



THE UNITED REPUBLIC OF TANZANIA

**Ministry of Health, Community Development, Gender, Elderly and Children
and
President's Office, Regional Administration and Local Government**

Functions of Regional Health Management System

(Third Edition)

Roles and Responsibilities of

- **Regional Health Management Team,**
- **Regional Referral Hospital Management Team,**
- **Regional Referral Hospital Advisory Board**

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February 2019

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Foreword

Following the official recognition of the Regional Health Management Teams as part of the Regional Secretariat in 2008, the Functions of the Regional Health Management System documents were introduced and published. The first edition was prepared in 2008 followed by the second edition in May 2014. The overall aim of publishing these documents was to promote the standardized understanding of the roles and responsibilities of RHMTs, Regional Referral Hospital Management Teams in management of the health system in the region.

The need for revising the 2nd edition of the Functions for Regional Health Management System document is a result of the discussion among PORALG, MoHCDGEC and MoHCDGEC Policy Advisor on how to accommodate the updated changes that have taken place since 2014.

In November 2017 The President of the United Republic officially instructed all RRHs to be administratively and technically manned by the MoHCDGEC. It was clearly stated that the decision meant to improve and ensure smooth management of the Regional Referral Hospitals. The Regional Health Management teams however, have the role to play because they are supposed to coordinate the health services in the region.

Also, the review of this document was inevitable as the Tanzanian health needs to strengthen the management system in accordance with the advancement of health situation and change of its environment. The capacity and expectation to RHMTs has increased and in this edition new functions to RHMTs have been added. Apart from the RHMTs functions, the review of the Regional Referral Hospital Management Team and Regional Hospital Advisory Boards is undertaken to improve its fit with the current environment, and enhance its clarity and preciseness for better management among stakeholders.

The revision of this document has been done in a participatory and inclusive approach. Technical Staff members from both ministries had a series of meetings where deliverables were presented to respective ministerial forums and finally to more stakeholders to gather comments and inputs.

We, therefore, urge all beneficiaries of this document and other stakeholders to make use of this document to facilitate cooperation, understanding and ultimately contribute to the improvement of health services in Tanzania.



Dr. Zainab A. Chaula

**PERMANENT SECRETARY,
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Acknowledgement

The Ministry of Health, Community Development, Gender, Elderly and Children and President's Office Regional Administration and Local Government appreciate the enormous support from different organizations and individuals during preparation of this revised Functions of Regional Health Management System document.

The review process has been inclusive and jointly undertaken by the MoHCDGEC and PORALG, in consultation with various stakeholders. I thank the Technical Team from MoHCDGEC and PORALG who were involved in this process through the task force. The team made an impressive joint effort which led to the completion of this document.

I would like to specifically thank JICA, for its support and the tremendous effort in improving the skills of RHMTs performance linked to their Roles and Responsibilities. I especially wishes to recognize the valuable efforts provided by Mr. Raynold John from MoHCDGEC and Dr. James T. Kengia from PORALG in the stepwise coordination of this review and also the leadership provided by Mr. Edward N. Mbanga, Director of Policy and Planning MoHCDGEC and Dr. Ntuli A. Kapologwe, Director of Health, Nutrition and Social Welfare Services at PORALG.

I also wish to thank all RHMTs members who participated in the process, their technical inputs are quite appreciated. They did critical analysis of the problems, issues and challenges to match responsibilities to the current organizational set up.

Finally, the contribution of both MoHCDGEC and PORALG management teams in provision of relevant advice, is highly recognized and valued.



Prof, Muhamad Bakari Kambi

CHIEF MEDICAL OFFICER

Acronyms

| | |
|------------------|---|
| AAS | Assistant Administrative Secretary |
| CBO | Community Based Organization |
| CCHP | Comprehensive Council Health Plan |
| CHOP | Comprehensive Hospital Operation Plan |
| CHMT | Council Health Management Team |
| CHSB | Council Health Service Board |
| CMO | Chief Medical Officer |
| DED | District Executive Director |
| HMIS | Health Management Information System |
| HIV/ AIDS | Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome |
| HRHIS | Human Resources for Health Information System |
| HMT | Hospital Management Team |
| HSSP IV | Health Sector Strategic Plan Four |
| HSSP III | Health Sector Strategic Plan Three |
| IPC | Infection Prevention and Control |
| JICA | Japan International Cooperation Agency |
| LGAs | Local Government Authority |
| MO/IC | Medical Office Incharge |
| MoHCDGEC | Ministry of Health, Community Development, Gender, Elderly and Children |
| NGO | Non-government Organization |
| NHIF | National Health Insurance Fund |
| OPD | Out – Patient Department |
| PORALG | President’s Office, Regional Administration and Local Government |
| PPM | Planned Preventative Maintenance |
| PPP | Public Private Partnership |
| RAS | Regional Administrative Secretary |
| RHMTs | Regional Health Management Team |
| RMO | Regional Medical Officer |
| RMSS | Regional Management Supportive Supervision |
| RMSS-C | Regional Management Supportive Supervision for Council |
| RMSS-H | Regional Management Supportive Supervision for Hospital |
| RRHMT | Regional Referral Hospital Management Team |
| RS | Regional Secretariat |
| SWAp | Sector Wide Approach |
| TB | Tuberculosis |
| TFDA | Tanzania Food and Drug Authority |

Section 1: Introduction

1.1 The Overview of the Functions of Regional Health Management System

The regional level of operation in the health sector is the extension of functions of the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) and President’s Office-Regional Administration and Local Government (PORALG). Functions of Health, Social Welfare and Nutrition Services Division are described in **Annex 1**

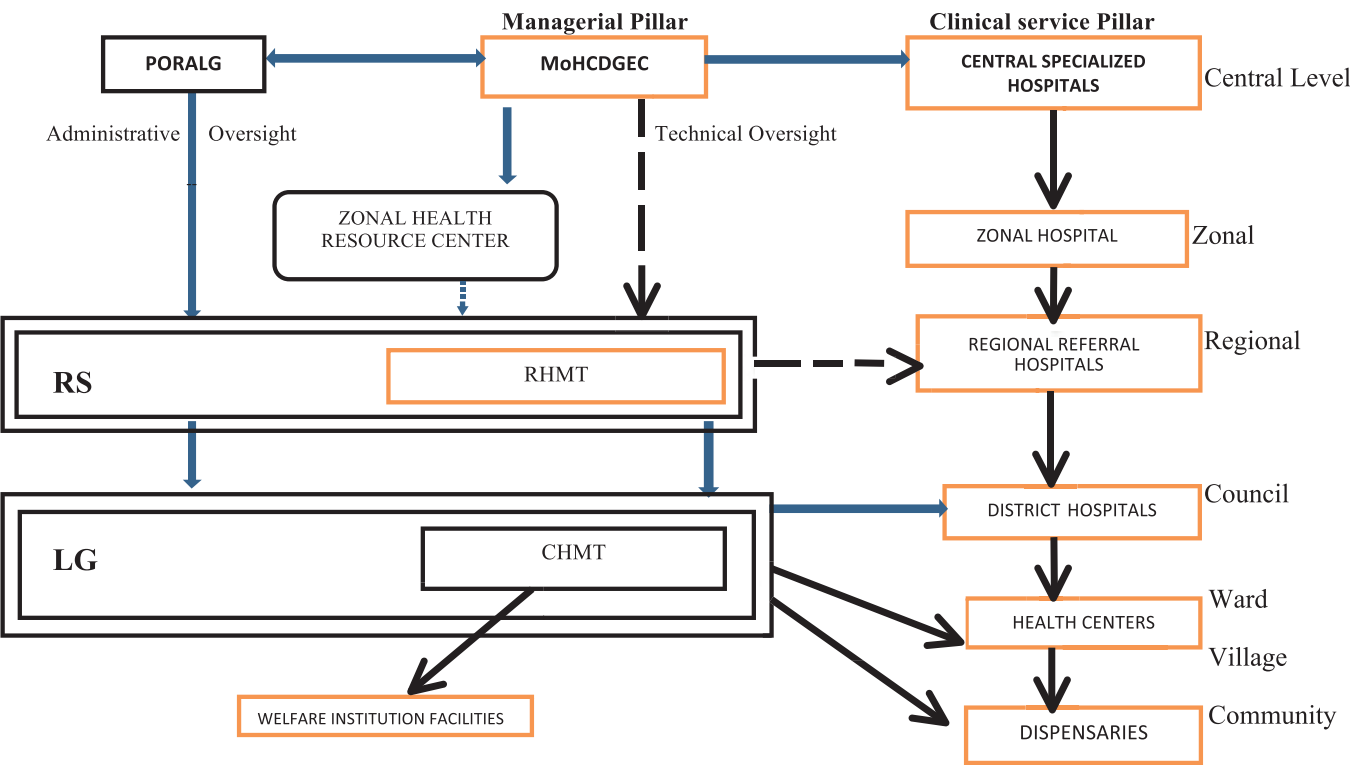
As an integral component of the Regional Secretariat, Regional Health Management Team (hereinafter RHMTs) ensures that health, social welfare and nutrition interventions are conducted within the overall framework of national policies, guidelines, set standards and within the context of the health sector’s role towards the reduction of poverty and economic development.

