REGIONAL REFERRAL HEALTH MANAGEMENT NEWSLETTER

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Chief Medical Officer, MOHSW

Central Management Supportive Supervision (CMSS), a great stimulus to Health Sector Development

Dr. Deo Mtasiwa, Chief Medical Officer, MOHSW

The Ministry of Health and Social Welfare (MOHSW) has a great expectation to CMSS and CMSS supervisors. The following is an interview with the Chief Medical Officer (CMO).

Q. What is your expectation to CMSS and CMSS supervisors?

CMSS is a continuous process of coaching extended to Regional Health Management Teams (RHMTs) by the central ministries. It is a series of supportive activities, and a CMSS visit is one of these activities, in which supervisors visit regions to observe the actual situation.

CMSS application tools are in place. In addition, a mentorship will be included in the process, thereby creating "supportive supervision + mentorship", in which management will be a main area of focus. Supervisors from central level are expected to guide and assist RHMTs whenever necessary.

Q. How can the central level encourage RHMTs' teams building and capacity development in order to support the Hospital Management Teams (HMTs) and districts (CHMTs)?

Learning by doing

The central level are working hard to facilitate RHMTs' team building and capacity development in order to support the HMTs and districts through Council Health Management Teams (CHMTs).

CMSS must do it first, by supervising and mentoring, and monitoring and evaluation of the activities of the RHMTs, in relation to the HMT and CHMTs. CMSS must be done and must ensure they help and support RHMTs to supervise, mentor, monitor and evaluate the activities of the CHMTs, HMTs, who will also be helped to do the same to HMTs of hospitals, health centres, dispensaries, households and communities.

Learning by doing! All these should take actions through the Regional Plans and Comprehensive Council Health Plans, budgeted and audited. In this case, both disease-based and management-based activities will be entertained and enhanced!

So far, the MOHSW conducted CMSS five times

- 1st:October -November 2008 (8 regions)
- 2nd: April-May 2009(8 regions)
- 3rd: November 2009(13 regions)
- 4th : March-May 2010(13 regions)
- 5th : August-September 2010(8 regions)

Inside this issue

Mr. M.W.F. Maganga

The Health Basket Fund and RHMT Annual Plans

Interview with Mr. M. W. F. Maganga, Coordinator for Health Basket Fund, PMORALG

About 4.2 billion Tanzania shillings is allocated annually to RHMTs from the Health Basket Fund. This budget is mainly utilized for supportive supervision to their districts and carrying out their RHMT functions. Mr.Maganga elaborated on his expectations to RHMTs.

What does PMORALG expect from RHMTs?

RHMTs are expected to be dedicated and committed to playing their roles and deliver services prescribed in the "Functions of Regional Health Management System: Roles and Responsibilities of Regional Health Management Team, Regional Referral Hospital Management Team and Regional Referral Hospital Board (MOHSW and PMORALG, August 2008)", including:

- Disseminating health policies and guidelines to Local Government Authorities (LGAs).
- Technically supporting the LGAs in the provision of quality health services in line with national health policies, strategies and guidelines.
- Conducting supportive supervision to CHMTs at the LGAs and advising them on technical issues.
- Assessing and approving Comprehensive Council Health Plans (CCHP) and the related progress reports for funding.
- Monitoring and evaluating the performance of the LGAs in providing the required health services.
- Providing the central level (PMORALG & MOHSW) with health reports related to the provision of health services for informed decision making.

What is the role of PMORALG in RHMT strengthening in general?

To strengthen RHMTs, PMORALG has to ensure that the required number of skilled health staff are recruited and posted to the RHMTs. In addition, PMORALG in collaboration with the MOHSW has to provide in-service training to enable them to cope with changing working environments and other challenges, including staying up-to-date with advances in technology.

Some RHMTs say that they do not have enough funds, transport, personnel, etc. What is your opinion?

Through District Health Services Coordinator (DHSC) and Regional Health Services Coordinator (RHSC) at MOHSW, the MOHSW and PMORALG are working hard to reduce these problems. What is very crucial for them is to coordinate the use of these vehicles and others among themselves, and where possible, integrate transport needs with departments in some related activities. Without proper transport utilization plans, tools for transportation will never meet their requirements. Proper plans for operation and maintenance must be in place if we want to sustain our vehicles for a longer period.

