term Strategic Plan and Budgeting Manual (2008). In the course of developing the plan, Council Management and staff were involved for inputs. Council documents including annual reports, previous SPs, work plan and budget were used as references. In addition, other National Planning Framework documents were referred, including; Second National Five Year Development Plan (2017-2021), Health Policy 2007, National Pharmaceutical Action Plan (2015 – 2020), Final draft of National Medicines Policy, the Pharmacy Act, Cap 311, Health Sector Strategic Plan IV (2015-2020), Property and Business Formalization Programme (PBFP/MKURABITA) as well as Tanzania Development Vision, 2025.

1.5 Strategic Plan layout

The Plan consists of four (4) chapters.

1.5.1 CHAPTER ONE provides historical background, institutional framework, mandate, specific functions and development process.

1.5.2 CHAPTER TWO presents situation analysis, performance review, stakeholders' analysis, Strength Weakness Opportunities and Threat (SWOT) analysis, recent initiatives and critical issues.

1.5.3 CHAPTER THREE portrays future direction of the Council in terms of objectives, strategies, targets and key performance indicators.

1.5.4 CHAPTER FOUR elaborates results framework that will be used to measure the performance of the Council.

1.6 Assumptions

The following factors were considered during preparation and development of this Strategic Plan.

- (a) The National economy and political environment will be stable during implementation of the plan;
- (b) Local Government Authorities will continue to implement Council delegated functions, in line with guidelines for delegation of powers;
- (c) The Council will continue to maintain its semi-autonomy status
- (d) Stakeholders and development partners will continue to collaborate and support the Council

CHAPTER 2: SITUATION ANALYSIS

2.1 Introduction

A situation analysis is systematic collection and evaluation of past and present economical, political, social, cultural and technological data, aimed at (1) identification of internal and external forces that may influence the organization's performance and choice of strategies, and (2) assessment of the organization's current and future strengths, weaknesses, opportunities, and threats.

The aspects that are discussed in this chapter include Strengths, Weaknesses, Opportunities and Threats (SWOT). Others are stakeholder analysis and past performance review.

2.2 Past performance

The Council strategic plan for 2012/13 – 2015/16 was revised during financial 2014/15. Following the review, several gaps were identified as follows; -

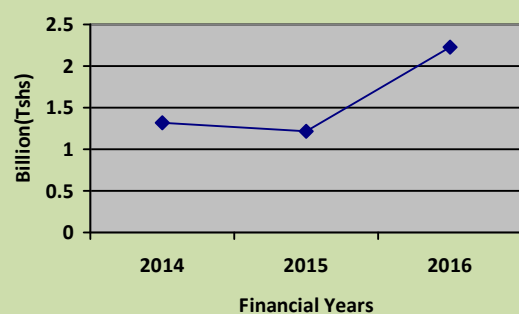
- (a) Minimal involvement of Council staff in SP development;
- (b) Too many objectives and performance targets on annual basis and assumptions were missing;
- (c) Objectives were not strategic, smart and there was no goal;
- (d) Management of the implementation of the strategic plan not defined; and
- (e) Justification of the plan was not clear.

In the course of the review of the SP the identified gaps were addressed. The reviewed Council's Strategic plan had a vision of Pharmacy Council becoming **'efficient and effective regulator and controller in pharmacy professional, practice and business in Tanzania'**. With a mission **'to regulate and control pharmacy professional, practice and business in Tanzania by using the appropriate techniques, technology and guarantee law enforcement'**

The table below provides the summary of implementation of previous SP

Table 1: Implementation Status of previous Strategic Plan (2012/13-2015/16)

Objectives	Implementation	Way forward
A: Enhance financial management and resource mobilization	In four years of implementing the previous SP, the Council managed to meet 63% of the budget as compared to the target of 75% from internal sources annually. The internal revenue collection grew from TZS. 1.32 Billion in 2013/14 to TZS. 2.23 Billion in 2015/16 (41% increase) (See Figure 1)	Council will strive to improve strategies for revenue collection and mobilization of funds from external sources including preparation of project proposals for funding.

Objectives	Implementation	Way forward								
	<p>Fig.1: Council Revenue Collection 2014-2016</p>  <table><caption>Data for Fig.1: Council Revenue Collection 2014-2016</caption><tr><th>Financial Years</th><th>Revenue (Billion Tshs)</th></tr><tr><td>2014</td><td>1.3</td></tr><tr><td>2015</td><td>1.2</td></tr><tr><td>2016</td><td>2.2</td></tr></table>	Financial Years	Revenue (Billion Tshs)	2014	1.3	2015	1.2	2016	2.2	
Financial Years	Revenue (Billion Tshs)									
2014	1.3									
2015	1.2									
2016	2.2									
B: Human Resource Management Improved	<p>The Council planned to recruit 36 qualified staff and currently four (4) have been recruited including, one Information Communication and Technology (ICT) Systems Administrator, two Inspectors and one Procurement and Supplies Officer. Open Performance and Review Appraisal System (OPRAS) and Clients Services Charter (CSC) were introduced and currently are in operation.</p> <p>In addition, Council planned to retain 95 % of its staff annually and train 70% of them as per annual training program. Council managed to retain on average 99 percent of its staff annually and trained 14 percent as per annual training program.</p>	<p>Effective implementation of training program, and career development, review of staff regulations</p>								

Objectives	Implementation	Way forward
C: Governance and Accountability issues mainstreamed	Two awareness seminars on public service ethics, code of conducts, handling and control of government documents and public procurement of goods and services were conducted to staff of the Council. Quarterly and annual performance reports were produced on time.	<ul style="list-style-type: none"> To conduct two (2) awareness seminars annually on good governance and accountability in public services to staff. To strengthen Monitoring and Evaluation system To improve responsiveness to public demand through advocacy To establish and implement customer, Complaints Handling system
D: Ensure quality management of Council services	In order to improve service provision, Council procured two motor vehicles to facilitate day to day activities. Reviewed website and database of the Council to identify the gaps and areas of enhancement for internal and public consumption. Streamlined work flow and efficiency within the organization by development of standard operating procedure, process mapping and framework for monitoring and evaluation of the Council activities.	To automate services delivery processes To implement Quality Management System (QMS) to improve consistence work flow.
E: Organization image enhanced	The Council conducted eleven (11) Council meetings, ten (10) stakeholders' meetings, sensitization programs and performed exhibition in various events. The Council donated prizes to five best students at Muhimbili School of Pharmacy and 32 staff participated in training on combating corruption at workplace.	<ul style="list-style-type: none"> To conduct meetings, awareness seminars on Pharmacy Council. Sponsor pharmacy related activities and sensitization



Objectives	Implementation	Way forward
		programs to the public. <ul style="list-style-type: none">• Advocacy through media

Objectives	Implementation	Way forward
F: HIV/AIDS Infection reduced and Gender balance considered	By 2016, the ratio of women to men employees was 1:1 (16 women and 21 men), while the ratio of women to Men at managerial posts was 2:1. This ratio indicates improvement in gender consideration in the organization.	To mainstream Gender and HIV/AIDS
G:Infrastructure Development	Council planned to acquire six zone offices space. To date Council has managed to acquire four zone offices space and established two zone offices (Lake zone and Northern zone). It also procured office furniture and working tools for the same. Additionally, Council contracted Tanzania Building Agency (TBA) to renovate its Head Office.	<ul style="list-style-type: none"> To acquire two zone offices space and operationalize five zone offices. To construct Head Office building in Dodoma.
H: Ensure quality service delivery through ICT	<p>While ensuring the quality of services, the Council has developed ICT guidelines and Standard Operating Procedures (SOP) to ensure that the ICT tools and infrastructure are well managed and properly maintained. By December 2016, the Council has managed to purchase 99% of the planned ICT tools (computers, printers, scanners, photocopy machines and other gadgets).</p> <p>Furthermore, the Council has maintained its website and database and automated 30 percent of its business processes.</p>	To upgrade current network, website and fully automate key operational areas .
I: Strengthen Capacity of Pharmaceutical Personnel and approval of training institutions	<p>The Council developed, the CPD, guidelines.</p> <p>During the period under review and in collaboration with National Council for Technical Education (NACTE), the Council inspected 40 Pharmacy Training Institutions (PTIs) which applied for approval to conduct pharmacy training. Out of 40 PTIs only 13 (32.5 %) met the required standards and were approved to conduct pharmacy training.</p> <p>Moreover, enforcement tools to regulate</p>	<p>To develop standards for intern centers, orient supervisors, as well as implement research component.</p> <p>Build capacity of PTIs to meet the set standards, to improve the quality of pharmaceutical graduates.</p>

Objectives	Implementation	Way forward
	<p>pharmacy training and harmonized curricula for lower cadre were developed. A total of six sets of pre-registration examinations were conducted, whereby 889 candidates were examined. Of the examined candidates 400 (45%) passed. These results suggest that more interventions are required to improve competences of pharmacy graduates.</p> <p>In an effort to strengthen internship training, the guidelines were reviewed to cater for increasing number of intern pharmacists. During the period under review intern pharmacist allocated to intern centers were 118 (2014/15), 170 (2015/16) and 95 (December, 2016).</p>	

