REGIONAL REFERRAL HEALTH MANAGEMENT NEWSLETTER

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Blandina S. J. Nyoni

Policy Dissemination, a top gear for Health Sector Reform in Tanzania

Blandina S. J. Nyoni , Parmanent Secretary, MOHSW

Rewinding the reform trajectory we have travelled together for the past ten years, it is crucial to remember that, our reforms are being implemented under the SWAp arrangement and are phased. The first phase was the Preparatory Phase that was realized through the Health Sector Strategic Plan (HSSP) I, from 1999 to 2002.

The second one was the Implementation Phase that was executed from 2003- 2008 through the HSSP II. Phase 3 is the Consolidation Phase, which is marked by the launching of the HSSP III (2009-2015) that was done by the President of United Republic of Tanzania, His Excellency Dr. Jakaya Mrisho Kikwete, on 30th June 2009. Phase 4 will be the Maintenance of achieved gains.

The implementation of these phases revealed several commendable achievements in various areas, for us all to recognize. These include, but not limited to the:

- Establishment and functioning of the implementation structures, in the Regions and Councils, through the Regional Health Management Teams (RHMTs), Council Health Management Teams (CHMTs), Council Heath Service Boards and Facility Governing Committees
- Provision of effective health services to the people, through the introduction of Comprehensive Council Health Planning Guidelines (CCHP-G)
- Review of the 1990 Health Policy, to the current National Health Policy 2007, and the development and adoption of the implementation Guidelines, in line with the ongoing reforms, national strategies (MKUKUTA, Vision 2025) and the internationally agreed development goals, including the MDGs

The MOHSW therefore expects, success of the consolidation and the maintenance phases, will depend on the performance of the Regional Referral Health Management Team (RRHMT), using the experience from the previous phases, including the developed documents and the set national and international targets.

Inside this issue

Ms. Regina L. Kikuli

Interview

Policy dissemination- A vital strategy for delivering quality health services

Ms. Regina L. Kikuli, Director of Policy and Planning, MOHSW

The health sector is guided by national policies, such as Government Reforms. The National Strategy for Development and Poverty Reduction (MKUKUTA) provides the national direction for achieving the Millennium Development Goals. The National Health Policy of 2007 presents the Government's vision on long-term development of the health sector. The Health Sector Reforms programme continues with further strengthening of Local Government Authorities (LGAs) and hospitals. The Primary Health Service Development Programme (MMAM) aims at improving accessibility and quality of health services. The Human Resources for Health Strategic Plan aims at solving human resources crisis in the sector.

The dissemination of policy and guidelines is vital to utilize resources effectively and to guarantee the quality of health services nationwide. Directives from the central level need to be interpreted correctly and utilized at the work place, both in the public and private sectors. Advocacy is an effective means to deliver the messages to people. It takes various forms, including distribution leaflets, periodical publications, books and electronic materials. To reach a larger population MOHSW uses radio and television by airing its programs regularly.

Regional Health Management Teams (RHMTs) play an extremely important role in policy translation and orientation to LGAs. MOHSW supports their effort mainly through the training of RHMTs. We wish RHMTs to become a key player in policy dissemination in the region as liaison between the central and district levels.

Dr. Mhando's message to RMOs and RHMTs

Dr. Margaret Mhando

Dr. Margaret Mhando, former Regional Medical Officer for Tanga, was appointed to Director of Curative Services at MOHSW. She contributed her words of encouragement to RHMTs.

Being RMO is a major task and responsibility. One has to keep in mind that, the performance of health services in his/her region ultimately depends on him/her.
Apart from the stipulated functions of RMO, one has to have qualities of a good leader. We always say, leaders are not born but they are nurtured.
A leader has to have a vision of where he wants his institution to be, and share this vision with the team. A leader has to be credible, transparent, have moral support, diligent, accountable, a good listener, an organizer who makes correct decisions, and assists development. ***(Continued on page 4)***

Mr. R. D. Mutagwaba

Appointment of Regional and District Health Services Coordinators

Mr. R. D. Mutagwaba was officially appointed as Regional Health Services Coordinator (RHSC) by the Permanent Secretary of MOHSW in November 2009. One of his TOR is the provision of support for RHMT capacity development. Simultaneously, Dr. Anna Nswilla, PhD, was appointed as District Health Services Coordinator (DHSC) .