TC-RRHM Activities, March to August 2010

Policy Dissemination Workshops, March 2010

Four three-day workshops were conducted in Moshi and Iringa. 6 core RHMT members, Regional Cold Chain Officer (RCCO) and Regional Reproductive and Child Health Coordinator (RRCH Co) attended from each RHMT. During the workshop they discussed how health policies, strategies and guidelines can be reflected and applied in the annual plans of RHMTs and CHMTs and their implementation.

Ms.Luttashunyumba (RRCH Co Mwanza) contributes her ideas.

District and Regional Health Services Technical Working Group Meeting, March-August 2010

The working group meeting is held monthly at MOHSW, being chaired by DHSC and co-chaired by RHSC. The members are about 25 representatives from MOHSW, PMORALG, NGOs, FBOs and Development Partners, which are working on issues related to district and regional health. Discussions have a wide scope, and the latest agenda included the updates on CCHP guideline revision, the assessment of regional and council health plans and reports, the implementation status of hospital reforms, and LGAs Income and Expenditure report.

The 4th CMSS visits to 13 regions, March-May 2010

The 4th CMSS visits were conducted to 13 regions (Manyara, Mara, Tabora, Lindi, Tanga, Kilimanjaro, Coast, DSM, Singida, Shinyanga, Ruvuma, Rukwa and Kagera). Each team consisted of three supervisors, two from MOHSW and one from a neighboring RHMT. The intention of neighboring RHMT member participation is to learn from a counterpart visited region and subsequently share what has been learned with their team. The two-day visits covered RHMT Capacity and Task Assessment and interviews with CHMTs and HMT of regional hospital. The MOHSW through MTEF, funded the cost for the visits to nine regions.

RHMT Mtwara supervising CHMT Nyanyumbu (on 5th CMSS)

The 3rd Joint Coordination Committee Meeting, 27 May 2010

This was held at HSRS Conference Room, MOHSW, inviting officials from MOHSW, PMORALG and JICA. The progress of TC-RRHM activities and the future plans were presented by Mr. R. D. Mutagwaba, RHSC and approved by the members.

Monitoring and Evaluation Working Sessions, June 2010

Two three-day working sessions were conducted by the MOHSW through MTEF funds in Arusha and Iringa. 3 representatives each from 21 RHMTs attended. During the working sessions participants reviewed TC-RRHM/MOHSW progress, and strengthened their understanding of Task and Capacity Assessments. They also shared the updates on their activities on supportive supervision to CHMTs, policy dissemination, and inter-regional networking between RHMTs, and collected the data relating to these activities.

The Best Six RHMT Annual Plans 2010/2011

RHMT Annual Plans 2010/2011 were assessed by MOHSW/TC-RRHM. The following regions were selected to have the best six Annual Plans.

1. Lindi & Mbeya
3. Singida
4. Coast
5. Ruvuma
6. Kagera

A good Annual Plan includes:

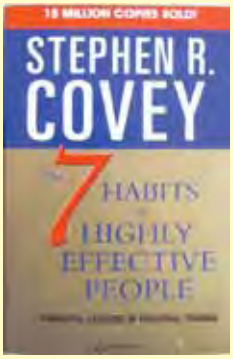
- Executive Summary containing both the current and next year's plans
- Priority-setting based on situation of the region
- Well-prepared Cost Analysis
- Utilization of the Annual Plan template

Timely submission is also essential!

The Best Book for all leaders and managers

"The 7 Habits of Highly Effective People"

By Dr. Stephen R. Covey



This book was sold over 15 million worldwide and translated into more than 30 languages.

If you want to fulfill your life with your family, friends, team or organization, this is the best book for you to read repeatedly and practice.

One of the most fundamental principles introduced in the book, is "Inside-Out". If we want to change the situation, we first have to change ourselves. Dr. Covey underscores, "Remember, to learn and not to do is really not to learn. To know and not to do is really not to know."

Save your DSA and buy one now. Read and practice.

