

# **TERMS OF REFERENCE FOR TECHNICAL WORKING GROUP ON QUALITY MANAGEMENT**

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## **1.0 Background and context**

For the past 15 years (the era of the Millennium Development Goals), the Ministry made tremendous efforts to improve the quality of health services. The efforts include review of various Quality Improvement (QI) and Quality Assurance (QA) initiatives (contained in a document titled – Towards Tanzania Quality Improvement Framework: Experiences and Lessons, [2002]) to inform development and review of the Tanzania Quality Improvement Framework (first edition 2004 and second edition 2011); development of QI documents for the HIV and AIDS services including QI training package, and Comprehensive Supportive Supervision and Mentoring Manual and Tool; development of implementation guidelines and tools for various QI approaches being implemented in the country such as Health Improvement Collaborative (HIC), 5S-KAIZEN-TQM approach, and Standards and Guidelines used in implementation of Standard-Based Management and Recognition (SBM-R) approach; review of National Supervision Guidelines for quality health services (2010); and establishment of an annual forum (National Quality Improvement Forum) since 2011 for sharing experiences, lessons and best practices on QI in health in Tanzania and elsewhere.

The diverse approaches and initiatives are being implemented by multiple stakeholders at various levels with limited sharing of information to the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC). This has affected coordination and harmonization with resultant duplication of efforts in some areas, some facilities missing relevant information of QA processes and the needed support on QI approaches resulting in distractions at facility level due to multiple approaches and tools as well as multiple uncoordinated demands from various organisations at various levels. Trainings of health workers have been done by various organisations but there is no proper inventory of the trainings showing who was trained, where, on what and by which organisation so that they can be utilised as resource persons when quality gaps are identified in performance.

It is against this background that, the Ministry had seen the necessity of having 14<sup>th</sup> Technical Working Group (TWG) on Quality in July 2014; and as part of implementation of the Health Sector Strategic Plan IV: 2015-2020, the TWG-Quality has been reformulated as TWG-Quality Management (TWG-QM) and it is now 11<sup>th</sup> among the newly reformulated working groups under Health Sector Technical Committee (which replaces the Technical Committee-SWAp). A strong national leadership to establishing both quality assurance systems (standards, guidelines, accreditation) as well to foster sub-national quality improvement processes (leadership, data use, context specific learning and improvement) is critical to ensure effective and efficient health services. Using resource persons at regional, council, facility and community level can serve cost and add value to the health workers who were trained on particular QI area.

The TWG-QM will advise the Ministry on issues of QM and also provide guidance on coordination and harmonisation of all quality initiatives in the country by various stakeholders. The TWG-QM is responsible for technical guidance on implementation of: the Tanzania Quality Improvement Framework 2011-2016 (and support for its revision); National Health and Social Welfare QI Strategic Plan: 2013-2018; the BRN-Health in the area of performance management of health facilities; supportive supervision, mentoring

and coaching in the sector; establishment of a quality improvement culture in health services. Also, the TWG-QM will provide technical support on finalisation of the Draft National Supportive Supervision Guidelines 2015 to accommodate the requirements contained in the policy commitments made from the JAHSR-Policy meeting of 11<sup>th</sup> February 2016. In terms of strategic objectives or directions in the HSSP IV, the TWG-QM oversight role is on **Strategic Direction-2 (SD 2) under item 3.0.**

## **2.0 Scope of Work/ Overall Aim and Purpose**

The TWG-QM aims at providing sound advice and technical directions for institutionalization of quality improvement and quality assurance in the context of Government development priorities. Specifically, the group aim to achieve the following:

To institutionalize Quality Assurance, the TWG- QM will provide advice to MoHCDGEC on:

- Policy development (including technical support);
- Establishment of national accreditation system for health facilities building on existing approaches [including Star Rating System, SafeCare, Strengthening Laboratory Management Towards Accreditation (SLAMTA)];
- Linking the quality of health services with Results Based Financing initiative;
- Strengthening understanding and implementation of a national Supportive supervision and mentorship system;
- Strengthening a culture of data use at national level of the health sector to improve quality and efficiencies of health services.

To institutionalize Quality Improvement, the TWG- QM will provide advice to MoHCDGEC and PO-RALG on:

- Promotion of national policies and approaches with Health Management Teams;
- Establishment of quality improvement culture at service provision level (e.g., health facilities and community):
  - Enhance use of standards, partnership and advocacy on QI implementation;
  - Promote research on QI;
  - Promote information sharing on QI best practices including support for organization of the National Quality Improvement Forum (NQIF);
  - Leverage national Results Based Financing as an important incentive to promote adherence to national standards of care and health sector priorities.
- Strengthening a culture of routine and surveillance data use at all levels of services delivery to improve quality and efficiencies of health services and data driven decision making;
- Adoption of Client Provider Charter through consultative process engaging health management, facilities and communities (including for promotion of respectful care).