Ms. Anna Nswilla

Progress towards better performance of Regional Referral Health Management Teams (RRHMTs) throughout the country demands technical capacity and managerial skills of health providers within the regions. Health personnel of all categories working within the Regional Secretariat and Regional hospitals ought to be equipped with at least the minimum package of required resources in order to provide standard health services to the people. While it is known that there is a recognized gap between what is known by individuals and what they do: between knowledge and its application, the Coordinator for Regional Health Services in collaboration with other departments, programmes, projects and other stakeholders will work very closely with RHMTs to build their capacity, support, supervise and evaluate their tasks in order to meet a great success. (R.D. Mutagwaba)

TC-RRHM Activities (August 2009 to February 2010)

TC-RRHM Monitoring & Evaluation Working Session, 2 4 September - 2 October 2009

A two-day working session was conducted in Mwanza,Tanga and Mbeya inviting 3 representatives from respective 21 RHMTs. The Project Design Matrix Ver. 4 of TC-RRHM was reviewed and owned by the participants.

Supportive Supervision and Coaching Training for RHMTs and DMOs, 13 October - 5 December 2009

A three-day training was conducted in 10 sites for all RHMTs from 21 regions and District Medical Officers (DMOs) from all 132 districts. Total 284 participants exchanged their views on effective supportive supervision and roles of supervisors, gained basic coaching skills, and learned importance of reporting and feedback. It was a great opportunity for RHMTs and CHMTs to improve their skills together. Members of the Project for Strengthening Management for Health in Nyanza Province in Kenya visited the training in Arusha.

The 3rd CMSS visits, 8 - 25 November 2009

The 3rd Central Management Supportive Supervision (CMSS) covered the 13 regions which had not been visited by the two previous CMSS. Each supervisor team consisted of three supervisors from MOHSW, PMORALG and a neighboring RHMT. The two-day visits included interviews with CHMTs and Hospital Management Teams from Regional Hospitals as well as Task Assessment with RHMT members. Following the visits to RHMTs, the Result Sharing Meeting was conducted in Dar es Salaam with supervisors, MOHSW managers including the Head of HSIU and a representative from Japan International Cooperation Agency Tanzania Office.

CMSS Supervisor Capacity Development Workshop, 4-5 February 2010

A two-day workshop was held at the Social Welfare meeting hall in Dar es Salaam. Through this workshop, CMSS supervisors built up their common understanding on how to conduct Task Assessment with RHMTs, and strengthened their facilitation skills.

Region and District Working Group Meeting, 6 February 2010

A meeting took place at HSRS conference room with officials from PMORALG and MOHSW, representatives of organizations dealing with Regional Health Management related activities. The progress of TC-RRHM and District Health Management was shared with the participants.

Annual Plan / Report Template Workshop, 8 - 13 February 2010

Two three-day workshops facilitated by RHSC and DHSC were conducted at Primary Health Care Institute-Iringa. Three representatives from 21 respective RHMTs attended. During this workshop participants discussed various ways of improving the Annual plan Template.

Production of RHMT 2010 Calendar

TC-RRHM produced 600 copies. The calendar features pictures of all RHMTs and their mottos. Let us know your comments!

Next TC-RRHM Activities, March - May 2010

FEBRUARY 2010

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4 CMSS Supervisors CD Workshop @ DSM	5	6 Region& District WG in DSM
7	8 Annual Plan/Report Template WS Group1 @Iringa	9	10	11 Annual Plan/Report Template WS Group2 @Iringa	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27 Maulid Day
28						

MARCH 2010

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8 Policy Dissemination Workshop Group1 @Iringa	9	10	11 Policy Dissemination Workshop Group2 @Iringa	12	13
14	15	16	17	18	19	20
21	22 Policy Dissemination Workshop Group3 @Moshi	23	24	25 Policy Dissemination Workshop Group4 @Moshi	26	27
28	29	30	31			

APRIL2010

SUN	MON	TUE	WED	THU	FRI	SAT
				1	2 Good Friday	3
4	5 Easter Monday	6	7 Karume day	8	9	10
11	12	13	14	15	16	17
18	19 M&E Working Session Group1	20	21	22	23	24
25	26 Union day	27 M&E Working Session Group2	28	29	30 4th CMSS Orientation	

MAY 2010

SUN	MON	TUE	WED	THU	FRI	SAT
5/30	5/31					1 May Day
2	3	4	5	6	7	8
	4th CMSS Visits to RHMTs					
9	10	11	12	13	14	15
	4th CMSS Visits to RHMTs					
16	17	18	19	20	21	22
	4th CMSS Visit to RHMTs					
23	24	25	26 4th CMSS Results Sharing Mtg	27	28	29

***Schedule of 4th CMSS visits is subject to change. Final Schedule will be updated**

- ### *Policy Dissemination Workshop, 2nd and 4th weeks of March 2010*

  A three-day workshop will be conducted in Moshi and Iringa. Eight members will be invited from each RHMT. The workshop will focus on how government policies be reflected in the annual plans of RHMTs and CHMTs.