The book is available at Dar es Salaam Printers, Jamhuri Street, Tsh 25,000~.
This book first published in Great Britain by Simon & Schuster UK Ltd 1989
This edition First published by Pocket Books, 2004

TC-RRHM Activities, September-December 2010

AUGUST

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8 Peasants Day	9	10	11	12	13	14
15	16	17	18	19 CMSS Pre-meeting	20 D&R TWG (6)	21
22	23	24	25	26	27	28
5th CMSS Visits to Dodoma & Morogoro						
Detailed CMSS to Mtwara and Kigoma						
29	30	31				

SEPTEMBER

SUN	MON	TUE	WED	THU	FRI	SAT
29	30	31	1	2	3	4
5th CMSS Visits to Arusha & Mwanza, Iringa & Mbeya						
5	6	7	8	9	10 Eid El Fitri	11
Technical Review						
12	13	14	15	16	17	18
Final Evaluation of TC-RRHM						
19	20	21	22	23	24	25
Final Evaluation of TC-RRHM						
26	27	28	29	30	1	2
Final Evaluation of TC-RRHM						
	1st Joint Evaluation meeting	D&R TWG (7)	JAHSR			

OCTOBER

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6	7	8	9
Final Evaluation of TC-RRHM						
		2nd Joint Evaluation meeting		4th JCC		
10	11	12	13	14 Nyerere day	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
5th CMSS Visits						

NOVEMBER

SUN	MON	TUE	WED	THU	FRI	SAT
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18 Eid El Haj	19	20
21	22	23	24	25	26	27
28	29	30	12/1	12/2	12/3	12/4
	RHMT Planning Training in Arusha (Group 1)			RHMT Planning Training in Arusha (Group 2)		

*Schedule of 5th CMSS visits is subject to change.

For details, please contact Mr. R.D. Mutagwaba, RHSC, MOHSW

- ***The Final Evaluation for TC-RRHM , 14th September to 8th October 2010***

  The final evaluation is being conducted by the evaluation team from Japan and Tanzania. The interview with RHMT and other stakeholders in six regions is taking place in order to see their view on the achievements and the challenges. The result of this evaluation is expected to be presented at the Joint Coordinating Committee on 7th October 2010.

- ***The 5th CMSS Visits to the regions, August- October 2010***

  The 5th CMSS was conducted to 8 regions , namely Dodoma, Morogoro, Mtwara, Kigoma, Arusha, Mwanza, Iringa and Mbeya between August and September. In addition to general CMSS, supervisors of CMSS Kigoma and Mtwara observed RHMT's supportive supervision to CHMTs. This time officials from zonal health resource centers are also involved as CMSS supervisors and visit their zonal areas. Some selected regions will be visited in October.

- ***RHMT Workshop on Planning , December 2010***

  Two three-day workshops will be conducted inviting 4 representatives from each RHMT. Topics will include: RHMT annual plan and quarterly reports, the assessment of CCHPs and CCH reports, and the effective implementation of supervision with checklists.

- ***TC-RRHM Wrap-up meeting /Monitoring and Evaluation Working Session, February 2011***

  The 3rd M&E Working Session will be conducted inviting 3 representatives from each RHMT. After the working session, TC-RRHM Wrap-up meeting will also be held including officials from Regional Secretariats, MOHSW, PMORALG and Development Partner.

Human Resource for Health Information System (HRHIS)

In an attempt to address priority areas as identified in the 5-year Human Resource for Health Strategic Plan 2008 - 2013 and HSSP III, and their impact on the Sector Wide Approach (SWAP) and the CCHP, the MOHSW has established HRHIS. Institutions such as Department of Computer Science-UDSM, FBOs, CBOs, NGOs, PHFs and DPs took part at various levels of consultancy and engagements with technical staff within the health sector on the development of HRHIS.

The HRHIS is a module in the HMIS which takes care of HRH information within the integrated system, specifically on HRH data utilization between the MOHSW and the ministries such as MOFEA, POPSM and PMORALG. It collects and stores HRH data, performs regular updates and analysis, generates reports, and is capable of communicating with relevant stakeholders' HR systems by employing the Data File Export /Import Mechanism.

