

# REGIONAL HEALTH MANAGEMENT NEWSLETTER



Issue No.3 April 2013



## The First Regional Health Management Team (RHMT) Monitoring Meeting, held in Dodoma from 2 – 4 February 2013

*“the time to evaluate the RHMT progress, through sharing experiences from different regions as well as identifying constraints and future plans on how to support the CHMTs to perform better.”*

### Opening Remarks by P.S. and JICA Representative

Ms. Regina L. Kikuli, the acting Permanent Secretary of the Ministry of Health and Social Welfare (MOHSW), spoke of the importance of monitoring and reviewing the performances in her opening remark of the First RHMT Monitoring Meeting held in Dodoma with support by JICA Regional Health Management Phase 2 project (RHM2). She also emphasized that a managerial Supportive Supervision (SS) must function at all levels in order to ensure the provision of high quality health services that will improve health and welfare conditions of all Tanzanians. In that regard, a standardized tool to be used by RHMTs to supervise the councils has been developed. This standardized tool for RHMT aims to monitor CHMT's managerial capacity and facilitate CHMTs to find solutions to challenges they face during implementation of Comprehensive Council Health Plan (CCHP).

She congratulated accomplishments which have been made by RHMT since the starting of the project. At the same time, she shared her concerns on challenges which face the health sector. Included are infrastructure, medical equipment and supplies, scarce of health professionals in health facilities and inabilities of priority settings. She assured that MOHSW will continue to work to improve such situations and continue to support RHM2 to make positive changes in managerial capacity of RHMT. Also, considering the importance of health administration, the coordination between MOHSW and PMORALG is to be stronger with the new unit in PMORALG to lead and follow up the issues of health sector. Finally she welcomed four newly established RHMT members from Geita, Katavi, Njombe and Simiyu and encouraged them to participate and learn from each other.

Following the opening remark by PS, Mr. Yoichiro Kimata, Senior Representative of JICA Tanzania Office, emphasized the important tasks which all RHMTs carry on their shoulders and promised that JICA will assist them to push forward the process of capacity development.



*Ag. Permanent Secretary (center in front) and Senior Representative of JICA Tanzania Office (second right to Ag.P.S.) with participants of the RHMT Monitoring Meeting”.*

### Programme of the Monitoring Meeting

The three-day programme was divided into two parts of which the first was dedicated to RHMT's performances and sharing of good practices. The rest of the programme included orienting RHMT in the new RMSS-C tools and situations of the health sector finance with good practice of Community Health Funds. The orientation on Human Resource for Health Information System was also provided by Ms. Elikaan N. Mwakalukwa, the Assistant Director of Human Resource Planning, Human Resource Development Division, in collaboration with the JICA Human Resources for Health Development Project.

Total number of participants of the meeting was around 120 including RHMT members of 25 regions, Medical Officer in Charge of Regional Referral Hospitals and representatives of the relevant sections of the MOHSW. For the RHMT members as well as the stakeholders, the meeting was an opportunity to monitor the status of RHMTs' progress together and to renew their commitments and motivation in improving the performance of the health sector through their respective positions.

## Field Test Report on RMSS-H Tool

by Dr. Sijenunu Aaron, MOHSW

Regional Health Management Team (RHMT) has the responsibility of overseeing the management of health services in a region. One of its tasks is to support Regional Referral Hospitals (RRH) by: 1) Supporting RRHs to develop the hospital plan 2) Mobilizing resources for the management and clinical services, 3) Facilitating capacity development in interpretation of policies, guidelines 4) Supporting quality improvement of the hospital services and 5) Conducting clinical and managerial supervision of the RRHs.

The Regional Management Supportive Supervision Hospital (RMSS-H) tools (Checklist and Progress Monitoring Sheet) have been developed to be used by RHMT to supervise RRHs. The tools were field tested in Iringa from 22-23 November, 2012. Both; Iringa RHMT and Regional Referral Hospital Management Team (RRHMT) participated in the field test and gave many suggestions to improve the tools. Their proposals were discussed by all members and after reaching consensus they were incorporated into the tools.

