Regional Health Management Newsletter

Issue No.2 September 2012

Interview with Ag.CMO: Assessing the current capacity of RHMTs compared to the past:

The supportive supervision is fundamental and one of most important roles of Regional Health Management Team (RHMT). Through it, basic policies such as Health Sector Strategic Plan (HSSP) III,

Dr.D.Mmbando
(Acting Chief Medical Officer, the MOHSW)

MAMM and other crucial guidelines are translated to solve on-site issues with Regional Referral Health Management Team (RRHMT) and Central Health Management Team (CHMT), and the current and individual management issues are fully understood and remedies are discussed for health delivery. There is a tremendous improvement, especially in the management skills such as planning and reporting. However, the capacity of RHMTs is not stable as a team therefore once the skillful members among them are transferred, the team suddenly gets weak. In order to keep the managerial level it is necessary to assess the members' managerial skills properly then advise them or/and provide training. To improve the managerial skills, as the base is analytical thinking, planning and actions, RHMTs should conduct "operation research" suitable to each regional health condition and should support RRHMT and CHMTs to do so. Furthermore, RHMTs should pay more attention to the prioritization of activities in Comprehensive Council Health Plan (CCHP) and the resource allocation accordingly as this is very basic in management.

CCHP Training Report from the Facilitators: Action for Improvement

Linking newly acquired knowledge to practice is the most important aspect of a training programme. To this end, the action plans were drawn up by 63 representatives of RHMTs at the last session of the 6-day RHMT training for "CCHP Planning/Assessment/Reporting," which was conducted in Iringa and Arusha in March 2012. The aims of the training programme were to learn the contents of the newly revised Comprehensive Council Health Planning Guidelines (July 2011) and how to assess Comprehensive Council Health Plan (CCHP) and quarterly progress reports. It was also aimed that participants would increase their awareness of the benefit of improved teamwork, and better understand the importance of involvement of RHMTs in CCHP process, which includes resource mobilization for planned activities and coordination for the timely submission of plans and reports. Through group exercises and discussions, the participants reflected on their own practices with regards to their support to Council Health Management Teams in preparing CCHPs and troubleshooting to come up with improvement measures. Some participants said that "All RHMT members should be involved in assessment of CCHPs and quarterly progress reports so that the more experienced members would guide the less experienced members". The action plans produced at the end of the training programme were primarily for RHMTs as teams to ensure that they would be on track to improve their performance. The RHMT2 Project will monitor the implementation of the action plans at the RHMT Annual Review Meeting in August 2012 and on other occasions.

Photo: CCHP Training

Good Practice in Kagera, Singida and Ruvuma as Reported by CMSS* Supervisors

Public Private Partnership in Kagera RHMT

–Ms. Kwesigabo

Public Private Partnership is one of the strategies in implementing the Health Sector Strategic Plan III. It has been practiced in Kagera region for a long time. In the RHMT Annual Plan of 2011/12, 80% hospitals and 84% social welfare facilities are owned by the private sector, which shows the high extent of the private sector participating in health and social welfare services in Kagera.

Information obtained from the supportive supervision conducted during February 2012, Kagera has a good network of CBOs and NGOS working in various health programmes. These include; ICAP which deals with issues associated with the control and treatment of HIV and AIDS, RTI and PSI focus on the control of Malaria, JHPIEGO and Engender Health that are centred on maternal and child health, Red Cross that focuses on health among refugee populations. In addition, partners, FBOs and CBOs participate in the annual planning process with the RHMT and CHMTs and in annual meetings conducted by RHMTs in order to improve health services in the region. According to Kagera RHMT, Public Private Partnership will further be fortified in the region through the establishment of the District Health Stockholder's Forum (DHSF) that is expected to be established in 2012/2013.

***Central Management Supportive Supervision (CMSS)**

Working Together in Ruvuma RHMT

– Dr. S. Budeba

In February 2012, Ruvuma RHMT's good practice of teamwork and commitment was observed by CMSS supervisors, Dr.S.Budeba and Mr.D Damas from MOHSW. The experience of past CMSS shows that RHMT members are faced by multiple activities in and out of the region, which interfere the CMSS visit on the spot. Worse still, the RMOs are too busy to participate in the CMSS process.

During our CMSS in Ruvuma, the situation and the environment were quite different. Dr.Malekela, RMO, and his team stayed with the CMSS team the whole day going through their annual plan with activities. The whole RHMT was very committed, eager to learn from CMSS supervisors, and showed their teamwork. They share and exchange information within the team to ensure that every piece of work is well known to each member. As a result, there is ownership of RHMT activities by all team members.

Photo: Kagera RHMT

Region Administrative Secretaries Commitment in Singida RHMT

–Mr. Ndaki

The CMSS team met with a promising experience during courtesy call to Singida Region Administrative Secretary Mr Khalid Msangi. Despite the fact that it was done on Sunday, the RAS remained in his office up to night patiently waiting to meet with CMSS team to receive and discuss the feedback results. One of the issues reported by CMSS to RAS was the misunderstanding among RHMT's, and RRHMT. On that RAS had the following to say; "RHMT and RRHMT misunderstanding was man-made and not by design".

RAS promised to work on that challenge and mentioned to apply different techniques and approaches of addressing that situation, while promising to start working through frequent meeting with RHMT and RRHMT. An essential aspect of RAS Singida statement is that the regions are monitoring very closely the health and social welfare services.

It is suffice to say that courtesy call to and feedback session with RAS could be taken as a significant opportunity of sharing challenges which demands attention and action from the region and other relevant local government authorities.

