



Better Services for Better Health

Tanzanian-German Programme to Support Health
Phase IV (2013-2016)

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Foreword

The Ministry of Health, Community Development, Gender, Elderly and Children's (MoHCDGEC) vision is to have a healthy Tanzanian population that will contribute to individual and national development. The Ministry is committed to facilitate the provision of health services that are of good quality and accessible and affordable to everyone.

Currently, the Tanzanian health system is facing many challenges which still result in inadequate quality of health services. Despite the positive economic growth in Tanzania, the budget for health is not sufficient to address the shortages of human resources, medicines, supplies and equipment. Besides, the capacities of the health system are yet to grow to effectively address existing and future challenges.

The Ministry recognizes that success in addressing these challenges is founded on partnership. One partner is the German Federal Ministry for Economic Cooperation and Development (BMZ) which provides technical cooperation

to Tanzania through GIZ and financial cooperation through KfW. Based on this partnership, the Tanzanian-German Programme to Support Health (TGPSH) during the past three years contributed to a number of national health sector reforms as well as hands on improvements of health services in the regions Lindi, Mbeya, Mtwara and Tanga.

This publication is an account of what the Ministry with support from GIZ achieved between 2013 and 2016. The driving force has been the spirit of partnership geared towards a common mission: Better Services for Better Health.

In April 2016, the Ministry and GIZ have entered a new phase of cooperation in the fields of health financing, social health protection, quality improvement and health governance. The future programme will continue to support the overall objectives of the Government of Tanzania in the health sector.

Hon. Ummu Ally Mwalimu

**Minister of Health, Community Development, Gender,
Elderly and Children**



Introduction



The programme focused specifically on better health care for poor, mothers and their new-borns, adolescents and people with disabilities.



The governments of Tanzania and Germany meet every three years to discuss and agree on the future priorities for development support in various sectors. Following these bi-lateral government negotiations in 2012, under the auspices of the Ministry of Health and Social Welfare (now renamed the Ministry of Health, Community Development, Gender, Elderly and Children, and referred to as the Ministry of Health in the rest of this document) a new agreement for technical cooperation under the Tanzanian-German Programme to Support Health (TGPSH) was signed by the Ministry and GIZ.

In April 2013, TGPSH embarked on a 3-years mission to achieve a series of targets jointly set for 2016 in accordance with Tanzania's Health Sector Strategic Plan. The overall aim was to ensure that all Tanzanians have better access to better quality health services.

Many of the innovations introduced by the programme at both national and regional level have helped to improve health services for Tanzanians. A number of reform strategies and policies have been developed by the Ministry with technical support from GIZ experts. TGPSH also assisted the Regional Health Management Teams in Tanga, Mbeya, Lindi and Mtwara to improve both the quality of and the access to health services. These regions serve roughly seven million Tanzanians - more than half of whom live below the poverty line, and two thirds of whom are young people under 25 years of age.

In particular, the programme supported the following: the drafting of national strategies for health financing, quality improvement, human resources and public-private partnership for health which substantially determine the future development of the health sector in Tanzania. Hospitals have been equipped to continuously improve the quality of services and, due to the conversion from manual to IT-based hospital management systems, become significantly more efficient. Lindi and Mtwara provide better new-born care, more mothers deliver now in health facilities, more babies survive. Annual health budget plans take citizens' concerns into account. Community Health Funds are better managed, more people enrol. People with disabilities benefit from the support to the Comprehensive Community Based Rehabilitation in Tanzania, CCBRT.

Tanzanian-German Programme to Support Health



to improve the quality of health services

to improve access to health services for the poor

to increase the participation of civil society
in local health planning

to strengthen the cooperation with the private sector

to improve civil society's engagement in Tanzania's
Global Fund programme

The People Behind







The Tanzanian-German Programme to Support Health (TGPSH) has been designed and implemented under the guidance of the Permanent Secretary Health and the Chief Medical Officer of the then Ministry of Health and Social Welfare. Four directorates of the Ministry have been selected to receive support through TGPSH, namely the Directorate Curative Services, the Directorate Policy Planning, the Directorate Quality Assurance and the Directorate Preventive Services.

The TGPSH Focal Persons of these directorates were the Head of the Public Private Partnership Unit, the Assistant Director Policy, the Coordinator of the Health Sector Reform Secretariat, the Assistant Director for Quality Improvement and the Assistant Director Preventive Services.

Beside the cooperation with the Ministry, the programme has been directly supporting the regions of Tanga, Mbeya, Lindi and Mtwara. The respective Regional Medical Officers, Regional Health Secretaries and District Medical Officers have been providing guidance to the programme implementation in the four regions and the eight selected districts: Muheza and Lushoto, Tandahimba and Masasi, Nachingwea and Nyangao as well as Rungwe and Mbeya district.

The Regional Health Management Teams have assigned a number of their members as TGPSH Focal Persons for implementing programme activities with the support of GIZ advisors. Those are the regional Focal Persons for Community Health Funds, Quality Improvement, and Pharmacy. Likewise districts have been nominating Coordinators for Community Health Funds who have been instrumental in improving the administration of those funds.

As far as the four regional and eight selected district hospitals are concerned, GIZ advisors supported the hospital management teams and in particular the quality improvement teams with technical advice, class-room and on-the-job training and coaching to build their capacities and enable them to continuously improve the quality of services on their own.

Likewise concerned staff of various departments has been trained on the use of computers to improve administrative procedures and clinical officers, nurses and midwives have been mentored to provide better new-born care.

In order to achieve the set targets, cooperation with other partners has been crucial. These partners are the Association of Tanzanian Employers (ATE), the Association of Private Health Facilities in Tanzania (APHFTA), the Comprehensive Community Based Rehabilitation in Tanzania (CCBRT), the Christian Social Services Commission (CSSC), the National Health Insurance Fund (NHIF), the National Social Security Fund (NSSF), and few Civil Society Organizations and private companies.

Specific support was provided to the Tanzanian National Coordination Mechanism (TNCM) in order to strengthen the participation of civil society in planning and monitoring of the Global Fund for AIDS, Tuberculosis and Malaria programmes in the country.

The GIZ team of TGPSH, which provided the technical support to TGPSH, comprised a number of Tanzanian and German medical doctors, public health experts, health economists, business economists and social scientists as well as a number of administrative and support staff.



The cooperation principle has been the key to the programme's success: priorities and targets were set by the Ministry and regional health authorities and GIZ advisors supported the development, testing, evaluation and refinement of solutions to the various areas of concern.

8

selected districts

Muheza, Lushoto, Tandahimba, Masasi,
Nachingwea, Nyangao, Rungwe, Mbeya



4

regions

Tanga, Mbeya, Lindi, Mtwara

JAMHURI YA MUUNGANO WA TANZANIA



WIZARA YA AFYA NA USTAWI WA JAMII
HOSPITALI WILAYA YA LUSHOTO
S.L.P 66, LUSHOTO.

HUDUMA ZA VIPIMO VYA RADIOLOJIA (X-RAY & ULTRASOUND)

AINA YA KIPIMO	GHARAMA
1. X-RAY YA KIFUA	Tshs. 4,000/=
2. X-RAY YA MIGUU / MIKONO	Tshs. 4,000/=
3. X-RAY YA UTI WA MGONGO	Tshs. 4,000/=
4. X-RAY YA KICHWA (FUVU) FILM 2	Tshs. 8,000/=
5. X-RAY YA TUMBO FILM 2	Tshs. 8,000/=
6. X-RAY YA KIUNO FILM 2	Tshs. 8,000/=
7. BARIUM MEAL FILM 3	Tshs. 10,000/=
8. BARIUM SWALLOW FILM 2	Tshs. 10,000/=
9. IVP	Tshs. 12,000/=
10. USG	Tshs. 12,000/=
11. ULTRASOUND	Tshs. 10,000/=

SAA ZA KAZI

JUMATATU - IJUMAA SAA 3:00 - 9:30 JIONI
MONDAY - FRIDAY 9:00 - 5:30 PM

KWA SIKU ZA JUMAMOSI, JUMATANO NA JUMATAMBA
HUDUMA ZINATOLIAKA KWA DHARULA

NDUGU ZIWA

- USITOE WALA KUPOKEA RUSHWA YA AINA YOYOTE
- KWA WATEJA WA BIMBA NJOO NA KADI YAKO
- HAIRUHUSIWI KUTUWA MTU MWENGINE
- KWA MAONI, USHAURI AU MALALAMIKA NJOO OFISI YA MALALAMIKA AU KUWA KATIKA SANDUKU LA MAONI, AU TUPIGIE SIMU: 0685 088 407

JAMHURI YA MUUNGANO WA TANZANIA



WIZARA YA AFYA NA USTAWI WA JAMII
HOSPITALI WILAYA YA LUSHOTO
S.L.P 66, LUSHOTO

NDUGU MTEJA

- USITOE WALA KUPOKEA RUSHWA NI KOSA LA JINA
- MALIPO YOTE YANAYOTOLEWA DIRISHA LA MALIPO KWA STAKABADHI YA SERIKALI / HALMASHAURI
- HATURUHUSU VAZI LA KUFUNIKA USO KWA AJILI YA USALAMA TU
- USIVUTE SIGARA NDANI YA ENEO LA HOSPITALI
- KAMA UNA MAONI / USHAURI AU MALALAMIKA FIKIWA OFISI YA MALALAMIKA KWENYE UKUMBI WA MIKUNDA AU TUMIA SANDUKU LA MAONI NA UNaweza KUPIGA SIMU AU TUMA UJUMBE MFUPI KWENDA SIMU Namba 0685 088 407

**UONGOZI WA HOSPITALI UNAKUTAKA
HUDUMA NJEMA!**

Better Services for Better Health

Access to quality health services is not only a human right – it is also a precondition for a dignified and productive life, and for a country's successful development. Tanzania has put a lot of effort into improving its health system in the past few decades. Huge vaccination campaigns have immunized Tanzanian children against diphtheria, whooping cough, tetanus and measles. Small-scale insurance systems have also recently been introduced to protect poorer citizens from crippling out-of-pocket health care costs that push them further into poverty.

In the last 10 years or so, however, many Tanzanians have expressed growing dissatisfaction with the quality of health and social services they receive (Afrobarometer 2014). Patients complain about long waiting times at public health facilities and unsatisfactory treatment once they do get seen.

Hospitals throughout the country suffer from a shortage of trained medical staff and essential medicines. Health personnel are often over-stretched by the ever increasing demand for health care due to population growth and uncertain about which cases they should prioritise. Often they lack trainings required to up-date their knowledge and skills.

