

## Dear. Readers,

It's been several months since we issued the last project newsletter. During this period, we received continuous and strong supports from Ministry of Health Community Development Gender Elderly and Children (MoHCDGEC) despite MoHCDGEC has been busy with office-moving to Dodoma city as well as a big transfer of ministry officials. We, hereby, would like to share with you about steady and remarkable progress of our project activities for strengthening the hospital management of Regional Referral Hospitals (RRHs).

## *Hospital Management Training*

### *Hospital Management and 5S-KAIZEN-TQM Approach Training was conducted at CEDHA and PHCI, Iringa*

Hospital Management Training (HMT) was conducted at CEDHA in May 2019, and PHCI-Iringa in July 2019 to educate and train hospital managers from regional referral hospitals. Here are the details of HMT at training institutions.

#### ***Background***

Based on the indicator of Output 1 on the Project, RRHMP has been working together with the Ministry to capacitate RRHMTs on hospital management since 2015. As one of the major interventions of the RRHMP is conducting "Basic Hospital Management Training" for RRHMTs. Additionally, quality improvement of healthcare services at RRHs has also been recognised as an important intervention for strengthening the management of RRHs, and KAIZEN training has been conducted for RRHMTs and Quality Improvement Team at RRHs.

It is necessary to sustain the important and effective project outputs towards the end of the project. Therefore, MoHCDGEC and the Project agreed to transfer the training package of "Basic Hospital Management and 5S-KAIZEN-TQM approach to training institutions under MoHCDGEC (Centre for Educational Development in Health, Arusha; CEDHA and Primary Health Care Institute, Iringa; PHCI), and Mzumbe University.

RRHMP have worked closely with Department of Human Resource of MoHCDGEC and those training institutions to design effective training, and train the lecturers from CEDHA, PHCI, and Mzumbe University on BHMT modules and 5S-KAIZEN-TQM approach since 2018. Then, it was agreed to conduct pilot Hospital Management Training at CEDHA in the beginning of 2019.

#### ***Pilot training at CEDHA and PHCI***

The 1st Pilot Hospital Management Training was conducted at CEDHA from May 20<sup>th</sup> to May 31<sup>st</sup> with the participation of 39 health managers from 14 RRHs. During the application period for the training, 120 people applied for the training. However, due to the physical limitations of CEDHA training facilities, the first 39 people were accepted. Due to the high number of applicants for the 1st pilot training, it was decided to conduct another training at PHCI. 2nd Pilot Hospital



*Group photo  
(Pilot training at CEDHA in May 2019)*

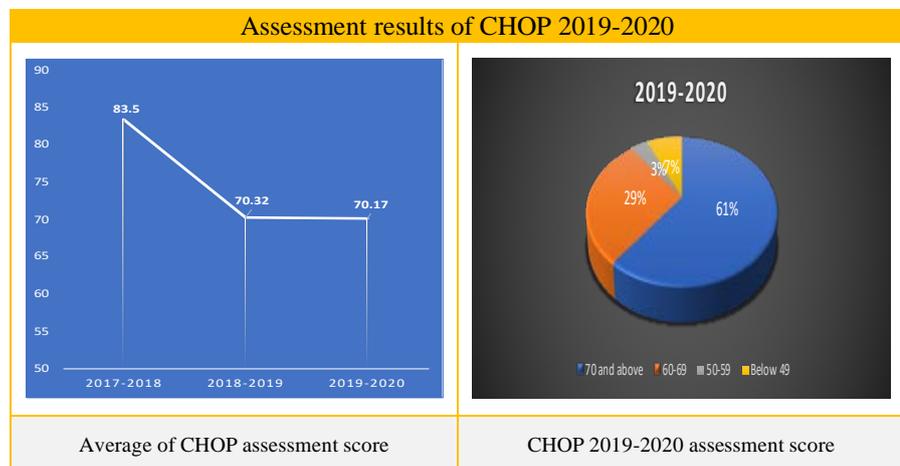
Management Training was conducted at PHCI from July 8<sup>th</sup> to July 19<sup>th</sup> with the participation of 46 health managers from 20 RRHs. It seems that needs on HMT is high. Therefore, the Ministry is planning to organize the management training regularly. Therefore, we encourage RRHMTs to allocate budget for education and training of hospital managers to strengthen the hospital management of own facility.

