

# Regional Health Management Newsletter



Issue No.4 November 2013



## Interview with Chief Medical Officer

**Q1: What is your recommendation to RHMT for further improvement of its capacity?**



**Dr. Donan W. Mmbando**  
Chief Medical Officer,  
MOHSW

First, I am happy to hear that the second RHMT Annual Review Meeting was successfully completed and had very good meaningful presented topics and discussions such as Good Practice by RHMTs. It was also our pleasure to see that the meeting was attended by the senior officials including Regional Administrative Secretaries from three regions, De-

velopment Partners and Directors from PMORALG. I would like to express our appreciation to RHM2 - JICA project for supporting this meeting and making it successful.

Secondly, I would like to recommend to RHMTs

to build up information network among the regions because with good networking, they can share and learn from each other, i.e. Good Practices. To this end, I strongly recommend to organize a regional level meeting and this can be named “Regional Health Forum” with initiative of RHMT. The third recommendation is that, RHMT should pay more attention to the issue of “transparency” at their work. This is very basic for trust, cooperation and relationship among RHMT and stakeholders.

**Q2: The current Project ends September, 2014. How do you see the (future of the project) the sustainability of achievement reached after the end?**

The JICA project has been supporting the MOHSW for long time. I believe that what this project has done will be sustainable because of the leadership of MOHSW and sense of ownership of RHMT which have been developed during the cooperation period. It is sure the MOHSW will continue to support RHMTs and provide the resources even after the current project, although I would like to add that not only RHMTs but also other relevant organization like PMORALG, RS and LGA will keep its own efforts to strengthen the health service structure with RHMTs.



**Participants at the Second RHMT Annual Review Meeting**

## The Second RHMT Annual Review Meeting -Dodoma, September 9-11, 2013-



Presentation of Best Practice, RHMT Kagera

The audience paid close attention to various presentations including efforts taken to tackle severe conditions, improvement of hospital finances in Dodoma and Pwani, local-recruitment for nurses in Ruvuma and, PPP for Improving sanitation in Morogoro.

Other topics/presentations covered were performances of RHMTs in terms of assessment of annual plans and reporting timings. Based on the results, Pwani was awarded first-place Good -Performance, Kagera as second, and Mbeya as third place. Mara was also commended with a special award for its remarkable improvement since the last year. RHM2 project has a plan to introduce the assessment criteria of quarterly report and other criteria to monitor the performance of RHMTs in the near future. In addition, the participants were asked to give the project feedback on the draft RMSS-H tool, comments on satisfaction with RMSS-C tools and the revised version of the Role and Function Documents. Furthermore MOHSW officers presented the newly introduced HMIS status and Pay for Performance Pilot results.

The Second RHMT Annual Review Meeting was held in Dodoma from 9th to 11th September, 2013. Seventy five RHMT members from 25 regions, three Regional Administrative Secretaries from Dodoma, Singida and Kagera were invited. Officials from MOHSW and 4 representatives from PMORALG, including the Director of Regional Administration also attended.

The focus of the meeting was sharing of good practices from nine regions (Dodoma, Lindi, Ruvuma, Morogoro, Mbeya, Tanga, Rukwa, Pwani and Kagera) shared their practices.

At the closing, the speech delivered by Dr. Deodatus Mtasiwa, a new Deputy Permanent Secretary of PMORALG, a former CMO, gave all participants strong encouragement to serve for better health services (see Column below in more detail).

### Good Performance Award



1st Pwani



2nd Kagera



3rd Mbeya



4th Mara

### *I am keen to see positive results of health care delivery in your regions.....*

The deputy PS, Dr. Mtasiwa, appreciated the opportunity to meet the RHMTs and also thanked RHM2 for its efforts to accelerate the strengthening of RHMTs.