The Regional health service management is headed by a Regional Medical Officer (hereinafter RMO) who is also an Assistant Administrative Secretary (AAS) for Health Section in the region.

1.2 Implementation Arrangement

Tanzania has been reforming its Health Sector since early 1990s. The Guiding principle of the features of the Health Sector Reform (HSR) is Decentralization by Devolution (D by D) policy. The aim of the reform is to increase efficiency in health service provision thereby to improve the quality of health services in the country. To make reform achieve the intended aim, the D by D policy focused on empowering the Local Government Authorities (LGAs) to enable them undertake their role more effectively and efficiently. Empowering LGAs involved creating new structures, setting clear working and reporting arrangement at each level. As such several administrative, supervisory, managerial and advisory structures have been formed as shown in Figure 1.

Figure 1: The implementation arrangement reflecting the several administrative, supervisory, managerial and advisory structures



As indicated in Figure 1, each level of governments (i.e. Central, regional and local) plays their distinctive roles to facilitate the functions of the decentralized public administration system. They are also responsible for maintaining strong and functional linkage of reporting and supervision with their adjacent levels. Mechanism for Planning and reporting under two ministries shown in Annex 2.

Both the MoHCDGEC and PORALG are responsibilities for managing and overseeing all aspects of health, nutrition and social welfare services provided in LGAs through Regional Secretariats. The MoHCDGEC is charged with the provision of technical instructions and oversight while the PORALG is responsible for the general administrative performance of all governmental structures within the region and district council.

The MoHCDGEC provides sector policies, guidelines, technical advices and oversight directly to RHMTs. It also oversees the clinical services to all health and social welfare institution at all levels, namely; National /Specialized Hospitals, Zonal hospitals, Regional referral hospitals, District hospitals, Health centers and up to Dispensaries.

The MoHCDGEC conducts periodical supervision to selected health facilities mostly on clinical issues. The supervision of day-to-day management is the responsibility of the health department of the Region or the Council to which the facilities belong to. The regional level is an important part of administrative network in the country. RHMTs performance will be evaluated by PORALG based on criteria set.

The basic responsibilities of the Regional Secretariat include advising, coordinating and building capacity of LGAs, enabling the latter to carry out their responsibilities. As technical arm, the RHMTs is responsible for providing oversight to the RRHMT and Council Health Management Teams (herein after CHMTs) on technical and sector specific administrative performances. The CHMT is the operational body at the Council level responsible for health and social welfare services provision.

PORALG oversees all aspects of general administrative matters including budgeting, equity of human resource provision for all facilities in councils' level and initiate policy and guideline change requirements and contributes to their development. The Regional Secretariat (RS) is responsible for appropriate and timely allocation of budget and human resource provision in the region.

In addition, MoHCDGEC and PORALG are responsible for ensuring solid communication and coordination between them. Based on their understanding of the status of functions of RSs and LGAs, the two ministries shall cooperate to secure accessibility and quality of health and social welfare services at regional and LGA levels to the people.

At all three levels of government, the offices must report to the levels directly above them and provide oversight and support to the levels directly beneath them.

Section 2 Regional Health Management Team (RHMTs)

2.1 Composition

The composition of Regional Health Management Team (RHMTs) shall be made up of 15 members. The first nine members forms the Governance/Management team (arm) and the rest six members with other selected technical staff from the Regional Referral Hospital will form the Technical team (arm). All 15 members are part of the Regional Administrative Secretary vote, and will work under the Regional Medical Officer (RMO)-Assistant Administrative Secretary Health and Social welfare Sub-vote, however the Technical team members on daily basis if not occupied by activities related to supporting RMO office are supposed to work under the Medical Officer Incharge of the Regional Referral Hospital following agreements stipulated in a Memorandum of Understanding (MoU) signed between the Regional Medical Officer and the Medical Officer Incharge. The purpose of placement of technical staff to the Regional Referral Hospital is to maintain their technical skills, capacity and supporting the operational of the Regional Referral Hospital. The Term of Reference to operationalize the Technical and Governance teams is attached in Annex 3A & 3B.

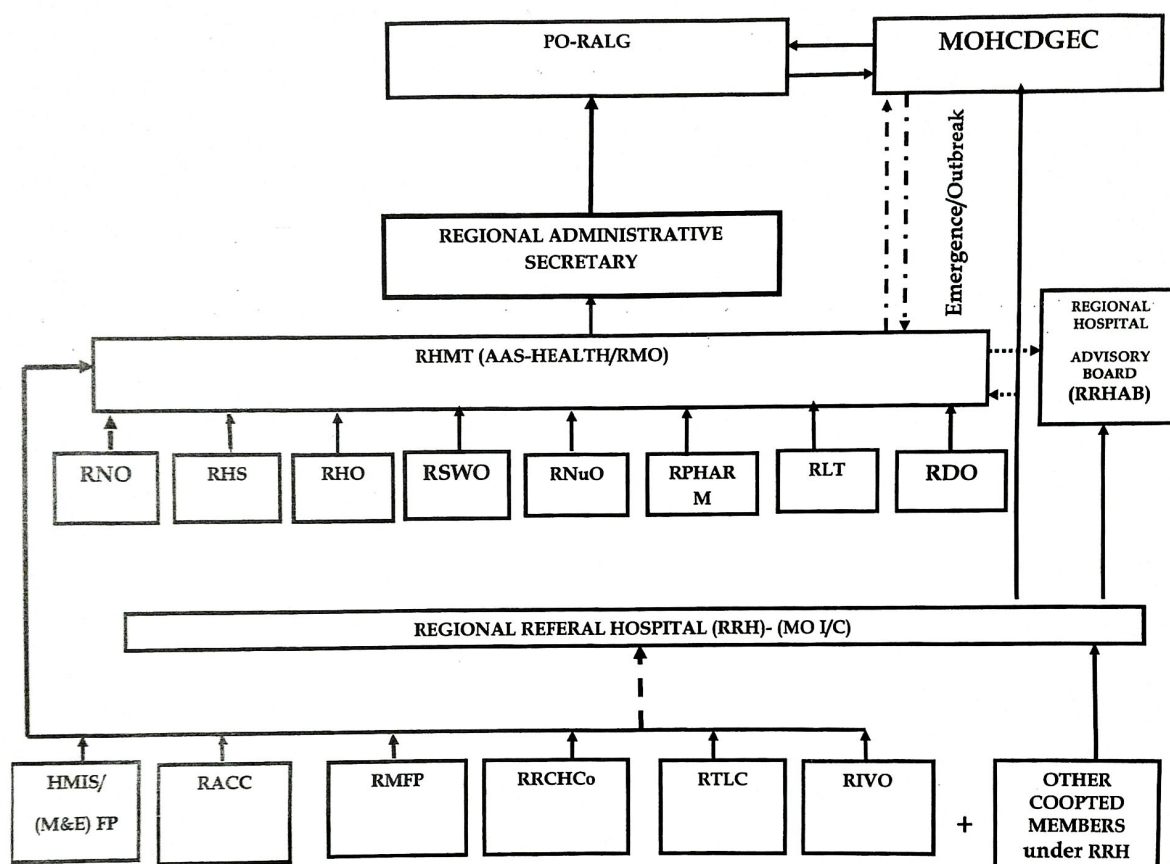
The 15 RHMTs members are:

1. Regional Medical Officer– Assistant Administrative Secretary of Health Section
2. Regional Dental Officer
3. Regional Health Secretary

4. Regional Nursing Officer
5. Regional Laboratory Scientist
6. Regional Pharmacist
7. Regional Health Officer
8. Regional Social Welfare Officer
9. Regional Nutrition Officer
10. Regional Reproductive and Child Health Coordinator
11. Regional Immunization and Vaccination Officer
12. Regional AIDS Control Coordinator
13. Regional Monitoring and Evaluation Officer (Information Officer)
14. Regional Malaria Coordinator
15. Regional TB and Leprosy Coordinator (RTLTC)

NB: RHMTs may include other technical staff from the RRH such as an Epidemiologist or a Radiologist and also co-opt on need basis other non-medical staff from the Regional Secretariat such as Regional ICT officer to be member of the Technical team in order to fulfill its roles and functions. The working relationship of RHMTs members is depicted in figure 2 below;

Figure 2: The working arrangement of RHMTs members



2.2 Responsibilities and Roles

2.2.1 Responsibilities of RHMTs

The RHMTs deals with the quality management of health services in the region both administrative and technical. It is responsible for coordinating preventive, curative and rehabilitative and promoting health services activities.

The team advises the RS on matters related to ensuring improvement and maintenance of the health status of the population within the region through advice on the overall planning, implementation, delivery, monitoring and evaluation of quality health care.

In overall the team is required in this establishment to ensure that health, social welfare and nutrition related planning and interventions are conducted in an integrated and holistic manner involving all stakeholders and using available resources within the region. Specifically, the roles of RHMTs are outlined in the following subsection.

2.2.2 Roles of RHMTs

RHMTs has the following roles with regard to health issues in the region:

- Advise the Regional Secretariat on health-related interventions in order to improve and sustain the health status of the population within the region
- Ensure policy goals are translated into health plans and are implemented
- Ensure equitable coverage of health interventions and equitable distribution of health services and resources across the region
- Promote multisectoral engagement to increase synergy in approaching development agenda
- Strengthen the bond between Public and Private providers, Non-Governmental Organizations (NGOs), Civil Society Organizations (CSOs) and the community
- Deliver issues, needs, and any other voices from the regions to the central government to improve health care provision within the region
- Advise the PS MoHCDGEC on operations of health facilities and social welfare institutions in the region

2.3 Functions of RHMTs

In order to assume the RHMTs responsibilities, roles and functions RHMTs have been clearly stipulated below. Members shall undertake these expected functions.

2.3.1 Function 1: Plan and Report for RHMTs

Main Aim

To prepare a five-year strategic plan that will show health and social welfare strategies to be implemented within (indicate the period). It also includes development of the RHMTs annual plan. Among other things, the RHMTs annual plan will indicate managerial, administrative and technical activities to achieve the strategic plan. Based on the RHMTs annual plan, the RHMTs will prepare quarterly implementation reports.

Tasks: what to do

- Prepare the 5-year strategic plan and submit it to PORALG and MoHCDGEC
- Prepare RHMTs Annual Plan and submit it to PORALG and MoHCDGEC
- Implement the RHMTs annual plans and ensure progress is aligned with planned activities
- Prepare required reports and submit timely to PORALG and copy to MoHCDGEC as well as other relevant authorities
- Evaluate the strategic plan after five years of its implementation in order to inform the next five-year strategic plan

2.3.2 Function 2: Disseminate Policies, Regulations, Guidelines and Circulars

Main Aim

To ensure that the RRHMT and CHMTs and other relevant stakeholders (such as private sector) receive, understand and adhere to various essential national policy documents directed to them.

Tasks: what to do

- Acquire essential policies, strategies, regulations, guidelines, circulars and other relevant documents from MoHCDGEC, PORALG, Prime Ministers Office and other relevant Ministries
- Interpret the acquired essential policies, strategies, regulations, circulars, guidelines and other relevant documents from MoHCDGEC, PORALG, Prime Ministers Office and other relevant Ministries (translate them into Kiswahili when necessary or put them in user friendly formats such as brochures, handout, etc.)
- Distribute and disseminate the essential policies, strategies, regulations, circulars, guidelines and other relevant documents from MoHCDGEC, Prime Ministers Office and other relevant Ministries to the CHMTs and the RRHMT and other relevant stakeholders
- Provide feedback to MoHCDGEC and PORALG in regard to dissemination of essential policies, strategies, regulations, circulars, guidelines and other relevant documents
- Initiate and participate in review and formulation of policies strategies, regulations, circulars, guidelines and other relevant policy documents

2.3.3 Function 3: Create an appropriate environment for private sector

Main Aim

To create and promote an appropriate environment for the engagement of the private sector to expand coverage and access to health, social welfare and nutrition services.

Tasks: what to do

- Support LGAs to involve the private sector to increase accessibility in the health, social welfare and nutrition services
- Involve the private sector to increase accessibility in the health and social welfare services at the regional level
- Advocate the CHMTs and the RRHMTs adhere to regulations and procedures regarding private sectors operations. These include; registration, management and technical issues through entering service agreements where appropriate
- Support CHMTs and RRHMT promote the participation of the private sector in planning, implementation as well as monitoring and evaluation
- Resolve any conflict or misunderstanding that arises between the CHMTs, the RRHMT and private health and social welfare service providers
- Develop and implement a strategy to attract private service providers

2.3.4 Function 4: Coordinate Health, Social Welfare and Nutrition Services in the region

Main Aim

To coordinate promotions, prevention, curative and rehabilitative services in the region.

Tasks: what to do

- Coordinate partners in the region dealing with Health, Social Welfare and Nutrition services

- Support the CHMTs to implement Primary Healthcare interventions
- Coordinate RRHMT to conduct Clinical Supportive Supervision
- Coordinate flow of information from central, regional, LGA and stakeholders and vice versa
- Advise and coordinate for equitable distribution of resources (NGOs, vertical initiatives, and others) among the councils in the region
- Strengthen referral system at all levels within region

2.3.5 Function 5: Support the Management of Human Resources for Health, Social Welfare and Nutrition Services

Main Aim

To undertake both advisory and facilitative functions in management of human resource for health. This includes issues of strategic human resource planning, distribution, retention, motivation, training as well as continuous professional development.

Tasks: what to do

- Maintain and utilize the Human Resource for Health Information System (HRHIS) database in the region
- Advise regional administration and the LGAs on optimal utilization of human resources
- Support LGAs to ensure adequate and qualified human resources are available for health, social welfare and nutrition workers through developing an innovative and creative retention and incentive schemes
- Facilitate identification of training needs among LGAs
- Facilitate the LGAs to develop training plan based on evidence, including plan for continuous education for health and social welfare workers in the region in collaboration with relevant training institutions
- Make and implement a plan for continuous education for RHMTs members in collaboration with relevant training institutions
- Strengthen the knowledge and work performance of the RHMTs members through coaching and mentoring, on-the-job training and other means
- Facilitate provision of expertise by specialists in training institutions in the region
- Support LGAs to ensure timely Disciplinary actions are taken and adherence to Professional code of conducts

2.3.6 Function 6: Ensure provision of quality services in all councils

Main Aim

To promote quality of services provided in the region in both areas of health and social welfare and Nutrition services through supporting the CHMTs.

