

REGIONAL REFERRAL HEALTH MANAGEMENT NEWSLETTER



Issue No.2 September 2009

PMORALG Coordinating Role of the Regional Secretariat towards Development to capacitate Regional Health Management

The Government of Tanzania is committed to achieving the Millennium Development Goals (MDGs) and the implementation of Vision 2025. The National Strategy for Growth and Reduction of Poverty, commonly known as MKUKUTA, is testimony to that commitment.



Mrs. Theodola Mollel
Assistant Director,
Social Services in
Sector Coordination
PMORALG

As a central co-coordinating ministry, PMORALG is at the very heart of the Government's efforts to improve services. It is committed to facilitating a process where quality health services are delivered to Tanzanians. It is the belief of the Government that healthy, educated people will be better placed to take advantage of productive opportunities. Establishing basic infrastructure is also a prerequisite to economic development. These responsibilities have been devolved to Local Government Authorities. In addition it is very important to remember the crucial role PMORALG has in relation to its priority, namely poverty reduction, and perhaps more importantly PMORALG represents the views and aspirations of Tanzanians themselves, particularly those living in difficult circumstances.

The role of the Regional Secretariats cannot be understated. They provide an essential conduit between the centre and the periphery. In other words communications cannot effectively take place between PMORALG and LGAs without them. Given their importance, a new structure has been designed which permits the Regional Administration to conduct its affairs more effectively.

Tutangaze Mikoa Yetu!

TC-RRHM is going to make the RHMT signboards and a calendar to market RHMT to health stakeholders.

<Signboard>

The cost of making RHMT signboard or banner will be covered by TC-RRHM.

<Calendar>

TC-RRHM is going to make a RHMT 2010 calendar.

Each RHMT will be required to contribute their motto to be included in calendar expressing their vision on the health service.



TC-RRHM Signboard

Inside this issue:

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March-June 2009
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Supervision

*Good practice from Regions
see attached leaflet*



Let's promote your RHMT effectively and efficiently by using these tools!

TC-RRHM Activities (March to June 2009)

RS/RHMT Training on Strategic Thinking and Planning (March-June 2009)

The five day training was conducted for 21 RS/RHMTs during March to June 2009 in 6 sites with 192 participated in total. The main objective of this training was to enhance the knowledge base of the RHMT members on strategic thinking and planning so that they can undertake their roles effectively and efficiently. Topics also included critical review of and alignment with HSSP3.

The Best Contributors at RS/RHMT Training on ST&SP

Name	Role in RHMT	Region
Mr. Antipas S. Kyara	RHO	Kilimanjaro
Mr. Pascal W. Kanyinyi	RHS	Tanga
Dr. Robert M. Salim	RMO	Singida
Dr. G. J. B. Mtey	RMO	Dodoma
Dr. Godfrey Nyomby	RHS	Mtwara
Dr. Samson Winani	RMO	Coast



What is Coaching

Coaching Training for Supervisors of Central Management Supportive Supervision (CMSS) was held on 11-12 March 2009

The 1st Coaching Training was conducted in Kigamboni, Dar es Salaam.

The main objective of CMSS is that RHMTs and central ministries share management problems on site and discuss what each stakeholder can do to solve those problems and improve the situation. The CMSS Supervisors learned the importance of interpersonal communication through practical exercises and games.



Implementation of the 2nd round of CMSS visits, 19 April-1 May 2009

The 2nd CMSS (12 supervisors) covered the 8 RHMTs, which were visited by the 1st CMSS 6 months before. As an experiment, the 2nd CMSS invited one RHMT member from a non-host RHMT in the same zone to observe how the CMSS is conducted. On their return, those RHMT members were expected to share experiences with other RHMT members and prepare for the next CMSS scheduled for November 2009, in which those RHMTs are to be visited.