He expects RHMT to assess CCHPs and hospital plans with the needs of “Mwananchi” -the citizen in mind - we expect you to ask yourself the following questions; Does it consist of all key services intended for each level of care? Is it equitable? He also encourages RHMTs to make efforts to tackle three major challenges of health care delivery; insufficient HRH, lack of medicines and reduction of maternal and infant mortality rates. He stressed that it is the RHMTs’ responsibility to ensure achievement of the Tanzanian 5-years plan by working together with CHMTs.



# Innovations and Regional Coordination empower RHMTs to Address Commodity Issues

## - Mohamed Visram, Regional Pharmacist, RHMT Kagera

Kagera Region faced inadequate central and regional mechanism for sharing information on pharmaceuticals, medical supplies and laboratory reagents. This led to unreliable commodity supply that was further exaggerated by frequent stock outs, excessive stock pile ups and accumulation of expired medicines, medical supplies and laboratory reagent at the facilities.

In order to address this challenge the RHMT members designed a simple Microsoft excel based tool illustrated below to enable Kagera RHMT to have real time monitoring of commodities from district and health facilities. Facilities monthly stock levels and consumption reports are entered into this tool that uses advanced excel features and use colour codes to flag stock outs, predict possible future stock out, highlight adequate stocks and draws attention to excess stocks.

The design and ease in use of the tool has helped the facilities and CHMTs to reduce work load, minimizes calculation errors and predict possible future stock outs. This tool is shared between the RHMT members, all 8 CHMTs, all 15 Hospitals in the region, Medical Stores Department (MSD), Supply Chain Management Advisors (SCMAs) and regional implementing partners (IP).

In order to enhance linkage between facility, district, region, MSD, SCMA and IP, the Kagera RHMT came up with an idea of formation of Kagera Region Commodity Management Technical Working Group (KRCMTWG) and have a common group mail. The uniqueness of the KRCMTWG is its composition and membership that includes the RHMT, CHMT, SCMA, IP and MSD personnel from the zone.

This composition has facilitated fast information sharing on commodity status including MSD stock availability.

The communication within the CMTWG has enabled redistribution of medicines between various levels. The redistribution is not only being done during RHMT quarterly supervisions, immunization supervisions and vaccine distribution but also through implementing partners support showing a perfect

example of coordination. Whenever one CHMT gap fills (redistributes) for the other CHMT the MSD, personnel note that and hence the orders for both the donor and the recipient CHMT are adjusted accordingly to account for the stocks that were redistributed.

The use of the tool, communication and coordination of different partners has made Kagera reporting rate to achieve 100%, improved timeliness from 75% to 87.5%, reduced stock outs from more than 50% to 25% and also reduces expiry from about 10% to 3% (Data based on random sampling done by RHMT & SCMA in about 12 facilities).

**Good Practice**

**What is a "Good Practice"?**  
**Defined by RHM2**

- Innovative and Different
- Tackling on present issues
- Evidence of success - Sustainable effects

"WHITE" showing Adequate Stocks
"RED" Showing excess stock
"GREEN" showing need for supply

A	B	C	E	F	G	H	J	O	P	Q	R	S	
DISTRICT NAME	MULEBA	REPORTING PERIOD	FROM	APRIL	TO	JUNE	YEAR	2013				RHMT-	
MSD CODE	Discription	Pack	Salio k Mwan	Kiasi Kilichopoke lewa	Kiasi Kilichotumi ka	Upotevu/ marekebish o	Salio k Mwishi	Makisia ya Wagonjwa Wapya	Makisia ya Jumla	Juu cha shehena	Kiasi Cha kuagiza	Kiasi Kilichoomb wa	Kiasi Kilichoidhir ishwa
1010055010	Lamivudine 150mg Tabs	B/60	0	0	-540	6	1200	1200	2400	2394	39		
1110055012	Zidovudine 300mg Tabs	B/60	5100	0	3600	-960	54	1200	4800	9600	9060	151	
1210055050	TDF300/FTC200 Tabs	B/30	0	0	0	0	0	0	0	0	0	0	
1310055011	Stavudine 30mg Tabs	B/60	0	0	0	0	0	0	0	0	0	0	
1410055051	Tenofovir Tabs	B/30	0	0	0	0	0	300	300	600	600	20	
1510055016	Abaravir 300mg Tabs	B/60	1020	0	300	-390	330	0	300	600	270	5	
1610055057	LPV/r 200/50 Tabs	B/120	4300	0	360	-2500	1440	0	360	720	-720	0	
1710055018	Didanosine 100mg Tabs	B/60	420	0	90	-210	120	0	90	180	60	1	
1810055013	Newirapine Syrup 50mg/5ml	B/240mls	248	0	122	-65	61	0	122	244	183	183	
1910055007	Zidovudine Solution 50mg/5ml	B/100mls	0	0	0	0	0	0	0	0	0	0	
2010055060	3TC/AZT/NVP (30mg/60mg/50mg) Tab	B/60	0	3480	300	-600	2580	0	300	600	-1980	0	