## CHOP and QPR (Q3/Q4) Assessment

### The latest status of CHOP and QPR development

Assessments of Comprehensive Hospital Operation Plan (CHOP), Quarterly Progress Report (QPR) quarter 3 and QPR quarter 4 were completed. Based on the assessment of CHOP, the following issues are identified;

- It is considered that the initial assessment was overestimated
- Assessment criteria were not good enough to assess the planning capacity of RRH
- The assessment criteria were reviewed from 2018–2019
- The number of hospitals that scored more than 70 points rose slightly. (57% in 2018-19 to 64% in 2019-20)



### Achievement

Our target on CHOP development is “**Average score of CHOP assessment is increased from 52% to 90%.**” Currently, the average score is 70.17, and it is still far from the target. On the other hand, our target on QPR development is “More than 80% of QPRs obtains more than 70% of the average of 4 QPR scores”. Currently, the average score of QPR assessment is 67.8% and almost we are achieving the target. Therefore, for further capacitating RRHMT members on development of CHOP and QPR using upgraded CHOP guideline and revised format, the Project and MoHCDGEC decided to organize Applied Hospital Management Training on new CHOP and QPR from June 11<sup>th</sup> to 13<sup>th</sup> at Dodoma. The training was successfully done. Now, we kindly request RRHMTs to make more effort improve the quality of CHOP and obtain high assessment score, and to keep up the quality of QPR.

## External Hospital Performance Assessment (EHPA)

### Follow up visit baed on the results of the 2018 EHPA for 9 RRHs

Findings and results of the 2018 EHPA signaled 11 RRHs out of 28 scored below the acceptable level of 70 points though RRHMP aspired to have over 80% of the RRHs scoring above the 70 level points. It is from this anticipation that the project inevitably decided to conduct follow-up visit to check implementation progress of the 2018 EHPA recommendations at 9 low scoring RRHs from 11<sup>th</sup> to 19<sup>th</sup> March 2019. Hence, we expect those RRHs to improve the identified problematic areas of hospital management before the next planning of CHOP.

Target hospitals	Bukoba RRH, Bariadi RRH, Musoma RRH, Tanga RRH, Ligula RRH, Maweni RRH, Shinyanga RRH, Kitete RRH, Singida RRH
General observations from EHPA Follow up visit	As very few visited RRHMTs have internalized their managerial Roles and Functions elucidated in Roles & Functions of Regional Health Management System document and in 2016 updated 2019 CHOP Guideline. As a result, the RRHMT managerial functions are not distributed amongst members hence do not work as a team.
Suggestions	All RRHs with no action plan to forthwith prepare an action plan to address the 2018 EHPA gaps/challenges for the remaining period before the next EHPA. Closely follow up RRHs on the addressing of gaps and challenges from EHPA especially those requiring permits and procedures/instructions from the MoHCDGEC, such as such as human resource and establishing RRHAB.

**EHPA 2019 starts soon**

The Ministry is planning to conduct EHPA 2019 from August until the middle of September 2019. Before the assessment, to sustain the EHPA more effective and efficient, the Project is going to support EHPA facilitators training from 31 July to 2 August in Dodoma. We request all RRHMTs to prepare for EHPA, make sure available and necessary information and data for EHPA.

**5S Activity for improving Health Commodity Management**

**RRHMP and PSU visited 36 council health facilities in 5 regions**

**Background**

In 2016, RRHMP and PSU developed “Implementation Guideline for 5S-KAIZEN-TQM Approach for improvement of Health Commodity Management at Council Level”. In the following year, according to the contents of the guideline, RRHMP and PSU conducted the trainings for 441 members of CHMTs and 939 staffs of the primary healthcare facilities in 5 target regions; Mwanza, Singida, Shinyanga, Simiyu, and Tabora.

