

Regional Health Management Newsletter

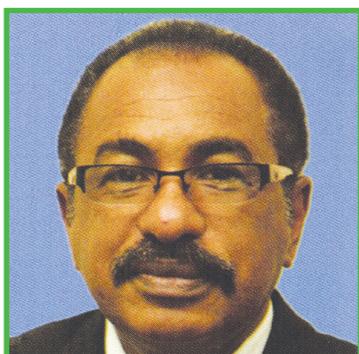


Issue No.5 April 2014



New Top Leaders!

Interview with Honourable Dr. Seif Rashid, Minister for Health and Social Welfare



Hon. Dr. Seif Rashid
Minister for Health and Social Welfare

The project for Capacity Development in Regional Health Management (RHM2) had an interview with Honourable Minister Dr. Seif Rashid on March 14, 2014. The following is the excerpt of the interview.

To start with, let me express my deep-felt gratitude on the JICA support which the MoHSW has always been getting from our Japanese friends!

I have known RHM2 during my time as Deputy Minister. I believe that our right intervention contributed to improve overall performance of RHMTs to support CHMTs and RRHMTs for better health services. It is now for us MoHSW, PMORALG and Regional Secretariats to sustain the health performance in the region by allocating sufficient human resource and funds for the RHMTs, CHMTs, and RRHMTs.

Good Practices are the positive impacts of the RHM2s, such as, improved finance by computerised register system in Tumbi hospital, increased revenues by close monitoring in Dodoma RRH, and many others. These shows the increase of RHMT capacity for action. We can consider these examples in further development of national strategies.

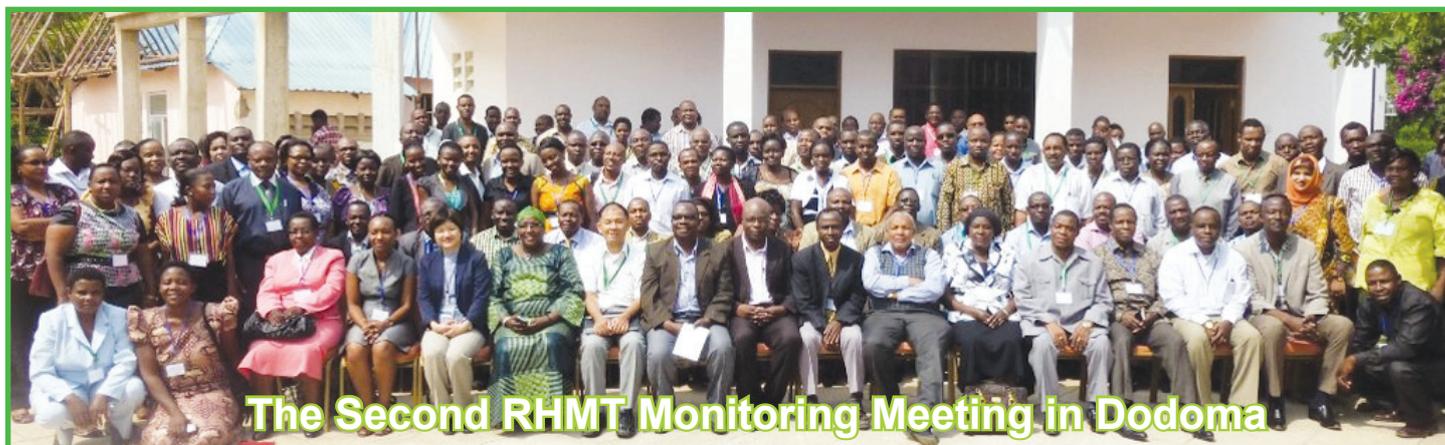
Beyond conclusion of RHM2, there are three points for consideration. First, we must consider how best RHMT can carry out their administrative and managerial functions. Secondly, there should be accelerated national use of IT technology in health care services. Thirdly, the future support should build on what is existing. We already have a lot of achievements with RHMTs in terms of managerial capacity. For continuity, any future support should scan these achievements to have the right direction.