Tasks: what to do

- Support the CHMT in the preparation of five years health strategic plan
- Support the CHMTs in preparing Comprehensive Council Health Plans (CCHPs) and Comprehensive Council Health (CCH) quarterly reports
- Assess the CCHPs and CCH quarterly reports, and submit an assessment report to PORALG and copy to MoHCDGEC
- Provide feedback to the CHMTs on their plans, reports and overall performance after assessment
- Support CHMT to monitor and evaluate their strategic plan and CCHPs

- Support LGAs enforcement of laws and regulations guiding delivery of quality health services
- Facilitate the CHMTs to:
 - Monitor adherence to standards, technical tools, guidelines and protocols at all health and welfare facilities
 - Monitor the implementation of quality improvement initiatives at all levels
 - Supervise management of health finances at public health facilities
 - Manage logistics in supply of medicine and equipment
 - Promote social welfare services in their councils including the functionality of Elderly homes and other social welfare institutions
 - Support CHMTs to ensure availability of the medicines/health commodities with engagement of PPP (Prime Vendor System) and the implementation of Drug Revolving fund
 - Conduct mapping of the health services provision, provide requirements for improvement of health infrastructures and equipment
 - Coordinate resource mobilization for improvement of infrastructures
 - Follow up the maintenance of newly constructed buildings
 - Ensure the availability and maintenance of stable Cold chain system (Vaccines availability, proper storage and Distribution)
 - To ensure quality health facility plans and budget are developed and collated into CCHPs
 - To provide timely technical and financial support to Health Facility and submit DHFF report
 - To strengthen the Health Facility Governing Committees to ensure ownership of DHFF through community participation in planning and resource mobilization
 - To ensure Health facilities fund utilization abides to Local government financial and procurement regulations
 - Ensure functionality of financial electronic systems that support implementation of DHFF in all Health Facilities in the Region

2.3.7 Function 7: Facilitate emergency and disaster preparedness and response

Main Aim

To ensure that emergency preparedness and disaster response is planned for in collaboration with other relevant sectors under the leadership of the Regional Administrative Secretary (RAS). Emergency and disasters include epidemics, accidents and natural calamities that cause great numbers of casualties, pest infestations and vermin, and so on. RHMTs is required to establish responsible structures for emergency and disaster to support LGAs and Regional Referral Hospital to respond once emergency or disaster occurs.

Tasks: what to do

- Establish a Health Emergency Preparedness and Response Team in the RHMTs
- Facilitate establishment of Council Health Emergency Preparedness and Response Team in each council.
- Support the Regional Referral Hospital and councils for logistic preparedness for emergency and disaster.
- The RHMTs will coordinate the response and work with responsible CHMT and Health Facilities to manage and control the situation to minimize the loss of life in case of emergency.
- Communicate with MoHCDGEC on disasters and emergency preparedness

- Coordinate multisectoral engagement in management of health-related emergencies and disasters in control the situation to minimize the loss of life

2.3.8 Function 8: Enhance Regional Referral Hospital management capacity:

Main aim

RHMTs will supervise and advise the RRHMT on proper operation of the Regional Referral Hospital for better service provision. RHMTs is also charged with the responsibility to ensure that referral health care system is functioning in the region by strengthened clinical backstopping capacity of regional referral hospital.

Task: What to do

Support the RRHMT on formation and operationalization of the Regional Referral Hospital Advisory Board

- Participate in the Regional Referral Hospital to develop 5-year strategic plan and annual Comprehensive Hospital Operational Plan (CHOP)
- Advise RRHMT based on submitted CHOP quarterly progressive report.
- Coordinate the technical backstopping of the clinical services by the RRHMT
- Conduct Regional Management Supportive Supervision (RMSS) to the RRHMT to improve the quality of hospital management and service provision
- Conduct mentoring and coaching to specific health issues to improve performance of RRHMT
- Support QI initiatives in the RRH
- RHMTs In collaboration with MoHCDGEC conduct annual/biannual EHPA
- Participate in any other supportive supervision as may be requested by relevant authorities
- Support RRHMT to advocate for proper referral from LGAs
- Support logistics in supply of medicines and medical equipment
- In case of any alarming issues, RHMTs will immediately report to the Ministries

2.3.9 Function 9: Develop inter-regional networking

Main Aim

To share information and good practices with other regions (Inter-regional networking).

The RHMTs shall coordinate and facilitate the councils and HMTs to engage in exchanging information and good practices.

Tasks: what to do

- Initiate networking among RHMTs, HMTs at regional level, CHMTs and other stakeholders across the nation in order to share information and experiences
- Develop innovative network mechanism such as website, newsletter, and joint forum

2.3.10 Function 10: Conduct Supportive Supervision to CHMTs

Main Aim

To conduct the “Regional Supportive Supervisions to CHMTs, and sampled health facilities for better performance.

Tasks: what to do

- Conduct RMSS-C on the status of managerial capacity as well as the progress of planned activities based on the CCHP and quarterly implementation reports
- Conduct various supportive supervision activities in accordance with RHMTs responsibility to support

LGAs

- Utilize the results of RMSS-C and other supervision for preparation of the next RHMTs annual plan
- Conduct mentoring and coaching to specific health issues to improve performance of CHMT
- In collaboration with RRHMT and CHMT, conduct sampled clinical or services audit to at least a quarter of all the facilities in the region per each quarter in a year to improve the quality of service provision. It is important that, RHMTs should not repeatedly supervise near-by facilities or those along the reachable roads. Hard to reach areas need to be targeted for supervision.
- Conduct coaching and mentoring to the Social Welfare institutions

2.3.11 Function 11: Enhance Data Management and Operational Research

Main Aim

To improve quality of services through use of quality data for evidences-based planning

Tasks: What to do

- Promote importance of quality data collection, analysis and utilization for decision making and quality service improvements to the all facilities and social welfare institutions
- Facilitate the availability of HMIS tools for all Health facilities in the region
- Facilitate installation and ensure functionality of e-Health in all Health Facilities
- Update data in the Health Management Information System (HMIS); can be both electronic or paper-based
- Facilitate CHMT to conduct Data quality assessment
- To publish data and research findings in both local and international peer reviewed journals
- Present to local and international conferences
- Facilitates the installation and ensure functionality of electronic systems supporting Social welfare and nutrition services.
- Facilitates availability of tools for supporting collection of data related to Social welfare and nutrition services
- Facilitate digitization of all public health facilities

2.3.12 Function 12: Solicit and mobilize financial resources for the RHMTs and CHMTs within the region using foreign and domestic resources

Main Aim

To mobilize resources to support health, Social welfare and nutrition services in respective regions and councils

Tasks: What to do

- Proposal write up (Local and International Stakeholders)
- Coordinate fundraising in collaboration with respective authorities
- Analyse required financial resources gaps and communicate to respective government agencies, Offices and Ministries
- Ensure Councils submit requests for financial resources timely and make a follow up to respective Government agencies, Offices, implementing partners and Ministries

2.4 Qualifications and Job Descriptions of 15 RHMTs members

It is imperative that all team members of the RHMTs are adequately qualified and sufficiently experienced with the necessary skills and additional capacities to effectively play their roles. In general, RHMTs members shall have working experience of at least 3 years in similar position in the district. Qualifications and Job descriptions of RHMTs members Annex 4.

Section 3: Functions of Regional Referral Hospital Management System

3.1 Overview of Referral Health Care System in Tanzania

The Tanzania Referral Health Care System comprises of three tiers namely: Primary, Secondary and Tertiary levels. The three tires are categorized based on the capacity and specialized arrangement of health facilities in the National Health Care System. The fundamental structures and roles and functions of hospitals at each level are defined in HSSP III.

Under Public-Private-Partnership scheme, private health facilities at each level, such as faith-based hospitals are included in this referral system. **Figure 3** illustrates the Tanzanian Referral Health Care System.

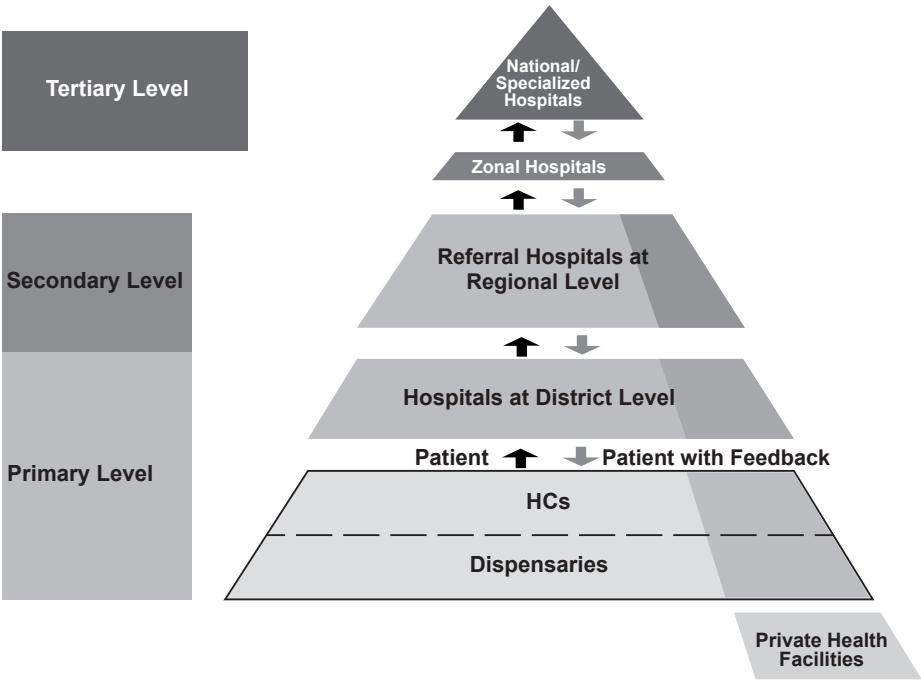
The aim of the referral health care system is to promote continuity of services. Good and functional referral system increases the efficiency of the health system by maximizing the limited health facility capacities. It enables the proper distributions of funds, services, and professionals, at the same time improving the effectiveness of the health service quality.