Objectives	Implementation	Way forward																																																																																	
J: Strengthen registration of pharmaceutical personnel	<p>For the past two and half years, the Council has managed to register different Pharmaceutical personnel's including Pharmacist, Pharmaceutical Technician and Pharmaceutical Assistants. Table 2 shows number of registered personnel per each cadre for 2014/15 up to December 2016.</p> <p>Table 2: Registered Pharmaceutical Personnel (2014/15 – Dec, 2016)</p> <table><tr><th rowspan="2">Cadre</th><th colspan="3">Financial Year</th><th rowspan="2">Total</th></tr><tr><th>2014/15</th><th>2015/16</th><th>Dec , 2016</th></tr><tr><td>PH</td><td>142</td><td>125</td><td>61</td><td>328</td></tr><tr><td>PT</td><td>119</td><td>165</td><td>104</td><td>388</td></tr><tr><td>PA</td><td>81</td><td>25</td><td>73</td><td>179</td></tr></table> <p>Furthermore, the Council has managed to retain the list of pharmaceutical personnel from different cadres; the trend of renewal of their names shows significant increase in the year 2015 for Pharmacists by 12.4 percent compared to 2014 and 2.1 percent for Pharmaceutical Technicians. Council expects gradual increase in renewal for the year 2016/2017 (Table 3).</p> <p>Table 3: Retained Pharmaceutical Personnel (2014/15 – Dec, 2016)</p> <table><tr><th rowspan="3">cadre</th><th colspan="9">Year</th></tr><tr><th colspan="3">2014</th><th colspan="3">2015</th><th colspan="3">Dec 2016</th></tr><tr><th>Total</th><th>Renewed</th><th>%</th><th>Total</th><th>Renewed</th><th>%</th><th>Total</th><th>Renewed</th><th>%</th></tr><tr><td>PH</td><td>1216</td><td>674</td><td>55.4</td><td>1264</td><td>857</td><td>67.8</td><td>1389</td><td>448</td><td>32.3</td></tr><tr><td>PT</td><td>1007</td><td>195</td><td>19.4</td><td>1126</td><td>242</td><td>21.5</td><td>1272</td><td>93</td><td>7.3</td></tr><tr><td>PA</td><td>493</td><td>49</td><td>9.9</td><td>519</td><td>34</td><td>6.6</td><td>523</td><td>24</td><td>4.6</td></tr></table>	Cadre	Financial Year			Total	2014/15	2015/16	Dec , 2016	PH	142	125	61	328	PT	119	165	104	388	PA	81	25	73	179	cadre	Year									2014			2015			Dec 2016			Total	Renewed	%	Total	Renewed	%	Total	Renewed	%	PH	1216	674	55.4	1264	857	67.8	1389	448	32.3	PT	1007	195	19.4	1126	242	21.5	1272	93	7.3	PA	493	49	9.9	519	34	6.6	523	24	4.6	
Cadre	Financial Year			Total																																																																															
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PA	493	49	9.9	519	34	6.6	523	24	4.6																																																																										
K: Strengthening registration	<p>The Council has managed to register a total of 439 new premises in the country. This being one of the regular operations of the council, has also</p>																																																																																		

Objectives	Implementation	Way forward																			
of premises	<p>managed to renew permits for continuing premises from 2014/15 up to December 2016/17 as summarized in Table 4 below.</p> <p>Table 4: Premises registered and renewal (2014/15 – Dec, 2016)</p> <table><tr><th rowspan="2">Collection</th><th colspan="3">Financial Year</th></tr><tr><th>2014/15</th><th>2015/16</th><th>Dec2016</th></tr><tr><td>New Premises</td><td>121</td><td>207</td><td>111</td></tr><tr><td>Renewal of Premises</td><td>572</td><td>760</td><td>853</td></tr><tr><td>Total No.of Premises</td><td>1016</td><td>1223</td><td>1334</td></tr></table>	Collection	Financial Year			2014/15	2015/16	Dec2016	New Premises	121	207	111	Renewal of Premises	572	760	853	Total No.of Premises	1016	1223	1334	
Collection	Financial Year																				
	2014/15	2015/16	Dec2016																		
New Premises	121	207	111																		
Renewal of Premises	572	760	853																		
Total No.of Premises	1016	1223	1334																		
L: Enhance compliance to regulations of pharmacy profession, practice and business	<p>To improve adherence to pharmacy profession and practices standards, Council has finalized regulations for Inspectors, ADDOs, Code of Ethics and conduct for Pharmacy Professionals, Standards for Community and Institutional Pharmacies, Pharmacy Management Tools.</p> <p>Council conducted regular inspections whereby, a total of 2,221 premises were inspected including 818 pharmacies, 256 ADDOs and 1,147 unregistered drug shops. Of the inspected 2,221 premises 1,076 (48 percent) complied with the standards.</p> <p>Through ADDO program, 7,286 dispensers, 7,895 owners were trained and 4,701 ADDO shops were accredited. Other public health interventions such as pilot study on improving Malaria Case Management through mRDT, Management of pneumonia and diarrhoea for children under five years of age were carried out. Furthermore, assessment (mapping) of areas for interventions under ADDO program were identified in Mwanza Municipal (Nyamagana) and Ilemela Municipal Councils.</p> <p>Based on the above statistics, it is clear that</p>	To conduct regular inspections and supervisions.																			

Objectives	Implementation	Way forward
	there has been an increase in number of dispensers and accredited ADDOs and hence access to quality pharmaceutical services and medicines in rural areas has improved. Additionally, inspection of premises shows large number of unregistered drug shops. This is considered as a challenge in a regulatory role.	

2.3 Stakeholders' Analysis

A detailed analysis was conducted to determine stakeholders' expectation to Pharmacy Council services,

Table 5: Stakeholders' analysis

	Stakeholder	Expectations from Council	Potential Impacts (if expectation not met)
1.	Ministry of Health, Community Development, Gender, Elderly and Children	(i) Fairness and transparency to the public (ii) Effective and efficient implementation of Health Policy (iii) Provide technical advice on Pharmacy profession, training and pharmacy standards and practice (iv) Avail Performance reports (v) Effective implementation of Council mandate	(a) Poor regulation of pharmacy profession, practice and business environment (b) Limited access to medicines and medical supplies (c) Shortage of reliable information for decision making by the Ministry (d) Lack of confidence and trust with Council (e) Ministry intervention to rectify the situation
2.	Local Government Authority	(i) Copies of policy, laws, regulations and guidelines (ii) Cooperation and collaboration (iii) Provision of resources	(a) Poor image of Council (b) Poor implementation of delegated powers and functions (c) Complaints from customers and general public (d) Withdraw from implementing PC functions
3.	Other Government Institutions (TFDA, MSD)	(i) Cooperation and Collaboration (ii) Technical advice and information	(a) Bad image of Council to the public (b) Poor collaboration (c) Malpractice among sector operators



	Stakeholder	Expectations from Council	Potential Impacts (if expectation not met)
4.	The TCU and The NACTE	(i) Technical advice on curriculum contents and evaluation standards for accreditation of pharmacy training institutions (ii) Cooperation/ Collaboration	(a) Poor curriculum contents (b) Substandard training institutions (c) Incompetent pharmacy graduate (d) Unnecessary Disputes and litigations with PTIs
5.	Legislatures & Law Enforcers	(i) Informed policy, laws, regulations and guidelines (ii) Transparency and cooperation (iii) Availability of resources (iv) Effective implementation of the policy and law (v) Proper management and utilization of resources (vi) Technical advice	(a) Poor Collaboration (b) Poor image of Council (c) Intervention from higher authorities that may negatively affect the Council (d) Emergence of unregistered business (e) Complaints from customers and general public
6.	Professional's	(i) Timely approval and certification (ii) Fairness and transparency (iii) Information and Continuing Professional education (iv) Standards of practice as per GPP	(a) Poor cooperation and collaboration (b) Bad image of Council to the public
7.	Owners of Pharmacies, ADDOs and PTIs	(i) Fairness and transparency (ii) Timely approval and Certification (iii) Clear and streamlined standards and procedures for services (iv) Clear and prompt feedback as per CSC (v) Information and Technical advice	(a) Limited compliance on regulated services (b) Increased complaints (c) Intervention from higher authorities that may negatively affect Council (c) Increased cost of enforcement
8.	International Organizations and Development Partners	(i) Performance reports for supported projects (ii) Technical advice (iii) Cooperation and collaboration	(a) Lack of collaboration and cooperation (b) Poor image of the Council (d) Intervention from higher authorities that may negatively affect Council
9.	Public at large	(i) Well regulated pharmacy practice and business (ii) Fairness and transparency (iii) Quality and timely services (iv) Information	(a) Public complaints (b) Higher Authorities intervention (c) Poor public cooperation (d) Poor public health
10.	Council Employees	(i) Fairness and transparency (ii) Clear staff regulations, rules and guidelines (iii) Equitable remuneration	(a) Low productivity (b) Increased attrition rate (c) Increased staff complaints, disputes and litigations

Stakeholder	Expectations from Council	Potential Impacts (if expectation not met)
	(iv) Career development (v) Conducive working environment	(d) Intervention from higher authorities that may negatively affect Council
11. Suppliers	(i) Information (ii) Contract (iii) Timely payments (iv) Fairness and transparency	(a) Failure of Council to attain its objectives (b) Delay/shortage of supplies (c) Disputes and litigations (d) Increased substandard goods and services
12. Media House	(i) Information, transparency and cooperation	(a) Poor awareness (b) Bad image of Council to the public
13. Civil Society Organizations (CSOs)	(i) Information and technical advice (ii) Collaboration/ cooperation (iii) Transparency	(a) Inadequate collaboration (b) Bad image of Council to the public (c) Poor support

2.4 Strengths, Weaknesses, Opportunities and Threat Analysis

The SWOT analysis was carried out in respect to the internal and external operating environment we face; identifying internal strengths and weaknesses that hinder our operations, as well as Opportunities and Threats to the Council presented by various external factors and health sector trends. These factors within the existing macro-environment can impact the ability to accomplish our objectives











Internal analysis: A detailed description of the Council's strengths and weaknesses. Understanding Council's internal environment and capabilities is a significant starting point to address challenges and find opportunities for quick and long wins.