- ### *2nd Monitoring and Evaluation Working Session, April 2010*

  A three-day session will be conducted in two sites. There, the participants are expected to monitor their progress and discuss feasible and effective ways for organizational capacity development.

- ### *4th CMSS Visits, 3 - 20 May 2010*

  The 4th CMSS is expected to cover 14 regions, namely Kagera, Mara, Shinyanga, Tabora, Singida, Manyara, Kilimanjaro, Tanga, Rukwa, Ruvuma, Lindi, Coast, Dar es Salaam and Kigoma. For actual date of visits, please contact Mr. Mutagwaba, RHSC, MOHSW.

(Continued from page 2)

Dr. Margaret Mhando sends her encouragement to RMOs and RHMTs

A leader should have the ability to manage resources. Resources are scarce, but there should be reports which appeal to the responsible authority on the prevailing situation. I always say, if you keep quiet in case of a problem, no one will know your problem and find its solution. Therefore it is important to keep reminding the decision makers about the difficulty while suggesting possible solutions to the problem.

Being a person in charge of the health services in the region, one has to closely monitor the performance of each district/ council in his/her region and advise them how to perform better. With his/her team he/she has to assess the plans of the councils versus allocated funds and implementation. This is sometimes left to the DEDs only, but as the RMO, one has to monitor the implementation of the planned activities, and when they are not done, one should find out the reasons and discuss possible solutions with the DEDs.

Supportive supervision of councils should be done regularly. The Tanzania Japan Technical Cooperation in Capacity Development for Regional Referral Health Management (TC-RRHM) training workshops on Supportive Supervision and Coaching, Strategic Thinking and Planning, and Leadership and Management should be taken seriously, with the implementation of what has been learned. One should always practice the newly learned skills, accept changes and allow team members to take time to accept changes.

The RHMTs are the link between MOHSW, PMORALG, RS, DEDs, CHMTs and Regional Referral Hospitals. When this link is broken, then we have to see what went wrong and correct it.

As RMO, one is not limited to corresponding with MOFEA, PMORALG, MOHSW, which may assist in the improvement of quality of health services.

In my experience only 40% of RMOs and RHMTs urgently need to see officials at PMORALG to discuss issues pertaining to the health sector in their regions. Visiting PMORALG is important and there will always be issues that need to be discussed with them, but we need to stop the tendency of saying "This is what has been planned" or "This is what has been said" etc. We should, instead become more independent in our approach to solving problems.

I encourage the RHMTs to bring about changes and have the image of facing challenges in a positive way. This means. Being a good team leader, regarding other team members as brothers and sisters, being transparent especially in planning and implementation of activities. Being transparent, especially in expenditure, being ready to delegate some powers to others and regarding the system as "ours" not "mine" will motivate others a lot and make them feel they are a valuable part of the system and motivate them to excel in their performance.

The Best Five Strategic Plans

The TC-RRHM conducted the RHMTs Strategic Plan Assessment with consultants. The best five strategic plans were selected and awarded during the RHMT Annual Plan/Report Template Workshop in February 2010.

1. MBEYA

2. IRINGA

3. ARUSHA

&

RUKWA

5. DODOMA

Tips for Better Relationship

Can we apply this philosophy at our work place?

Do you know the "Theory of Dipper and Bucket" ?

According to a survey done with more than 15 million employees worldwide, the No.1 reason people leave their jobs is that they don't feel appreciated. Each of us has an invisible bucket. It is constantly emptied or filled, depending on what others say or do to us. When our bucket is full, we feel great. When it's empty, we feel awful. Each of us also has an invisible dipper. When we use that dipper to fill other people's buckets- by saying or doing things to increase their positive emotions-we also fill our own bucket. But when we use that dipper to dip from other's bucket-by saying or doing things that decrease their positive emotions-we diminish ourselves.

So we face a choice every moment of every day: We can fill one another's buckets, or we can dip from them. It's an important choice-one that profoundly influences our relationships, productivity, health, and happiness.