At the primary level, District hospitals, together with other hospitals at the district level, provide the first level referral care to support health centers/dispensaries and transfer patients to upper level facilities in need of advance services.

At the secondary level, hospitals at regional level should be specialized to offer support to the primary level.

At the tertiary level, there are zonal, specialized and National Hospital.

Figure 3: Pyramid of Referral Health Care System in Tanzania



3.2 Functions of Regional Referral Hospital

Regarding the current arrangement, management of regional referral hospitals, MoHCDGEC is responsible for both technical as well as administrative aspects. Organizational structure of Regional Referral Hospital, refer to Annex 5.

3.2.1 Service Provisions of Regional Referral Hospital

According to the “Standards for Health Facilities per Level in Tanzania – Volume 3,” the regional hospital shall have the following functions.

- To support health services and for health care in general in the region
- To provide wide range of technical, administrative and capacity building support for lower levels
- To provide for an effective, affordable health care service for a defined population, with their full participation, in cooperation with agencies in the region that have similar concerns

3.3 Regional Referral Hospital Management Team

The Regional Referral Hospital Management Team (hereinafter RRHMT) is a managerial body to execute core functions in the hospital operation in line with MoHCDGEC/PORALG policies, strategies and guidelines.

3.3.1 Accountability of RRHMT

The RRHMT shall be accountable to Permanent Secretary for Health, Community Development, Gender, Elderly and Children. With regard to boards the RHMTs is responsible to implement the deliberations of the Hospital Advisory Board that are reached within the parameters of their jurisdiction.

3.3.1.2 RRHMT will prepare reports and submit to PS – MoHCDGEC and copy to RAS

3.3.2 Functions of RRHMT

To assume their roles and duties, the RRHMT is responsible for ten (10) functions as follows:

- Function 1: Planning
- Function 2: Monitoring and reporting
- Function 3: Human resource management
- Function 4: Finance management
- Function 5: Material Resource management (Medicines, Supplies, Equipment, infrastructure, etc)
- Function 6: Information management and research
- Function 7: Referral system
- Function 8: Supportive Supervisions for both Clinical and Management
- Function 9: Health Promotion and Disease Prevention
- Function 10: Emergency Preparedness and Responses

Under each function, the RRHMT has number of responsibilities as shown in Figure 4.

Figure 4: Functions and Responsibilities of the RRHMTs. The detail of the functions of RRHMT is described in RMSS Manual

| Roles | Responsibilities |
|------------|---|
| 1.Planning | <ul style="list-style-type: none">- To prepare 5-year Strategic Plan- To review the strategic plan if necessary- To prepare CHOP- To share the strategic plan and CHOP with stakeholders- To ensure availability of health services, particularly vulnerable groups |

| Roles | Responsibilities |
|--|---|
| 2. Monitoring and reporting | <ul style="list-style-type: none"> - To prepare quarterly and annual reports and submit - To monitor planned activities - To conduct monitoring meeting - To provide report feedback to staff - To monitor performance of Quality Improvement Team (QIT) and work Improvement Team (WIT) - To track client complains and suggestions - To conduct Internal Supportive Supervision of RRHs |
| 3. Human resource management | <ul style="list-style-type: none"> - To analyze human resource status - To ensure sufficient staff allocation - To improve staff performance - To develop task descriptions for all staff - To plan innovative retention scheme - To manage conflicts and disciplinary measures - To coordinate training opportunities |
| 4. Financial management | <ul style="list-style-type: none"> - To monitor periodical financial reports and submit - To improve hospital revenue collection - To apply the audit recommendation - To review user-charge regulations |
| 5. Material resource management | <ul style="list-style-type: none"> - To ensure QI activities - To ensure activities of Therapeutic Committee - To ensure distribution of medicine and medical supply - To maintain the stock of medicine and the condition of equipment - To maintain the infrastructure and other physical assets - To support PPM practice - To support proper record keeping for resources |
| 6. Information management and resource | <ul style="list-style-type: none"> - To support proper record keeping in ward - To prepare HMIS report and submit to RHMTs - To encourage hospital staff to conduct operational research |
| 7. Referral system | <ul style="list-style-type: none"> - To ensure proper referral operation - To ensure provision of emergency care - To support record keeping of referrals - To ensure respective capacity for proper referral system |
| 8. Supportive supervision | <ul style="list-style-type: none"> - To conduct managerial and clinical SS and feedback results |

| Roles | Responsibilities |
|--|--|
| 9. Health promotion and disease prevention | <ul style="list-style-type: none"> - To support provision of health information and education on disease prevention to visitors - To ensure Infection Prevention Control (IPC) system - To ensure waste management system - To ensure effective disease surveillance mechanism |
| 10. Emergency preparedness and responses | <ul style="list-style-type: none"> - To prepare the hospital emergency plan - To establish SOP for emergency - To establish emergency response team - To secure medicine and supplies for emergency |

3.3.3 Membership of the RRHMT

The RRHMT is composed of Medical Officer in Charge (MO/IC) and heads of departments and units in the hospital. The recommended number of the RRHMT members is around 20-25 depending on the number of departments/units in a respective hospital. The RRHMT can set up practical working arrangement (e.g., working group, task force) as need arises.

Where there is a training institution attached to the hospital, it will be represented in the HMT by the in charge of the training institution on the hospital training related functions

3.4 Regional Referral Hospital Advisory Board

RRHAB is defined, as “Is the group of skill mixed people who have been recommended and appointed by the relevant authority to oversee the health service delivery at the RRHs”. The National Health Policy 2007 clearly stipulates the need for establishment of boards in the referral hospitals at regional in order to instill sense of ownership to the community, and enhance positive relationships and transparency in service provision and work relations. In this regard all public regional referral hospitals are charged to establish hospital boards to oversee the day-to-day functions and roles of the hospital in support of the RRHMT.

3.4.1 Objectives of establishing RRHAB

RRHAB is established with the following objectives:

- To instill and strengthen good governance for service provision at RRH
- To ensure participation of the community in ownership and delivery of quality services within the region

3.4.2 Establishment of RRHAB

The process of establishing RRHAB involves various stages that the Regional Secretariat has to follow. The Act to establish Regional Referral Hospital Boards is still in process as a result the Boards are established administratively as Regional Referral Hospital Advisory Boards and will be mandated by publishing its establishment in the Government Official Gazette. Nevertheless, this guide provides step by step process that Regional Secretariat will use to establish and operationalize the boards.

3.4.3 Suggested member of RRHAB

1. Representative from the Private sector
2. Legal Officer Advocate
3. Prominent retired health /Social welfare personnel
4. Representative from recognized women Organization
5. Representative from CSOs

6. Prominent financial Management Expert
7. Regional Assistant Administrative Secretary-Health (RMO)
8. Representative from Health Workers Union
9. Representative from Districts-(Council/District Medical Officer In charge)
10. Representative from lower level health facilities in the vicinity
11. Representative from the community representing users from the community of the facility (1)
12. Representative from the community representing users from the community of the facility (2)
13. Members from Faith based organization (1)
14. Members from Faith based organization (2)
15. The Medical Officer In charge of the Hospital will be the Secretary to the Board (Guideline for RRHAB 2.4.3.4 - Roles and responsibility of RRHAB members)

3.4.4 Duties of RRHAB

The RRHAB has access to the information and data on the health resources for running of all hospital services at the Regional Referral Hospital. Moreover, RRHAB has several responsibilities to provide appropriate guidance to RRHMT.