Basic equipment is frequently in short supply or poorly maintained. As a result too many patients still die in health care facilities that are supposed to care for them.

These conditions are not just the result of an insufficient health budget allocation by the central government for an ever growing population. Inadequate technical and management capacities are of equal importance as a root cause for the many challenges the current health care system is facing. For instance, inefficient hospital administration hampers revenue tracking in hospitals. That means losing urgently needed income, which in turn undermines their ability to employ more qualified health personnel and to procure desperately needed equipment and medicines. Besides, health facilities are supposed to be provided with essential medicines and commodities etc. by the central supply system which for various reasons often fails to do so.

The Ministry of Health, Community Development, Gender, Elderly and Children is well aware of the many challenges and is striving towards long-term solutions with the aim to improve the quality of health care for all Tanzanians. The German government has been asked to contribute to these efforts by helping the Ministry to strengthening the technical and managerial capacities of the Tanzanian health care system.

To this end, during the past three years, TGPSH improved the institutional and individual capacity of health personnel and managers alike. The programme succeeded to increase the efficiency and effectiveness of public health administration and management leading to better quality of services provided.

General Facts about Tanzania

Total Population
47.83 million
2012

Annual Population Growth Rate
3%
2012

Population below 15 years
45%
2012

Per Capita Income
1590 USD
2012

Living below Poverty Line
33.4%
2007

Gini Coefficient
37.6
2007

The Main Results of

1 Quality management systems are now available in 4 regional and 8 district hospitals which already led to numerous quality improvements of delivered services.

2 IT-based hospital management systems are now available in 5 hospitals which significantly improved controlling and increased the efficiency and transparency of hospital administration.

3 Seven new-born care units have been established in Lindi and Mtwara region, more babies survived and mothers increasingly deliver in health facilities.

4 A two-years District Health Management advanced training has been introduced in three Zonal Health Resource Centres for standardized long-term capacity building of District Health Managers; 45 regional and district managers are graduating in 2016.

5 Pro-active recruitment and retention guidelines for health personnel are available now to local governments; 28 medical graduates have been already successfully recruited.

6 Participation of civil society in annual council health budget planning has improved and resulted in higher responsiveness of health plans to communities' needs.

7 Improved Community Health Funds administration led to increased membership in Mtwara, Lindi, Tanga and Mbeya.

TGPSH (2013 – 2016)

8 The draft Health Financing Strategy has been finalized for approval by the cabinet in 2016 aiming at providing access to quality health care for all Tanzanians.

9 Service agreements of councils with 30 private hospitals have been concluded providing now maternal and new-born services free of cost in these private facilities.

10 Public-Private Health Fora both at national and regional level have been established and increased private sector investment in health.

11 Private companies have introduced a health education workplace programme, 259 focal persons and 338 peer educators have been trained and since contributed to prevent HIV transmission and promote a healthy life style.

12 Twenty-seven youth clubs with 692 members have been established in Mtwara and improved health education and services for young people.

13 Civil society participates more effectively in the Global Fund programmes which led to better responsiveness of the programmes to the needs of affected people.

14 Quality standards for health services now take people with disabilities into consideration which will improve their inclusion and access to health services in the future.

15 A number of strategies and policy documents have been developed by the Ministry of Health with technical advice of GIZ during the past three years.

UNITED REPUBLIC OF TANZANIA



Ministry of Health and Social Welfare

**DIPLOMA IN DISTRICT HEALTH
MANAGEMENT**

NTA LEVEL - 6

**MODULE 06205: MANAGEMENT OF HEALTH
INFORMATION SYSTEMS**

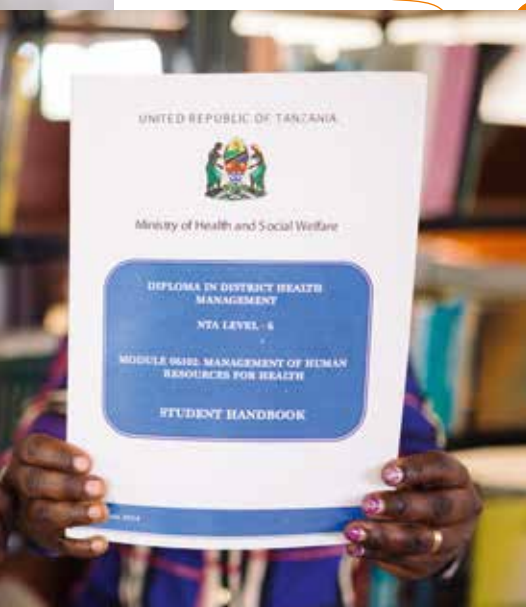
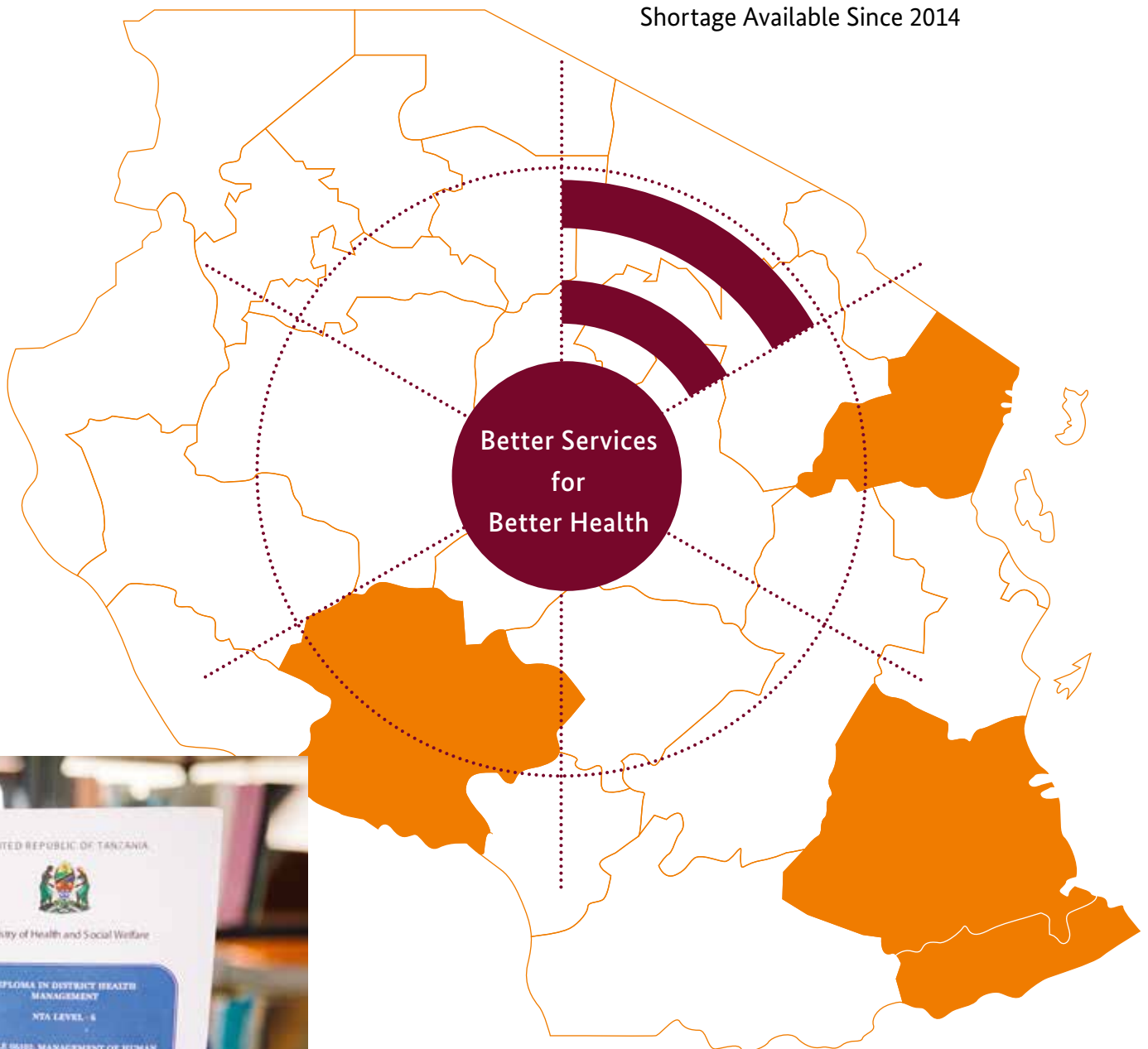
STUDENT HANDBOOK

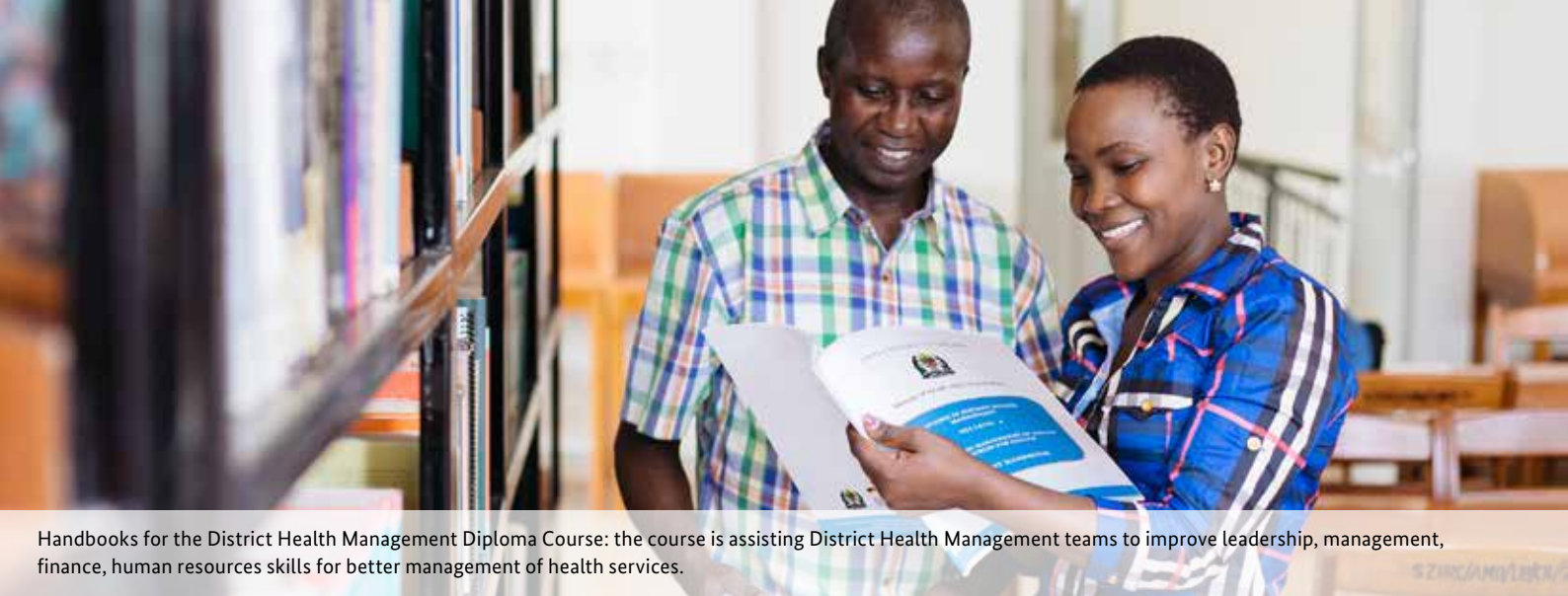
Better District Health Management for Better Services

18 Certified Diploma on District Health Management Available Since 2014

19 Citizen's Voice for Better Health Plans

19 Orientation Guide for Addressing Staff Shortage Available Since 2014





Handbooks for the District Health Management Diploma Course: the course is assisting District Health Management teams to improve leadership, management, finance, human resources skills for better management of health services.

