

*Dear readers,*

*Three months have passed since we issued the last project newsletter. Within this period, a lot has been done by the Project in collaboration with MoHCDGEC and PORALG to strengthen Monitoring and Evaluation of Regional Referral Hospitals under the third output of RRHMP. In this volume, we will introduce project activities carried out in the three months period, predominately on **External Hospital Performance Assessment (EHPA)** and **5S-KAIZEN-TQM Approach Consultation Visits (CV) to the Regional Referral Hospitals (RRHs)**!*

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*The series  
of training  
on EHPA  
has ended!*

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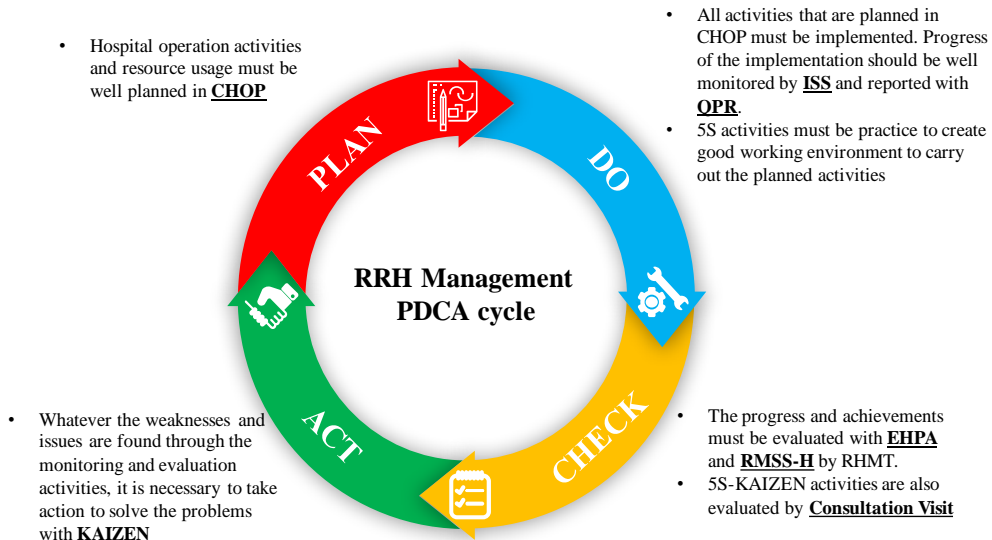
### **Q: What is EHPA?**

Hospital performance assessment in general has been construed in several terms; however in the ISS/EHPA Guideline EHPA Hospital Performance is referred to as: “A comprehensive measurement process of RRH’s performance focusing on the readiness of service provision of the hospital to address the gap between ideal situation and status based on the standard operation procedures (SOPs). In this regard, MoHCDGEC and PORALG are striving to enhance hospital governance and management of RRHs towards improving health care services provided by the RRHs. To achieve this, the Project is supporting the development of proper hospital management cycle based on implementation of Comprehensive Hospital Operation Plan (CHOP) through the principle of Plan Do Check Act (PDCA) cycle. EHPA is one of the actions done by the RHMT on the Check Stage (C) of the cycle. Gaps identified in the assessment are used as basis for the preparation of the next CHOP. In line with the ISS/EHPA Guideline, the Regional Health Management Team (RHMT) shall conduct EHPA biannually (beginning of August and February) and submit the comprehensive report of EHPA to MoHCDGEC and PORALG.

### **Linkage among CHOP and M&E tools for RRH**

This diagram explains how PDCA cycle is carried out at RRH. RRHMT is responsible for development of “Comprehensive Hospital Operation Plan” (CHOP) using the New Guideline signed by MoHCDGEC and PORALG and issued in November 2016. As they are responsible for its implementation equally they must report the progress of CHOP implementation on quarterly basis (Quarterly Progress Report). RHMT is responsible to back up the development and assessment of CHOP and QPR before submitting to RAS office, MoHCDGEC and PORALG.

During the process of CHOP implementation, different M&E activities such as 5S-KAIZEN Consultation visit (CV), Internal Supportive Supervision (ISS), and External Hospital Performance Assessment (EHPA) are carried out. Gaps/ problems and achievements are identified and discussed through these M&E activities, which essentially are what the RRHMT should address to improvement the situation and plan to sustain the achievements respectively.