3.4.5 Responsibilities of RRHAB

- To advise formulate and set up hospital policies, approve hospital objectives and strategic plans, monitor and evaluate their implementation according to government policies and guidelines
- To advise and oversee the management and administration of movable and immovable properties and assets of the hospital
- To oversee and advise Regional Secretariat on financial management of the Regional Referral Hospital
- To ensure that the hospital is sensitive to the priority health needs of the community it serves
- To ensure that the hospital is accountable to the government and meets its contractual obligations and reporting requirements of the Ministry of Health and President's Office Regional Administration and Local Government through the Regional Secretariat
- To recommend suitable members from RRHMT including Medical Officer in charge and heads of departments and recommend appropriate measures
- To advise the Regional Secretariat on appointments and disciplinary measures for heads of sections and units by the hospital management
- To advice on staff establishment, conditions of services, employment packages and staff development plans prepared by the hospital management team within the financial resources of the hospital
- To receive, discuss and advise on hospital annual, quarterly plans and budget technical and financial progress report
- To receive on behalf other hospital grants, donations gifts services charge fees and other resources
- Approve major expenditures and disbursements to departments sections and units of the hospital
- To establish committees which it considers necessary to fulfill the responsibilities of the board or those of the hospitals in order to enhance service efficiency
- To make recommendations to the RAS on the rates of sitting allowances for the board its committees for approval before they are submitted to RAS
- To approval proposal for contracts, memorandum of understanding and terms of references for individuals

Ministries and other organizations for better and efficient functioning of the hospital

- To discuss and Advice on major issues, endorse decisions and approve recommendations before they are submitted to RAS
- To approve Comprehensive Hospital Operational Plan (CHOP) before it is submitted to RAS

3.4.6 Mandate of Hospital Advisory Board

The mandate of the RRHAB to operationalize the ascribed roles and functions are ignited and embedded in the act of being administratively published in the Government Official gazette

3.4.7 Limits of the Advisory Board

- The Advisory Board shall not interfere, but may intervene, during the execution of professional health care services activities, when there is apparent inefficiency
- Irresponsibility and mismanagement of health resources and/or misconduct or unethical practice by hospital personnel in the delivery of regional referral hospital services
- In instances where the Advisory Board gets the report or witnesses any act that amounts to or relates to unethical and professional misconduct by the hospital staff, the Board shall notify the relevant organs for further investigation and action. The decision of the authority taking action shall be communicated to the Board through a letter and it will be recorded in Board meeting's minutes
- If member decides to resign, he is obliged to give one-month notice before the next meeting for discussion.

3.4.8 Tenure

- The office tenure for the appointed Advisory Board members is three years from the date of publication in the Official Government gazette shall be eligible for reappointment to the board after the expiration of the first term
- Notwithstanding the above provision a member shall not be eligible for reappointment for a third term except for a member by virtue of his/her position
- If the Advisory Board fails to fulfill its objectives as expected, it will be reminded to fulfill its objective and if it fails again, the appointing authority after consultation with the RAS will dissolve the Board and will then appoint a new Board immediately
- Tenure of representative from secretaries for CHSB who are on rotational basis will determined by the RS in line with prevailing environment in the region
- If a member leaves a tenure due to resignation, health problems, death or any other reason, the vacancy left will be filled by another elected member who will serve the office for the remaining period

N.B: Letter for appointment of the representative should state the rotational cycle within the region. If a RRHAB member is transferred from respective region, he must resign his membership in the Board.

3.4.9 Cessation

A member of the board shall cease to be a member if :-

- The Member is absent from three consecutive meeting of the board without a good cause
- The Member ceases to hold the office or position for which he was appointed
- The Member is suffering from mental illness or long-time illness
- The Member tenders a one-month resignation notice in writing to the appointing authority
- The Member passes away
- The Member move out of the region

NB This has to be clearly stated during inauguration that it is important to all RRHAB members to fully participate in all RRHAB activities.

Where a vacancy occurs in the Board the appointing Authority shall appoint another person to fill that vacancy and such person shall hold office/position for remaining period of the office/ position and upon the same term as the member in whose place he is appointed.

ANNEXES

ANNEX 1: HEALTH, SOCIAL WELFARE AND NUTRITION SERVICES DIVISION - PORALG

Objective

To provide support, guidance, coordination, follows up on facilitating a national picture of the distribution and equity administratively in the provision of Health Services and Sector Development within RSs and LGAs.

Functions

- (i) To provide supportive supervision to enhance good governance and conduct monitoring and evaluation of health services provision in Regions and LGAs;
- (ii) To interpret national policies and guidelines related to health and social welfare sector development and financing strategies;
- (iii) To conduct monitoring and evaluation of social welfare services provision in Regions and LGAs;
- (iv) To coordinate health, nutrition and social welfare sector projects and programmes;
- (v) To coordinate and undertake follow up to Regions and LGAs for policies and regulations compliance;
- (vi) To coordinate and update country data on health and social welfare services for RSs and LGAs;
- (vii) To coordinate and advise RSs and LGAs to enhance community participation and ownership in managing health services;
- (viii) To coordinate, monitor environmental cleanliness and hygiene;
- (ix) To coordinate capacity building and provide administrative support to RSs and LGAs;
- (x) To undertake studies to identify factors influencing social evils and crime among street children and violence against women and children;
- (xi) To receive and consolidate projects and programme reports based on living MoUs;
- (xii) To coordinate and supervise nutritional services in LGAs; and
- (xiii) To provide supportive supervision to RHMTs through RSs and ensure they perform their functions.

This Division will be led by a Director and will have two (2) Sections as follows:-

- (i) Health and Nutrition Services;
- (ii) Social Welfare and Community Development

3.11.1 Health and Nutrition Services Section

This Section will perform the following activities:

- (i) Conduct monitoring and evaluation of health services provision in regions;
- (ii) Interpret national policies and guidelines related to health sector development and financing strategies for RHMTs and RRHMTs;
- (iii) Coordinate health sector projects and programmes;
- (iv) Coordinating and undertaking follow up to Regions for policies and regulations compliance;
- (v) Coordinating and updating country data on health services for regions;
- (vi) Coordinate capacity building and provide administrative support to Regions
- (vii) Monitor the utilization of health facilities and resources at Regional level
- (viii) Conduct monitoring and evaluation of health and nutritional service provisions in LGAs;
- (ix) Coordinate Good governance and interpret national policies and guidelines related to health sector financing strategies;
- (x) Coordinating and updating country data on health services for Local Government Authorities;
- (xi) Coordinate and advise LGAs to enhance community participation and ownership in managing health services;
- (xii) Coordinate, monitor environmental cleanliness and hygiene;
- (xiii) Receive and consolidate projects and program reports based on living MoUs;
- (xiv) Monitor the utilization of health facilities and resources at District level.
- (xv) Collate, disseminate, coordinate and supervise the nutrition intervention services in the RAs and LGAs;
- (xvi) Provide technical support on nutrition interventions to RAs and LGA's;
- (xvii) Collect, analyze and compile reports on LGAs implementation of plans of nutrition interventions from RAs and provide feedback;
- (xviii) Monitor the implementation of key milestones for the National Nutrition Strategy, nutrition component and related activities in the RAs and LGAs;
- (xix) Coordinate creation and maintenance of Nutrition related databases from the RAs and LGAs;
- (xx) Facilitate review of roles, functions and responsibilities of Nutrition Services in RAs and LGAs; and
- (xxi) Facilitate and coordinate Capacity Building Plans from RAs and LGAs on technical skills and expertise in Nutrition related issues.