Certified Diploma on District Health Management Available Since 2014

Until recently, Tanzania was lacking a standardized advanced training for District Health Management which would help public health managers who often did not receive comprehensive management training before starting their assignment. The then Ministry of Health and Social Welfare asked TGPSH for technical assistance in developing such a training aimed at standardising and lifting the quality of public health management in line with national requirements.

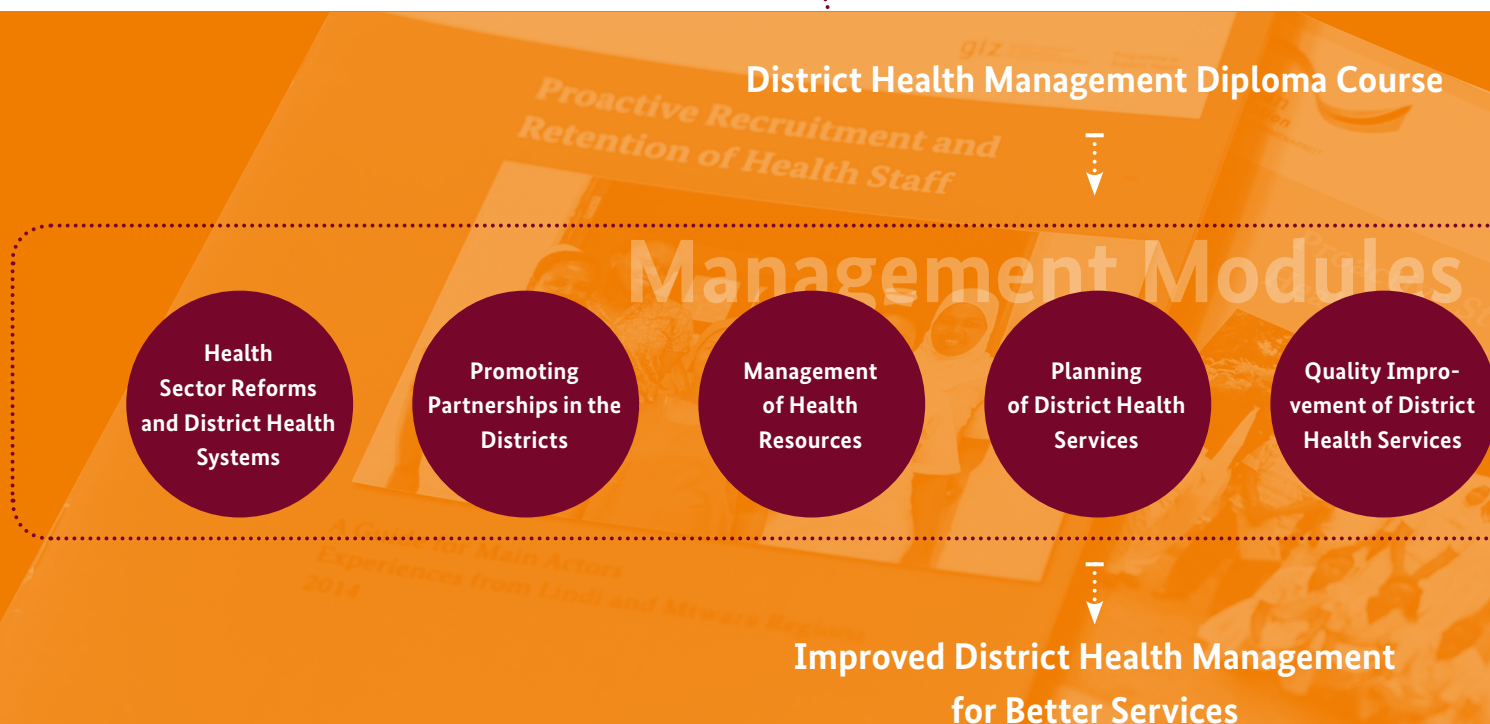
In cooperation with the Ministry and the then Prime Minister's Office for Regional Administration and Local Government (PMO-RALG, now President's Office for Regional Administration and Local Government since November 2015), a tailor-made part-time two-years diploma course has been developed. It includes a wide range of management functions which are covered in 7 modules.

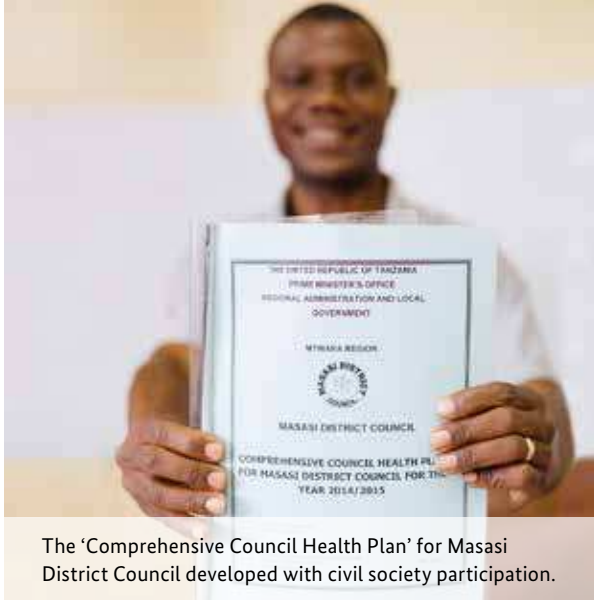
Meanwhile, the course has been adopted as national standard for the training of health managers and accredited by the National Council for Technical Education. It has been jointly launched by the then PMO-RALG and Ministry of Health and Social Welfare and introduced to the Zonal Health Resource Centres in Arusha, Iringa and Mtwara in 2014.

The Prime Minister's Office for Regional Administration and Local Government has instructed local governments to budget for the participation of managers in the course.

At least 45 local and regional managers have been enrolled in the first batch and are about to graduate in 2016. They will be better equipped to mobilise and use their limited resources more efficiently and effectively, make better use of modern technology for planning and will be better able to apply managerial and leadership skills to better cope with the challenges and dynamic changes and find long-term practical solutions.

District Health Management Diploma Course





The 'Comprehensive Council Health Plan' for Masasi District Council developed with civil society participation.

Citizens' Voice for Better Health Plans

Citizens' participation in health planning is the key to ensure that their needs and priorities are taken up in community health plans. All too often, local health planning does not reflect specific community needs, even though local committees comprising government officials, health care providers and community representatives are tasked with meeting regularly to discuss how to distribute allocated funds for health care in order to address local needs.

TGPSH has strengthened the capacity of local health committees such as council health services boards, council health management teams and health facility governing committees to ensure effective community engagement in the design, planning, implementation and monitoring of health services.

As a result, health plans have become more responsive to the needs of the communities.

Orientation Guide for Addressing Staff Shortage Available Since 2014

Rural areas in Tanzania tend to face far more challenges attracting and retaining qualified doctors, nurses, midwives and other staff to work in their health care facilities. Mtwara and Lindi have long been perceived as particularly unattractive and recruiting and retaining qualified medical staff is a constant battle. Together with the regional authorities, TGPSH developed pro-active recruitment and retention guidelines for these regions.

These guidelines propose financial and other incentives such as staff housing, availability of clean water, a warm welcome and orientation of new staff and basic food and shelter for the first week to help to retain health workers in rural areas. So far, 5 councils have successfully recruited and retained 28 health graduates from local training institutions. In addition, the TGPSH approach to local recruitment and retention has been incorporated in the national Human Resources for Health and Social Welfare Strategic Plan (2014-2019) which provides guidance to all regional and district health authorities in Tanzania.