The 2nd Regional Health Systems Strengthening (RHSS) Meeting

The 2nd RHSS Meeting was conducted on 4-5 June 2009 in CEEMI, Dar es Salaam. During the meeting, innovative ideas to improve Regional Health System were discussed among 25 participants comprising the Best Contributors (RHMT representatives), MOHSW officials, PMORALG officials and JICA Mid-term Review Teams.

The meeting provided a good opportunity for networking between regions and central ministries.



The 2nd Joint Coordination Committee

The 2nd JCC Meeting was held on 6 June 2009 at MOHSW. The progress of TC-RRHM and way forward were presented, and the results of the Mid-term Review were shared among the participants (MOHSW, PMORALG and JICA officials, Representatives from Singida and Rukwa regions and JICA Mid-term Review Team). The Mid-term review was conducted from 20 May to 12 June 2009 to assess the progress of the TC and to formulate recommendation on the way forward.

TC-RRHM Calendar (September- December 2009)

SEPTEMBER 2009						
SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8		10	11	12
13	RRHM WG	15	16	17	18	19
20	Eid ul Fitr	22	23	M&E WS@Mwanza	25	26
27	M&E WS@Tanga	28	29	30		

OCTOBER 2009						
SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	5	6	7	M&E WS@Mbeya	8	10
11	12	13	Independence Day	15	16	17
18	19	SS & Coaching Training (CMSS Supervisors)	20	21	22	24
25	26	SS & Coaching Training in Arusha & Mwanza	27	28	29	31
		SS & Coaching Training in Mbeya & Mara				

NOVEMBER 2009						
SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	SS & Coaching Training in Dar & Dodoma	11	12	13	14
	CMSS-3 Visits (13 regions)					
15	16	17	18	19	20	21
					CMSS-3 Visits	
22	23	24	25	26	27	28
		SS & Coaching Training in Dar & Iringa				Eid ul Haji
29	30					

DECEMBER 2009						
SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
		SS & Coaching Training in Morogoro & Singida				
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Final schedule will be updated

- **RRHM Working Group Meeting**

RRHM Working Group Meeting was held on 14 September 2009 at HSRs conference room, MOHSW.

Representatives from PMORALG, organizations on Regional Health Management related activities and MOHSW officials participated and share their activities and experiences on capacity development for health management. The next RRHM Working Group Meeting is scheduled for early December 2009.

- **Monitoring and Evaluation Working Session for TC-RRHM**

Two day M&E Working Session will be conducted from 24 September to 2 October 2009 in Mwanza, Tanga and Mbeya. RMO, RHS and RNO from respective RHMTs are invited to this working session.

- **RS/RHMT Training on Supportive Supervision (SS) & Coaching**

The RS/RHMT Training will focus on Supportive Supervision and Coaching skills. Training will be conducted in 10 regions between October and December 2009. For details, please contact:

Mr. R.D.Mutagwaba, MOHSW Mob: 0787 403 771 or 0754 307 361

- **3rd round of CMSS Visits**

The 3rd CMSS will be implemented in 13 regions during the 2nd and 3rd weeks of November 2009.

The regions to be visited will be Kagera, Mara, Shinyanga, Tabora, Singida, Manyara, Kilimanjaro, Tanga, Rukwa, Ruvuma, Lindi, Coast and Dar es Salaam. For details, please contact Mr. R.D.Mutagwaba.

Related information in Health Sector

The Health Sector Programme Support (HSPS 4)

The fourth phase of HSPS supported by the government of the Kingdom of Denmark is from July 2009 up to June 2014. HSPS4 consists of three components which are different from the three previous phases.

The components are:

1. Support to health sector in Tanzania Mainland
2. Support to the health sector in Zanzibar
3. Support to the multi-sectoral response to HIV/AIDS

The support of the funds in the new phase will go through the national budget and the exchequer system.