### **3.0 Tasks/functions of TWG-QM**

#### **3.1 Functions of the TWG-QM**

**SD2:** The primary focus will be on quality in order to improve outcomes of health care and social welfare services and to enhance trust of the population and other stakeholders in the sector. A series of measures will make quality of health care visible, more acceptable to users, and safer for both clients and health workers. Transparency and value for money will attract investments in the sector.

Members of the working group are expected to provide oversight on the following:

1. Strategic leadership in the development, implementation and sustainability of Quality Improvement (QI) and Quality Assurance (QA) in health service delivery.
2. Implementation arrangements to address current QI and QA priorities for the immediate, medium and long term based on the National Health and Social Welfare Quality Improvement Strategic Plan (NHSWQISP 2013-2018) and other QI reports.
3. Current and emerging barriers to policy and strategy implementation with a view to advise relevant authorities timely for remedial measures
4. Systemic coordination arrangements for all QI and QA initiatives/approaches implemented in the country
5. Required linkages and partnerships for institutionalization of QI and QA
6. Advice, support and assistance in the implementation of QI strategies and activities
7. Implementation of QI and QA strategies in line with existing key policy and plan guidelines and sector reforms milestones
8. Progress of the policy commitments identified in the Annual TRM and endorsed as one of the Annual Sector Policy Commitments.
9. Any assignment, which the MoHCDGEC and PO-RALG may from time to time allocate.
10. Information sharing on QI best practices including support for organization of the National Quality Improvement Forum (NQIF);

#### **3.2 Role of individual organizations of the group**

The role of the individual organizations represented in the TWG-QM includes:

- Appointing a member who will be attending monthly meetings as planned and actively participate in the group's work
- Having genuine interest in the initiatives and the outcomes being pursued by the TWG-QM
- Being an advocate for the group's outcomes
- Promote and actively implement recommendations approved by MoHCDGEC

### **4.0 Institutional Framework**

#### **4.1 Governance arrangements**

The TWG-QM reports to the Health Sector Technical Committee. The group is lead by a Chairperson (Assistant Director – Health Services Inspectorate and Quality Assurance) and Co-Chair (Assistant Director – Public and Private Health Facilities Section). The organisations and documentation of the meetings will be done by a Secretariat. TWG-QM will keep the TWG-1 (*District, Regional, Zonal and National Health Services*) updated on regular basis as well as other TWGs (e.g., Reproductive, Maternal, New born, Adolescent Health) in order to maintain the crosscutting nature of QA/QI.

## **4.2 Membership**

1. Appointment of the Chairperson and Co-Chairperson will be done by Permanent Secretary
2. Membership is based on institutional representation with a designated focal person who is expected to participate actively in the activities of the Group. Inclusiveness of all Quality Improvement Implementing Partners will be considered in order to facilitate harmonization of activities.
3. The period of service for appointed members will be based on scope of institution support. It is a role of an institution to send a person as a member or a representative if the appointed member is assigned other duties.
4. Punctuality in attendance is highly emphasized.
5. When absent with apology, representative should be well oriented to the details of the previous meeting to ensure continuity (and hence, maintenance of institutional memory among the members).

## **4.3 Documentation of Meeting Minutes**

Documentation of TWG-QM meeting minutes will be done by the Secretariat. The Secretariat will relate to the Health Quality Assurance Division of the MoHCDGEC. The minutes should be ready within one week after the meeting is conducted and will be shared to members and copied to Director of Health Quality Assurance, Chair and Co-Chair of TWG-1, and the Health of HSRS as performance records. Specifically the Secretariat will have the following responsibilities:

- i. Designate staff to facilitate the work and activities of the working group
- ii. Maintain regular communication with the Management of MoHCDGEC on quality improvement issues and initiatives
- iii. Undertake the following:
  - Arrange and organize all meetings of the TWG-QM
  - Document all meetings and produce quality minutes
  - Produce and distribute all required briefing documents as may be determined from time to time
  - Collate and disseminate required information to identified groups and organizations as may be required from time to time
  - Perform any additional assignments that may from time to time be allocated.

## **5.0 List of Members of TWG-QM**

The TWG-QM membership falls into three categories as follows:

- i. Members from the MoHCDGEC and PO-RALG;
- ii. Members from Development Partners; and
- iii. Members from other QI implementing Organisations.

The list and affiliation is shown in the separate document of members of the TWG-QM.

## **6.0 Operational Modalities**

The meetings of TWG-QM are held monthly as shown in annual HSTC Calendar. The Secretariat will receive proposals for items to be included in the agenda two weeks before next meeting and will circulate proposed agenda one week before the meeting. The minutes of a meeting will be circulated for inputs within one week after the meeting. Secretariat will circulate proposed agenda at least one week before the meeting for members to give inputs and suggestions. Any member with an issue to include in the agenda can request to the Secretariat earlier on suggest it when the draft agenda are circulated. In each meeting, there will be a permanent agenda for DPs sub.