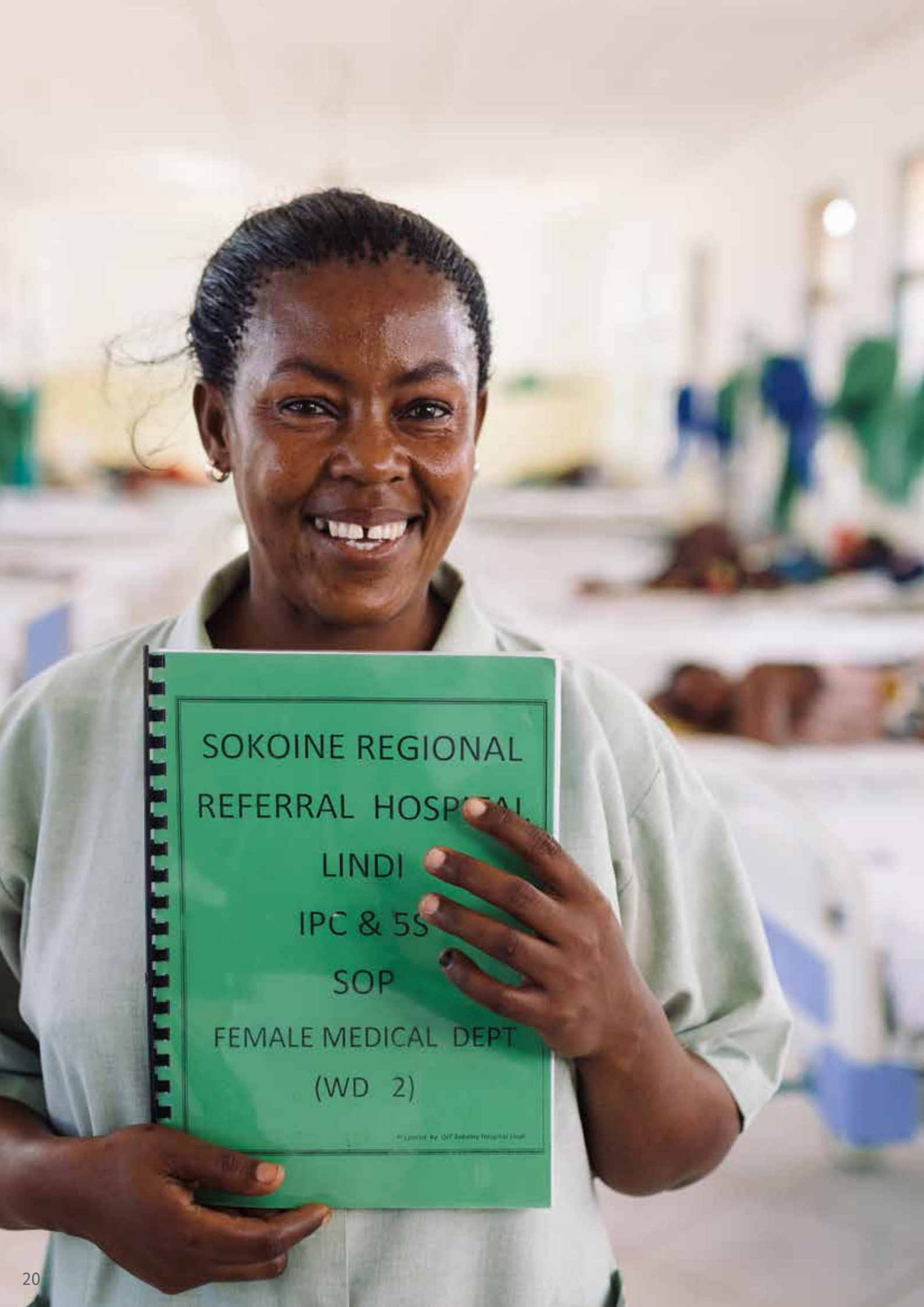


Orientation guides on human resource recruitment and retention

These guidelines help local governments and health authorities in pro-active recruitment and retention of personnel in rural areas. The pro-active recruitment and retention Guidelines' are available to local governments and regional health authorities through the Ministry's Human Resources Development Department.

Health
Financing

Health
Care Technical
Services



SOKOINE REGIONAL
REFERRAL HOSPITAL

LINDI
IPC & 5S
SOP

FEMALE MEDICAL DEPT
(WD 2)

© Control by QIT Sakeliny Hospital Dept

Better Hospital Management for Better Services

22 Improved Quality Management
in 12 Hospitals Serving ca. 7 Million
Tanzanians

29 Improved IT-based Hospital Manage-
ment in 5 Hospitals



12

quality improvement teams

Improved Quality Management in 12 Hospitals serving ca. 7 Million Tanzanians

To start with, quality improvement teams composed of a wide variety of staff from different background have been set up in each hospital. Their task is to assess, discuss and monitor the quality of health care using performance based indicators, specially developed for each department.

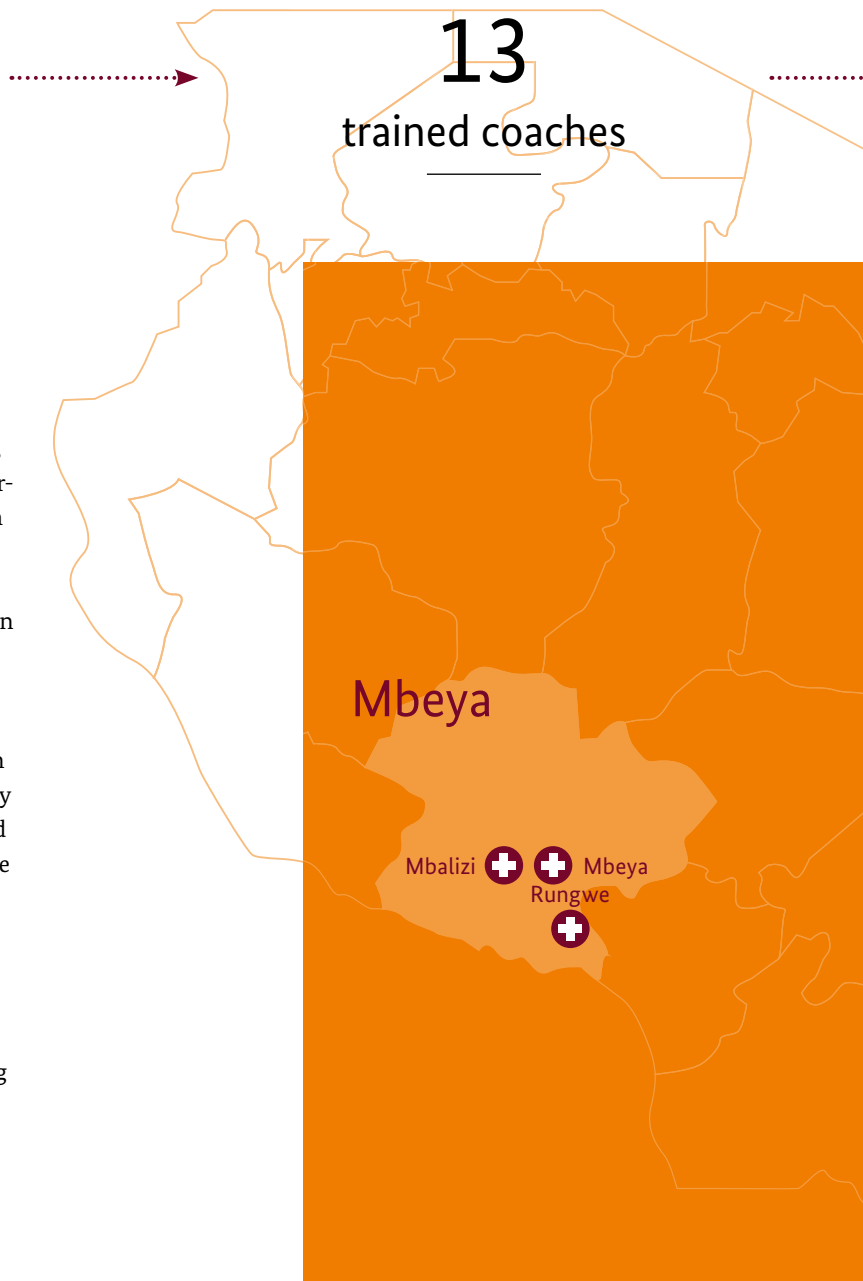
Initially, the quality improvement teams were uncertain about their roles and responsibilities, or how to use the information from assessments to make improvements.

Meetings often lacked coordination, results-orientation and open communication. In order to support the newly established quality improvement teams, TGPSH trained quality improvement coaches – usually a member of the regional health management team.

Each quality improvement team has been allocated a quality improvement coach who supports the team on a regular monthly basis. He or she helps them fulfil their task of drawing up action plans and implementing respective measures.

13

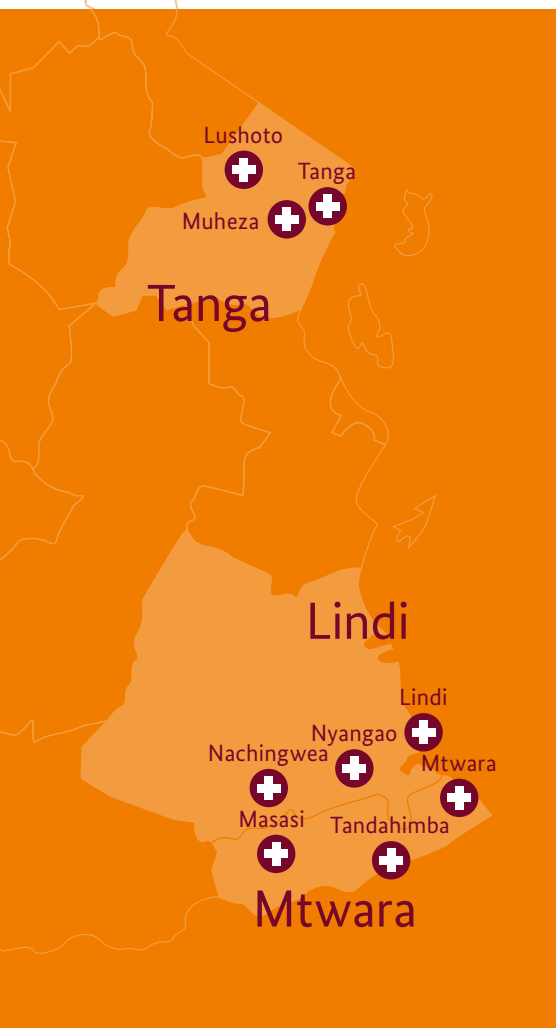
trained coaches



178
coaching sessions
in 2015

7.000.000
Tanzanians

benefitting from better health service

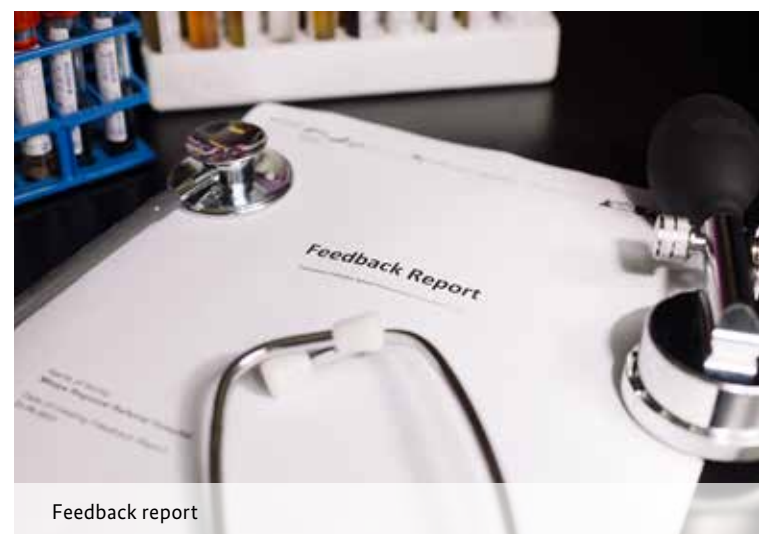


Throughout 2015, monthly coaching sessions were held for 178 members of quality improvement teams. The coaches also ensure good communication both within the quality improvement teams and with all staff in the hospitals. There are now 13 trained coaches in the four regions covering all 12 hospitals, spending at least two hours with each team every month.