Efforts to strengthen Health Management Systems

Hospital Reforms is a strategy within Health Sector Reforms aiming at improving the quality of hospital management and efficient equitable affordable essential patient care. Through Hospital Reforms the MOHSW has assisted hospitals in establishing hospital management and patient care systems such as PPM units, ICU and FAMS. 34 hospital Management Teams have been trained on hospital planning, hospital management for quality care and the management of hospital resources. More collaborative efforts across Ministries, RHMTs, CHMTs, LGAs, HMTs, development partners, service organizations, communities and political leaders are a prerequisite for successful Hospital Reforms in future.



Planned Preventive Maintenance Unit



Tips on Supportive Supervision

Are you and CHMTs happy with supervision?

Supervisor's Self-Assessment

Please take a moment to answer the following questions about how you think site staff react to your supervisory visits.

- | | | |
|-------------------------------------------------------------------------|------------------------------|-----------------------------|
| Site staff are willing to organize my visit for me. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Site staff give me the time I need during my visit. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Site staff willingly provide me with information. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Site staff willingly give me access to the facility and its activities. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Site staff are eager to discuss their problems with me. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Site staff are cooperative and open. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "no" to any of above questions, you may not be creating a safe, comfortable environment for the people you supervise.

Learn more on effective supervision in the coming Coaching Training!

Source: *Facilitative Supervision Handbook*. Engender Health. 2001.

For the full document, please access to <http://www.engenderhealth.org/pubs/quality/facilitative-supervision-handbook.php>



Submission of Strategic Plans

MOHSW has received their Strategic Plan from the following regions as of 14 September 2009. Singida, Coast, Kilimanjoro, Lindi, Iringa, Shinyanga, Rukwa, Kagera, Dar es Salaam, Arusha and Mwanza (11 regions)

If you have questions or comments, please contact :

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

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Next Issue will be March 2010. Let's put your good practice in next Newsletter!

Lindi Region



My Way to becoming Health Secretary

In April 2008, three months before completing of my studies, I received a call requesting me to work in Lindi as Health Secretary at Sokoine Regional Hospital. The call shocked me because of what I had heard about Lindi and the southern zone. I needed some time to consider the issue because of the attitude I had towards the place.

But my anxiety was gone when I met Medical Officer incharge Lindi, Dr. Abbas Pegwa. He was highly motivated, which gave me the incentive to work in Lindi. I had hoped that I could work with motivated colleagues like him.

Since I got there I experienced quite different situation from what I heard before. It was "A Great Place". I thank the RHMT Lindi and hospital management team from Sokoine Hospital for the great support and encouragement till now. I appreciate their great effort on dealing with the serious human resource crisis which faces Lindi Region.

Mr. Stephen Kitinya (Sokoine Hospital Secretary)

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Mtwara Region



RHMT - Mtwara

What is Hard to reach area?

Working in the South has always been a continuous learning experience. The challenges which I face every day have been essential to my professional development. The first management training by JICA made me realize the importance of working as a team. In addition, it has been essential in providing me with the opportunity to put my management skills into practice. Beyond the sphere of RHMT Mtwara, I have been in regular contact with Lindi regional and hospital secretaries and we have discussed challenges and their resolutions. It's only through connection of thoughts, skills and information that management of the health sector has been possible in the Southern Zone.

BE CONNECTED !

Mr. Godfrey Nyomby (RHS)

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Morogoro Region



Experience of OPR Working Group on Operational Research

The Operational Research Working Group (OPR WG) was established under the Morogoro Health Project (MHP: 2001-2007). The activities of OPR WG are still going on after the MHP phased out.

A representative of respective CHMTs and RHMT organize the regular WG meetings where the WG members intensively discuss over the selected research topics. All District Councils in the Region have incorporated the OPR activities in the Comprehensive Council Health Plan (CCHP). This enables the members to attend the regular WG meetings. Suggestions and advices are exchanged in order to improve the quality of research proposals and final reports. Through this open-hearted communication, the members have developed rapport and team work spirit among themselves.

The OPR results give us answers to many questions that we have. Also the OPR results enable us to formulate evidence-based plans and interventions which are responsive to the community expectations and improved health care services.

