

Dear readers,

Four months have passed since we issued the last project newsletter. As you know, this has been a period of great development in which Regional Referral Hospitals (RRHs) have been moved from the overseer of PORALG to MoHCDGEC. In this transition period, a lot of continued efforts have been made by the Project in collaboration with MoHCDGEC and PORALG in strengthening the management of RRHs. This includes: finalization, officiating and distribution of ISS/EHPA Guideline and Tools to all RRHs; review of Basic Hospital Management training (BHMT) manual and assessment of two QPRs (1&2) and 2018-19 CHOP recently. In this volume, as it has been our customs, we will talk about the several activities carried out in the past four months with noteworthy emphasis on issues and challenges found during the QPRs and CHOP assessments.

CHOP and QPR have been submitting based on new guideline!

What is CHOP and QPR?

Having a proper operational plan at RRHs is very important so as to operate the Hospital effectively and efficiently under resource constraints. Comprehensive Hospital Operation Plan (CHOP) Guideline was reviewed to enable RRHs produce evidence-based hospital operational plans which are implementable. Hence, the plan so developed, is the backbone tool of RRHMTs to operate the RRHs and designed to manage the hospital by cluster (clinical, clinical support and administrative cluster). Information and data generated in the clusters/departments should be well kept and utilized in development of next financial year evidence-based CHOP. Quarterly

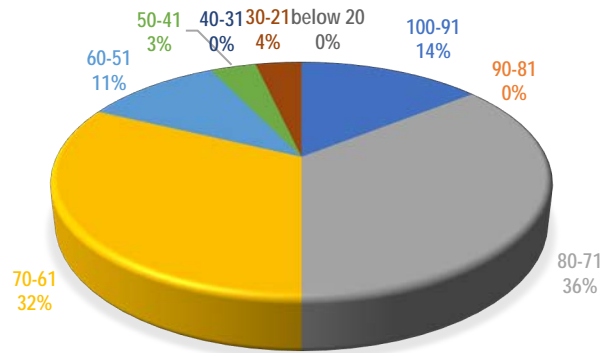
Progress Report (QPR) of CHOP is a descriptive Technical and Financial report with Key Performance Indicators (KPIs) prepared to monitor quarterly performance of RRHMTs in implementing planned interventions in CHOP. The trend of the KPIs in the QPR signals the capability and situation of the hospital management. The report should be submitted soonest after end of each quarter as per the schedule hereunder. The deadline of submission of CHOP and QPR is as follows;

	<i>Deadline of submission</i>	<i>Submission route</i>
CHOP	March 31 of every year	RRHMT→HAB→RRHMT→DCS and DPP of MoHCDGEC
QPR Quarter 1	October 15 of every year	RRHMT→HAB→RRHMT→RHMT→PORALG and MoHCDGEC (DCS and DPP)
QPR Quarter 2	January 15 of every year	
QPR Quarter 3	April 15 of every year	
QPR Quarter 4	July 15 of every year	

Results of 2018-19 CHOP Assessment

CHOP 2018-19 was assessed in April 2018 by MoHCDGEC. 14 RRHs out 28 RRHs could not reach the passing line (70% and above) in the first assessment. Feedback that includes comments on the assessed plans has been sent to the respective RRHMT. Those hospitals that did not attain the pass line score are required to improve the CHOP as per the comments from the assessors.

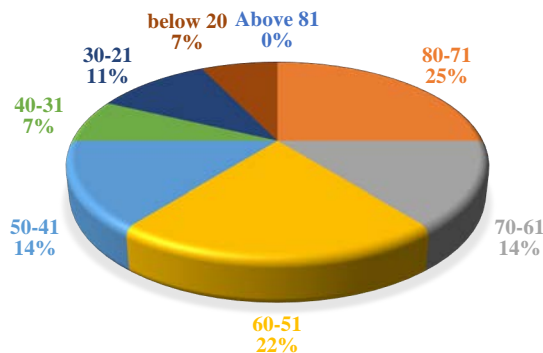
Range	100-91	90-81	80-71	70-61	60-51	50-41	40-31	30-21	below 20
Number of facility	4	0	10	9	3	1	0	1	0
%	14%	0%	36%	32%	11%	4%	0%	4%	0%