Complementary, hospital managers have been trained in using a tool for the overall monitoring of the quality of hospital services. Based on data and evidence provided by this monitoring tool they are now able to take corrective action where problems occur.

For example, in Tanga Regional Referral Hospital regular assessments showed that hygiene was a major problem leading to unnecessary hospital-acquired infections and, in some cases, death due to sepsis.

As a result, the management decided to appoint special cleaning staff in some wards and to introduce a simple check-list system to ensure that preventive standard procedures such as hand washing are adhered to. Infection rates and deaths from sepsis have come down as a result, especially on the maternity and surgery wards.



Feedback report

Improvement in



A triage card for new-borns: the card helps health workers to identify critical conditions in a new-born and take correct actions instantly, thus saving new-borns' lives.



Well stocked hospital pharmacy.



Biomedical Technician repairing an oxygen concentrator.



Mosquito nets for every bed in the maternity ward in Lindi Regional Referral Hospital.

Hospitals' Performance

Regular quality assessments show that between 2014 and 2015 the hospitals' performance has improved in the areas of:

Infection control

- › Sterilisation departments have been set up, with proper sterilisation rooms and functioning autoclaves.
- › Personal protective equipment has been made available and is used by trained staff in designated places for specified procedures.
- › Staff has been trained in universal precautions.
- › Decontamination and cleaning of instruments is carried out by trained staff according to national guidelines, which are clearly displayed and adhered to.
- › Treated mosquito nets are available for every bed in the maternity and neonatal wards.

Management of medicines

- › The hospitals have systems in place for regular stock taking and monitoring of medicine and supplies in order to avoid running out of essential drugs.
- › Procedures for ordering, receiving, issuing and disposal of medicines follow national guidelines.
- › The dispensary is open 24 hours a day and has functioning, regularly maintained fridges to store medicines at correct temperatures.
- › All prescribed medications are recorded in patient notes.

Human Resource Management

- › Hospitals have adopted plans for recruiting and retaining staff, and ensuring better working conditions.

- › Staff appraisal systems and incentive packages have been put in place to recognise the performance of individuals and teams and reward staff.
- › Procedures for disciplinary measures for staff misconduct have also been established and hospital management trained in how to use them.
- › Staff attendance registers are filled out on a daily basis and the information is used for better staff deployment by the hospital management team.

Maintenance of equipment

- › Procedures for ordering, receiving, storing and disposing of medical equipment and supplies adhere to national guidelines.
- › Procedures for regular maintenance of equipment have been put in place.

Clinical care

- › A triage system has been implemented to fast track emergencies and care for those in critical conditions or in the event of an emergency.
- › Standard operating procedure check-lists are used for surgical interventions.

Patient orientation

- › Patients do not have to wait long time to register or get treatment.
- › Patients are satisfied with the handling of complaints by the hospitals.
- › Patients say that clinical staff are more attentive to their needs and explain things clearly and in a friendly and professional manner.



The partnership with GIZ helped us to understand the short- and long-term benefits of improved quality standards.

Dr. Emmanuel Bomani, Medical Doctor and Clinician in Charge for Obstetrics and Gynaecology, Sokoine Regional Referral Hospital, Lindi

Complaints Procedures

in all 12 hospitals

Meanwhile, the quality improvement teams have become much more confident about their role and more pro-active in implementing quality improvement plans. Patient's feedback is not perceived anymore as criticism but rather understood and welcomed as a critical input to improve the quality of service delivery.

The Tanga Regional Referral Hospital for example, in response to patients' dissatisfaction about long waiting times and the poor quality of care, decided to introduce a feedback questionnaire which patients are routinely asked to fill in before leaving the hospital.

In addition, a complaints office was set up. The appointed complaint officer received training from TGPSH on how to resolve problems in an effective and timely way and to give feedback to patients and staff so that, where necessary, corrective measures can be put in place. In the meantime, Muheza and Lushoto district hospitals have also introduced their own complaints procedures.

In a functional complaint management system different methods of data collection should be deployed – complaint boxes, hotlines, email, face to face feedback in defined office place within the hospital.

The definitive objective is to address the issues raised and communicate results before the complaints damage the institution reputation.

As a result of the three years of TGPSH support to quality improvement in these 12 hospitals, health staff is now taking pride in the improved quality of their services.

Responsibility for quality improvement has been taken up by the majority of staff. They know what is expected of them and can see for themselves the benefits of improved quality of services.





Hospital Quality Improvement Teams are the engine of quality management. Representation of different staff cadres is important.

“

Before I didn't know that it is possible to have a direct link between hospitals and the community. Through the Complaint Mechanism we are now able to get patients' inputs. The Mechanism opens a door for them to share their opinion so that we can improve our health services constantly.

Joseph M. Nzige, Quality Improvement Focal Person at Tanga Regional Referral Hospital



A complaint officer in Bombo Hospital receives complaints via sms.



A complaint management system must be visible and accessible.

Computer Assisted Hospital Management System

“Before Afya Pro we did everything manually on papers. Now our paper-work has greatly reduced. The revenue has increased, due to the fact that we serve more people in a shorter time.

Dorothy Kiangu – Cashier Lushoto District Hospital



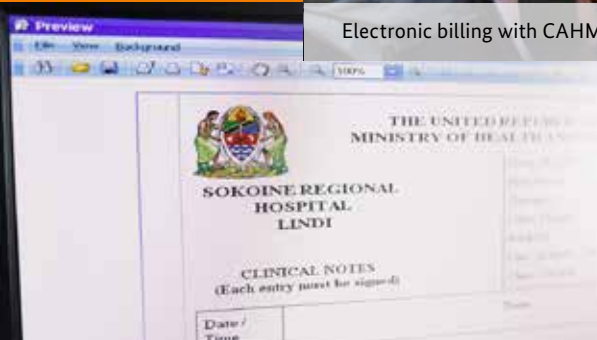
Electronically issued receipt with CAHMS.



Electronic billing with CAHMS.

“If the revenue is increasing, you can immediately see it in the system and the work of management becomes much easier. You can check the computer to see if the patient has paid and which department he went to.

Dr. Gloria Mbwire, Medical Officer in Charge, Mbeya



IT-based record keeping with CAHMS.



CAHMS training in Muheza.

“It was a challenge to get our staff used to the computers. But everywhere we established the system things are running better.

William Masika – Computer System Analyst Tanga Regional Referral Hospital



Before CAHMS ...

146%

Revenue Increase due to CAHMS

Tanga Regional Hospital
2011 – 2014

Improved IT-based Hospital Management in 5 Hospitals

Hospitals in Tanzania still face a big challenge when it comes to efficient and effective administration. Lengthy manual procedures take time and are error-prone, causing frustration on both sides patients and staff. There are long queues of patients and piles of dusty files everywhere. Entering records manually soaks up scarce resources that could be better deployed on other tasks. Hand written records get lost, fees are difficult to trace and it is often impossible to keep track of medicines. Thus, hospital managers have little control over finances or medicines, or accurate data on which to base their decisions and plans. It has become a vicious circle because hospitals never have any extra money to invest in IT systems that would help increase efficiency, transparency and accountability and release staff to be deployed meaningfully elsewhere.

Recognising this challenge, the hospital management team in Tanga asked GIZ for help to break this vicious circle. Sometime later, the Computer Assisted Hospital Management System (CAHMS) was born and first 'delivered' in the Tanga Regional Referral Hospital. GIZ helped set up rooms for servers, provided hardware as well as IT training for selected staff. The Afya Pro software that was chosen is simple to use and easy to maintain. Since it is a Tanzanian product the company can provide technical back-up whenever needed through an annual support package.

The contrast between growing archive shelves of dusty patient files and the orderly computerised outpatient e-registration process could not be greater. The long queues of patients have disappeared and their medical records are easy to retrieve for all subsequent visits. Electronic billing has speeded up financial administrative processes: Bills and receipts are issued immediately, reducing opportunities for misreporting or misappropriation.

Just as important, a patient's insurance claim can now be instantly and correctly delivered – in seconds rather than months – to the National Health Insurance Fund. This significantly speeded up the payment of hospitals and improved cash flow for their operations. Besides, e-claims are far less error-prone and resulted in a massive increase of hospitals' revenues: Tanga Regional Hospital's revenue increased by a 146% between 2011 and 2014 and Muheza hospital's by 42% from 2013 to 2015. This is a huge return

42%

Revenue Increase due to CAHMS

Muheza Hospital
2013 – 2015

on relatively little investment in hard ware and staff training. Since every medicine dispensed by the pharmacy is now digitally recorded, it has become much more difficult to misappropriate supplies or dispense 'corridor prescriptions'. Instead, medicine supplies are continually audited helping the hospital not to run out of essential medicines.



CAHMS supports hospital managers to control medicines.

Meanwhile the management teams of the hospitals in Tanga and Muheza took over full responsibility for the computer system and secured employment of a full time IT expert to facilitate smooth running of the system with their own resources.

In 2015, TGPSH facilitated a peer exchange programme between the four regions resulting in Lindi and Mbeya introducing CAHMS in their regional hospitals immediately thereafter. Within four months, Lindi set up an IT-based management system in 21 service outlets of the hospital. The system has been officially launched by the Chief Medical Officer, Professor Muhammad Bakari Kambi, on 21.3.2016.

Computers have been the catalyst for breaking the vicious circle hospitals have always faced of having no money and too few staff to tackle meaningful change and improvements. The Ministry of Health has recently committed to adopting computer management systems in all hospitals nationwide in order to make public health administration more effective, efficient and accountable.



Better Services for Mothers and New-Borns in Southern Tanzania



New-born Care Units in Lindi and Mtwara



Two premature babies admitted to the new-born care unit at Lindi Regional Referral Hospital. TGPSH provided medical technical equipment for hospitals to provide comprehensive care and help very sick babies to survive.





Regular mentoring including skills-drills helps health personnel to keep their skills up-dated.