(Continue to page 5)

In regard to this, Health facilities are responsible for HR data collection and reporting to CHMT. CHMT is responsible for routine data gathering and entry, data analysis, in addition to planning and managing HRH at district level. Data collected at district level are forwarded to HRHIS at the Regional level. RHMT is responsible for analyzing all gatheredcouncil HR data, and forwarding them to the Central HRHIS at the MOHSW. Then, detailed HRH information analyses are conducted by various departments, and utilized for planning and management of HRH in the country.

Currently, the HRHIS has completed the first phase of the National Roll-Out plan, involving testing in five (5) regions, namely Coast, Dar es Salaam, Tanga, Kilimanjaro, and Morogoro. In addition, all national, specialized and referral hospitals, except Bugando medical centre, have been supplied with HRHIS equipment, and focal personnel are currently collecting and entering HRH data into the system. The second phase will commence in November 2010, covering five (5) regions, namely Lindi, Mtwara, Dodoma, Iringa and Ruvuma(including Bugando medical centre).

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SAUTI ZA MIKOA (Region's Voices)

Manyara Region (Manyara <=>Mwanza)

The Significance of Networking - A firsthand study tour experience -

As one of the most senior RMOs in this country, I have gained great experience through travelling a lot, talking to different people in different regions and countries.

Nevertheless, I got a significant message from TC-RRHM that I had never thought of before– **Networking** plays a key role in strengthening the RHMT's management of health services. The good news for RHMT is that, networking can make a huge difference by making a high quality standard of health services a reality inside and outside your region.

As Mwanza region was the best performing region in Networking, we (RHMT Manyara) went to Mwanza on a study visit. What I observed in Mwanza, for

instance, a computerized system linking different departments in Magu district hospital and Nyakahoja dispensary (Ilemela district), remarkably aroused the need to do the same things or even better in Manyara region. Importance of networking became clearer during this visit.

Not only is networking becoming more important, but it has always been and will always be a very effective and affordable means of advancing the provision of high quality of health services in Tanzania.

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Kigoma Region (Kigoma<=>Arusha)

Improving Supportive Supervision (SS) - Learn from other regions-

Before the TC-RRHM program begun in April 2008, the capacity of Kigoma RHMT in implementing our day to day activities was insufficient. Through TC-RRHM activities, Kigoma RHMT has managed to improve performance. RHMT members are now more conversant with their roles, responsibilities and functions. In addition networking between RHMT and CHMTs has been improved.

The Arusha RHMT visited Kigoma in May 2010 to learn how to conduct effective SS. The Joint SS and peer reviews strengthened networking between the two RHMTs. The sharing of experiences between RHMTs provides necessary inputs for improving capacity on more effectively managing health and social welfare services in the regions.

We learned from each other (share experience) on the important points of facilitative supportive supervision, more importantly on the way we organize pre supportive supervision meeting, supervision, giving feedback to visited CHMT and report writing. We learnt from Arusha RHMT the importance of team work spirit as the key of good performance of RHMT.

The TC- RRHM program is expected to end in March 2011. All 21 RHMTs, MOHSW, PMORALG face the challenge of making TC-RRHM achievements sustainable. We, the Kigoma RHMT will continue to sustain the same level of achievements in our region.

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Mbeya Region

RHMT Annual Plans based on RHMT Strategic Plan

Strategic Plan → **Annual Plan**

Through the TC-RRHM/ MOHSW, the Mbeya RHMT, together with other RHMTs in the country, were trained on how to develop a Strategic Plan (SP). The Mbeya RHMT finalized its SP at the end of April 2010, and used it to develop the RHMT Annual Health Plan for 2010/2011.

This time, the process of developing the annual plan was not as cumbersome as before because of the existence of an SP. It was no longer difficult to retrieve the RHMT's priorities, objectives, activities and budgets from the SP and use them to compile the RHMT Annual Plan. Without a strategic framework it is difficult to know where an organization, institution or team is heading. The SP is a reference document which is utilized to develop or formulate our annual operational plans.

The Mbeya RHMT is grateful to all stakeholders, TC-RRHM/ MOHSW and other development partners for providing their support to the RHMT to acquire various managerial capacities, which have enabled the RHMT to execute their roles and functions more successfully.

Finally I acknowledge the collaboration of stakeholder who contributed their suggestion to the final draft.