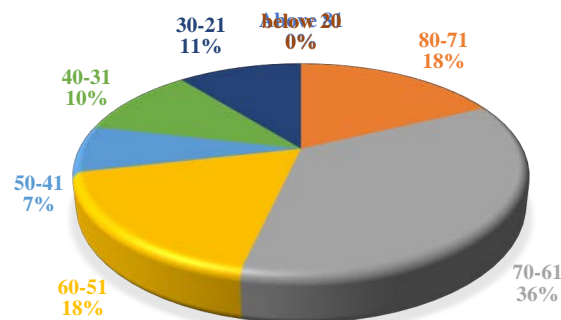
Results of QPR Q1&Q2 Assessment

QPR for Quarter 1 and 2 were assessed in April 2018 by MoHCDGEC. Unfortunately, only 7 RRHs passed the cutoff point in QPR Quarter 1, and only 5 RRHs passed the cutoff line in QPR Quarter 2. Therefore, many RRHs were instructed to modify the QPR report contents and resubmit the reports.

Quarter 1 QPR assessment results								
Range	Above 81	80-71	70-61	60-51	50-41	40-31	30-21	below 20
Number of facility	0	7	4	6	4	2	3	2
%	0%	25%	14%	21%	14%	7%	11%	7%



Quarter 2 QPR assessment results								
Range	Above 81	80-71	70-61	60-51	50-41	40-31	30-21	below 20
Number of facility	0	5	10	5	2	3	3	0
%	0	18%	36%	18%	7%	11%	11%	0%



Key issues emanated from the assessments

The assessment of CHOP and QPR, led to the findings of the following:

- Planning, reporting and M&E tools availed to RRHMTs were not fully utilized as intended and their meaning as tools for hospital management seemed not well understood by RRHMT
- Large part of CHOP and QPR formats needed to have more clarification to the RRHMTs to be able to collect the right and correct information as required by the Guideline
- Documents that need to be submitted together with QPR are not well understood and self-monitoring activities are not well implemented
- Meaning of each KPI is not understood by RRHMTs; hence, the necessity of collecting data for calculation of the KPIs is not taken seriously in their routine work
- Meaning of Internal Supportive Supervision (ISS), its linkage with CHOP planning and what should be submitted with QPR is not well understood
- Necessity of conducting 5S-KAIZEN internal M&E is not well understood and mostly not implemented by RRHMTs

Applied Hospital Management Training on M&E

Following the results and findings from the CHOP and QPR assessment, RRHMP realized the necessity of interventions to capacitate the RRHMTs on **planning and reporting as well as ability on self-assessment such as ISS and 5S-KAIZEN M&E**. Therefore, the Applied Hospital Management Training (AHMT) on monitoring and evaluation was designed and implemented to capacitate RRHMTs. Each hospital was represented by two participants who are greatly involved in plan and report preparation. Major topics covered were as follows;

- Modified CHOP format and its assessment points through peer assessment
- Modified QPR format and its assessment points through peer assessment
- Documents that need to be submitted together with QPR
- Overview of ISS and EHPA Guideline
- Meaning of each KPI and clarification of data collection for calculation of KPIs
- Customer Satisfaction Survey method and survey tool
- Current situation of 5S-KAIZEN implementation and standardized tools to monitor and evaluate 5S-KAIZEN activities
- Group discussion on strengthening of QI activities in the RRHs



AHMT on M&E in Mwanza



AHMT on M&E in Morogoro

The 2nd round of “BHMT” were completed!

RRHMP conducted BHMT training for 28 RRHs

The second round of Basic Hospital Management Training (BHMT) was conducted in three zones between February to April in 2018, in Mbeya, Morogoro, Mwanza and Moshi. In the first round of BHMTs conducted in 2017, the Project invited core members of RRHMT such as Medical Officer In-charge, Matron or Patron, and Hospital Secretary. In the second round, we invited the heads of departments and other key RRHMT members, who were not trained in the first round.