Each Sheet is filled by different facility



## The Mid-term Review of JICA RHM2

Every year, MoHSW, development partners, and other stakeholders conduct joint annual review to monitor progress of their project and strategic plans through SWAP approach. The RHM2 project received the Mid-term Review from 8th to 18th of April, 2013. The Japanese-Tanzanian joint review team was headed by Dr. Sugishita. The team monitored the progress and achievement of the project intervention based on the Project Design Matrix (PDM Version 2) including verifiable indicators.

Based on a series of material reviews, interviews and discussions with MOHSW counterparts, RHMT, RRHMT and CHMT members, Japanese experts, and other stakeholders, the review team concluded that the overall performance of the RHM2 Project was satisfactory, with special appreciation in development of supportive supervision tools. To accelerate its achievement toward the Project ending, the major recommendations are as follows:

- (1) The Project, MOHSW and PMORALG accelerate to review the essential functions of RHMT and RRHMT for their clarity and operationalization in the context of decentralization by devolution which is not well realised by the regional administrative structures.
- (2) The Project is encouraged to harmonise managerial tools and implementation procedures (especially in the area of Supportive Supervision), with other health sector support projects implemented by Development Partners and other stakeholders.
- (3) The project should promote advertisement of its achievement and experiences with other stakeholders.

The results were also shared in the Joint Coordinating Committee (JCC) on April 19.



In front of Doctor Helicopter, Nagasaki, Japan"

### Consensus of all can win whatever challenges

– Message from the Training in Japan –  
– Raynold John, ADHA, MPA (HSM),  
Administrator, MOHSW

Japan of today is different from the one immediately after the World War II. For example tuberculosis, infant mortality and maternal were very high, but they managed to turn around through technological advancement but most of all through commitment, working hard and passion for their country. The reduction of maternal

and infant mortality rates in rural areas were made possible by efficient system of community participation, government support, health education and good medical care from committed health workers.

We have major challenges in health system in our country; limited resources, inadequate human resources, high morbidity and prevalence of non-communicable diseases are going up. It is easier to despair but we learned from Nippon experience that – it is not necessarily how much is invested in health services but how efficient the resources are spent to realize the planned outcomes and impacts.

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Activity  
Schedule in  
the third Year  
of JICA RHM  
Project

August 2013

- RMSS-H Field Test

September 2013

- The second RHMT Annual Review Meeting
- New Region On-site Training (Geita/Simiyu/Katavi/Njombe)

October 2013

- RMSS-H Field Test
- ToT Training (PlanRep) for PMORALG

November 2013

- RHMT Training
- Sharing Draft RMSS-H Manual
- Finalizing RMSS-C Manual
- Finalizing R&F Document

February 2014

- RHMT Monitoring Meeting

March 2014

- Project Terminal Evaluation Mission
- The Fourth Joint Coordination Committee Meeting

September 2014

- Dissemination Seminar

#### Obituary

*Her prominent intelligence, leadership and warmth will be missed by us all. May her soul rest in peace.*



*R.I.P. Dr. Judith Kahama,  
Former RMO, RHMT Dar es Salaam  
7th July 2013*