Source: Tom Rath and Donald O. Clifton, How full is your bucket? New York: Gallup Press 2004

Sauti za Mikoa (Region's voices)

Ruvuma Region

Sustainability of Accredited Drug Dispensing Outlets (ADDO) Program

In improving the quality of medicines for Part Two Drug shops, our region was selected to be a pilot for Accredited Drug Dispensing Outlets (ADDO) in the year 2001.

The ADDO Program focused on improving drug shops premises, the list of drugs available in the shops, training of drug dispensers and improving supportive supervision of the shops.

The program has proved to be a success in different aspects including providing quality drugs at affordable prices, providing opportunities to the community to access medicines when they fall sick. Also some of the shops have entered agreement with the National Health Insurance Fund (NHIF) to provide medicine to their beneficiaries after missing them in NHIF Accredited Health Facilities.

The success we have experienced has motivated the Ministry of Health and Social Welfare to scale up this program to other regions in the country. Therefore we urge other RHMTs to spear head this program when it is introduced in their regions.

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Iringa Region

Experience of 3rd CMSS Visit

In November 2009, I got a chance to participate in the 3rd Central Management Supportive Supervision (CMSS) visit to our neighboring RHMT Ruvuma.

My expectation from this visit was to learn good practice, to share experiences with RHMT Ruvuma and to absorb the good attitude from CMSS supervisors from MOHSW in order to conduct more effective supportive supervision.

I was impressed by the positive attitude and expectation of HMT and CHMT Songea toward RHMT Ruvuma. This implies that RHMT creates a good relationship with them and are constructively critical about their performance. This was shown in the areas of information sharing, supervision and providing feedback.

Through this experience, I can say with confidence that exchange visit between RHMTs bridge the gap in health service delivery. It shows that weaknesses of some RHMTs and good practices of other RHMTs put into effect corrections and ultimately create uniformity in performance among RHMTs. I recommend that there should be more this kind of visit.

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Mbeya Region

My Experience to work with MBEYA RHMT

Working in the Southern highlands especially in Mbeya RHMT has always been a continuous learning experience. Though I face challenges every day, I thank God for this because those challenges have been helpful to my professional development. I have realized that the challenges are not a problem but actually motivate the team to achieve the best results.

Moreover RHMT Mbeya is doing Supportive Supervision monthly in all 8 Council/Districts, which helps the health workers to improve their performance through on the job training. Our supportive supervision team consists of 8 RHMT and 8 co-opted members. These 16 members are divided into 3 teams where by they visit council twice. Apart from that there is a mechanism where by two members are responsible for one council/district for any issue that arise; this approach boots the good relationship between RHMT and CHMT.

In order to improve the health services in Mbeya Region, it is good to share experiences and information as that leads to a strong and powerful relationship among RHMT, CHMT and HMT.

Coming together is a beginning, Keeping together is a progress,
Working together is a success.

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Shinyanga Region

Strengthening antenatal care

During routine supervision, the RHMT Shinyanga discovered that about one third of recorded weights of new born babies in Primary Health Facilities were outside the National normal birth weight range of 2,500 – 3,499g.

Following that observation, an operational research on the prevalence of high risk birth weights at Shinyanga Regional Hospital was conducted. Analysis of birth weights of 6,111 neonates born at Shinyanga Regional Hospital between January – December 2008 was performed. Results showed that:

- 1.1% of newborn babies weighed less than 1,000 g
- 10.6 % of newborn babies weighed 1,000 g -2,499 g
- 16.5% of newborn babies weighed 3,500 g or more and were therefore big babies
- 3% of new born babies weighed 4,000 g or more and were therefore macrocosmic. All these babies were at risk.
- Stillbirth rate was 3.8%.

Measures are being taken to strengthen antenatal care in order to improve detection of at risk birth weights and reduce maternal and perinatal loss. RHMT Shinyanga emphasizes generation and utilization of local data in planning for better health service delivery.

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Lindi Region

Easy accessibility of health service

Our region, Lindi is divided into five districts with six councils, namely Lindi Urban, Kilwa, Nachingwea, Ruangwa, Liwale and Lindi Rural. Although we have four specialists working in the regional hospital (Sokoine Hospital), sometimes it is very difficult for clients to travel from their district to the Regional Hospital to get services.

By utilizing the RHMT budget in this fiscal year, we RHMT Lindi managed to set up an indoor flying doctors service so that the specialists can visit all six councils in the region for the purposes of providing services to clients in those districts. We are aiming at easy accessibility of health services for all people in our region.