Strengths: The following table highlights the Council's internal conditions that can be maintained or leveraged upon to facilitate successful strategy execution.

Key:

- 1. Actions to maintain:** Initiatives and activities the Council can undertake to build and capitalize on its existing strengths
- 2. Threat level:** The degree to which the external and internal pressures impact the strength.

Table 6: Detailed Council Strengths

	   				High Impact
Strength	Details		Actions to Improve		Threat level
1. Human resource					
Existence of committed Management	<ul style="list-style-type: none"> Skilled and committed professional managers contribute to effective achievement of the organizational objective and goals 		<ul style="list-style-type: none"> Develop and implement succession plan Ensure continued managerial and professional skills trainings Develop staff retention scheme Review and implement staff regulation 		
Existence of Council and Technical Committees	<ul style="list-style-type: none"> Currently there are 4 Technical Committees. The Committees Advise Council and the Registrar and ensure involvement of different stakeholders in decision making 		<ul style="list-style-type: none"> Ensure Council and Committees are independent Appoint competent members 		
Competent, committed and team work spirit staff	<ul style="list-style-type: none"> Tailor made trainings, incentives, awareness programmes on public service ethics, codes of conduct has led to more teamwork and commitments 		<ul style="list-style-type: none"> Train staff on more competencies Create and continue paying incentives for hard working staff Ensure availability of working resources 		
2. Business Processes					
Presence of internal Financial and staff regulations	<ul style="list-style-type: none"> Presence of Internal Financial Regulations provides avenue for staff motivation and financial control 		<ul style="list-style-type: none"> Ensure the regulations are updated and utilized 		
Presence of Organization Structure	<ul style="list-style-type: none"> Organization Structure offers hierarchal and information flow which simplifies and enable the distribution of functions 		<ul style="list-style-type: none"> Revise the organizational structure regularly 		
Existence of Legal Framework that enable provision of Council services	<ul style="list-style-type: none"> Presence of Pharmacy Act, 2011 and its Regulations, Guidelines and SOPs pave way to regulate Pharmacy Profession and Business activities 		<ul style="list-style-type: none"> The legislations should be maximally adhered and enforced Ensure that more regulations are developed and utilized 		
Existence of	<ul style="list-style-type: none"> The Council has the power under the legislations to 		<ul style="list-style-type: none"> Improve advocacy, awareness on 		

	<div><div></div><div></div><div></div><div></div><div></div></div> <div>Low ImpactHigh Impact</div>				
Strength	Details	Actions to Improve		Threat level	
Powers to collect and utilize funds	collect all the fees payable under the Act as well as the power to utilize the resource as budgeted	collection of Councils' revenue and accountability of the utilization <ul style="list-style-type: none">Impose penalties to fees and charges evadersEmployers of Pharmacy professionals should be verified and enforce them not to employ unregistered Professional.		<div></div>	
Existence of Powers imposed by Section 5(e) of the Act to delegate power to organization	<ul style="list-style-type: none">Delegation of Powers through Pharmacy Act, grants LGAs ability to enforce and manage ADDOs	<ul style="list-style-type: none">The delegation power Order should be reviewed and adopted in accordance to Pharmacy Act,20111The Council to ensure training, supply of tools to LGAsThe LGAs should be audited to reinforce duties delegated		<div></div>	
3. Customer Care					
Existence of Clients Service Charter(CSC)	<ul style="list-style-type: none">CSC standards are being used as benchmark for service delivery .	<ul style="list-style-type: none">Review CSC regularly and timely dissemination to clientsMonitor and evaluate implementation of CSCSensitize staff and clients on the implementation of CSC		<div></div>	
Existence of complaints handling mechanisms	<ul style="list-style-type: none">Presence of suggestion box through which anybody can write and complain of anything without interference.Availability of external customers Complaints file.Establishment of free toll number	<ul style="list-style-type: none">To develop and implement an elaborate complaint handling system,To sensitize the public on the rights and roles		<div></div>	
Presence of customer care desks	<ul style="list-style-type: none">At Councils office, the receptionist do take care of Customer issues	<ul style="list-style-type: none">To train the receptionist on customer services		<div></div>	














	<div><div></div><div></div><div></div><div></div><div></div></div> <div>Low ImpactHigh Impact</div>				
Strength	Details		Actions to Improve		Threat level
					<div><div></div><div></div><div></div></div>
Existence of Council Website	<ul style="list-style-type: none">The Councils’ website enables customers to access information easily and log in for some applicationsPotential for automation of services.		<ul style="list-style-type: none">Regular review and updating of the websiteTo automate services.		<div><div></div><div></div><div></div></div>
4. Stakeholders					
Good collaboration with stakeholders	<ul style="list-style-type: none">The collaboration between the Council and stakeholders such as Governmental institutions (TFDA,MSD etc) in terms of inspections, documents development and Non Governmental(MSH, CHAI,SHOPS, APHTA etc) in funding &technical advise		<ul style="list-style-type: none">To strengthen collaboration with stakeholders		<div><div></div><div></div><div></div></div>
Existence of competent service providers	<ul style="list-style-type: none">Constant availability of utilities such as electricity and waterRegular and constant supply of utilities enables the council to perform better and achieve its goals		<ul style="list-style-type: none">To improve procurement system i.e automation		<div><div></div><div></div><div></div></div>
Good reputation within and outside the country;	<ul style="list-style-type: none">Efficient and effective delivery of services to customers and participation in local and international professional forum has led to improvement of Council’s reputation.		<ul style="list-style-type: none">To continually improve service provision and participation in local and international forum		<div><div></div><div></div><div></div></div>












Weaknesses: The following table highlights current characteristics of the Council that need to be remedied, stopped or improved upon for successful execution of the strategy. Alternatively, weaknesses can also present areas of internal opportunities for us to explore and exploit.







Key:

1. **Actions to improve:** Initiatives and activities that Council can undertake to address the weaknesses
2. **Impact:** The degree to which the weakness affects Council's effectiveness and efficiency.

Table 7: Detailed Council Weaknesses

						
Low Impact		High Impact				
Weakness	Details	Action to Improve				Impact
1.Human Resource						
a)Inadequate number of staff	The current number of Councils staff is 27 . With such low number of staff, it is hard for the council to discharge its duties effectively and efficiently countrywide	<ul style="list-style-type: none">Retain existing staffDevelop and implement human resource plan				
b)Lack of staff mentoring and counseling services	Lack of formal mentoring and counseling services has negative effect on staff productivity	To develop formal mentoring and counseling system				
c)Lack of succession plan	succession plan ensures organizational stability during leadership change	To develop and implement Succession Plan				
d)Lack of Training program	Trained staff is a key milestone in every organization. The Council plans every year for short and long courses for its staff. However the lack of Training Plan has led into unsystematic training of staff and less value for money.	Develop and implement staff Training Plan				
e)Lack of scheme of service	Lack of scheme of service, affects staff recruitment, promotion, morale and Organization performance	Develop and implement scheme of service.				
f) Lack of resource centre	Lack of resource centre, where publications, newsletters, books and other IEC materials are stored, do not guarantee the chances of staff acquiring knowledge/reference	To develop and equip resource centre ..				
2. Business Processes						
a) Inadequate infrastructure	Limited working facilities such as office space, vehicles, furniture and equipment affects day-to-day activities of the Council,	To construct/acquire Office space and equip offices, procure and deploy working facilities				
b) Monitoring and Evaluation System is not in place	Although M&E office is existing in the Council, however M&E system is not well established.	To establish and implement, M&E System				