RMSS-H tools were appreciated to be effective tools for ensuring that RHMTs conduct systematic supervision that will enable them to track RRHMT performance, identify challenges faced by RRHMTs and find possible way forward. It was noted that RMSS –H tools can also be used to promote the RRHMT managerial capacity.



## A LETTER FROM RHMT

### Secret of Preparation of a Good Plan in Pwani

by Dr Beatrice Byalugaba, RMO

Pwani RHMT annual plan usually starts in mid November by a pre planning session where stakeholders are involved and priorities are discussed. Then each member develops his/her sectional plan based on last year's allocation. Around late December, the team moves out of the office for one week, whereby each member presents the sectional plan to all members, which is scrutinized and later the team come to an agreement.

After that, a few RS/RHMT members are identified to collect the data from the LGAs, analyze them and compile the Regional plan. The document is assessed by RHMT staff to see if the format was adhered to. After assessment of the plan, the RMO formats the document, before it is signed for final submission to the higher level.

Pwani Region has more than 20 RHMT members. All sections are well presented with staff employed by the Regional Secretariat, LGAs, Regional Referral hospital and staff employed by ongoing projects in Pwani. When you meet Pwani RHMT you can not differentiate who is the real RHMT core member.



Pwani RHMT

The secret of preparing a good plan is *team work spirit*, transparency, dedication, and recognition of everyone in the team. The team work spirit among RHMT Pwani is the result of the capacity building conducted by TC-RRHM phase one to RHMTs.

Teamwork is about sharing, trust and dependence among members!

## TRAINING REPORT

### The 2nd Training Programme by RHM2 Project concluded in October - November 2012

by Ms. Natsue Miyata, RHM2



The RHMT Training on Regional Planning, Reporting, Financial Management and CCHP/PlanRep3 was conducted in four batches from October to November 2012 at VETA, Dodoma. Total of 105 RHMT members participated from 21 regions.

The contents for the training on the RHMT Planning and Reporting part and lecture on the Financial Management were not entirely new to the participants, and the discussions and exercises focused on how to improve the current practice. The component for CCHP PlanRep3 was newly designed to cater for the specific needs of RHMT with sessions inserted in between the practical lessons using PlanRep3 to enhance understanding.

In the self-assessment conducted at the beginning and the end of the training programme, all participants noted improvement especially on the CCHP/PlanRep3 components. The test scores on the basic knowledge of the same component also improved from overall average of 72.5% (before the training) to that of 96 % (after the training). The training also served as a good opportunity for the RHMTs and the MOHSW as well as PMORALG to interact directly. There are also expectations and requests. One of the very urgent requests directed to the various departments at the central level was to coordinate further so that crucial information such as updates of PlanRep, the CCHP assessment criteria will be disseminated in transparent and uniform manner.

From the organizer's side, further emphasis was made on the importance of sharing and applying the training contents by the RHMTs in their duties. The teams are also requested to report regularly to the MOHSW on the status of sharing and application in the future.

The RHS unit will continue its effort in capacity building activities, following up on the results as well as to contributing to the strengthening of health system based on the comments and feedback from the participants.



## Participant's Voice

by Dr. Sonda Y Shaaban, Ag.RMO Lindi

We thank the Ministry of Health and Social Welfare and JICA for the training held in Dodoma on 5-9th Nov 2012. During the training, we had opportunity to revise RHMT annual plan. This helped us to update our knowledge in setting objectives, strategies and link with situation analysis. In addition, PlanRep training has enhanced our confidence in helping Councils. Using PlanRep made easy and take less time to assess CCHPs and quarterly reports.



## Training Follow Up

Every training has a specific objective to be achieved and they are linked to improve performance of RHMTs to support CHMTs. In order to find out the effectiveness of training programme, RHM2 conducted follow up questionnaires and rapid interviews to RHMT as well as to CHMTs, who are the key stakeholders of this project. This follow up was conducted during the RHMT's Monitoring Meeting held at Dodoma and On-site training on Regional Management Supportive Supervision for Council (RMSS-C) at 21 regions. So far, we have received comments such as that RHMTs are more knowledgeable of CCHP guidelines and time of plan and report has been minimized with the use of PlanRep. RHM2 will continue to follow up the performance of RHMT and we will utilize the information to improve our technical support on capacity development for health system strengthening.

