IMPLEMENTATION OF THE 16 MODEL DISTRICTS FOR PEER LEARNING IN EACH OF THE EIGHT ZONES HEALTH RESOURCE CENTRE (ZHRC) OF THE MINSTRY OF HEALTH AND SOCIAL WELFARE

CONCEPT NOTE

JAHSR 2012/13 MILESTONES IMPLEMENTATION–TWG1

BACKGROUND INFORMATION:

- During the 12th Annual Joint Health Sector Review , it was agreed to adopt improvement of the Council Health Plans in 2012-13 by implementing revised Comprehensive Council Health Planning- Guidelines as one of the milestones.
  - Two process actions were recommended in order to achieve the milestone these are;
    - building capacity on planning and budgeting at district and Regional levels by involving Zonal Health Resource Centres using Plan Rep tool.
    - Create model districts for peer learning in each of the eight zones.

BACKGROUND INFORMATION2:

- The sixteen districts are;
  - Bahi DC, Iramba DC, Kilolo DC ,Mbinga DC, Rungwe DC, Mbozi DC, Meru DC, wanga DC, Serengeti DC, Magu DC, Nzega, Kasulu, Kilosa, Kibaha Rural, Mtwara MC, Nachingwea MC.
- These are a sample of the districts that scored best in most of the seven criteria. Therefore, it is envisaged that making better use of the existing resources will yield better results which other districts can learn from. Modest investment would be done if need be
- **The seven indicators looked on;** the current strength of leadership, functional structures, availability of functional CHF and NHIF, facility account, timely and quarterly CCHP Plans and reports, and quick response to Ministerial instructions, guidelines and circulars

BACKGROUND INFORMATION3:

Stakeholders participating in strengthening Regional and district health services includes;

- Japanese International Cooperation Agency (JICA) who are supporting these efforts across the country,
- Germany Development Cooperation (GIZ), in Lindi, Mbeya, Tanga and Mtwara Regions,
- Swiss Development Agency for Cooperation in Dodoma Mpwapwa DC, and
- The planned support of the World Bank IDA Credit across the districts.
- A massive support is through the Health Basket Fund from the DPs that has been in place since 1999 (13years).

BACKGROUND INFORMATION 4:

- This concept note outlines and suggests on ways to implement the two process actions mentioned above towards improvement of Council Health Plans, by proposing that among the sixteen districts strengthening of RHMT and CHMT in planning and management will be undertaken simultaneously a special attention can be directed towards two districts to maximize their impact and make them centres of excellence.
- These districts have been agreed by MOHSW chosen because of their geographical closeness thus facilitating their monitoring and supervision, these are Iramba DC and Singida DC. The special attention would be directed on strengthening their health programmes so that they deliver effectively.

OBJECTIVES OF THE MODEL DISTRICTS

1. To strengthen District (CHMTs) and Regional (RHMTs) by building their capacity in health services planning and management in order to contribute towards improvement of district health services.
2. To promote local Regional and district health leadership, in strengthening community access to priority PHC services (district roll out of priority interventions-maternal and new borne services, EPI, Nutrition, TB, Malaria , essential commodities and medicines and HIV/AIDS services).
3. To demonstrate that with the existing resources if they are better coordinated managed and used efficiently and effectively is possible to improve both process and output indicators.

C KEY AREAS OF INTERVENTIONS:

1. **Improve RHMTS and DHMTs capacity in planning & budgeting and health service delivery to revitalize PHC in the following areas;**
   - **Strengthen HMIS** for District Health data analysis and information generation for decision making..
   - **Strengthening management**, of human resource ; which include deployment to facilities where they are needed most and **retention strategy by payment of their salaries on time,** where necessary by provision of an expenditure code to provide for salary advancements while waiting for the new staff to be placed on the pay roll.

- **Strengthening financial** and assets management; the sources of financing the district health budget include the grants from the central government, the cost-sharing funds, the National Health Insurance Funds, the Community Health Funds, the health basket funds and support from vertical programmes and NGOs projects working in the districts.
- Through the health boards and the facility governing committees, the expenditures of the funds need to be posted on the boards for public scrutiny as per the financial requirements and guidelines.