							
		Low Impact			High Impact		
Weakness	Details	Action to Improve				Impact	
c) Inadequate capacity to collect revenue	Lack of functional zone offices, Inadequate enforcement of the law , lack of electronic revenue collection system , lack of dedicated Council’s staff at district level have led to inadequate collection of revenue	<ul style="list-style-type: none">Operationalize all Zonal OfficesTo train and sensitize LGAs’ law enforcers on execution of Council’s delegated functions.Automate revenue collection system					
d) Lack of IMIS and QMS	IMIS and QMS establishment is not yet implemented at the Council	To establish and Implement the IMIS and QMS					
e) Existence of unregistered drug shops and promotional advertisement	The unregistered drug shops are increasing in both urban and rural areas. These shops pose a high risk to the public health due to irrational use of medicines that can cause death, drug resistance and economic loss	<p>To simplify and modernize premise registration procedures</p> <p>To conduct regular inspection</p> <p>To sensitize public on rational use of medicines and requirements for establishment of pharmaceutical premise. Sensitize staff on customer care.</p>					
3. Customer care							
a. Inadequate customer service	Council’s employees have not received customer care training as a result do not provide satisfactory customer services leading into poor image of the Council	<ul style="list-style-type: none">Train staff on customer servicesEstablish dedicated customer care desk					
b. Inadequate transparency and accountability to customers	Transparency and accountability are key elements of good governance in any public organization. The Council need to improvise in its service delivery systems so as to improve transparency and accountability to the customers and general public.	<ul style="list-style-type: none">Automate service deliveryPublicize requirements for obtaining servicesTimely intervention to public and clients demands					
c. Limited access to Council services at regional and district levels	For improving Public access to Council services, Zone Offices need to be operational and well facilitated. Furthermore, LGAs are obliged to discharge delegated functions	<ul style="list-style-type: none">Need to operationalize zonal officesImprove cooperation and collaboration with LGAs by signing service level					








<div>      </div> <div>Low ImpactHigh Impact</div>			
Weakness	Details	Action to Improve	Impact
as per CSC	effectively and efficiently. However, LGAs have not been able to meet the expectation of the Council which is evidenced by mushrooming of unregistered drug outlets	agreement • Automation of Councils services	
4. Stakeholders			
a. Untimely implementation of development partners supported interventions	In some occasions there is delay of implementing activities supported by development partners due to limited capacity of the Council emanating from shortage of staff, and working facilities.	<ul style="list-style-type: none"> Recruit adequate number of staff Proper planning and prioritization 	








Opportunities: The following table highlights external influencing social, economic and political factors that need to be leveraged and prioritized to provide support towards effective execution of our strategy.

Key:

- Need actions:** Initiatives and activities that Council can undertake to capitalize on the opportunities available
- Impact:** The extent to which the opportunity has the potential to transform Council

Table 8: Detailed Council Opportunities

<div>      </div> <div>Low ImpactHigh Impact</div>			
Opportunities	Details	Needed Actions	Impact
1. Human Resource			
a. Qualified/skilled labor from the market;	The labor market in Tanzania is full of skilled and experienced personnel who are available for employment.	Employ, outsource, and retain skilled and experienced staff	
b. Qualified personnel at LGAs	Increased number of competent personnel at LGAs have improved Pharmaceutical services and collaboration between PC and LGAs	Appoint, gazette and use the Qualified Personnel at LGAs to execute Council functions	

Opportunities				
	Low Impact		High Impact	
Opportunity	Details		Needed Actions	Impact
c. Recruitment permits from PO-PSM	Permits for recruitment are better avenue the Council can use to recruit additional staff.		Apply for recruitment permit.	
2. Business Process				
a) Presence of supportive government policies, legislation and national framework guidelines and strategies	<p>Presence of Pharmacy Act, 2011, Regulations, and guidelines pave a way for the Council to regulate Pharmacy profession</p> <p>Supportive constitution, Policies, laws, Regulations and National Strategies provides conducive environment for enforcement of the Pharmacy Act.</p>		Enforce the legislations as stipulated	
b) Availability of new technologies and electronic services (eGA)	<p>Advancement in technology provides an opportunity for improvement of efficiency in services delivery. Eg. EGA, GePG,</p> <p>Availability of sophisticated equipment and facilities provides more opportunity for improvement of service delivery</p>		Utilize and Integrate new technologies to improve services delivery	
c) Existence of political will and support	With the help of Ruling Party Manifesto, the slogan “ <i>hapa kazi tu</i> ” creates an avenue for the Council to work smart to achieve its organizational goals		<ul style="list-style-type: none"> • Collaboration with Political leaders 	
d) Presence of LGAs and other law enforcers	Collaboration and cooperation with other law enforcers who are in LGAs and other Government Institutions brings in synergy and integration and enforcement of the Pharmacy Act.		<ul style="list-style-type: none"> • Strengthen Collaboration with Law enforcers by establishing Law Enforcers Forum 	
e) National Five Year Development Plan which promotes industrialization	Promotion of industrialization in Tanzania creates an environment for establishment of pharmaceutical industries in our country. This will create demand for our services and job opportunities to professionals		<ul style="list-style-type: none"> • Initiate review of the Pharmacy Curriculum to meet the emerging need of the Pharmaceutical industries • To participate in National and international forums 	

Opportunities	<div><div><div></div><div></div><div></div><div></div><div></div></div><div>Low Impact</div><div>High Impact</div></div>		
Opportunity	Details	Needed Actions	Impact
		regarding Pharmaceutical Industry development	
3. Customer Care			
a. Increasing demand for Council services	Increasing Urbanization, population growth, economic growth , cultural , technological, and life style change has increase demand for Pharmaceutical services and thus more need for regulation of the Pharmacy profession and practice	<ul style="list-style-type: none">Operationalize zonal offices,Automation of services,Improve customer services	<div><div></div></div>
b. Technological advancement	Use of website, improved data base, gadgets such as GPS, computer tablets during collection of data by the Council quickens data and processes.	<ul style="list-style-type: none">Train staff to utilize technology to improve customer service delivery	<div><div></div></div>
Stakeholders			
a) Increased stakeholders' demand for quality services	Increasing literacy and disposable income dictates for quality pharmaceutical services and conveniences to stakeholders	<ul style="list-style-type: none">Improvise service delivery systems to meet the emerging demands	<div><div></div></div>
b) Existence of Development Partners (DPs) and Civil Society Organizations to support Council functions;	Availability of DPs and other Partners like Global Fund, WHO,MSH etc is an opportunity to gain support and collaboration in implementation of Council's activities	<ul style="list-style-type: none">Develop Project Proposal for donor supportImprove collaboration, accountability and transparency	<div><div></div></div>
c) Existence of International and regional Blocks such as EAC, SADDCC	International and regional blocks create opportunities for sharing of information, experiences and technology.	<ul style="list-style-type: none">Participate in respective forumsParticipate in harmonization	<div><div></div></div>
d) Existence of professional Associations, Boards and Council	Representation of PST,TAPHATA in the Council, guarantees them, that their needs are taken on board and thus their support, cooperation and collaboration with the Council Furthermore, existence of other health professional bodies and Councils is a good avenue for better communication	<ul style="list-style-type: none">To improve collaboration with professional Associations and other boardsParticipate in	<div><div></div></div>








Opportunities	    				
	Low Impact				High Impact
Opportunity	Details	Needed Actions		Impact	
	and collaboration in execution of activities or projects related to Pharmacy practice.	health council /boards forums			

Threats: The following table highlights negative external influencing factors that could prevent/limit the execution of our strategy. Threats to Council highlighted are largely stakeholder related, emphasizing for the need to better manage our stakeholder relationships to mitigate risk and improve collaboration.

Key:

1. **Actions to mitigate:** Initiatives and activities that Council can undertake to mitigate and reduce the risk or probability of the threat materializing and its impact
2. **Impact:** The degree to which the threat will affect Council's effectiveness and efficiency if not mitigated.

Table 9: Detailed Council Threats

Threats	    				
	Low Impact				High Impact
Threat	Details	Action to mitigate		Impact	
1. Human resource					
a. Requirement for PC and LGAs to acquire permit from UTUMISHI for recruitment of staff	The requirement for obtaining recruitment permit creates delays and inability to recruit the desired number of staff.	<ul style="list-style-type: none"> Recruit staff on Contract basis. Early submission of application for recruitment permit 			
2. Business Process					
a. Inefficient investigation and prosecution system	Ineffective and inefficient investigation and prosecution system causes delays and impaired decisions against criminal' cases.	To operationalize Legal Service Unit			

Threats	<div><div><div></div><div></div><div></div><div></div><div></div></div><div>Low Impact</div><div>High Impact</div></div>		
Threat	Details	Action to mitigate	Impact
b. Keeping pace with advanced technologies	<p>With increase of technologies it has become easier to counterfeit Councils documents and pharmaceutical products</p> <p>Inability to procure and manage latest technologies</p>	<ul style="list-style-type: none">To acquire technology and train staff to cope with new advancements	<div><div></div></div>
c. Erosion of ethics and code of conduct by pharmacy professionals	<p>Compliance to Ethical issues has become menace among Pharmacy Professionals that may compromise Pharmaceutical services.</p>	<ul style="list-style-type: none">The Council to conduct advocacy on Pharmacy Laws, Regulations, code of ethics and conduct etcTake strict measures against unethical conduct	<div><div></div></div>
b. Overlapping of functions with other regulatory authorities	<p>Overlapping of functions between Council and other Organizations with related functions such as approval of Pharmacy Curriculum is mandated by law to both Council and TCU/NACTE.</p> <p>This creates ambiguity, conflict among players which leads to inconvenience and additional costs to the clients and society at large.</p>	<ul style="list-style-type: none">Initiate discussions with other parties to resolve the overlapAsk for authorities intervention	<div><div></div></div>
c. Mushrooming of drug shops	<p>Drug shops are being established without Council approval. This can comprise public health</p>	<ul style="list-style-type: none">To simplify and modernize premise registration proceduresTo conduct regular inspectionTo sensitize public on rational use of medicines and requirements for establishment of pharmaceutical premise.	<div><div></div></div>