## News and Report from JICA Program for Health System Strengthening

\*Currently, three technical cooperation projects with support of JICA are under operation in Tanzanian health sector.

### Health System Strengthening for HIV/AIDS Services Project (Oct.2010-Oct.2014)

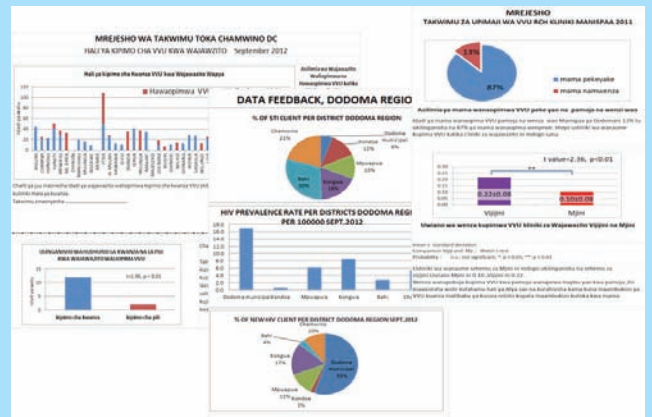
RHMTs and CHMTs of Dodoma and Pwani are implementing an M&E activity of Health System Strengthening for HIV and AIDS services Project under the support of JICA as pilot regions. They started a process of Monitoring and Evaluating their HIV and AIDS activities since January 2012 for the aim of improving the quality of HIV and AIDS health services.

RHMT Dodoma organized *On the Job Training Review at the Regional Library* on 11st -12nd February 2013 with the purpose to share our experiences of producing data feedback materials including data analysis, data visualization with graphs and data interpretation, and to refine the contents and methods among ourselves as Dodoma team. In the meeting data feedback materials were shared among team members through plenary presentations and discussions. It was generally observed that the teams were weak in data presentation, analysis and interpretation. The meeting was therefore used to improve their knowledge and skills in these areas.

The M&E activity is very unique and challenging, but we came to believe that we are lucky to be selected as pilot region for this project. We are convinced that the skills and knowledge we gained from this M&E activity will be our profits to help us to improve the health services in our community. We try our best to master all the techniques in order for us to continue this important activity even after JICA phases out. If you are interested in it, please let us know. We would love to share our experiences with other regions. (Reported by RMO, Dr. E. Mpuya and RHMIS, Mr. Sakalani)



RHMISMR.SAKALANI



### Human Resources for Health Development Project (Nov.2010-Nov.2014)

#### UN Solution Award For 5S-KAIZEN-TQM In Tanzania



Dr. Mohamed A. Mohammed, Director, Health Quality Assurance Division presents 5S-KAIZEN-TQM experiences in Tanzania at the Expo

From November 19 to 23, 2012, the United Nations Office for South-South Cooperation hosted the 2012 South-South Cooperation Expo in Vienna where representatives from national governments and international organizations gathered to discuss how South-South Cooperation can be effective, and to share their best practices. During the Expo, MOHSW has received the Solution Award as a model practice to help resolve issues in hospital management in collaboration with JICA's Triangular Cooperation scheme, known as the "Program of Quality Improvement of Health Services by 5S-KAIZEN-TQM".

JICA Triangular Cooperation Program has been implemented in 15 African countries since 2007 to improve quality of health services and hospital management. Tanzania has been recognized as the best performer for its achievement of the 5S-KAIZEN-TQM

approach among them.

The country has successfully expanded the approach to 55 hospitals to date, under the leadership of the MOHSW with technical assistance from JICA's "Human Resources for Health Development" Project.

As Tanzania welcomes study tours from its neighboring countries to learn its successful experiences, further encourage them to really practice the 5S-KAIZEN-TQM approach to create positive work environment.



The Solution Award is handed over to Dr. Hussein Mwinyi, Minister of Health and Social Welfare



## GOOD PRACTICE IN MBEYA AND MTWARA

### Establishment of Block Payment at Mbeya Regional Referral Hospital

by Juliana Leonard Mawalla, RHS Mbeya

In line with Functions of Regional Health Management System guidelines of 2008, Regional Health Management Team (RHMT) is mandated to support and backstop Regional Referral Hospital. RHMT also has the mandate of ensuring the quality of services at all health and social welfare facilities.