SQ	Training batches	Participants from the region	Effect size Pre- and Post-assessment
1	BHMT for Southern Highland Zone (Mbeya)	34 participants from Mbeya, Ruvuma, Rukwa, Iringa, Njombe, Katavi, Kigoma, Songwe RRHs	$\Delta = 1.31$ (large level effect)
2	BHMT for Western Zone (Morogoro)	35 participants from Tumbi, Morogoro, Sokoine, Ligura, Amana, Temeke, Mwananyamala RRHs	$\Delta = 1.16$ (Large level effect)
3	BHMT for Lake Zone (Mwanza)	40 participants from Kagera, Mwanza, Shinyanga, Tabora, Mara, Geita, Simiyu RRHs	$\Delta = 1.13$ (large level effect)
4	BHMT for Northern zone (Moshi)	30 participants from Moshi, Arusha, Tanga, Singida, Dodoma, Manyara RRHs	



What is next?

Hospital management training package for RRHMTs will be developed by RRHMP, and handed over to health training institutions. It is expected after the RRHMP has handed over the Package to the Training institutions they will organize fourteen-days intensive “Hospital Management Training”. The table below is RRHMP suggested contents and tentative schedule of the training. If well conducted, participants are anticipated to obtain all necessary knowledge and skills to run the RRH as a manager.

Day	Contents	Day	Contents
Day 1	BHMT Module 1 (Regional health)	Day 8	ISS and EHPA (1)
Day 2	BHMT Module 5 (Quality)	Day 9	ISS and EHPA (2)
Day 3	BHMT Module 2 (Basic management)	Day 10	5S activities
Day 4	BHMT Module 3 (HRH management)	Day 11	KAIZEN with QC story
Day 5	BHMT Module 4 (Resource management)	Day 12	KAIZEN with QC story
Day 6	CHOP and QPR (1)	Day 13	KAIZEN with QC story
Day 7	CHOP and QPR (2)	Day 14	M&E for 5S-KAIZEN

What you need to do?

Each RRHMT is advised to start allocating the budget for RRHMT members to attend the “Hospital Management Training” that will be conducted by the Institutions. The allocation of the budget need to be starting from CHOP 2019-2020.

	
Group photo after BHMT	Group assignment during the training

HRHIS training for better HRH management

Human Resource for Health Information System (HRHIS)

It is one of the most reliable information source for human resource for health in the country established and being implemented since 2007. Because of some challenges that were reported by users including: up-date of the HRH information is not regularly carried out due to insufficient trained staff who can operate the system. MoHCDGEC decided to train RRHMTs on how to operate HRHIS and utilization of the information generated by HRHIS in development of recruitment plan and in managing HRH. HRHIS training were conducted between October to November 2017 as follows: -



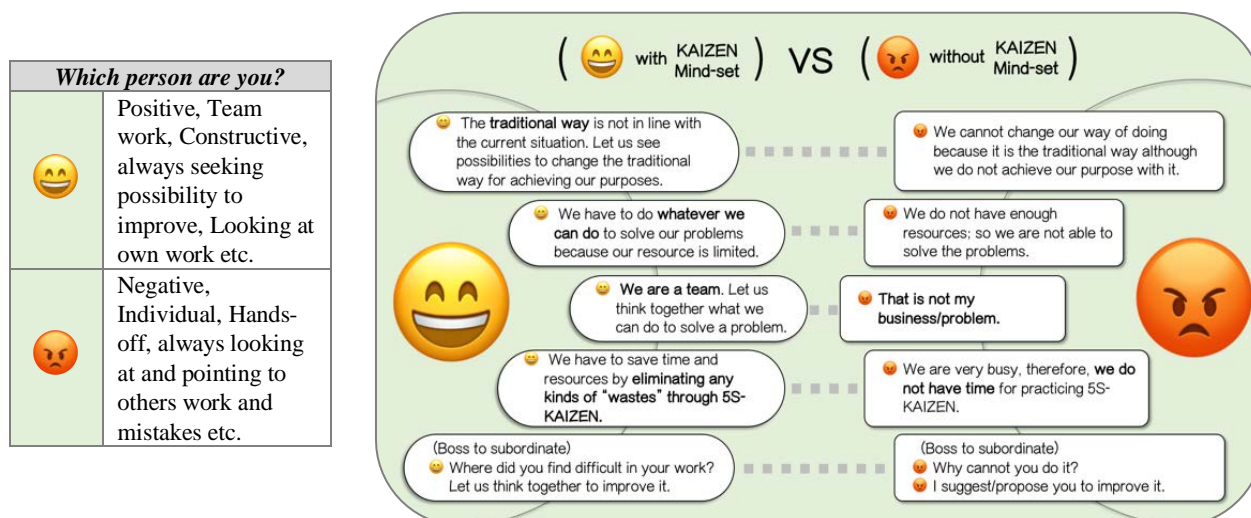
SQ	Training batches	Participants	Effect size from Pre-Post-assessment
1	HRHIS training for Northern Zone (Arusha)	12 participants from Mt. Meru, Mawenzi, Bombo, Babati, Dodoma, Singida RRHs	$\Delta = 1.46$ (Large level effect)
2	HRHIS training for Lake Zone (Mwanza)	14 participants from Bukoba, Sekou-toure, Shinyanga, Musoma, Geita, Bariadi, Kitete, Maweni RRHs	$\Delta = 1.41$ (Large level effect)
3	HRHIS training for Southern Highland Zone (Mbeya)	15 participants from Iringa, Kibena, Mbeya, Songea, Mpanda, Songwe, Sunbawanga RRHs	$\Delta = 1.21$ (Large level effect)
4	HRHIS training for Western Zone (Dar es Salaam)	13 participants from Amana, Temeke, Mwananyamala, Ligula, Sokoine, Tumbi, Morogoro RRHs	$\Delta = 0.69$ (Middle level effect)