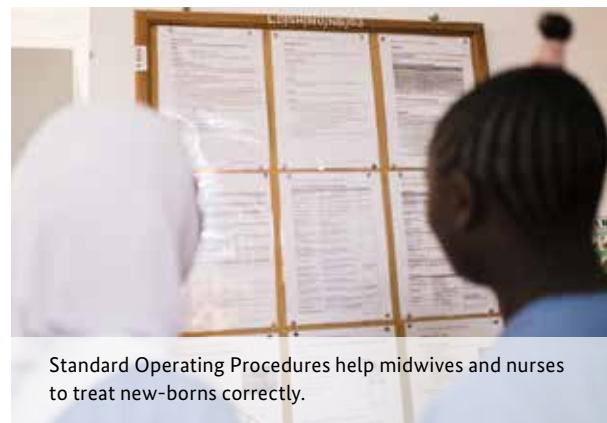
The Ministry of Health, Community Development, Gender, Elderly and Children is committed to ensuring that all pregnant women receive good antenatal and postnatal care, so that their babies get the best possible start in life. However, maternal and neonatal mortality in Tanzania remains stubbornly high at 454 mothers' death per 100,000 live births, and 26 babies' death for every 1,000 live births respectively.

This is especially true in the under-served regions of Lindi and Mtwara, where there are severe shortcomings in antenatal care, shortages of skilled staff and limited availability of emergency care for mothers and babies. In Lindi region for example, Sokoine Regional Referral Hospital in 2014 had only 20% of the doctors and 60% of the midwives it should have and the staff available were not sufficiently trained in emergency obstetric and neonatal care.

Complications in labour were often not recognised or diagnosed too late causing all too often the worst possible implication for mothers, new-borns and their families.



A nurse receiving mentoring on data management related to the new-born triage card.



Standard Operating Procedures help midwives and nurses to treat new-borns correctly.

Many pregnant women had no confidence in obstetric services and continued to give birth at home without skilled assistance at all.

The Ministry and regional health authorities in Lindi and Mtwara region asked TGPSTH to support their efforts to improve the quality of maternal and new-born care by training health staff, introducing quality standards, improving referral systems and management structures and implementing a regular maintenance system for medical equipment.

To this end, TGPSTH supported hospital managers to establish new-born care units. Medical technical equipment such as baby warmers and oxygen concentrators as well as some furniture has been provided to the hospitals. Standardised documentation and treatment guidelines have been jointly developed and introduced. Midwives initially received class-room training followed by further on-the-job training in their respective facilities. Regular mentoring by supervisors is carried out during field visits to health facilities on care for sick or premature new-borns.

“I am impressed with the ongoing quality improvement, neonatal care and maternal care capacity building. I am delighted that we do not end in class, we go ahead to provide on-the-job training, coaching, mentoring and supportive supervision.

Albetina Mlowola, 41 years old, staff from Mtwara Regional Referral Hospital and Regional Health Management Team Member



Standard equipment of a hospital-based new-born care unit in Mtwara Region: To decrease new-born mortality special care for the very sick new-borns is needed. TGPSH provides high quality technical equipment adapted to a low tech environment to support the treatment of sick babies. Nurses and midwives in dispensaries and health centres have been trained to diagnose danger signs in new-borns, initiate treatment and refer babies timely to the new-born care units for further specialized care.



A nurse providing care to a mother and her new-born baby in a postnatal ward in Mtwara.

By the end of 2015, seven hospitals had established new-born care units, more than 200 medical personnel have received training in new-born care and health facility in-charges have been oriented on quality improvement measures and data management in order to support their staff in the provision of good quality care to mothers and new-borns. TGPSH also supported all hospitals that have new-born care units to improve cooperation between the labour room and new-born care unit personnel to use the same standard treatment and observation checklists for mothers or babies.

Improving quality of maternal and new-born care is important to convince women to deliver in health facilities so that they can benefit from emergency care should problems arise. TGPSH supports health facilities to establish and strengthen quality teams in maternity and new-born care units. These teams review treatment and care on a regular basis using evidence-based quality improvement tools.



Skin-to-skin-contact, Kangaroo Mother Care, is a simple evidence-based method to care for premature and sick new-borns. TGPSH promotes this low-tech measure to increase survival of these babies and foster bonding between mothers and their sick babies.

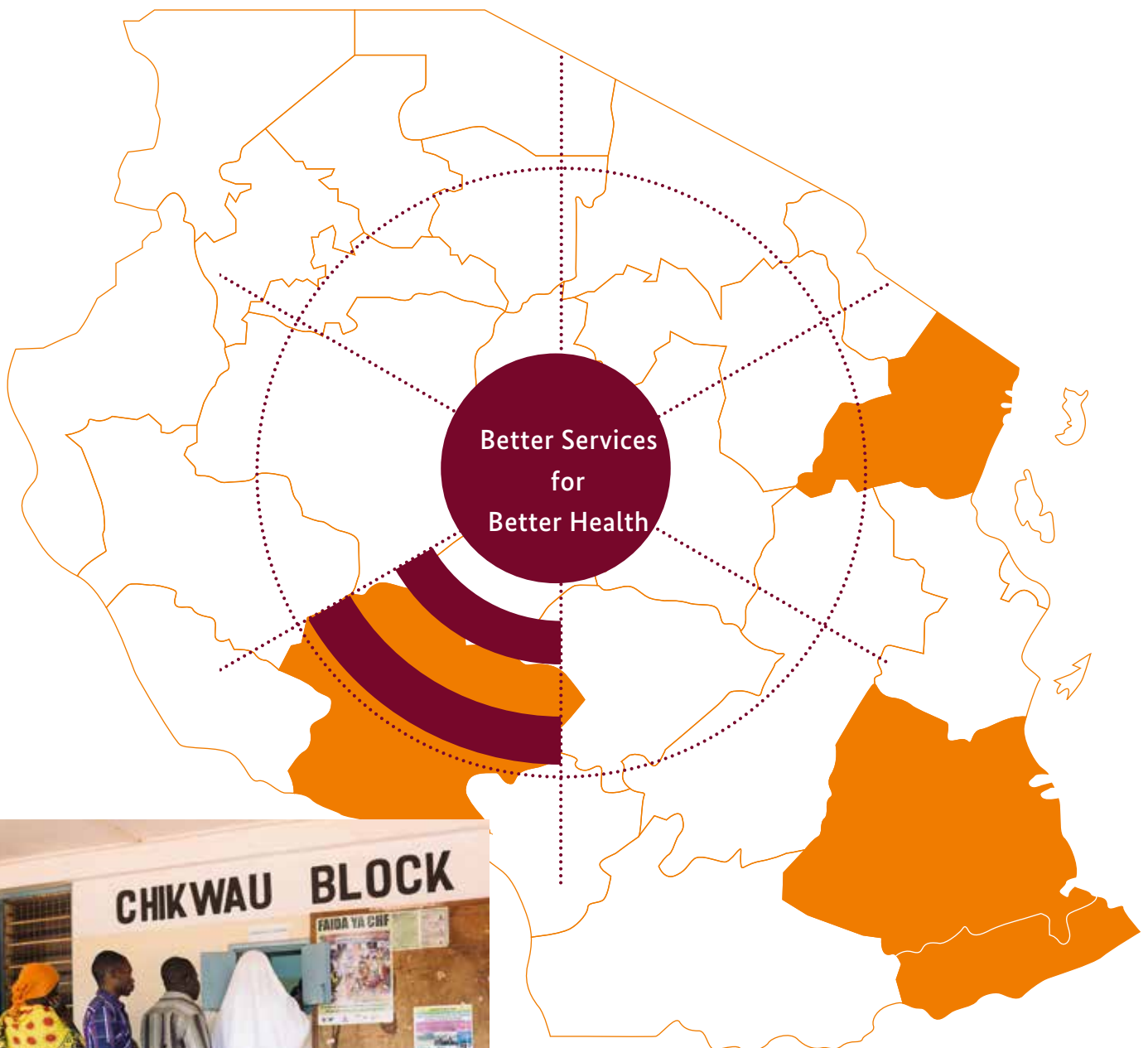
Thirty-four year old Tumaini Salum has given birth to her third child at Mtwara Regional Referral Hospital. She has been anxious because her second baby died at two months and she doesn't know why. Her new baby was born four weeks prematurely and weighted just 2 kg, but Tumaini has been relieved that the baby has gained weight and now seems to be doing well. She said the care she has received in the neonatal care unit has considerably improved compared to her first and second deliveries. There were more nurses and midwives and they have been more friendly and helpful. The ward was a lot cleaner than before. She has also been shown how to breast-feed and bath her new baby properly and told the benefits of breast milk and the importance of cleanliness to prevent infection. She also knows now about the benefit of Kangaroo care to keep her premature baby warm.



Better Access to Health Services for Poor Tanzanians

39 Health Insurance for all Tanzanians in Future

39 Improved Administration of Community Health Funds in 4 Regions





Information on the benefits of health insurance is provided to school girls in Masasi. Community Health Funds enable every member to enjoy basic health services free of cost at the facility.



Elderly people learn how to enrol their families into Community Health Funds and which services they are entitled to receive at the local health facility, health center and district hospital. Currently about 20% of all Tanzanians are members of health insurances. The ultimate aim is to have everyone insured against unbearable health service related expenditures.



Health Insurance for all Tanzanians in Future

Besides the support to the Community Health Funds, TGPSh along with other Providing for Health (P4H) key development partners (WHO, the World Bank, USAID, GIZ, KfW and the Swiss Agency for Development Cooperation) and stakeholders helped the Ministry of Health, Community Development, Gender, Elderly and Children to develop the health financing strategy. This strategy aims at health insurance coverage of all Tanzanians in the upcoming years so that all citizens have access to the same basic health care services without financial risks to them and their families. It is a milestone achievement on Tanzania's way towards Universal Health Coverage. TGPSh contributed to six technical studies on key topics of health financing such as the inclusion of the poor and vulnerable or health care provider autonomy in Tanzania etc. which built the evidence base for the strategy design. The draft health financing strategy was completed in August 2015 and legislation for a single national health insurance scheme is awaiting approval by the Tanzanian Government in 2016.



A fully replenished back up stock for medicines at the main pharmacy store of Masasi Town Hospital.

Improved Administration of Community Health Funds in 4 Regions

According to the World Bank, in 2011 almost half of all Tanzanians live below the international poverty line of US\$ 1.90 a day, and unemployment rates are high (National Bureau of Statistics (2014) recorded a 10.3% unemployment rate for 2014, and youth unemployment was even higher at 13.7%). Poverty and poor health often go hand in hand, as out-of-pocket health payments prevent poor people from using health services or push them into deeper poverty.