Hon. Dr. Stephen Kebwe
Deputy Minister for MoHSW



Mr. Charles Pallangyo,
Permanent Secretary for MoHSW



The Second RHMT Monitoring Meeting in Dodoma

The Second RHMT Monitoring Mtg. was conducted on 17th to 18th of February 2014. The meeting was attended by 137 people, including 6 RASs (Tanga, Manyara, Geita, Simiyu, Katavi, and Njombe). Most significant outcomes of the meeting was to share good practices from 13 regions regarding how to support CHMTs. For example, Kagera presented "Partner coordination and data harmonization for Data accuracy and Consistency," Tanga and Mbeya shared "Promoting CHF Enrollment," and Arusha shown "Increase number of health facility delivery in Arusha Distric Council." Besides the participants congratulated almost all RRH completed CHOP 2013/14 and 4 hospitals already submitted CHOP 2014/15. It shows changes of managerial environment of RRHMT.

Message from Our RASs at the Second RHMT Monitoring Meeting in Dodoma



Eng. Emmanuel Kalobelo
RAS, Katavi

RAS Katavi

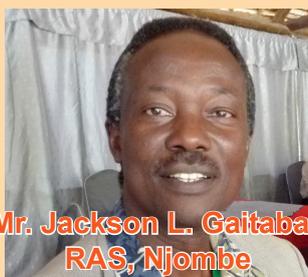
I was impressed with the good practices from the RHMTs. It portrays how the RHMTs as professionals can be innovative in their duties. You should not hesitate to replicate what your colleagues have done so long as it is a justifiable good practice. I would also like you to urge CHMTs to come up with innovative practices. Furthermore, I expect all RHMTs will find a way to pre-finance of planned activities to overcome late disbursement of funds in the 1st and 2nd quarters.

RAS Manyara

I am very grateful to get a chance to participate in this meeting. I extend my gratitude to JICA for its great supports to capacitate RHMTs. Many presentations show how RHMTs are committed to their jobs. On behalf of my fellow RASs we promise to work and support the RHMTs in ensuring provision of quality health service to all Tanzanians. Finally, I would like to remind the MOHSW that all instructions to the CHMTs should go through RS/RHMTs



Eng. Omari Chambo
RAS, Manyara



Mr. Jackson L. Gaitabali
RAS, Njombe

RAS Njombe

Challenges to the new regions are many! RHMTs are facing lack of working space, as well as capacitated staff. Most of the employees are new and inexperienced. I request MOHSW and PMORALG to establish a mechanism purposely to support the development of the new regions. I expect the two ministries maintain this kind of forum which enables the RHMTs to share their practices and central level to provide feedback on RHMTs performance.

RAS Simiyu

I acknowledge the support from Shinyanga RHMTs as a mother region to our Simiyu RHMT. The new regions should ensure they align with the national policies and guidelines despite of having many challenges. The RHMT and all civil servants should be rest assured that the RAS understands the situation and the challenges surrounding their working environment. I would like to ensure you of my support to the RHMT during execution of their duties.



Ms. Mwamvua Jilumbi
RAS, Simiyu



Mr. Serevine Kahitwa
RAS, Geita

RAS Geita

The Good practices by RHMTs shows the RHM2 project made a positive impact to the RHMTs. The project made useful tools such as RMSS tools and the revised guideline. Those tools should be used by RHMTs in their daily activities. The achievements and investments of the project should be carried on/ continued through asking our partners who are available in our areas to assist us. I would also like to request the MOHSW to use RS office to communicate with CHMTs, rather than direct communication to CHMTs.

RAS Tanga

As closing remarks, I would like to take this opportunity to thank JICA, MOHSW and all participants for actively participating in this meeting. When you go back to your regions please implement all the resolutions and way forward as we agreed in this meeting. Moreover, I would like to urge all RHMTs to maintain or even develop further the achievements attained through RHM2 regardless of whether support is obtained or not..