Threats	<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div> <div>Low Impact</div> <div>High Impact</div>			
Threat	Details	Action to mitigate	Impact	
		<ul style="list-style-type: none">To take stern measures		
4. Customer Awareness				
a. Public Illiteracy	<p>Low level of literacy has a negative effect on the public awareness on RUM, Laws and regulations governing the Pharmacy Practice.</p> <p>Furthermore, sensitization to the communities with low level of literacy is complicated and expensive because you need to devise different mechanisms to disseminate information.</p>	<ul style="list-style-type: none">Involve comprehensive public education programme	<div><div></div><div></div></div>	
5. Stakeholders				
a. Conflicting priorities between Council and partners	Un harmonized interests between Council and Development partners may hamper the relationship and implementation of projects	<ul style="list-style-type: none">Establish dialogue with partners on conflicting issues	<div><div></div><div></div></div>	
b. Inadequate coordination among law enforcers	Council being a regulator should work hand in hand with other stakeholders to enforce the law	Establish coordination among law enforcers	<div><div></div><div></div></div>	

2.5 Recent Initiatives

Below are a number of initiatives that have recently been undertaken to improve Councils' performance.

- Offices acquisition for zonal offices at Mwanza, Arusha, Dodoma and Mtwara;
- Implementation of management Information systems
- Development of ADDO Regulations, and Inspectors Regulations
- Implementation of CPD Guidelines

2.6 Critical Issues

Based on the organizational review, the following areas were identified as crucial for improvement and should be taken on board in the plan. These include but not limited to: -

- Follow up approval of Scheme of Service



- (b) Integrate Management Information System (IMIS) and automate Council business flow processes;
- (c) Strengthen internal financial control system;
- (d) Develop and implement human resource plan
- (e) Establish and Operationalize Monitoring and Evaluation System;
- (f) Establish Quality Management System (QMS);
- (g) Develop procurement manuals and SOPs;
- (h) Construct new office building of Pharmacy Council in Dodoma;
- (i) Strengthen and equip six zone offices;
- (j) Improve resource mobilization by developing project proposals
- (k) Implement and enforce CPD;
- (l) Training of inspectors at all levels; and
- (m) Develop, review and enforce regulations under the Pharmacy Act, Cap 311.

The identified weaknesses, opportunities and critical issues pave a way in the development of chapter three which is the actual Plan. The Plan comprises of vision and mission statements, objectives, strategies, targets and key performance indicators.

CHAPTER 3:THE PLAN



3.1 Introduction

This chapter presents five years plan for implementing Council initiatives. The Plan is intended to be implemented from 2016/17- 2020/21. It articulates the Vision, Mission, Core Values, Objectives, Strategies, Targets and Key Performance Indicators.

3.2 Vision, Mission and Core Value

3.2.1 Vision Statement

To become efficient and effective regulator and controller in pharmacy profession, practice and business in East Africa.

3.2.2 Mission Statement

To regulate and control pharmacy profession, practice and business in Tanzania by using the state of art techniques, technology and guaranteed law enforcement.

3.2.3 Core Values

The Council and each of its employees will be distinguished by their adherence to the five fundamental beliefs while discharging their responsibilities as mandated:

- i. **Quality service delivery:** Guaranteed quality of the services provided within and outside the Council
- ii. **Integrity:** Adherence to good governance, transparency and accountability in discharging duties.
- iii. **Professionalism:** Highly competent staff adhering to laid down rules, procedures and professional Codes of Ethics and Conduct
- iv. **Efficiency:** Council performance is results oriented and value for money ensured for services provided.
- v. **People Centeredness:** Employees and stakeholders are treated with respect; opinions and contributions are always highly valued.

3.2.4 Goal

Council is committed to improve pharmacy profession, practice and business environment.

3.3 Strategic Objectives

In order to achieve Council's vision and mission, six (6) objectives and respective rationale have been developed. For each objective, strategies, targets and performance indicators have been identified. The objectives are;

- A. HIV and AIDS Infections and Non – Communicable Diseases Reduced.
- B. National Anti-Corruption Strategy effectively enhanced;
- C. Registration of pharmaceutical personnel and premises strengthened
- D. Capacity of pharmaceutical personnel improved;



- E. Compliance with regulations of pharmacy profession, practice and business improved;
- F. Institutional capacity to deliver quality services strengthened.





Table 10: Strategic Objectives, Rationale, Strategies, Targets and KPIs

No	Objectives	Rationale	Strategies	Targets	KPI's
A	HIV and AIDS infections and NCDs reduced	<p>HIV and AIDS is among pandemic diseases that cause death and weak health and thus reduction of Human Resource that affects the welfare of families and National economy. HIV/AIDS continues to pose a great threat to people's health. The costs of managing those affected are high and intensified by secondary infections. Council staffs are at risk as they are part of general community.</p> <p>Owing to stigma, most people are reluctant to declare their status in relation to HIV/AIDS infection leading into difficult in assisting them to manage the condition. This state of affairs calls for an intervention to minimize if not to eradicate new HIV infections, promote disclosure about health status, reduction of stigma and providing assistance to patients.</p> <p>Experience indicates that NCDs are on the increase and is associated with life style. Factors such as lack of exercises, life stresses, work environment and poor eating practices do contribute to the increases of Non-Communicable Diseases.</p>	Effective implementation of the National Guidelines for Management of HIV/AIDS and Non-Communicable Diseases in Public services of 2014	<p>(a) Care and support to staff living with HIV/AIDS and NCDs provided by June 2021;</p> <p>(b) Counseling programme developed and implemented by June 2018.</p>	<p>(a) Counseling programme in place;</p> <p>(b) Percentage of staff sensitized on HIV/AIDS and NCDs;</p> <p>(c) Staff reported to have HIV/AIDS and NCDs supported; and</p> <p>(d) Percentage of staff attending voluntary health check-ups for HIV/AIDS and NCDs</p>



		In this regard Council is committed to continue undertaking measures to address the problem by developing and implementing HIV and AIDS and NCDs interventions at place of work under its mandate.			
B	National Anti-Corruption Strategy effectively enhanced	<p>Corruption is a socio-economic problem prevailing in both public and private sectors. Its effects are far reaching, since it deprives people's rights, create unnecessary bureaucracy and limit access to social services.</p> <p>Council being a regulatory Institution is prone to corruption as some of the customers might wish for favor from unethical staff. Corrupt practices if not avoided may lead into unprofessional decisions, loss of Government revenues, loss of confidence in Council regulatory decisions, denial of customer and staff rights and exposure of the public to the danger of malpractices.</p> <p>Council has put in place some initiatives to prevent and control corruption at place of work by improving transparency on Council procedures, automation of services, handling of customer complaints, enforcement of compliance guidelines.</p> <p>Besides such interventions, Council still receives customers' complaints which may signify</p>	Promote good governance and ethical conduct;	<p>(a) Services, processes and procedures are accessible to Customers by June 2018;</p> <p>(b) Staff code of ethics and conduct enforced by June, 2020;</p>	<p>(a) Percentage of staff signing declaration of conflict of interest forms;</p> <p>(b) Percentage of customer complaints resolved within time; and</p> <p>(c) Level of external and internal customers' satisfaction on Council services.</p>



		improper handling of customers thus pre-disposing them to giving bribes. In this regard, more efforts are required to ensure that Council is corruption free and customer complaints are at minimum.			
C	Registration of Pharmaceutical personnel and Premises strengthened	<p>Registration, enrollment and enlisting of Pharmacists, Pharmaceutical Technician and Pharmaceutical Assistants respectively are among the core functions of the Council. It is also, responsible for registration and licensing of all premises that provide pharmaceutical services in the country in order to regulate and monitor standards and practice of pharmacy profession.</p> <p>Currently, the Council has been able to register all pharmacists in the country by 100% but facing challenges in enrollment and enlisting of Pharmaceutical Technicians and Pharmaceutical Assistants following enactment of the Pharmacy Act, 2011.</p> <p>The rate of enrollment and enlisting of Pharmaceutical Technicians and Assistants is still low and can be attributed to several factors such as; Inadequate sensitization and enforcement of the requirement for being registered to work in Pharmaceutical premises.</p> <p>Council is responsible for registration and</p>	<p>(a) Strengthen registration and recognition system for premises;</p> <p>(b) Strengthen registration system for pharmaceutical personnel;</p> <p>(c) Develop regulations for recognition of pharmaceutical personnel with additional qualifications; and</p> <p>(d) Establish</p>	<p>i. Register new premises</p> <p>ii. Registered premises renewed annually;</p> <p>iii. Automate registration system for Pharmaceutical Personnel</p> <p>iv. Conduct audit inspection to identify Unregistered pharmaceutical personnel by June 2018;</p> <p>v. Registered personnel retained annually;</p> <p>vi. Regulations for recognizing Pharmaceutical Personnel with additional qualifications developed by June, 2018.</p> <p>vii. Regulations for Medical Representatives developed by June, 2021</p> <p>viii. Register Medical Representatives</p>	<ul style="list-style-type: none"> Percentage of new applications for premise registrations processed annually. Percentage of Premises renewed annually Time taken for registration of Pharmaceutical personnel Percentage of registered pharmaceutical personnel Percentage of personnel retained annually