This Section will be led by an Assistant Director

3.11.2 Social Welfare Services and Community Development Section

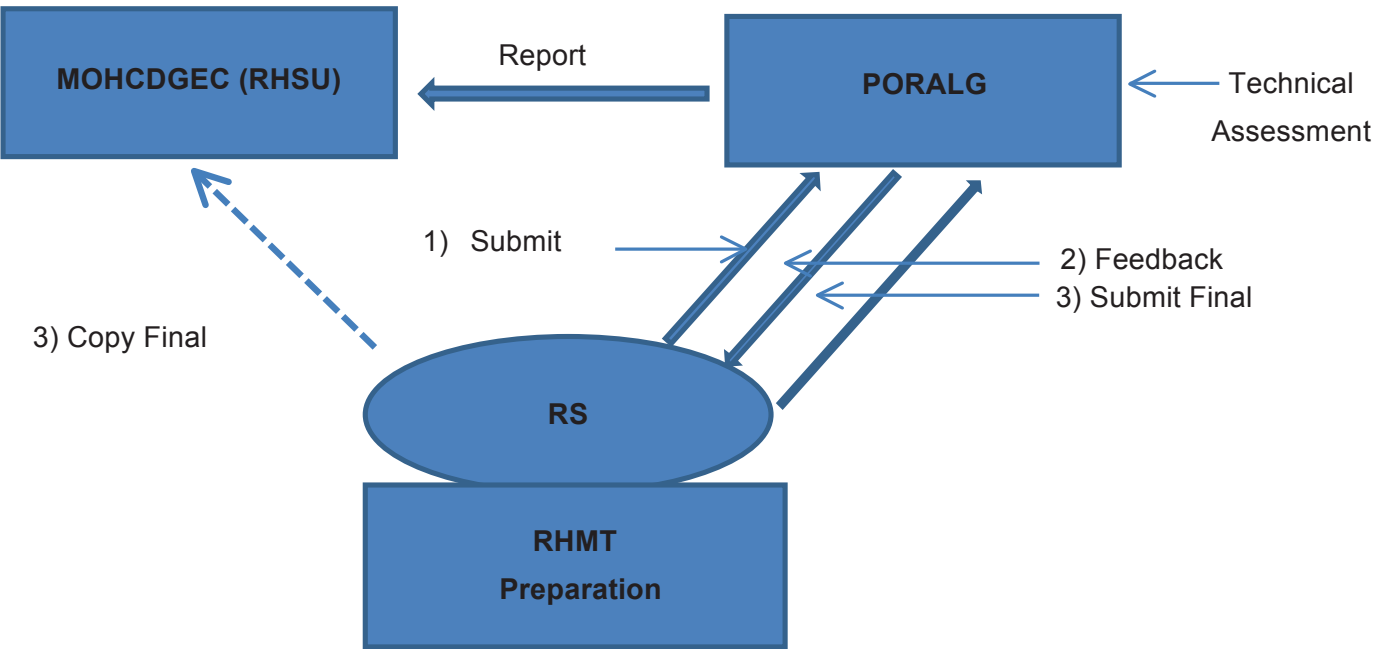
This Section will perform the following activities:

- (i) Conduct monitoring and evaluation of social welfare services provision in RSs and LGAs;
- (ii) Coordinate and undertake follow up and interpret national policies and guidelines related to social welfare sector development and financing strategies;
- (iii) Conduct monitoring and evaluation of social welfare services provision in RSs and LGAs;
- (iv) Coordinate social welfare sector projects and programs;
- (v) Coordinating and updating country data on social welfare services for RSs and LGAs; and
- (vi) Undertake studies to identify factors influencing social evils and crime among street children and violence against women and children.
- (vii) Coordinate Community Development initiatives in RSs and LGAs

This Section will be led by an Assistant Director

ANNEX 2: MECHANISMS FOR PLANNING AND REPORTING UNDER TWO MINISTRIES

RHMTs: Annual Plan and Quarterly Reports Mechanism



ANNEX 3A: TERMS OF REFERENCE FOR THE GOVERNANCE/MANAGEMENT COMMITTEE AT REGIONAL AND DISTRICT/COUNCIL LEVELS

1.0 BACKGROUND:

The United Republic of Tanzania, hereinafter referred to as Tanzania, saw progressive decentralization by devolution under the decentralization policy and the health sector reform programme since the late 1990s. Health sector stakeholders, including the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) recognize that capacity development of the Regional Health Management Teams (RHMTs), who oversee the Council Health Management Teams (CHMTs) and Regional Referral Hospital Management Teams (RRHMT), is crucial in ensuring the quality and access to health services. In particular, it is essential that the RHMTs disseminate health policy and implement supportive supervision to the CHMTs and Regional Referral Hospitals (RRH). Strengthening of the regional administrative functions was clearly stated as one of the priorities in the Health Sector Strategic Plan (HSSP) III: 2009 – 2015.

For years, capacity and capabilities of the RHMTs and D/CHMTs' focused on core members only, whereas Co-opted members were left behind to be capacitated by the individual programs that they coordinate. This resulted in lack of efficiency and effectiveness in the delivery of optimum health services within the Regions and Local Governments (LGs).

The new staffing level Guidelines of 2014-19, have thus included formation of Management or Governance Committees that are chaired by the RMO and DMO and Technical Committees to be *co-chaired by the Medical Officer In charge of the Hospital and the Epidemiologist*.

For the capacity development of all RHMTs in Tanzania mainland, Japan has extended support as a Technical Cooperation for Regional Referral Health management (TC-RRHM), was achieved in terms of staffing and budgeting, basic managerial capacity, standardization and institutionalization of routine supportive from the MoHCDGEC and PORALG to the RHMTs. The terminal evaluation of the 1st phase project (September 2010) pointed out the needs to further strengthen the RHMTs's capacity in terms of human, finance and information resource management and supportive supervision to CHMT and RRHMT. The Government of Japan again provided support on further capacity development of RHMTs, towards improvement of health services in the form of technical cooperation, "The Project for Capacity Development in Regional Health Management Phase 2" and targeted 25 regions in Tanzania mainland with the aim of strengthening the support of RHMTs to CHMTs and RRHMTs towards better health service provision.

2.0 RESPONSIBILITIES AND FUNCTIONS:

RHMTs became conversant to policy dissemination, as proximal arms of the central government, their **knowledge of vertical programs**, that comprises of co-opted members, and resource options needed to be strengthened, because most programs still operationalizes their activities directly linking with the CHMTs or Community, without the RHMTs's involvement. The MoHCDGEC and PORALG has to mainstream Standard Operating Procedures, in which Management Committee of RHMTs will have the mandate to supervise CMHTs and their service deliveries, and thus need to be acknowledged and full endorsed by respective programs and partners.

The Technical Committee therefore needs to elaborate its delivered technical activities with the central and regional coordination and supportive supervision to both CHMTs and RHMTs, including in situation of service training mechanisms. Regarding to the smooth operation of RHMTs and CHMTs can be identically defined by self-recognition tool such as budes or other simple identification. It is possible that, the Management Committee can prepare a list of resource persons of managerial training as mentorship and champions of best practices to demonstrate optimal functions of RHMTs and CHMTs in a competitive and proactive manner.

The Central must elaborate SDP for support to Technical Committees at CHMTs and RHMTs regarding inclusion of technical issues of CCHPs, CHOPs and other administrative tools. Good practices from the experience in training the RHMTs should be complied and co-opted to attract sustain lessons learnt and the scale up of RHMTs managerial practices. The MoHCDGEC , and partners should discuss on the significance of the TOR for the RHMTs, and CHMTs technical committees, which is an integral part of the decentralized health systems.

MoHCDGEC, together with PORALG, needs to take serious consideration to review and explore sufficient and stable financial resources, such as the Health Sector Basket Fund, which has still low execution rate by P-ORALG, or other source of revenues to support activities by RHMTs and CHMTs. Addition to that, MoHCDGEC should make serious efforts to strengthen and sustain the functions of Regional Health Services Unit by coordinating activities with other Units such as District Health Services, Hospital Reform Team, and Health Quality Assurance and so on. There is a possible implication that Health Sector Resource Secretary and Hospital Reform Team can be merged into one coordination unit, which supports health equity in the decentralized health system.

MoHCDGEC, together with PORALG needs to review the conceptual framework of CCHP and CHOP that may need to be transformed from input-basis to demand-basis, and result orientation according to the burden of diseases faced by the target populations. This transformation of planning modality enables more effective and smooth operation of supportive supervision and resource tracking linking with health service coverage and health status.

