

**Terms of Reference for the
Regional Referral Health Management and District Health Services Working
Group (Draft)**

1. Introduction

The Ministry of Health and Social Welfare has developed a framework to reform the health sector in order to improve the effectiveness and impact of health services. An important dimension of this Health Sector Reform (HSR) is the decentralization by devolution, which is in line with the Local Government Reform. This decentralization operates at two levels, the districts/councils and the regions. The devolution of power to the councils is now well established, with Council Health Management Teams (CHMT) defining and implementing yearly Comprehensive Council Health Plans.

The reform of the health sector has been translated into action through a series of three year Health Sector Strategic Plans(HSSP). In the Second HSSP covering the period July 2003 to June 2008, the role of the RHMT to provide technical support to districts features very prominently, but the RHMT had lacked a clear positioning and recognition as well as enough qualified staff to fulfill efficiently their mandate.

Under the new policy, regional hospitals are being transformed into regional referral hospitals. Their governing organs like the hospital boards are becoming crucial for the provision of quality services and accountability for users.

In view of these developments, MOHSW and Prime Ministers Office Regional Administration and Local Government (PMO RALG) have refined the mandate and clarified the position of the RHMTs and Regional Referral Hospitals.

In order to improve their performance the MOHSW (through the Technical Committee of the SWAP) has agreed to establish a Technical Working Group consisting of representatives of the MOHSW, PMORALG and development partners.

The technical committee during its work suggest how best to address key issues identified by the MOHSW as priority areas that will need to be tackled as follows:

- a) The now re recognized eight RHMT members have to get clear TORs membership, training and capacity building and funding to carry out their expected roles in support of Councils within their regions. This includes their role of developing their own plans, assessing all Comprehensive Council Health plans, Financial and Technical reports before they are sent to MOHSW and PMO-RALG and facilitating policy and guidelines interpretation into service by councils.
- b) The RHMT's need to enforce (statutory power), quality standards through supervision and inspection of both public and private health care services including enforcing professional ethics and code of conduct to all health care providers in the region.
- c) Build on experiences from initiatives undertaken or still ongoing that aim at strengthening the roles of RHMTs e.g. JICA RRHM, Morogoro Health

Project, GTZ support to RHMT in Tanga, Lindi and Mtwara , SDC Essential Health Project in Dar es Salaam and HSPS/Danida experience in Lake Zone.

- d) RHMT members will need added skills, besides their own clinical and technical programmes in the areas such as;
- a. IT and health information management skills
 - b. Supportive supervision and coaching
 - c. Inspection and enforcement
 - d. HRH development skills
 - e. Logistic management skills
 - f. Planning skills
 - g. Financial management skills
 - h. Operational health research and development
- e) Regional Hospitals will need to provide back-up support to Primary Health Care (DH,HC,Dispensaries)
- f) Regional Referral Hospitals will need to strengthen their capacity to be able to provide specialists referral functions in order to assist Councils
- g) Hospital governing boards need to function to ensure effective and accountable hospital management in with National Guidelines.

2. Mission

This Technical Working Group is an implementation body which will discuss and implement strategies and plan (put into practice) for strengthening and sustaining decentralization at district and regional level, make recommendations and how to address key issues (based on experiences made in different programs) and report to the TC SWAp

This Technical Working Group analyses and comes up with solutions to be applied to strengthen health services management at all tiers and to prepare new roles, responsibilities, capacity needs and training tools and modalities to be applied for capacitating the RHMTs and CHMTs taking into account priority issues described under paragraph 1 above (a) to (f) above

3. Scope of work/ Strategy

The Technical Working Group is to

- a) Monitor
- The development and implementation of strategies and plans related to the RHMT and their effects at council level.
 - The developments at council/district level and their implications at regional level.
 - The quality of the Annual Plan and Report of the Regional Referral Health Management and district comprehensive health plans.

b))Advise the he MOHSW and PMO RALG on:

Technical aspects of the strengthening the Regional level of management.

Proposed internal and external funding for RHMT and regional referral hospitals to assure consistency with decentralization strategies and priorities.

- Important emerging issues that require attention such as supportive supervision, training and capacity development initiatives and materials
- New ways and means of supporting decentralization and devolution at the regional and council level
- C)) Submit progress reports to the MOSW and PMORALG through the TC SWAp

4. Membership, Chair and Secretariat

Members are expected to prioritize the membership, commit their time to contribute their knowledge of policy direction strategies, initiatives projects and issues as well as their expertise to the Technical Working Group

The membership comprises of representatives from the government, development partners, faith based organizations, private sector and other organizations that are active in district and regional health services related interventions.

Government: Having a full overview of the activities in the directorate or unit, being committed to work with the Technical Working group and being able to assure continuous collaboration. Individuals with experience at councils and regional level.

Development Partners: Expertise in health and decentralization, and willingness and ability to commit to tasks of the Technical Working Group.

The T/WG may co-opt any other person and expert according to need, to act as resource persons on specific issues.

The Chairperson of the W/G and the deputy chairperson will be appointed by PS MOHSW.

5) Tasks and responsibilities of the Secretariat

The Secretariat is based on the HSRS, Department of Policy and Planning of MOHSW

Maintain regular communication with top management of the MOHSW and PMORALG on important issues and activities

Undertake the following

Arrangement and organization for all meeting of the working group

Documentation of meetings and production of quality minutes

Undertake production and distribution of required briefing documents as may be determined from time to time

Collate and disseminate required information to identify groups and organization as may be required from time to time.

6).Frequency of the meeting: The Technical W/G should meet after every three months on a regular schedule. Extra ordinary meetings should be called upon according to need. Retreats should be programmed to deal with specific subjects needing deeper thought and discussion