		<p>renewal of Premises for sale and dispensing of medicines and pharmaceutical products though is still facing a noted number of unregistered premises and lack of renewals of licences for selling medicines and Pharmaceutical products</p> <p>In view of the situation explained above, the Council will review Pharmacy Act, 2011, continue with registration of premises and sensitization of pharmaceutical personnel and employers on the importance of registration so as to address identified gaps.</p>	<p>mechanism for regulating medical representative.</p>		<ul style="list-style-type: none"> • Regulation for qualification recognition of additional specialty is in place and implemented by June, 2018 • Regulations for regulating Medical Representatives in place by June, 2021 • Percentage increase of registered Medical Representatives
D	Capacity of pharmaceutical personnel strengthened	<p>One of the core function and responsibility of the Council is to establish, develop and control acceptable standards in pharmaceutical education and training and to ensure continuing professional development. The Council has also responsibility of ensuring training in pharmacy at any institution in Tanzania guarantees the necessary knowledge and skills needed for the efficient pharmacy practice. In so doing, the Council collaborates with Tanzania Commission for Universities (TCU) and the NACTE.</p>	<p>(a) Establish efficient and effective Continuing Professional Development;</p> <p>(b) Improve quality and standards for pharmacy and internship training;</p> <p>(c) Promote</p>	<p>i. Continuing Professional Development Program implemented by June, 2021;</p> <p>ii. Compliance to standards of pharmacy education and training monitored by June, 2021; and</p> <p>iii. Pharmacy professional's capacity to conduct operational research</p>	<ul style="list-style-type: none"> • Percentage of PTIs adhering to pharmacy training standards; • Number of CPD Providers accredited • Percentage of pharmaceutical personnel attended CPD;



		Enhancing capacity of pharmaceutical personnel is of utmost importance as it has relationship with delivery of quality pharmaceutical services. The Council therefore, needs to set interventions so as to further strengthen capacity of pharmaceutical personnel in education, training and research. This can be done through development of regulations, standards, and other tools which will help to regulate pharmacy.	operational research to pharmaceutical service.	enhanced by June 2021 .	<ul style="list-style-type: none"> • Number of pharmaceutical personnel sensitized on operational research; and • Percentage of pharmacy training institutions supervised.
E	Compliance with regulations of pharmacy profession, practice and business improved	<p>Pharmaceutical services should be provided at acceptable standards in line with the legislations and professional codes of conduct. The desired health benefits such as effective treatment and management of diseases is highly attributable to quality of services provided by pharmaceutical personnel. Proper use of medicines and provision of quality pharmaceutical services are components in the National Health Policy, National Pharmaceutical Action Plan (2015 – 2020) and Health Sector Strategic Plan IV 2015 - 2020).</p> <p>Malpractices in provision of pharmaceutical services is very common not only in Tanzania but also in other countries especially in Africa. According to World Health Organization (WHO), the real situation globally is that more than 50</p>	<p>(a) Strengthen the systems for control and regulation of profession, practice and business environment.</p> <p>(b) Promote voluntary compliance among pharmaceutical service providers and customers.</p> <p>(c) Facilitate registration of premises that</p>	<p>i. Premises that offer pharmaceutical services inspected by June, 2021;</p> <p>ii. Regulations and standards for pharmacy practices and business control improved by June 2021;</p> <p>iii. Community and health professional's aware of Good Pharmacy Practice (GPP) by June, 2021</p> <p>iv. Rational Use of Medicines (RUM) improved by June 2021;</p> <p>v. Result Based Financing (RBF) verification coordinated by June 2021; and</p>	<ul style="list-style-type: none"> • Percentage of unregistered drug outlets; • Percentage of registered premises complying to GPP standards; • Regulations for prescription monitoring and control in place and enforced; by June, 2021 • Reviewed scope of practices for pharmaceutical personnel



	<p>percentage of all medicines are prescribed, dispensed or sold inappropriately. Inappropriate use of medicines can lead to poor patient clinical outcomes, increases on risks of drug resistance, loss of trustworthiness to health service delivery systems, death and increases in economic burden.</p> <p>Currently, Tanzania health system cannot deliver health care to the entire population equitably and of quality desired. The system is comprised of public, private, and donor stakeholders operating at several different levels including national, regional, district, and community levels.</p> <p>Financing the health sector is mixed, through the government budget which is also donor driven through General Budget Support (GBS), National Health Insurance Fund (NHIF), Community Health Fund (CHF), out of pocket expenses, direct donor support to the sector through the health basket, UNDAP through the multilateral arrangements, and through projects of various types.</p> <p>Therefore, Council mandate in this aspect is to complement the government and development partners' efforts in improving quality of life and wellbeing of Tanzanians by devising and</p>	offer pharmaceutical services.	vi. ADDO program sustained by June 2021.	<p>approved; by June, 2021 and;</p> <ul style="list-style-type: none"> Number of ADDOs accredited.
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		implementing a well-regulated private pharmaceuticals delivery system which reaches all population groups with accessible quality pharmaceutical services.			
F	Institutional capacity to deliver quality services strengthened	<p>Availability of adequate finance, competent Human Resource, infrastructure, working facilities and systems are important pillars for effective and efficient implementation of regulatory services. In the past two and half years, the Council has been able to improve revenue collection, staff recruitment and acquisition of working facilities.</p> <p>Based on the scope of Council functions as well as the notable achievements, It still needs to continuously improve quality of its services by improving infrastructure, acquiring equipment and tools, establish and strengthening zone offices, improving working environment, recruiting more staff, construct office and increase its financial sufficiency. Additionally, there is need of establishing Council regional supervisory officers so as to improve efficiency in service delivery.</p>	<p>(a) Review Pharmacy Act, Cap 311;</p> <p>(b) Enhance Financial management and resource mobilization;</p> <p>(c) Strengthen Human resource capacity and management;</p> <p>(d) Mainstreaming Governance, accountability and enhance organization image;</p> <p>(e) Ensure quality management of Council services;</p> <p>(f) Improve public awareness on services</p>	<p>i. Financial and Human Resources properly managed by June, 2021;</p> <p>ii. Planning, budgeting and its implementation coordinated and monitored by June, 2021;</p> <p>iii. ICT and Quality Management System established by June, 2020;</p> <p>iv. Procurement plan developed and implemented timely by June, 2021;</p> <p>v. Construct Council office at Dodoma, maintain office infrastructures and working facilities by June, 2021;</p> <p>vi. Zonal offices and LGAs coordinated by June, 2021; and</p> <p>vii. Monitoring and Evaluation System established by June 2018.</p> <p>viii. Public awareness,</p>	<ul style="list-style-type: none"> • Percentage of planned activities accomplished annually • Percentage of planned revenues collected; annually • Percentage of budgetary contribution from internal revenue • Percentage of services automated; • Percentage Implementation of the Procurement plan; • Percentage of Customer satisfaction with Council's services; • OPRAS system implemented



			<p>regulated by Council.</p> <p>(g) Improve gender balance, working environment and infrastructure development; and</p> <p>(h) Enhance capacity and quality of services delivery through ICT.</p>	<p>community involvement and cooperate social responsibility implemented by June 2021.</p>	<ul style="list-style-type: none"> • QMS and M&E system implemented • Percentage of staff retained; • Unqualified Financial Audit report • Number of operational zone offices. • Number of LGAs supervised annually • Percentage Construction of HQ Building
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CHAPTER 4: RESULTS FRAMEWORK

4.1 Introduction

The results framework matrix measures achievements of the intended results and shows how the indicators and progress of the various interventions will be reported to respective stakeholders. It identifies the beneficiaries of services, the overall Development Objective (Goal), linkage between Council objectives and other national goals such as Second Five Year Development Plan II (FYDP II) and National Health Policy. It also shows Results Chain, Results Framework Matrix, Monitoring and Evaluation Plans, Reviews and Reporting Plan.

4.2 The Development Objective

The overall objective of Council is to regulate pharmacy profession, practice and business environment.

4.3 Beneficiaries of Council Services

There are two levels of beneficiaries from Council services. The first level of beneficiaries is pharmacy professionals and second level is general public in need of the quality regulated pharmaceutical services and institution that receive technical advice and information.

4.4 Results Chain

A combination of the objectives, targets, activities, inputs and output and outcomes in this Strategic Plan form Result Chain. The basic assumption is that, there is causal linkage in the various elements of Council Result Chain and Health Sector Strategic Plan IV. Utilization of resources (inputs) will lead to achievement of the activities, which will contribute to achievement of targets. Achievement of targets will lead to achievement of objectives that will lead to realization of outcomes and hence Council's development objective.

Achievement of this chain of results will justify use of the budgeted funds in various interventions and thus contribute to the improvement of Public health in line with medium and long term National Plans.