Mr. Salum M. Chima
RAS, Tanga

Inter-regional Sharing among the RHMTs

Inter-regional sharing is one of the strong gear for RHMT sustainable capacity nation-wide. Figures above shows the RHMTs anticipate various approaches to share knowledge/experiences among them.

In 2012, Mr. Patrick Mchami was a new RHS in RHMT Tanga in the middle of the planning season. He soon got connected with RHS in other regions such as Arusha and Mbeya to discuss the issues and challenges of RHMT duties which was quite helpful. Based on the experience, Mr. Mchami is now reaching out to the new RHS like those in the recently established regions, advising them on planning/reporting, assessment and sharing information materials.

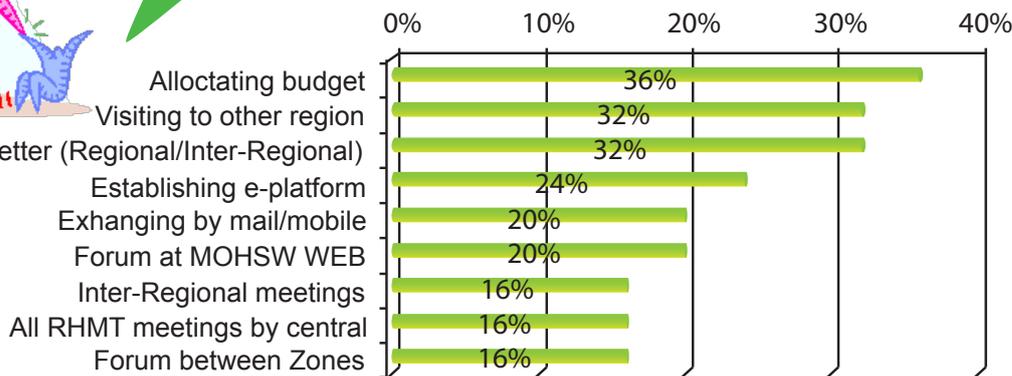
Cases of such sharing among professionals can be found across the regions. In some cases, it leads to inter-regional mentoring. After presenting their good practices in hospital management, the management team of Tumbi Designated Regional Referral Hospital has come to be considered as the resource persons to the other hospitals. The Regional

Pharmacist of Kagera is sharing his team's advanced experience in the medicine supply management and becoming not only the nationally known expert but also a mentor at large.

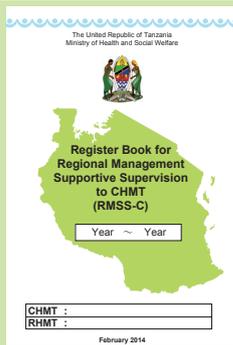
Regional Health Services Unit, MOHSW, welcomes the initiatives by RHMT members to extend and receive support across the regions. RHMTs are also encouraged to give their inputs to the Unit on how such practices can flourish even more!



Some ideas suggested by RHMTs to enhance sustainable sharing mechanism



New Release from JICA RHM2



RMSS-C Register Book

- Based on the introductory RHMT PlanRep training.
- The package includes PlanRep Training Manual and Facilitator's Materials.
- Comes with a CD version with the contents of book as well as Templates and assessment criteria.



RHMT PlanRep Training Package

- Each book has twenty sets of Register formats - you use one format per each supervision so it may be used for 5 years!
- Two copies per LGA. One to be kept by CHMT and another by the RHMT. Ensure that CHMT keeps their copy properly as you do yours.

Please Join New RHMT Facebook Group



- Building the network and platform for information sharing.
- Sharing: the case study Good Practice, the experiences and learning from daily activities, information of events, etc.
- This is not under the government or ministry. It is the voluntary group organized by RHMT members

"Access your group and share your information!

<https://www.facebook.com/groups/536844549765466/>"

Learning from the Training in Japan

Health Financing, by Dorocella Njunwa, RHS Kagera

Health care is conservatively considered as an essential determinant in promoting the general health and well-being of people around the world. In Japan, provision of health services to the community is quite different from Tanzania.