**Follow up visit in 2019**

From May to June 2019, PSU officer and Quality Management expert of RRHMP visited 36 council health facilities to monitor and evaluate the progress of the commodity management and 5S activities. Technical advices for further improvement were also given to the health facilities based on the findings and evaluation scores. Although the implementation of 5S activities at most facilities is still on beginner stage, it was observed that 5S is useful to improve health commodity management. Some good practices to work on commodity management efficiently were also observed as shown below. The challenge of commodity management is to establish and standardize the ordering mechanism within the facility. Most facilities were not established or not standardized the ordering mechanism within the facility. It was causing too frequent order to the main store and excess inventory at the department. The setting of the maximum and minimum stock level is required at the department.



Follow-up Team conducted the interview with the main store staff

Good practices of 5S activity observed at primary healthcare facilities	
<p>For easy retrieving, the ledger number is written on the bin card respectively</p>	<p>Places are specified for specific items by applying zoning and labeling properly</p>

## KAIZEN Training of Trainers

### *How can we change people's attitude towards a positive side for strengthening QI activities in a hospital?*

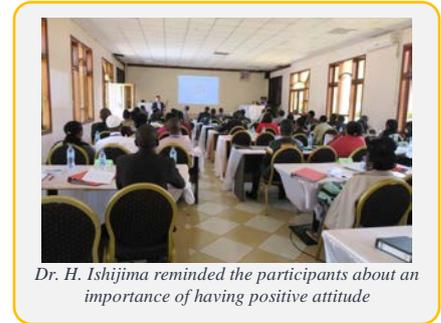
In June 2019, KAIZEN Trainings of Trainers (TOT) were conducted for RRHs and other countries in Dar es Salaam and Mbeya to train a health profession on KAIZEN Approach for improving hospital management and quality of healthcare services. The participants were very actively participating to obtain knowledge and practical skills of KAIZEN Approach.

Since positive attitude of hospital staff is one of the keys for successful implementation of QI including 5S-KAIZEN activities, one of the most interesting discussions during the training was about “how we can change other's attitude towards a positive side”.

— Dr. Hisahiro Ishijima, Chief Advisor of RRHMP, responded to this question as “we cannot change other's attitude but we can influence others by showing our positive attitude as much as we can”. This

reminded the participants about an importance of reflecting on ourselves attitude first instead of talking about other's attitude first.

All trained health professions who obtained the certificate on the last training day are really expected to execute the roles of in-house 5S-KAIZEN trainer in respective hospital for promoting KAIZEN Approach further!!



*Dr. H. Ishijima reminded the participants about an importance of having positive attitude*

Outline of KAIZEN TOT in 2019	
KAIZEN TOT in Dar es Salaam	<ul style="list-style-type: none"> <li>• June 17<sup>th</sup> to 21<sup>st</sup>, 2019 at Muhimbili National Hospital</li> <li>• 50 participants from 16 RRHs</li> <li>• 20 observers from DCS, CEDHA, PHCI Iringa, Mzumbe University, MNH, BMC, JICA Volunteers</li> </ul>
KAIZEN TOT in Mbeya	<ul style="list-style-type: none"> <li>• June 24<sup>th</sup> to 28<sup>th</sup> June, 2019 at Mkapa Hall in Mbeya and Mbeya Zonal Referral Hospital</li> <li>• 36 participants from 2 RRHs</li> <li>• 14 participants from 8 countries (Benin, Ghana, Liberia, Malawi, Sierra Leone, Sudan, Uganda and Zimbabwe) *</li> <li>• 14 observers from DCS, CEDHA, MZRH, Tosamaganga DDH, JICA Volunteer</li> </ul>

(\* ) The project and MoHCDGEC received other countries as one of triangular cooperation. They exchanged experiences and good practices in several scenes of the training.

## Message from Regional Health Services Coordinator, MoHCDGEC



Once again thank you RRHMP, Thank JICA for 5 years of solid supports in strengthening RRHs in Tanzania. The journey has been full of challenges but more importantly it is the achievements that engulfs the whole period since RRHs were under President's Office, Regional Administration and Local Government and now they are under MoHCDGEC. We have realized remarkable improvements in all Outputs that we have received supports from the Project, and now it is our turn to continue sustaining all that we have achieved. We would like to extend our gratitude as well to MoHCDGEC for making this a reality and it is good that we now have RRHs Unit at Department of Curative Services that we have worked together over time in making sure all Outputs of the RRHMP are ongoing and sustained.