- **Strengthening medicines** and health technologies management. To ensure the proper use of the ILS introduced by the ministry for ordering and Inventory Management of Medicines and supplies through appropriate supervision and mentoring. Support will be provided to improve the quantification and forecasting capacity,

C KEY AREAS OF INTERVENTIONS 2:

2. **Support efforts and initiatives towards community involvement by strengthening health service boards & facility governing committee. These committees are in place in all the LGAs.**

–However they are weak due to weak health management teams and weak governance and leadership in the LGAs. There is also lack of knowledge on the area of effective decentralization and decision making.

There is a need to;

- Train the teams on how the health boards and committees can be strengthened and made functional as an important structure in the LGAs
- Engage the Counsellors and the members of Parliament to support the health sector development agenda.
- Advocate for change and focus on the most vulnerable groups in the community to foster equity
- Promote client satisfaction

KEY AREAS OF INTERVENTIONS 3:

3. **Explore the possibility of using Community Health Attendants** (CHAs) as suggested by the ministry of health (CHW) (CHA s) how best to use the available CHAs to facilitate the inter-phase between the Health facility and the house holds.
4. **Strengthening supportive supervision at all levels** with specific focus to improve operational effectiveness of the Model districts, and address referral to higher levels. There will be a concerted effort to foster supervision by the district teams through a cascade. The central supervising the regions, the regions to the districts and the districts to HCs and HCs to dispensaries. The interphase between the dispensary and the House Hold is the CHAs.

KEY AREAS OF INTERVENTIONS 5

5. Support work on governance, leadership & accountability in health care provision.

- Public Private Partnerships (PPP) – including fostering service agreements between– LGAs & private sectors providers.
- Further decentralization of health planning and management beyond the districts to lower levels health facilities, including the Health Centres and the Dispensaries irrespective of the ownership.
- Improve communication between management & communities on resources availability and usage. This will enforce transparency and accountability as well.

6. Address programmatic issue.

- This will include focusing on the regional level and district level planning and implementation and how to influence where the primary services are actually being delivered.
- These are the district level and beyond
  - ATM implementation within the framework of the district plans, HCs, Dispensaries and Clinics
  - Disease Control and surveillance including sanitation, environmental management and personal hygiene, infection control between communities and patients in hospital settings
  - MNCH Services scaled up with appropriate indicators to measure change

Monitoring & Evaluation

- Before the implementation of the 16 Model districts and two special districts information will be collected to assess the current status of the performance of the health system and the levels of the health status.
- This information will be collected through the existing Health Information Management System (HMIS) and other existing reports.
- Monitoring of the progress during implementation will focus on how programme guidelines and policies are implemented
- Priority will be on priority programmes contributing to MDG goals 4,5 and 6.
- The focus of monitoring will be on process and output indicators as presented in monitoring indicators of the Health Sector Strategic Plan III 2009-2015 and CCHP-G2011

D HOW THE SUPPORT WILL BE DELIVERED:

- The support will be coordinated jointly by the Ministry of Health and Social Welfare and The Prime Minister's Office Regional Administration and Local Government. The existing structures for the implementation of Regional and District Health Services in these Ministries will be used. Stakeholders, who are interested to work within the 16 Model districts, will engage with appropriate units and offices in these two Ministries.
- Upon agreement with these Ministries it will be necessary to pay visits to the districts to introduce the concept to the respective district authorities and then organise an inception or orientation meeting to all 16 districts.
- The implementation is not planning to introduce new tool but use the existing tools.
- Additional resources will mainly be to bridge identified gaps e.g. where there are no equipment; these will be procured.

(E) FINANCIAL IMPLICATION & (F)EXPECTED RESULTS:

- The plan is to maximise the effectiveness of the current level of funding and modest investment would be done if need be
- Expected results of the 16 districts; will have teams with a better team work; and enhanced performance on the areas of management, supervision, reporting and health plans which are implementable and bringing change to the health of the district population:

END OF CONCEPT NOTE