IT-based CHF data management helps hospitals in speedy claiming of reimbursements of service-related expenditures from the National Health Insurance Fund.

In an attempt to break this vicious circle, the Government of Tanzania is keen to set up a health insurance system that will protect the poor from financial catastrophes due to ill health.

The Community Health Funds (CHF) are council-based pre-payment health insurance schemes designed to help people to access health services without financial risks. Members pay a small annual contribution and, in return, have access to basic health care services free of cost. CHFs however suffer from severe challenges related to administration and the unsatisfactory quality of health services. Poor financial management of CHFs in the end of the day leads to the unavailability of medicines in health facilities and the need for patients to buy medicines elsewhere.

Consequently, CHF members feel it not worth paying into an insurance scheme after all. Hence, only 20% of the population is enrolled in the CHF schemes and the dropout rate after the 1-year membership has expired is high. In response to this situation, TGPSh has focused on strengthening the administrative and management structures of CHFs and simultaneously supporting health facilities in improving the availability of medicines.

In Nachingwea for instance, Community Health Fund resources and funds from health service reimbursements are now pooled in an easily accessible district account. With these resources, a district back-up store for essential medicines has been established at Nachingwea Hospital and the frequency of stock-outs decreased. This is mirrored in raising Community Health Fund enrolment rates from 3.8% in 2013 to 11.7% in 2015.

Due to such improvements, Community Health Funds in Tanga, Mbeya, Mtwara and Lindi are now more efficient and slowly regaining credibility. The latter has been supported by information campaigns within communities to raise awareness about the improved CHFs administration and increased availability of medicines, and to convince the local population to enrol.

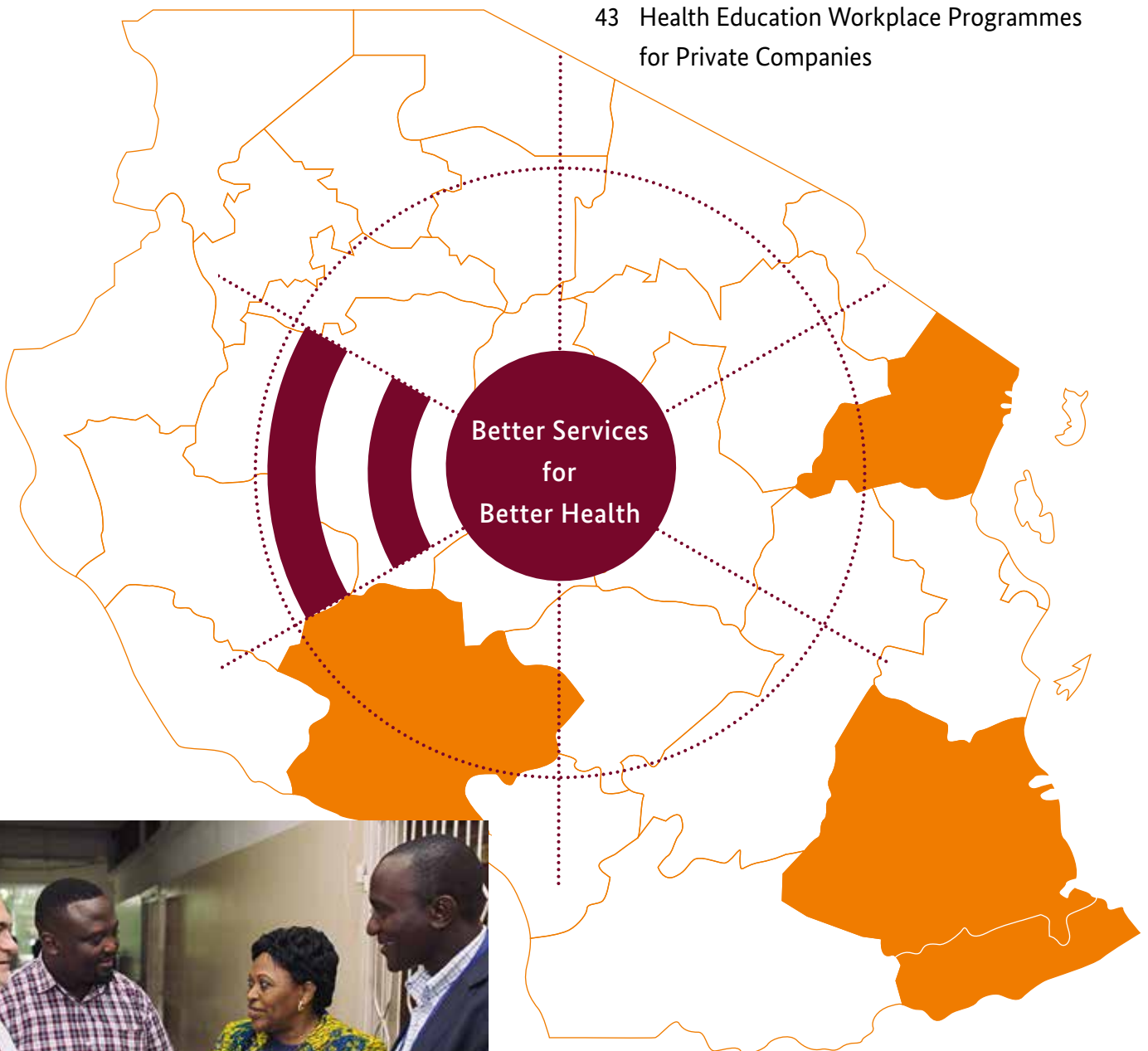


*The United Republic of Tanzania
Ministry of Health and Social Welfare*

Public Private Partnership Strategic Plan 2010-2015

Better Services through Private Sector Investment in Health

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- 42 Better Access to Services Through Public-Private Partnerships
- 43 Health Education Workplace Programmes for Private Companies



Health – A Joint Responsibility of the Government and the Private Sector

In recent years, private companies in Tanzania have become increasingly important players in the health sector through their corporate social responsibility policies. These initiatives complement government efforts and bring in much-needed additional resources, but they are often not well coordinated with the public sector. TGPSH has been helping to strengthen the capacity of local government representatives to be able to interact effectively with business companies and discuss potential partnerships to support the health sector.

In 2014, the then Ministry of Health and Social Welfare with support from TGPSH launched the Public-Private Health Forum. The forum meets quarterly and is chaired by the government and co-chaired by private sector representatives and brings together government officials, private investors, private service providers, foundations and professional associations to discuss and agree on joint actions to improve health care in Tanzania.

Mbeya region welcomed the approach and, in 2015, has set up its own regional Public-Private Health Forum with TGPSH support. Since the forum invites business companies such as Mbeya Cement, Tanzania Breweries Limited, the National Microfinance Bank, Bank of America, Biolands and Tigo, to take part in the quarterly meetings. The forum comprises 23 regular board members, but meetings are usually attended ad hoc by a number of other stakeholders. The Mbeya Public-Private Health Forum meanwhile has also established a Corporate Social Responsibility Committee to ensure that support from the private sector is well coordinated.

Better Access to Services through Public-Private Partnerships

Currently, the private sector is providing about one-third of all health services in the country, and a further 18% is provided by not-for-profit, mainly faith-based organisations. Faced with a shortage of public health facilities in some geographical areas, the government of Tanzania has recently entered into a number of service agreements with private health providers to extend their services to all Tanzanians including those who cannot afford private services otherwise. These service agreements determine the type of services and the quality to be provided by the

private health facility as well as the extent of government support and reimbursements. Given the high maternal and new-born mortality in the country, many of these agreements prioritise free services for pregnant women and children under five.

Meanwhile, 30 such public-private service agreements have been signed and are being implemented with support from TGPSH and have helped to increase access to health services for about 642,462 under-five children and 976,457 women of child bearing age live according to census data from 2012.



A young mother handing over her health care card to a nurse in Mbeya Region. Through Service Agreements, pregnant women and children under five can access health services in the nearest private facility without out of pocket payment.

“The service agreement has brought new hope to the people of Bumbuli. Through this agreement, many lives of pregnant women and children under five have been saved compared to previous years. We are determined to continue developing these new partnerships.

Pastor James Mwinuka, Executive Secretary,
Lushoto Evangelical Lutheran Church

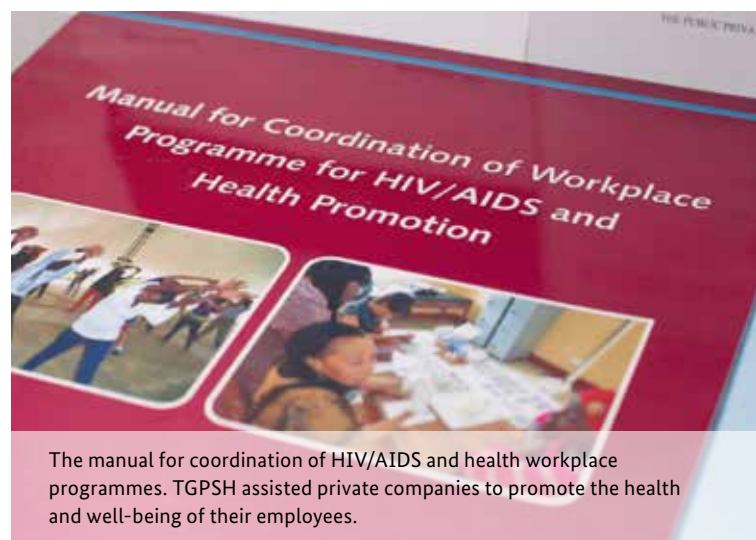


Dr. Aggrey Mlimuka (right), the Executive Director of the Association of Tanzanian Employers, with the Strategic Plan for the Private Sector's Workplace Programme

Health Education Workplace Programmes now available in Private Companies

Tanzania is heavily affected by communicable diseases such as HIV or tuberculosis and, increasingly, by non-communicable diseases such as diabetes and cardio-vascular diseases. Not only is this a growing double burden for the country's under-resourced health sector, it also results in high rates of absenteeism in the workplace and loss of qualified labour. These are huge challenges for the government as well as for private employers, and have enormous consequences for Tanzania's economy.