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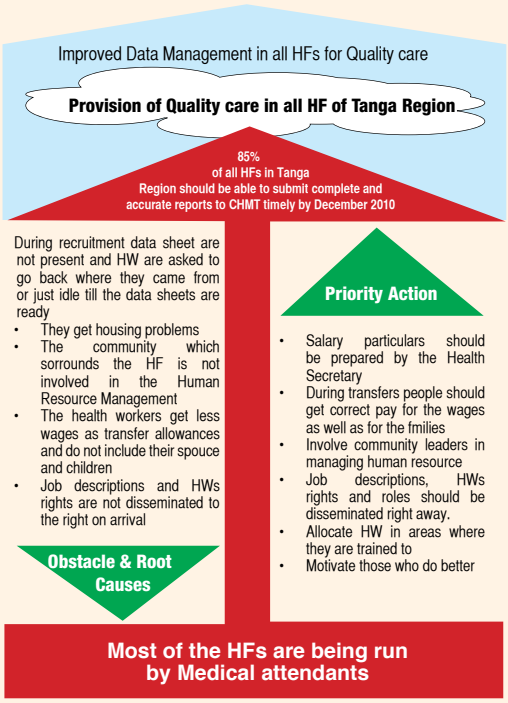
Tanga Region

Application of OALFA and Challenge Model to Supportive Supervision

During the Supportive Supervision (SS) and Coaching training organized by TC-RRHM /MOHSW in October 2009, RHMT Tanga learned the various methods and tips for effective SS such as the OALFA (Observe, Ask, Listen, Feedback, Agree) approach and the Challenge Model.



After this training, SS was conducted in various districts using the OALFA approach. By applying the OALFA we were able to find a lot more challenges than previous SS visits had shown. One of the challenges was that most of the health facilities were run by medical attendants because newly employed clinicians quit soon after being employed.

In order to solve this problem, we utilized the Challenge Model, which led to awareness of the obstacles, their root causes and priority actions needed to solve the problems.

<Obstacles and root causes>

- Nonpayment of salaries to new staff due to the absence of their names on the payrolls
- Housing problems
- Lack of motivation of newly employed because the community in their service areas was not welcoming enough

<Priority actions>

- The health secretaries have to make sure that all the salary particulars are prepared immediately on the arrival of the new staff, in case this is not possible, the staff should be paid all their wages from other sources until the names appear in the payrolls
- The community leaders should assist the health workers to get good accommodation, and food in the first few days of their stay in the community
- The rights of the new staff should be included in their job descriptions

Since these actions were implemented, reports from all the health facilities show some improvement. We have managed to retain most of our newly employed and transfer staff. However, how to make staff use their data and take ownership of them is one area that still requires working on. The real outcome will be seen at the end of the year, when the whole process will be evaluated.

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*The Challenge Model and the OALFA were developed by Management Science for Health. To learn how to use them, visit their web as *www.msh.org*

Morogoro Region

Awarding for quality health care and environmental sanitation
-Motivating CHMTs and LGAs-

The Morgoro RHMT organized a competition for the best performing LGA in environmental sanitation and quality of health care from March up to June 2010 in order to encourage CHMTs to strive to reach high quality sanitation and care in their districts.

<Methodology>

- The competition was conducted parallel to that of MOHSW which focused on Municipal and District Councils.
- Standard guidelines for the inspection of quality of health care and environmental sanitation were disseminated to CHMTs.
- CHMTs inspected health facilities and sanitation procedures at the ward level. Each CHMT selected winners from the inspected health facilities and from ward level.
- The selected winners were again inspected by members of RHMT and ranked according to the designed checklist.

The award was presented to the following LGAs by Hon. Issa Machibya, Regional Commissioner Morogoro, in the annual joint meeting for RHMT / CHMT which was attended by various stakeholders in the region such as traditional healers, NGOs, Media and RS members. Participation of political leaders in health activities promotes change and motivation for health workers.

Award	Winner
Best performing ward in environmental sanitation	Mahenge Ward, Ulanga DC
Best performing village in environmental sanitation	Mang'ula village, Kilombero DC
Best CHMT	Kilombero CHMT
Best Top Leading hospital	St. Francis Hospital, Kilombero DC
The highest performing health centre	Kidodi HC, Kilosa DC
The highest performing dispensary	Kidatu Dispensary, Kilombero DC

Morogoro RHMT will continue to conduct competitions among CHMTs so as to promote quality health services and environmental sanitation. The competition and awards bring a challenge to the LGAs and it is anticipated that the next competition will bring about a lot of changes.