Mbeya RHMT support RRHMT through clinical and managerial supervision. Through this RHMT observed a cumbersome patient management process from reception to admission or discharge at outpatient department (OPD). Payment was done at several service delivery points for client to obtain services.



Mbeya RHMT

In solving this problem Mbeya RHMT in collaboration with Regional Referral Hospital Management Team (RRHMT) conducted an operational research through exit interview to patients and focus group discussion with health care workers.

A total of 100 patients and 10 staff were interviewed, 62% females and 38% males with 93% living in Mbeya city. Majority (86%) disliked the several pay points approach and proposed block payment system of TSH 10,000/= for all services.

Ensuring availability of important services within the hospital was recommended by majority. 40% of staff disliked several payment modalities and suggested adopting the block payment system.

Recommendations were implemented after obtaining political support from Regional leaders and community sensitization. All internal pre-requisites including resources mobilization and staff orientation were done. The new approach has led to minimal disturbance to patients, staff motivation, availability of important services and income for the hospital raised from TSHs 7,000,000/= to TSHs 21,000,000/= per month.



### Staff Enrichment Program in Mtwara Region

by Mr. Chibwana Ahmed F. R, RNO Mtwara

Inadequate staffing of professional health workers in Mtwara region is one of the impediments of health sector performance. Many factors underlie this shortage including low enrollment of staff for CPD programs. Finding from different reviewers in relation to this suggests lack of qualification particularly credits in science subjects at secondary education. In response to this gap, the Mtwara RHMT found imperative to design a mechanism to meet the needs of health workers to join upgrading courses.

This was a management challenge when it came the idea of scaling up the stakeholders recommendation of devising a comprehensive one year orientation package for O-Level. Ultimately the RHMT with support of different partners established **THE ENRICHMENT PROGRAM** whereby staff who did not have a credit in science subject benefit training in Biology, Chemistry, Physics, Mathematics and English as an additional subject before sat for O-Level examination.

RHMT despite of been beneficiary of the program, its role was management and organization, Agakhan University were facilitators, Intra-Health International became financier while the Ministry of Education provided science teachers and registration.

This generous partnership brought a commendable output whereby 30 health workers sat for O-level exams in 2012 and successful candidates will be supported for CPD programs.



Mtwara RHMT

## GREETINGS FROM NEW REGIONS



### *Geita* \*\*\*\*\*

Geita is a newly formed region since May 2012. It has six districts which are all newly formed districts. Geita Region has 3 district hospitals, 28 health centres and 100 dispensaries, owned by the government with other Faith Based Organisations(FBO) as well as voluntary agencies. RHMT in collaboration with RS-coordination, conduct various supportive supervision and membership visits to all Local government authorities (LGAs) in the regions, so as to get the improved and sustainable social services in the region. However Geita region is highly anticipating the external assistance given by various stakeholders in supplementing the provision of better and improved health services.

### *Katavi* \*\*\*\*\*

The newly established Katavi region had four participants attending the first RHMT Monitoring meeting and Training programme at Dodoma Royal Village Hotel from 4th -6th February 2013. Members appreciated presentations and discussions held by quality and applicability. Knowledge gained will improve regional management supportive supervision to improve health care delivery to councils in Katavi.



### *Njombe* \*\*\*\*\*



Njombe RHMT is glad to be part of other RHMTs as we are a new team we expect to receive support from other RHMTs and JICA (RHM2) so that we can execute perfectly our roles and responsibilities with the aim of delivering quality health services in our new region. On behalf of the Regional Secretariat we promise the people of Njombe that we are competent, committed and determined to serve them to our level best in both preventive and curative perspectives.

### *Simiyu* \*\*\*\*\*

Hey colleagues, RHMT members from Simiyu region would like to thank that the organizers of this monitoring meeting in collaboration with JICA and MOHSW for inviting us to come and learn from our colleagues on the performance of RHMT's. Simiyu team is open to learn so as to improve the quality of Health and Social Welfare Service delivery in the region. We request for capacity building to RHMT members to enable them to perform their functions accordingly.



Thank you!

## **EDITORIAL INFORMATION**

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