In an attempt to address these issues, TGPSH has been supporting private companies in implementing The Strategic Plan for the Private Sector's Response to HIV and AIDS and Health Promotion at the Workplace (2013-2015). To this end, TGPSH supported the setting up of workplace programmes promoting health information to employees. This included training 259 focal persons and 338 peer educators to conduct interventions in their workplaces on their own. Information campaigns targeting employees and workers at national and regional level have also been launched and annual health education days have also been held in workplaces – for example at Olam Tanzania Ltd factories in Mtwara. Some 30,000 employees have been reached and made aware of the need for a healthy life style.



Complementary, a Manual for Coordination of a Workplace Programme for HIV/AIDS and Health Promotion has been developed and trainers trained in how to use it to teach their co-workers about basic health prevention measures. The manual also raises awareness for non-communicable diseases, about which people generally know relatively little. Several companies, including Olam Tanzania Ltd, Aviv Ltd, Wakulima Tea Company, Mponde Tea Estate, Mbeya Cement Company and Bio-lands are using this manual.



Better Services for Marginalized Groups

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27 youth clubs

692
members

with programmes on sexual
and reproductive health

Improved Health Education and Services for Young People in Mtwara

More than a third of Tanzania's population is aged 10 to 24 (Tanzania Demographic and Health Survey 2010), and these young people represent huge potential for addressing the country's future social and economic development.

The reality, however, is that many of them are particularly affected by poverty, unemployment, poor education and health. They often lack access to basic health information and services to protect themselves from diseases such as HIV. Tanzania also has one of the highest adolescent pregnancy rates in the world (Tanzania Health Management Information System 2012). It is important therefore to empower young people to be aware of and exercise their sexual and reproductive health rights.

To this end, eleven civil society organisations working with adolescents in Mtwara region have received support from TGPISH. Intensive capacity building programmes have been put in place to help these organisations reach out to and work effectively with young people. This has been done through a series of training workshops, on-the-job mentoring and small grants.

Meanwhile, 27 youth clubs with 692 members have been established and organized training on topics such as family planning, the use of contraceptives and prevention of sexually transmitted infections for their members. An evaluation confirmed that members are now more knowledgeable about issues related to sexual and reproductive health and their rights and are more confident and comfortable about using condoms and contraceptives and negotiating safer sex with their partners.

The civil society organisations also approached local health care workers to discuss the way young people are treated when they seek health care or advice. This dialogue has helped to make health care workers more aware of young people's needs, take them more seriously and treat them with respect.

“I have attended several sessions run by Mtwara Action For Self Help Activities (MASHA) about adolescent sexual and reproductive health in which we discussed family planning and safer sex. These were very helpful because many of us didn't know how to protect ourselves from early pregnancies. MASHA also talked to the local health facilities. The nurses were very unfriendly and didn't know how to attend to us. Now they take young people seriously and treat us with respect. We are no longer afraid to seek professional health care advice.

Shufa Adi Ali (21), mother of a four-year old child and member in the youth club FAIDIKA run by the civil society organisation MASHA in the village Mbua



During a play youth club members challenge false beliefs in their village, by presenting their play in different settings, they want people to stop going to witch doctors but rather to seek help in professional health care facilities.



Improved Responsiveness of the Global Fund Programme to Those in Need

The Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM) provides funding to partner countries in order to respond to the challenges countries face by the burden of these three diseases. To oversee and coordinate the Global Fund's support to Tanzania, the Tanzanian National Coordination Mechanism (TNCM) has been established in 2002, composed of representatives of government, development partners such as TGPSH, non-governmental, faith-based organisations and people affected by HIV/AIDS, tuberculosis or malaria. In recent years, however, non-governmental organisations lacked effective coordination of their work and inputs to Global Fund applications and project implementation.

Since 2013, TGPSH has supported non-governmental organisations to strengthen their voice in the TNCM and to improve direct representation of key affected populations. This support included capacity development on multi-stakeholder dialogue, negotiation of diverse interests and coordination of technical inputs to the TNCM. Meanwhile, a non-governmental coordination group has been formed which is included in the TNCM work plan and funded by the TNCM.

As a result of better coordination, non-governmental organisations' priorities have been taken into account in new project applications to the Global Fund, thus for instance ensuring funding for HIV and TB projects targeting key populations. As TNCM members they are now confident in raising their concerns and provide feedback to Global Fund projects. This way they are contributing to more effective project implementation.

“Non-governmental organisations have never been as organised as we are now. We really appreciate the preparatory meetings before the TNCM meetings because they enable us to speak with one voice and to be more organised.

The late Flavian Makaranga, former Vice Chair of the Non-State Actor's coordination group

Improved Services for People with Disabilities

According to a Tanzanian disability survey conducted in 2008, almost half of the children living with disabilities do not receive any kind of education, and many persons with disabilities suffer from unequal access to health care services due to institutional, attitudinal and infrastructural barriers. Health workers often discriminate persons with disabilities; special health services are frequently not available as is accessible transport to health facilities.

Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) is a NGO-run hospital in Dar es Salaam. It is the largest health care provider for persons with disabilities in Tanzania.

Together with CCBRT's Advocacy Unit, supported by an integrated TGPSH expert, the programme has successfully facilitated the inclusion of disability in national quality management standards for health services. This was done through technical advice and support to the national technical working group on quality improvement chaired by the Ministry of Health. Since, disability inclusion is forming a quality criterion in planning, monitoring and evaluating health services management.

In order to detect disabilities at the earliest possible point of time in a patient's life and provide treatment as soon as possible, CCBRT started in 2010 a maternal and new-

born care capacity building and mentoring programme with 22 health facilities and hospitals in Dar es Salaam. For the benefit of Lindi and Mtwara region, TGPSH facilitated a new cooperation between the two regions and CCBRT. The objectives are to make new-born screening for disabilities a standard procedure after delivery in both the regions and to transfer babies with disabilities from Mtwara and Lindi to CCBRT for special treatment and care.

Besides, CCBRT is currently constructing its own 200-bed maternity and new-born care hospital with a contribution of EUR 15,000,000 from the German Government through KfW development bank. It is expected to open in 2017 and regarded as the biggest hospital for inclusive maternal and new-born health in East Africa.

An integrated TGPSH expert on hospital quality management is supporting CCBRT in developing the quality management system for the new hospital. This includes the definition and documentation of all clinical and non-clinical core processes related to maternal and new-born care, the development and documentation of policies, guidelines, process flows, standards and procedures for clinical, non-clinical and business functions, the development of an organizational manual for the hospital and the development of a document control policy as well as the training of future hospitals managers in applying the policy. This technical TGPSH support is an essential contribution to the successful future hospital operation.



The Advocacy Unit at CCBRT supports the implementation of the UN Convention on the Rights of Persons with Disabilities and gives a positive example for inclusive practices. Over 3% of 450 employees are people with disabilities.

“The law clearly stipulates: A person with disabilities has the right to have a family, has the right to quality health care services. So there is no way we talk about inclusion without ensuring that persons with disabilities are also getting access to good health care.

Fredrik Msigallah, CCBRT Advocacy Programme Manager

TGPSH to be continued

Acknowledging the many improvements achieved by the Ministry of Health, Community Development, Gender, Elderly and Children in the last three years with technical support from GIZ, both the Tanzanian and German governments committed during the government negotiations in 2015 to continuing the programme.

Following this agreement, a new phase of TGPSH has been conceptualised under the guidance of the Ministry and the four regional health authorities. The term of the new programme phase is three years from April 2016 to March 2019. The objective is to improve citizens' access to quality-assured health services. The targets are based on the key objectives of the Health Sector Strategic Plan IV and particularly focus on further improving quality assurance, health governance, maternal and new-born care and social health protection. Instead of 8 selected districts, henceforth the programme will support all districts of Lindi, Mbeya, Mtwara and Tanga regions.



April 2016 – March 2019



Policy Documents, Studies and Guidelines Supported by TGPSH

- › National Health and Social Welfare Quality Improvement Strategic Plan (2013 - 2018)
- › Human Resources for Health and Social Welfare Strategic Plan (2014-2019)
- › Human Resources for Health Production Plan 2014-2014
- › Health Care Financing Strategy (2015 - 2025)
- › Public-Private Partnership Strategic Plan (2016-2020)
- › National Public-Private Partnership Policy (2010)
- › Health and Social Welfare Sector Public-Private Partnership Policy Implementation Guidelines
- › Public-Private Partnership Act 2010 & Amended (2014)
- › National Service Agreement Template for Provision of Health Services between the Government and private Service Providers
- › Service Agreement Implementation Guidelines
- › Proactive Recruitment and Retention of Health Staff : Experiences from Lindi and Mtwara regions – A guide for main actors, TGPSH (TC) GIZ, 2014 Edition.
- › Proactive Students Enrolment into Training Institutions: Experiences from Lindi and Mtwara – A guide for main actors, TGPSH (TC) GIZ, 2014 Edition.
- › Sponsoring and Bonding of Students and Health Workers: Experiences from Lindi and Mtwara, A guide for main actors, TGPSH (TC) GIZ, 2014 Edition.
- › Options for Health Insurance Market Structure; Jan Bultman & Anselmi Mushy
- › Recommendations for Minimum Benefit Package; Grant Rhodes, Emmanuel Malangalila, Daniel Ngowi (P4H/ Abt. Associates).
- › Tanzanian Health Insurance Institutional & Organizational Assessment; Jan Bultman, G. Mtei
- › Health Provider Autonomy, a District Focus; Hernan Fuenzalida, Meinolf Kuper
- › Inclusion of the Poor and Vulnerable; Manfred Stoermer, Flora Kessy, Theresa Widmer
- › Community Health Fund Reform Options; Ulrika Enmar, G. Mtei
- › National Costing Study; MoHSW, Chris James, Mark Bura, Tim Ensor with inputs from Sourovi De and Sarah Fox
- › The internal migration between public and faith-based health providers: a crosssectional, retrospective and multi-centre study from southern Tanzania – Tabatabai, P., H. Prytherch, I. Baumgarten, et al., published in the Tropical Medicine and International Health 2013
- › Public and Private Maternal Health Service Capacity and Patient Flows in Southern Tanzania: Using a Geographic Information System to Link Hospital and National Census Data, published in January 2014 at www.globalhealthaction.net/index.php/gha/article/view/22883
- › “No Money, No Service” Community perspectives on health services experience, a study to inform the Mid-Term Review of the Health Sector Strategic Plan III, Tanzania; Crawford, S., Macha, J., Mutalemwa, P.
- › Manual for Workplace Coordinators on HIV and Health Promotion at the Workplace (English and Kiswahili).
- › Gender and HIV Training Manual (English and Kiswahili).

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