4.5 The Result Framework

The Results matrix envisages how Council development objectives will be realized and the performance indicators for measuring the achievements. The matrix consists of overall development objective, objectives, outcomes and key performance indicators. The underlying logic is achievements of the outputs will lead to realization of the planned outcomes under each objective which will lead into realization of Council Development objective. The indicators in the matrix will be used to track performance towards achievement of planned outcomes (Table 6).



Table 11: Results Framework Matrix

Development Objective	Objective Code	Objective Description	Planned Outcomes	Key Performance Indicators
The overall objective of Council is to regulate pharmacy profession, practice and business environment.	A	HIV/ AIDS Infections and Non – Communicable Diseases (NCD) Reduced.	a) Improved health status of HIV/AIDS and NCDs Patients b) Reduction of new cases	(i) Counseling programme in place; (ii) Percentage of staff sensitized on HIV/AIDS and NCDs; (iii) Number of staff reported to have HIV/AIDS and NCDs supported; (iv) Percentage of staff attending voluntary health check-ups for HIV/AIDS and NCDs
	B	National Anti-Corruption Strategy effectively enhanced	a) Increase in customer satisfaction and organization image b) Improved transparency	(i) Percentage of staff signing declaration of conflict of interest forms (ii) Percentage of reduction of customer complaints (iii) Percentage internal and external customers' satisfaction on Council services
	C	Registration of pharmaceutical personnel and premises strengthened	Improved Provision of Pharmaceutical services	(i) Increased in number of registered pharmaceutical personnel; (ii) Percentage decrease in unregistered pharmaceutical personnel (iii) Compliance to registration and renewal procedures; and (iv) Percentage of pharmaceutical personnel with additional qualifications recognized.
	D	Capacity of pharmaceutical personnel improved	Improved number, Knowledge and competency of Pharmaceutical personnel	(i) Percentage of PTIs adhering to pharmacy training standards (ii) Percentage of pharmaceutical personnel accredited to attend CPD; (iii) Number of pharmaceutical personnel sensitized on operational research



				(iv) Percentage of pharmacy training institutions supervised
	E	Compliance with regulations of pharmacy profession, practice and business improved.	Compliance to GPP requirements Presence of Quality and accessible Pharmaceutical services	<ul style="list-style-type: none"> (i) Percentage of unregulated drug outlets; (ii) Percentage of regulated premises complying to GPP standards; (iii) Regulations and system for prescription monitoring and control in place and enforced; (iv) Reviewed scope of practices for pharmaceutical personnel approved; and (v) Number of ADDOs accredited.
	F	Institutional capacity to deliver efficiently quality services strengthened.	<ul style="list-style-type: none"> (a) Improved efficiency in service delivery (b) Enhanced financial sustainability (c) Increased public awareness on functions and services provided by the Council 	<ul style="list-style-type: none"> (i) Percentage of planned activities accomplished; (ii) Percentage of planned financial resources collected; (iii) Percentage of budgetary contribution from internal resources (iv) Percentage of services automated; (v) Percentage Implementation of the procurement plan; (vi) Percentage of client's satisfaction with Councils services; (vii) Percentage of OPRAS system implementation; (viii) Existence QMS protocols and M&E system; (ix) Percentage of staff retention; and (x) Financial audit opinion.



4.5.1 Monitoring, Review and evaluation plan

This sub section details the Monitoring Plan, Planned Reviews and Evaluation Plan for this strategic plan.

4.5.2 Monitoring Plan

The monitoring plan comprises of indicators and indicator descriptions, baseline, indicator target values, data collection and methods of analysis, indicator reporting frequencies and the responsible officers. There are 29 KPIs that will be reported on quarterly, biannual and annual basis, for the purpose of tracking performance of the planned activities. The following is the monitoring plan (Table 12)



Table 12: Monitoring Plan (Key Performance Indicators)

SN	Indicator	Baseline		Indicator Target Value					Data collection and methods of analysis				Frequency of reporting	Responsible
		Date	Value	2017	2018	2019	2020	2021	Data Source	Data collection instrument and methods	Frequency of data collection	Means of verification		
	KPIs													
		OBJECTIVE A: HIV and AIDS Infections and NCD Reduced												
1	Counseling programme in place;	July, 2016	-	√	√	√	√	√	Council	Counseling records	Annually	Report	Annually	Registrar
2	Percentage of staff sensitized on HIV/AIDS and NCDs;	July 2016	-	95%	95%	95%	95%	95%	Council	Training records	Annually	Report	Annually	Registrar
3	Number of staff reported to have HIV/AIDS and NCDs supported;	July 2016	-	100%	100%	100%	100%	100%	Council	Training records	Annually	Report	quarterly	Registrar
4	Percentage of staff attending voluntary health check-ups for HIV/AIDS and NCDs	July, 2016	-	75%	80%	90%	95%	100%	Council	Hospital report.	Annually	Personal and confidential file.	Quarterly	Registrar



SN	Indicator	Baseline		Indicator Target Value					Data collection and methods of analysis				Frequency of reporting	Responsible
		Date	Value	2017	2018	2019	2020	2021	Data Source	Data collection instrument and methods	Frequency of data collection	Means of verification		
	OBJECTIVE B: National Anti-Corruption Strategy effectively enhanced													
1	Percentage of staff signing declaration of conflict of interest forms	July, 2016	100%	100%	100%	100%	100%	100%	Council	Personal confidential file	Continuous	Personal and confidential record file.	quarterly	Registrar
2	Percentage of customer complaints resolved	July, 2016	50%	60%	65%	70%	80 %	80%	Council	Complaints Register	Continuous	Complaints report	quarterly	Registrar
3	Percentage of external customers' satisfaction on Council services	July, 2016	-	30%	40%	45%	50%	55%	Survey Report	Questionnaire	Three Yrs	Assessment report	Annually	Registrar
4	Percent ge of internal/staff customers' satisfaction on Council services	July 2016	-	50%	55%	60%	70%	80%	Survey report	Questionnaire	three years	Assessment report	Annually	Registrar
		OBJECTIVE C: Registration of Pharmaceutical Personnel and Premises Strengthened												
1	Increased in number of registered pharmaceutical personnel;	July, 2016	65%	75%	85%	95%	100%	100%	Council	Pharmaceutical personnel data base	Quarterly	Registers	Quarterly	PPRD
2	Compliance to registration and renewal procedures;	July, 2016	50%	55%	56%	68%	70%	80%	Council	Personnel and Premise data base	Quarterly	Registers	Quarterly	PPRD
3	Percentage of pharmaceutical personnel with	July, 2016	-	-	60%	65%	80%	95%	Council	Pharmaceutical personnel data base	Quarterly	Registers	Quarterly	PPRD



SN	Indicator	Baseline		Indicator Target Value					Data collection and methods of analysis				Frequency of reporting	Responsible
		Date	Value	2017	2018	2019	2020	2021	Data Source	Data collection instrument and methods	Frequency of data collection	Means of verification		
	additional qualifications recognized.													
	Objective D: Capacity of pharmaceutical personnel improved													
1	Percentage of PTIs adhered to pharmacy training standards	July, 2016	-	70%	75%	80%	85%	90%	Council	Assessment reports	Quarterly	Progress reports	Quarterly	ETD
2.	Number of CPD Providers accredited	-	0	5	6	7	8	10	Council					
3.	Percentage of pharmaceutical personnel attended CPD	July, 2016	40%	50%	60%	70%	75%	80%		Training reports	Quarterly	Registers	Quarterly	ETD
4	Number of pharmaceutical personnel sensitized on operational research	July, 2016	10%	20%	30%	40%	45%	50%		Sensitization reports	Quarterly	Reports	Quarterly	ETD
5	Percentage of pharmacy training institutions supervised	July, 2016	-	90%	90%	90%	90%	100%		Supervision reports	Quarterly	Reports	Quarterly	ETD
	OBJECTIVE E: Compliance with Regulations of Pharmacy Profession, Practice and Business Improved.													
1	Percentage of unregulated drug outlets;	July, 2016	-	40%	35%	30%	25%	20%	Council	Assessment report	Quarterly	Report	Quarterly	PPD
2	% of registered premises compliance to GPP standards;	July, 2016	-	60%	65%	70%	75%	80%	Council	Assessment report	Quarterly	Report	Quarterly	PPD



SN	Indicator	Baseline		Indicator Target Value					Data collection and methods of analysis					Frequency of reporting		Responsible
		Date	Value	2017	2018	2019	2020	2021	Data Source	Data collection instrument and methods		Frequency of data collection	Means of verification			
5	Number of ADDOs accredited	July, 2016	11,350	>11,350	>120,000	>12500	>13000	>14000	Council	ADDO database		Quarterly	Report	Quarterly	PPD	
		OBJECTIVE H: Institutional Capacity to Deliver Services Strengthened														
1	Percentage of planned activities accomplished;	July, 2016	-	80%	80%	85%	90%	90%	Council	Report		Annually	Implementation report	Annually	Registrar	
2	Percentage of planned internal revenue collected	July, 2016	-	90%	90%	90%	100%	100%	Council	Financial report		Annually	Financial report	Annually	Registrar	
3	Percentage of budgetary contribution from internal resources	July, 2016	63%	67%	71%	75%	79%	83%	Council	Financial report		Quarterly	Financial report	Quarterly	Registrar	
4	Percentage of services automated	July, 2016	-	50%	60%	70%	80%	100%	Council	Report		Quarterly	Implementation report	Quarterly	Registrar	
5	Percentage Implementation of the procurement plan	July, 2016	-	50%	60%	65%	70%	90%	Council	Report		Quarterly	Procurement Reports	Quarterly	Registrar	
6	Percentage of external customer satisfaction (July, 2016	-	30%	35%	40%	55%	60%		Council	Assessment report	Quarterly	Survey report	Quarterly	Registrar	
	Percentage of internal customer satisfaction	July 2016	-	40%	50%	60%	70%	80%		Council	Assessment Report	Quarterly	Survey report	Quarterly	Registrar	
7	Percentage of OPRAS system implementation;	July, 2016	85%	100%	100%	100%	100%	100%		Council	Personal and confidential record file.	Biannually	Personal and confidential record file.	Biannually	Registrar	
8	Percentage QMS implementation	July, 2016	-	10%	15%	20%	25%	30%		Council	Presence of QMS tools	Quarterly	Reports	Quarterly	Registrar	