The most significant difference is that Japan has universal health insurance which covers all Japanese. There are two major insurance frames; one is for employees and the other one is for self-employees, elderly and students aged 20 years and over. Under the universal health insurance policy, citizen has to pay insurance premium and user fees 10% to 30% of the total cost depending on his/her income and age group. Since the national medical cost has been increased drastically due to aging society, the citizen cannot afford all costs, the government has compensated the remaining cost, around 70% to 90%

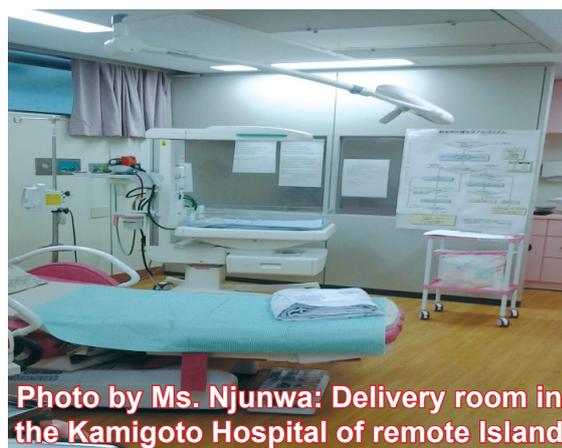


Photo by Ms. Njunwa: Delivery room in the Kamigoto Hospital of remote Island



Photo by Ms. Mawalla: Final Ceremony in JICA Kyusyu Center

of total and deaths due to financial constraints are averted. Furthermore, elders or low income are exempted. From this well-functioning system all hospitals are equipped with medicines, medical supplies and sophisticated medical equipment even those in remoteness areas.

Whereas, Health care in Tanzania depends on one's income and accessibility. Despite major challenges of finance and accessibility improvement of equity can be done through wise resource allocation based on annual health plans and reports at all health facilities. Universal Health Insurance through the NHIF will be the answer of Universal Health Coverage.

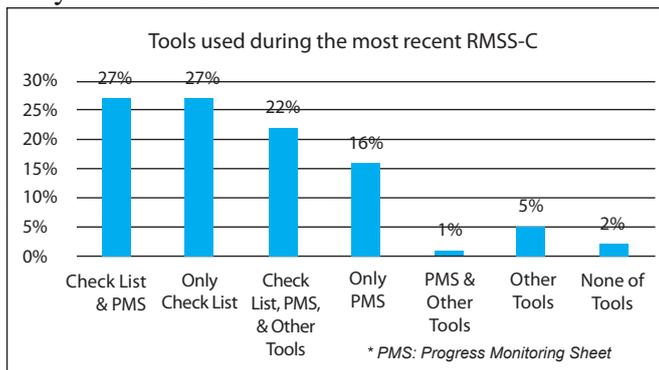
Preliminary Report

Online Survey on RMSS-C to CHMTs

The RHM2 conducted the Online Survey on Regional Management Supportive Supervision to CHMTs (RMSS-C) in February 2014. Total of 290 DMOs and DHSs whose email addresses were available were asked to response it. Out of them, 82 valid answer were collected.

Among those who responded to have been received RMSS-C, 89% of them are satisfied with it. 93% of them (n=76) said their supervisors utilized at least one tool developed by the RHM2

The participants are also asked to rate eight questions on the RHMT attitude and capacity during the last RMSS-C using the Likert scale from 1 (significantly deteriorated) to 5 (significantly improved). The mean score of eight questions was 4.12, indicating the respondents think RHMT supervisors attitude and capacity improved from the last year. Likewise, participants rated 10 questions on the performance of RHMT to support CHMTs. The mean score for 10 questions was 3.89. Participants observed RHMT's needs further knowledge on CCHP and PlanRep." The full report is available. To obtain it, please access to the RHMT Face Book or contact the RHM2.



Tuongane!!



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We welcome the information from all readers in regions!

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