It is important RHMTs and RRHMTs understand the linkage between CHOP and other M&E tools for RRHs very clearly. More importantly, when RHMT assess the CHOP and QPR they should ensure that all the gaps and issues identified and observed in RMSS, ISS, CV and EHPA, are effectively addressed in the following next year CHOP and progress of its implementation reported in QPRs.

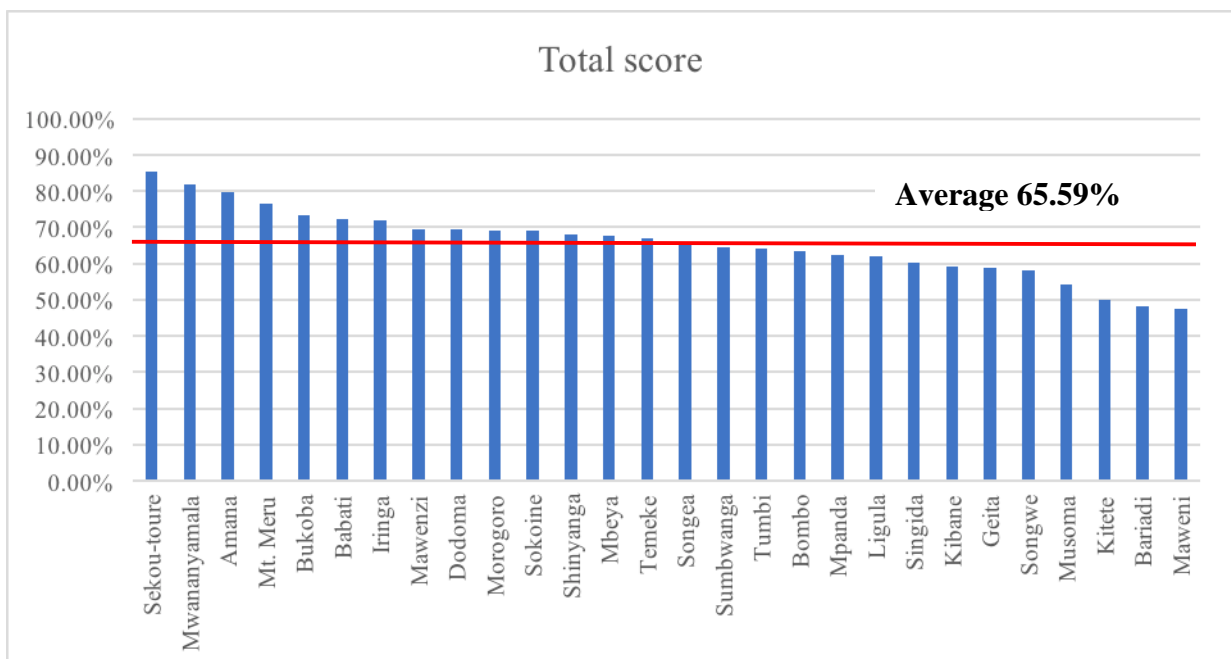
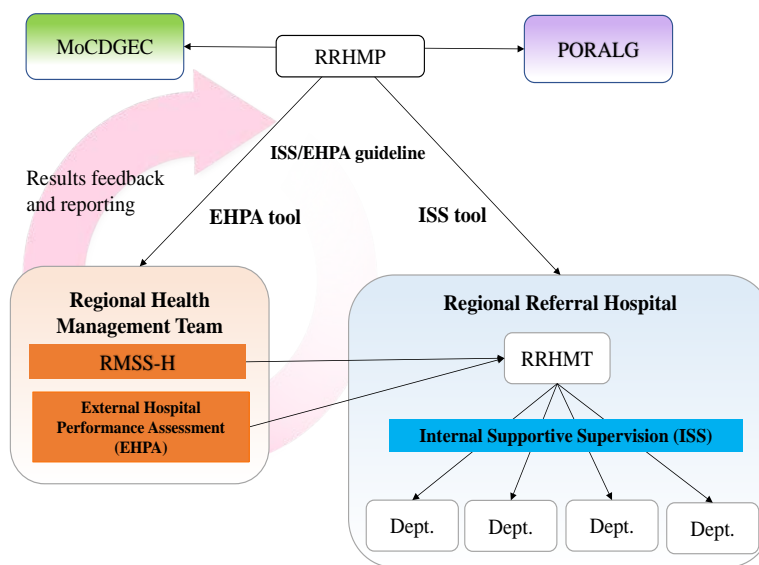
Conceptually, EHPA was crafted from the aspects of Star Rating Tool but inclined more on the notion of Supportive Supervision conducted by RHMT to the RRHs. EHPA is therefore, not a rating tool of RRH, rather a tool for effective and efficient management of RRH based on PDCA cycle. With this new guideline/tool and efficient utilization of its findings, RRHMTs are expected to develop more evidence plans that reflects actual priorities of the RRH, effectively implement the plan, monitor the process through ISS, and evaluate the achievements with EHPA.