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Singida Region

RHMTs have to improve the Health Management Information System (MTUHA) in Tanzania

Currently the system of MTUHA is not functioning as effectively, as intended. So far, it has only been used to carry out simple surveys in any Region in Tanzania and to follow up on how MTUHA books are used from Dispensary level to Regional Hospital level in addition to Private or VAH Hospitals. In order for MTUHA to function at the intended level it needs to be utilized differently.

It should be kept in mind that the health sector needs health information/ data for the purpose of planning, making decisions, reference, allocation of different resources, reporting, monitoring and evaluation.

The underutilization of MTUHA is due to different factors, such as poor distribution of MTUHA books from central to council level and health workers' negative attitude toward the system. These need urgent rectification to make the system run smoothly, as an acceptable means of collecting information.

Below are some ideas on how to improve MTUHA.

- It is the responsibility of RHMTs and CHMTs to supervise and support the whole process of MTUHA and to ensure the system is used effectively as intended.
- MoHSW should review the whole system and devise ways to reduce paper work.
- MoHSW through MTUHA Coordinator should conduct frequent follow-ups and supportive supervision at Regional and Council level.
- RHMTs and CHMTs should educate health workers on the importance of understanding how to utilize MTUHA and its usefulness in the health sector.
- MoHSW should print enough copies of MTUHA manuals and distribute them promptly wherever they are needed.
- RHMTs and CHMTs should provide great assistance on how to utilize MTUHA to private and DDH Hospitals.
- Displinary measures should be taken against all health workers who continue to avoid using MTUHA
- Stakeholders should make a concerted effort to support MTUHA at Ministry, Regional and District levels by providing different resources which will help to improve whole system.

Although improving MUTUHA in their respective areas is a big challenge for the RHMTs and CHMTs, It is extremely important to have correct health data. When this goal is achieved, it will lead to a great improvement in the health sector in our country.

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Tanga Region

Transparencies in Financial Expenditure Implementation of Tanga RS/RHMT Plan for 2009/2010

RHMT Tanga has an operational Plan for the financial year 2009/2010 which is mainly funded by the Government through Basket fund (BF), the Tanzania German Program to Support Health (TGPSH) and vertical programs funded directly by the MOHSW and other Partners.

RHMT received 50% (Shs.121,590,909/=) of the approved allocation of BF in late September 2009 for implementation of various activities according to the approved plan. During the period of July to December 2009 RS/RHMT managed to do several activities especially:

- Supportive supervision was conducted twice in each of the nine LGAs in the Region. Additional specific supervision visits were conducted for different vertical programmes on HIV/AIDS, RCH and Maintenance services
- Ten emergency and technical backstopping visits were conducted to Korogwe, Handeni and Kilindi LGAs due to the outbreak of Cholera from August 2009. A total of 4872 cases and 81 deaths were recorded by 19th January 2010 with Handeni being the most affected.
- Five RHMT members' offices were equipped with necessary working tool which included computers and printers, fax machine, internet facilities, LCD projector and digital camera.
- Five district hospitals of Lushoto, Korogwe, Handeni, Muheza and Pangani were technically supported to maintain Computer Assisted Hospital Management (CAHMA) through the IT expert working with the RHMT. The five district hospitals have in place, an internal computers net work which links the OPD, Pharmacy, RCH clinic, Accounts and Administration sections of the hospital installed through the support of the TGPSH.

By the end of December 2009, the RHMT had spent Tshs. 90,281,705 of the BF and received the rest 50% allocation of BF in February 2010.

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Kigoma Region - From Kibondo District

Experience in Supervision after the Training on Supportive Supervision and Coaching

Kibondo district council is one of the four districts in Kigoma region. The district has 1 hospital, 4 health centers, and 58 dispensaries. The district has been divided into four supervision zones according to allocation of health centers.

The district headquarters is about 253km from the regional head quarters. Due to the road between Kigoma and Kibondo being unpaved, it takes about 6hours to travel from one town to the other. In this situation, supportive supervision visit from Regional Health Management Team is a very important chance for us to share the problems we face in our health services.

After training on Supportive Supervision and Coaching, I have been able to do many complex tasks. Most of these were based on human resource management and staff capacity building, especially on how they can efficiently perform their daily tasks.

Through this training we managed to identify some of the problems which hindered the attainment of quality health service delivery in the District. These include shortage of staff and lack of skills among health workers.

Supportive Supervision and Coaching training is a very important way of imparting knowledge to health workers so that they can deliver quality health services. Kibondo district health officials appreciate the contribution made by MOHSW in collaboration with JICA in making capacity development possible. We look forward to continued cooperation.

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