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Mara Region

The Mara PPP Experience

The shortage of resources and the ever growing demand for health care services necessitates Public and Private Partnership (PPP) in health services provision. RHMT Mara organizes stakeholders meetings to share information, experiences, progress, and challenges. Policy issues relating to national initiatives to mitigate social-medical problems are also discussed.

Initiatives discussed include MKUKUTA, MKURABITA and Health Sector Strategic Plan. CHMTs, Government Agencies, Faith-based Organizations, NGOs, Region and Districts Administrators are involved in the meetings. Other invited guests include neighboring RHMTs, Consultant and Teaching Hospital, and officials from MOHSW, who can help to clarify certain policy issues.

To date RHMT Mara held four meetings between 2008 and 2010. The number of participants has increased from meeting to meeting, and the scope of issues under discussion, including challenges in health services delivery and implementation of policy, has widened since the first meeting.

So far the partnership among stakeholders has achieved a sense of integrity and collaboration in health services delivery. Through this collaboration, some organizations have shown an interest in supporting Mara RHMT and CHMTs in their efforts to effect supportive supervision to health services delivery system at all levels.

In order to widen the scope of stakeholders' participation, we expect to invite more and more participants from various RHMTs so as to influence and encourage them to follow the same course in their respective regions. As an initial step, we invited RHMT Mwanza and RHMT Kagera in December 2009. It is hoped that this will serve to attract more stakeholders whose efforts will contribute to improving health services delivery at different levels.

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Dar es Salaam Region

Mr. B. Nallya

From Planning by objective To Managing by objective

The National Health Policy of 1990, revised in 2007, is a government commitment to improve social well-being of the people through the provision of quality social services, including health.

Despite remarkable improvements over the past years, the quality of health service in Tanzania is still unsatisfactory. The performance of the sector has been affected by a number of factors, and to a large extent, by resource constraints (finance, human and material) leading to inadequate provision of quality health services at all levels.

The health sector's priority is to strengthen the district medical office so as to improve performance and service delivery to the population. To achieve this goal, there is health management structures, such as CHMTs and HMTs, which have been established at the district, council, health centre and dispensary levels. Also the inception of Health Boards and Health Facility Governing Committees into the health service structure has enabled health facilities at different levels to function well.

Even though the health sector is still underfunded, a major obstacle is **the weakness of its implementation capacity**, especially at the district level. The organizational and functioning processes which are in place should be strengthened to create a **facilitating environment for improvement of implementation capacity at different levels, and particularly at the council level.**

The Government should be commended for the achievements that have been realized by the health sector .We need to be more liberal and focus on the possibility of going "**From planning by objectives to managing by objectives**". Improvement of capacity implementation is possible if every one of us will execute his/her responsibilities optimally.

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Tabora Region

Tabora Human Resource Challenge

Health services in Tabora are mainly provided by government-owned facilities and in part faith-based organizations, voluntary agencies and private facilities.

Despite efforts taken by various authorities, client's expectations and needs have, for the most part, not been met. Shortage of skilled staff in the region is known to be among contributory factors to inadequate services.

In order to alleviate the problem, deliberate efforts and strategies have been set to resolve the crisis. These include the recruitment of new personnel and training lower level staff. However, there have been a low turn-up rate of new employees and a brain drain due to staff searching for better salaries and other fringe benefits provided by other employers, such as NGOs and various program/ projects.

RHMT in collaboration with CHMTs, LGAs and Regional Administrative Secretary, has made an effort to attract and retain health staff in Tabora. We call upon graduates and holders of various qualifications to come to Tabora. We provide accommodation for one month or longer, and offer them furniture. In addition, Daily Subsistence Allowance for the initial period of stay is provided.

Kitete is a regional hospital with an urgent need of skilled staff. It is our sincere hope that you have got the courage to make the right decision and come to Tabora for your employment!

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Send your comment!

Tanzania-Japan Technical Cooperation in Capacity Development for Regional Referral Health Management (TC-RRHM)

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