Dissemination of EHPA to RHMTs and RRHs, was conducted by the Project in collaboration with Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) and TAMISEMI. 20 EHPA facilitators were oriented on the guideline and the tool in Mtwara, June 2017, from which 10 facilitators were selected to orient and train RHMT in their respective Regions and facilitate in Performance assessment to collect baseline data of all RRHs. Two groups (A&B) were formed and each given its route to do the needful from July until beginning of October in 2017.



### Q: How EHPA is utilized?

The EHPA results must be analysed, compiled and decoded by RHMT before reported and disseminated to the RRHMTs. An excel format developed for easy calculation for the score of each area is used to facilitate quick analyses. At first the finding and gaps identified during EHPA are shared with and among RRH staff directly and immediately during assessment exercise as part of the supportive supervision process. Then, after the analyses, the results are shared with all RRHMT members in their respective hospitals through organised feedback session. RRHMT keep records of the analysed data and develop an action plan to address the gaps and sustain the observed achievements; but also for future development, monitoring and implementation of evidence based CHOP. EHPA report which is submitted to the RAS, PORALG and MoHCDGEC are used for follow ups and decision making in improving the quality of health services provision nationally.



EHPA average of all areas on 28 RRHs

**Consultation Visit for 5S-KAIZEN-TQM Approach (2<sup>nd</sup> Round in 2017) was finished!**

**“Increasing number of RRHs assigning Full-time QI focal person in the hospital”**

The Consultation Visit (CV) - 2<sup>nd</sup> Round started in September 2017, with the National Facilitators of 5S-KAIZEN. As of now, we finished CVs at 13 RRHs and 2 National Hospitals. The most remarkable change comparing with the previous situation of RRHs is that **some RRHs have already assigned “1-2 Full-time QIT staff”**. We think it is very positive change helping the RRHs to strengthen and promote QI activities further.

On the other hand, during this CV, the CV teams are working closely to respective RHMT aiming at capacity building of RHMT to conduct external M&E for 5S-KAIZEN activities and provide effective advices to respective RRH for further improvement. It can strengthen sustainability of successful 5S-KAIZEN implementation for improving RRH’s hospital management especially resource management and quality improvement.



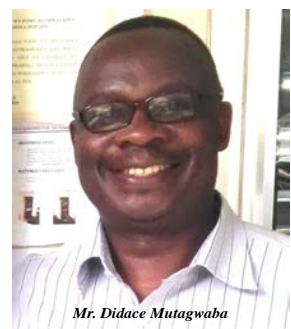
The National Facilitator build capacity of the RHMT members during the CV (October 2017@Dodoma RRH)

**We are looking forward to visiting your hospital and seeing your team soon!! (N. Miyamoto and National Facilitators of 5S-KAIZEN-TQM Approach)**

**Message from Regional Health coordinator**

Progress towards better health throughout the world demands effective collaboration among the health stakeholders. The MOHCDGEC in collaboration with PORALG through the RRHM Project has developed the Internal Supportive Supervision and External Hospital Performance tools to monitor and evaluate the progress of implementation of Hospital planned activities and also assess the level of the quality of health services provided at the Regional Referral Hospitals in Tanzania. On the other hand, Health Management Teams at hospital and regional level were trained and also oriented on how to use

these tools respectively. It is expected that all teams will ensure effective utilization of the developed tools to bring changes in performance for better provision of health services. Best Regards!



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