RRHMP is urging RRHMTs to identified the personnel who are trained on HRHIS operation and HRH management through the trainig mentioned the above. Then, conduct in-house training to share the knowledge and skills for better planning and management of HRH. RRHMP is planing to send a team to condcut supportive supervision on HRHIS operation and HRH management very soon. If you are facing some difficulties to operate HRHIS, please use this opportunity to consult the supportive supervision team!

KAIZEN Mind-set

Are you continuing 5S-KAIZEN activities as part of your daily work?

It has been observed that many problems in hospital service provision and hospital management happening at RRHs are not solved yet or tackled with. Those problems are recognized by hospital staff through day to day work. However, why the staffs are not taking any actions to solve those problems? *Is it because they are too busy? Is it because the staffs are thinking that 5S-KAIZEN activities are not their part of work?* One of the possible reason is absence of "KAIZEN Mind-set" among the staff.



“KAIZEN Mind-set” is well explained in the above figure. **Do you see any differences between the ways of thinking between “Person with KAIZEN Mind-set” and “Person without KAIZEN Mind-set”?**

“KAIZEN Training of Trainers (2017/2018) were conducted”

In order to strengthen 5S-KAIZEN activities at all RRHs, MoHCDGEC and RRHMP conducted KAIZEN ToT in Dar es Salaam (December 2017) and in Mwanza (March 2018). The main trainees were “KAIZEN Implementers” (representatives from QIT and WIT). 88 Participants from all 28 RRHs were trained. During the training, each hospital selected “own KAIZEN Theme” based on the results of EHPA Baseline. At the end, each trainee was given a certificate, and they are expected to be “an in-house trainer of KAIZEN” teaching other hospital staff on 5S-KAIZEN.

We have been observing that trained personnel are not reporting to the RRHMT on what they have learned about 5S-KAIZEN. Moreover, those trained personnel are not well utilized by the RRHMT as facilitators for in-house training. Therefore, **RRHMTs are strongly advised to improve the in-house training mechanism and appropriate usage of trained personnel.** We wish to see great improvement of hospital management by KAIZEN when we visit your hospital in this year!! See you soon.



Observation session at Muhimbili National Hospital (December 2017)



Group photo after KAIZEN TOT in Mwanza (March 2018)

Message from Regional Health Services Coordinator



On behalf of the team, I take this opportunity to welcome you again to internalize what has been explained in the above messages in this Newsletter. Included are issues on importance of preparing quality CHOPs and the quarterly progress reports, the objectives of conducting the Basic Hospital Management course, the training on Human Resource for Health and lastly the 5S-KAIZEN. As you may remember, the project for strengthening the Capacity of the Regional Referral Hospital Management Teams (RRHMP) is almost half way as it is expected to end in 2020. From the RRHs Performance reports and supervisory visits made by National Supervisors it has been noted that there have been remarkable good changes in terms of provision of health services at the Regional Referral Hospitals. I hope you are enjoying the achievements attained so far, and that you have renewed energy to face the challenges ahead towards provision of quality health services to the Tanzanians. Lastly it is very important to embark on sustainability mechanism when the Project is still on and when it will be over to enable our health facilities continuously provide expected quality health care services.



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