SN	Indicator	Baseline		Indicator Target Value					Data collection and methods of analysis					Frequency of reporting	Responsible
		Date	Value	2017	2018	2019	2020	2021	Data Source	Data collection instrument and methods	Frequency of data collection	Means of verification			
9	Percentage of staff retention;	July, 2016	99%	99%	99%	99%	99%	99%		Council	Report	Annually	Report	Annually	Registrar
10	Unqualified Financial Audit report	July, 2016	-	Unqualified report	Unqualified report	Unqualified report	Unqualified report	Unqualified report		Council	Audit report	Annually	Management report	Annually	Registrar
11	Number of operational zone offices.	July 2016	-	-	-	2	4	6		Council	Report	Annually	Report	Annually	Registrar
12	Percentage Construction of HQ Building	July 2018	-	-	-	10%	30%	50%		council	Report	Annually	Report	Annually	Registrar
13	Number of LGAs supervised annually		-	-	46	70	120	185		Council	Report	Annually	Report	Annually	Registrar

4.5.3 Planned Reviews

Five formal reviews will be conducted during the implementation of Strategic Plan. The reviews will track progress on achievement of targets annually. The review findings will be used to adjust implementation strategies whenever necessary in the subsequent years. The respective Head of Departments and Units will take a lead in the review process.

The reviews to be conducted during the fifth year will focus on determining whether or not the planned outcomes over the five years' period have been achieved against the indicators, and if not, what could have been the reasons for the under achievement. The review will also assess as to what extent the achieved targets have contributed towards achievement of five year outcomes as well as issues, challenges and lessons learnt over the five years' period. Such findings including end-term evaluation of the plan will form useful input in preparation of next strategic plan.

The Registrar will take a lead in the review process on the completion of the strategic plan. The specific planned reviews, milestones, timeframes and the responsible persons are detailed in Table 13.

Table 13: Planned Reviews Matrix

Year	Objective	Milestones	Timeframe	Responsible Person(s)
	B	Assessment on external customers' satisfaction on Council services conducted	June, 2018	Registrar
	E	Assessment to determine extent of unregistered drug shops conducted	June, 2018	Head PPD
	F	Scheme of Service and salary structure approved and implemented	June, 2019	Registrar
		Internal Financial and Staff regulations reviewed and implemented	June, 2019	
		First Institutional self-assessment conducted	August, 2019	
2020/21	E	Reviewed scope of practices of pharmaceutical personnel approved	June, 2021	Head PPD
2020/21	H	Second Institutional self-assessment conducted	August, 2021	Registrar
		End term evaluation on implementation of the strategic plan conducted	September 2021	Registrar
2020/21	H	Organizational structure reviewed	June, 2021	Registrar

4.5.4 Reporting Plan

This subsection details the Reporting Plan which contains the internal and external reporting plan. The reporting plan is in accordance with statutory requirements, Medium Term Strategic Planning and Budgeting Manual or as may be required from time to time by any relevant authorities.

4.5.5 Internal Reporting Plan

This plan will involve preparation of different types of progress reports. These reports will be submitted to various levels including MoHCDGEC, Council, and Registrar. The reports will be prepared on weekly, monthly, quarterly, semiannually and annually or on demand basis as may be required from time to time. Below is the Internal Reporting Plan (Table 14).

Table 14: Internal Reporting Plan.

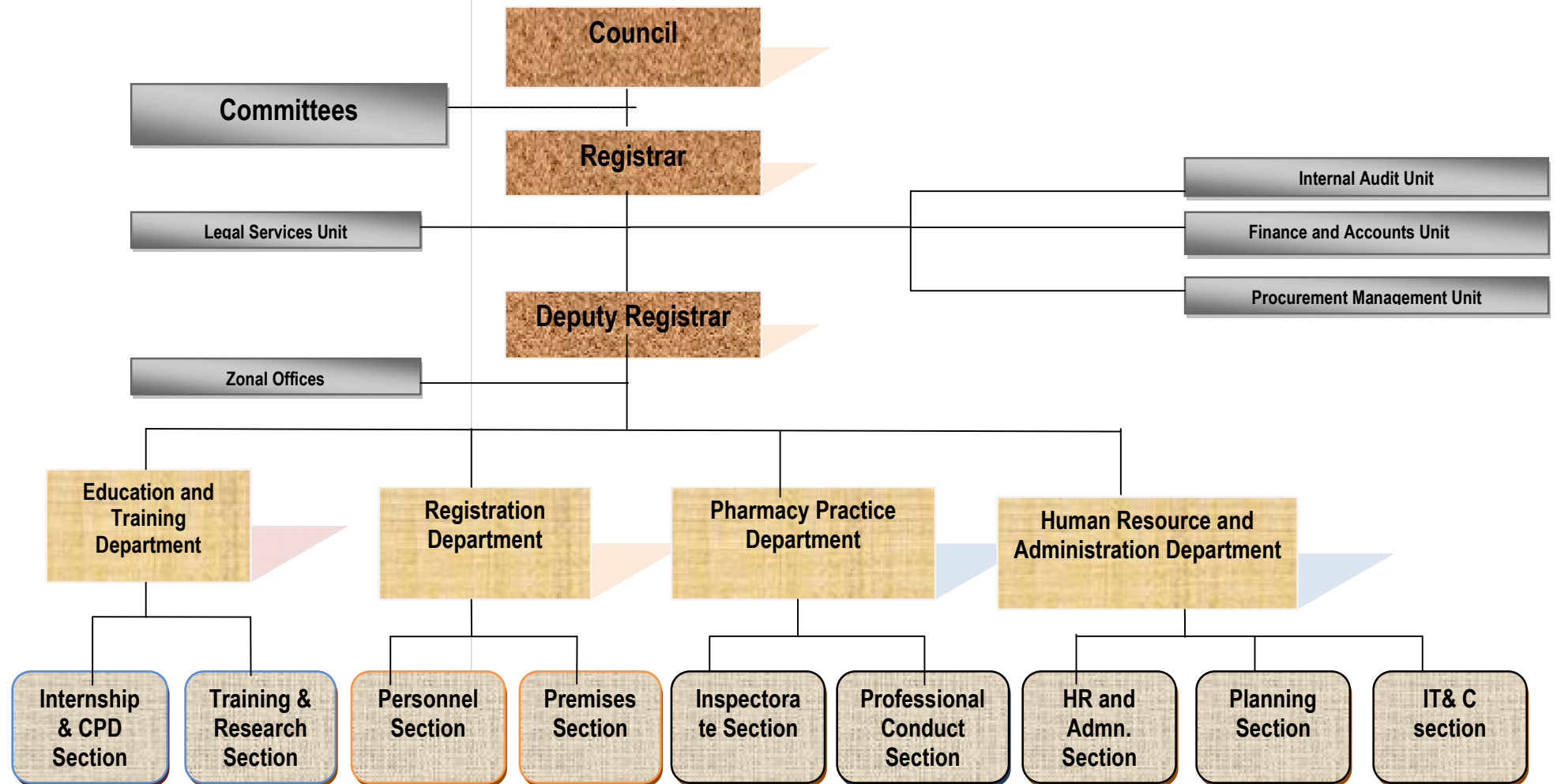
S/N	Type of Report	Recipient	Frequency	Responsible Person
1.	Weekly	HoD	Weekly	Head of Sections
2.	Monthly	Registrar	Monthly	HoD
3.	Quarterly	Registrar	Quarterly	HoD
4.	Mid-year	Council/MoHCDGEC	Bi-annually	Registrar
5.	Annual	Council/MoHCDGEC	Annually	Registrar
6.	Audit Reports	MoFP	Annually	Registrar
7.	End-term Evaluation Report	Council/MoHCDGEC	Once	Registrar

4.5.6 External Reporting Plan

This plan will involve preparation of two types of reports namely financial statements and Annual Performance Reports to be submitted to MoHCDGEC and to Parliament. The annual performance report will be produced for public consumption. The reports will be prepared quarterly, mid-yearly and annually. The reporting plan will be in accordance with the guidelines and statutory requirements as directed by Government Performance reporting requirements or as stipulated in the Medium Term Strategic Planning and Budgeting Manual.



Annex 1: The Pharmacy Council Organizational Structure







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