It is a Stepping Stone Towards Strengthening Health Systems in the Regions!

Photo: Singida RHMT with the CMSS Supervisor

A team full of leaders in DSM RHMT – Dr. Judith Kahama, RMO

It is the busiest time of the year for the RHMTs with all the revision of annual plans, third quarter reports and discussion with the treasury. And yet, I have taken my annual leave this month because I can rely on the other members of RHMT to do all these. They probably don't even notice that I am not there! What a strong team we have.

I have been attending hundreds of trainings, meetings and workshops. It is an opportunity one gets as a RMO several times a year. However, it is necessary that members in other position, especially the junior staff have such opportunities. It is my belief that we can only excel as a team only when all the members are confident empowered.

Based on this firm belief, I foregone the opportunity to attend the CCHP training for RHMTs this March. Instead, I have sent the members who are either junior or who have not got much opportunity of training before. And I did it with proper preparation. Before the training, I told those selected to attend the training that upon their return, they must disseminate what they have learnt to all the other RHMT members. During the training programme, I called them almost daily to check on what they leant each day. We planned for an "in-house training" with those three participants to share the training contents with all the 15 RHMT members. Regional Health Secretary readily allocated budget for this activity.

The three members returned from the training mid-March, looking confident, empowered and have grown a few times already. We will have the In-house training as soon as we are through with this busiest time (end of May). I am looking forward to see how they are going to present the strategy to support CHMTs based on revised CCHP Guidelines!

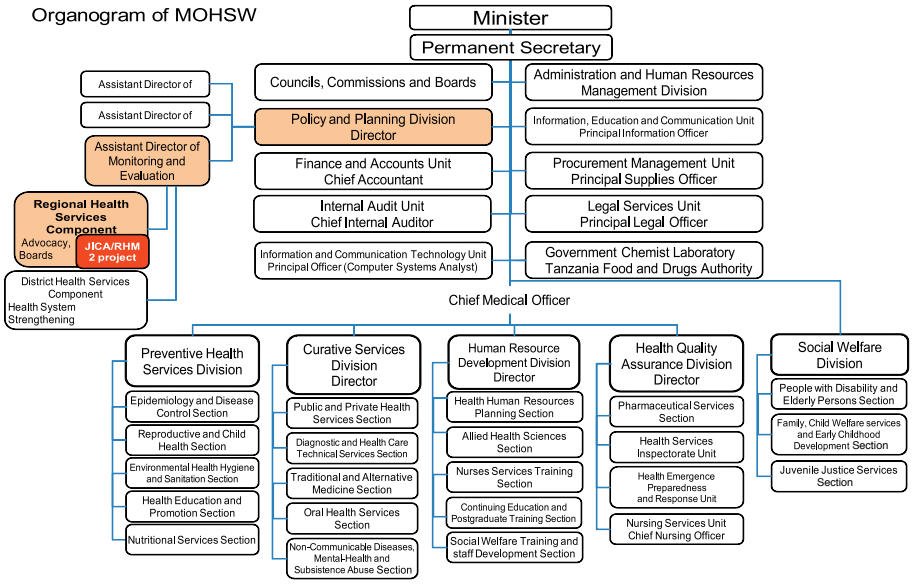
When all members are empowered, RHMT will function even in absence of RMOs. I am proud to say that RHMT Dar es Salaam is nearly there!

REORGANIZATION AT the MOHSW

The Ministry of Health Social welfare (MOHSW) has introduced new structure with one new Directorate and re assignments of various senior officials from March 2011. The reason for the new structure is to strengthen the internal operations of the Ministry and to enhance its effectiveness and efficiency. There are two main changes in the structure.

Firstly, the newly established health strategies regarding the health improvement and health quality assurance call for establishment of a new Directorate of Health Quality Assurance Services. This directorate comprises 4 sections namely; Pharmaceutical services that has been transferred from the Curative Services Directorate. Health services Inspectorate, Health Emergence Preparedness and Nursing Services. Those three sections have been transferred from Chief Medical Office. The potential for this Division lies on the aim to ensure sustainable provision of expertise on the quality pharmaceuticals management and services, quality nursing and midwifery services and health quality assurance and inspectorate services which will eventually compliment to the realization the Ministry's goals and objectives.

Secondly, in the Health Sector Resources Secretariat under Directorate of Policy and Planning, some of the units had been merged effective from February 2012. The Regional Health Services component includes Advocacy and Health Services Board unit. Similarly, District Health Services component merged with Health System Strengthening Component.



TUUNGANE
Re-allocation of Regional Medical Officers

Dr. Mokiti F.(Arusha)

Dr. Mpuya E.(Dodoma)

Dr. Mtey G.(Morogoro)

Dr. Bangi F.(Mwanza)

Dr. Salim R.(Iringa)

Dr. Gurisha J.(Rukuwa)

Dr. Subi L.(Kigoma)

Dr. Kabuma S.(Mtwara)

Dr. Kijugu D.(Singida)

Project for Capacity Development in Regional Health Management Phase 2

Ministry of Health and Social Welfare
Postal Address: P.O. Box 14582, Dar es Salaam, TANZANIA
Tel: +255 22 212 7371 Fax: +255 22 212 7372
E-mail: rhm2project@yahoo.com
Website URL: http://www.jica.go.jp/project/english/tanzania/009/index.html

Editorial Team: Mr. R. D. Mutagwaba, Mr. Fares Masaule,
Ms. Rosemary Tibaliwamu, Ms. Sachiko Matsumoto