Suggestions to other regions are to strengthen our knowledge and skills on Operational Research through trainings and to formulate a working group with members from their respective working areas. It is a wonderful opportunity to share information/experiences, learn from each other and build a strong relationship among RHMT and CHMTs in order to develop managerial capacity and improve the regional health services together!

OPR WG Members

Contact Persons :

Mr. FueR.A. (HO, Mvomero District)

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Mrs. Gutapaka, A. (RNO)

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Singida Region



Rehabilitation and Renovation of the Regional Hospital and Other Health Facilities

In 2007/08 RHMT Singida in collaboration with Regional Secretariat and Hospital Management Team (HMT) succeeded in implementing and supervising the Regional Hospital Rehabilitation Project. Singida Regional Hospital was constructed in 1950's. Some of the buildings were in bad shape due to lack of rehabilitation. The RHMT/RS and HMT requested funds from the government for rehabilitation and 600,000,000 Tshs were allocated. The project involved rehabilitation of wards, OPD, and the construction of minor theaters, Tb ward and hospital fence. Also RHMT with CHMTs have supervised and facilitated the rehabilitation of other health facilities through the Joint Rehabilitation Fund. The implementations of two phases of those projects have improved buildings and services. In addition to that RS/RHMT, with district councils has commenced a Regional Referral Hospital constructing project. The beginning of this project it is an indication that using the RS/RHMT is the best way of improving health and referral services in central regions and Tanzania at large.



Lastly RS/RHMT is inviting all stakeholders/development partners to finance construction of a regional referral hospital and invest in the health sector in Singida region.

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If you have questions or comments, please contact :

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Be connected



Mbeya Region



Dr. Haroun Machibya (RMO Mbeya) on his experience of transfer from CHMT Morogoro to RHMT Mbeya

This kind of transfer gave me good working experience. Working with a council is more challenging than working with RHMT. This is because in councils, ward counselors have their development expectations. Staff at district level needs to be conversant with the priorities made by their wards. In my experience with supportive supervision in Mbeya, I found that some CHMT members were not innovative. Their districts are left behind in terms of development. Normally, some CHMT members underrate RHMTs' working experience. Stronger cooperation between RHMTs and CHMTs leads to better health service in regions.



Dodoma Region



With the assistance of MOHSW, PMORALG and development partners, RHMT Dodoma has enhanced the capacity of the health system to provide quality health care services such as maternal. Health studies including ethnographic causes maternal deaths were also conducted. These efforts have shown good progress as evidenced along side:

	2007	2008
<i>Mortality Rate</i>		
Maternal Mortality Rate	168/100,000	124/100,000
Underfive Mortality Rate	65/1,000	45/1,000
Infant Mortality Rate	23/1,000	22/1,000
Neonatal Mortality Rate	8/1,000	11/1,000
<i>Vaccination coverage improvement</i>		
Measles vaccination	90%	94%
BCG vaccination	96%	98%
DTPHb3	89%	95%
Family Planning acceptance rate	33%	34%
Health facility deliveries	57%	65%

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Coast Region

Working hard toward MDG 4 and 5



RHMT Coast are conducting interventions to prevent maternal death through supportive supervision as follows.

- Introduction of community based pregnancy monitoring system
- Registration of pregnant women
- Interviews of pregnant women on antenatal clinic attendance
- Awareness creation carried out by village health workers on risk factors related to pregnancy
- Service improvement :
 Tumbi Hospital expanded, improved and upgraded to become a Modern Regional Referral Hospital and Trauma Management Centre. It also offers specialized medical and surgical services including maternal and child health services

Rukwa Region

Human Resource Crisis in the Health Sector



RHMT Rukwa strategies for mitigating the human resource crisis are as follows:

1. Providing incentives and motivation for health care workers such as housing, paid leave, resting room, tea and snack.
2. Good Management Practice
 - Clear explanation about institutional vision to staff
 - Formulation of trust fund to support health workers