MoHCDGEC, together with PORALG need to simplify the reporting and verification process of CCHP and CHOP, which are really labour intensive and not utilized thoroughly. Also budget verification tools such PlanRep and Epicor should be stable and reliable to avoid confusion on the ground despite of changing continuously.

RHMTs comments on CCHPs are not full endorsed by the centralized approval system by District Health Services Unit. Thus, MoHCDGEC and Health Sector Basket Fund Committee might consider that the decentralization of the mandates of HSBF approval and resource tracking from central level to RHMTs level can be more efficient and realistic.

MoHCDGEC needs to ensure that, CHOP has to be linked with sufficient resource envelope, which motivates RRHMT and enables hospital to improve their managerial functions and entire services in an autonomous manner. It can also ensure the effective implementation of RMSS-H guided by the plan and progress.

The Team acknowledged the active Hospital Advisory Board well guided by the RHMTs to monitor the hospital management overall. However, there are reports that, misconducts and low motivation among Hospital Advisory Board members are observed. Therefore, MoHCDGEC, PORALG and other authorities, should ensure that, Standard Operating Procedures of the Hospital Advisory Board and possibly introduce more feasible protocol including selection criteria, term of references and honorarium to enable smooth implementation of the Board with social accountability.

3.0 TOR – MANAGEMENT/GOVERNANCE COMMITTEE – RHMTs/CMHT:

- (i) Accountability, organizational structures, institutional arrangement and responsiveness, by councils & regions, in service delivery – quantitatively & qualitatively.
- (ii) Supportive supervision and coordination of planning, assessment & reporting of CCHPS, R/PLANS and CHOP using PLANREP tool on quarterly & annual basis.
- (iii) Resource mobilization & management: HR, material, information & finance (including HBF & RBF).
- (iv) Monitoring, reports and data management coordination, and sharing with partners & stakeholders
- (v) Integrated and accessible service delivery systems.
- (vi) Well managed & informed client- provider interface.
- (vii) Community based services linked with households.
- (viii) Service availability coverage ensured.
- (ix) Policies, guidelines and protocols interpreted appropriately.
- (x) National plans & strategies customized & executed according to the set standards.
- (xi) Environment well secured for proper implementation.
- (xii) Management of health infrastructure including buildings and medical equipment.
- (xiii) Coordination of DPs and other implementing partners addressing health issues.

4.0 TASKS:

- (i) Monitor timeliness and quality of management reporting systems for HR;
- (ii) Interpret and analyze statistical data for management of Hospitals, HCs and dispensaries on quarterly basis and advise them on implications of the data for the public health;
- (iii) Define the type of data to be gathered for management and coordination;
- (iv) Gather and review current statistical literature according to the set priorities;
- (v) Define populations of interest in to developing client satisfaction studies for specific groups in the country;
- (vi) Develop statistical and technical summary reports, based on surveys
- (vii) Implement;
- (viii) Plan, coordinate and direct collection, coding and entry of data as per national and international standards;
- (ix) Develop and maintain computerized databases, to monitor the current health status of targeted groups as recommended by the technical committee
- (x) Evaluate the effectiveness and efficiency of intervention or control strategies;
- (xi) Determine health status outcomes, in order to ensure that, established program standards are met
- (xii) Provide management assistance to investigation of outbreaks and events/emergencies of public health interest.
- (xiii) Monitor management functionality of Quality Improvement Teams (QITs) at RRH and other Referral Hospitals at Regional level, Council Hospital and other Hospitals at Council level, as well as lower health facilities (Health Centres and Dispensaries) at LG system.
- (xiv) Interpret and analyze data from health facilities, regarding quality of health services and provide feedback for improvement of management of service provision.
- (xv) Advise the RHMTs/CHMTon implications of data for the QI/QA at Regional and LG level; and ultimately share the report for decision making with the **CHMT-Technical Committee and CHMT-Management Governance Committee**, and ultimately to the **RHMTs**; then the **Regional Technical Committee and RHMTs-Governance Committee**, and thereafter, to the PORALG, MoHCDGEC and Partners.

5.0 A: MANAGEMENT:

- (i) Supervision of staff within the Unit
- (ii) Development of the annual work plans and budgets
- (iii) Train and support the staff, on disease investigation and surveillance
- (iv) Prepare monthly, quarterly and annual reports.
- (v) Monitor all project activities as per protocol and in perspective of Capacity/Capability Development (CD)
- (vi) Monitor outcome of various meetings: (Technical and Management of Lower levels)
- (vii) Joint Coordination Committee (JCC) Meetings
- (viii) Support to Joint Annual Health Sector Review
- (ix) Training Design & Implementation of Training Activities

- (x) Orientations to new staffs after recruitment
- (xi) Ensure RHMTs Meetings are held and recorded regularly.
- (xii) Central Management Supportive Supervision (CMSS) is closely monitored and decisions are followed up closely.
- (xiii) Support to Strengthening Management of Regional Referral/Council Hospitals
- (xiv) Development and dissemination of Regional management Supportive Supervision Mechanism and Tools
- (xv) Ensure there is Cooperation and Coordination Mechanism between PORALG and MoHCDGEC, as per Health Services Scheme
- (xvi) Ensure there is Strengthening in coordination within PORALG and with MoHCDGEC
- (xvii) Strengthening of Management of Regional Referral Hospitals/Council Hospital Management
- (xviii) Monitor and guide the Scaling up of Good Practices
- (xix) Secure Funds for RHMTs/CHMTs

6.0 PROPOSED MEMBERS OF THE REGIONAL / DISTRICT MANAGEMENT / GOVERNANCE COMMITTEE:

- (i) Council or District Medical Officer/Regional Medical Officer - Chair
- (ii) Regional/ DistrictDental Officer - Co chair
- (iii) Regional/ District Nursing Officer
- (iv) Regional/ District Health Officer
- (v) Regional/ District Health Secretary
- (vi) Regional/ District Laboratory Scientist/Technician
- (vii) Regional/ District Pharmacist
- (viii) Regional/ District Social Welfare Officer
- (ix) Regional/ District Nutritional Officer

7.0 PROPOSED TIMELINES OF MEETINGS AND TEAM WORK:

The committee will meet on monthly basis to receive reports from the Technical Committee and HMTs, D/CHMTs, DMTs. However, ad hoc meetings will be called when need arises. Team work is key in ensuring that there is excellent functionality of the **Management Committee** and the **RHMTs/CHMTs**. Use of **Information and Communication Technology (ICT) is essential**, in sharing information through emails, as well as, sharing of work schedules and reports. Sharing on monthly basis, of implementation reports and plans, that will be discussed at the planned quarterly CCHP implementation and Evaluation (Technical and Financial) meetings, as per guideline.

ANNEX 3B: TERMS OF REFERENCE FOR THE TECHNICAL COMMITTEE AT REGIONAL AND DISTRICT/ COUNCIL LEVELS

1.0 BACKGROUND

Health Services are organized, supervised, monitored and evaluated by the Regional Health Management and District/Council Health Management Teams (**RHMTs and D/CHMTs**). Technically, RHMTs and D/CHMT are advised by the Regional Referral Hospital, Council Hospital or Co-opted Members, who also include the Medical Officer *In-Charge of the Hospital and Epidemiologists*.

For years, capacity and capabilities of the RHMTs and D/CHMTs focused on **core members** only, whereas **Co-opted members** were left behind to be capacitated by the individual programs that they coordinate. This resulted in lack of efficiency and effectiveness in delivery of optimum health services within the region and Local Governments (LGs).

The new staffing level Guidelines of 2014-19, have thus included formation of **Management or Governance Committees** that are chaired by the RMO and DMO and **Technical Committees** to be *co-chaired by the Medical Officer In charge of the Hospital and the Epidemiologist*. The role of an Epidemiologist as a co-chair of the Technical Committee is to strengthening the use of **evidence based planning**, by building a **robust Monitoring and Evaluation framework** as well as overseeing that **Surveillance and Response** is done adequately to **minimize morbidity and mortality**. This proposed setup recognizes the need to **strengthen the public health system and infrastructure of Tanzania**, so as to address the gaps identified in the **delivery of optimum health services**.

The position of an *epidemiologist* is already included in the **Staffing Level Guidelines (2014-19)** for the **regional referral hospitals**, however in practice, prior to this guideline the position was yet to be operationalized at the regional and district levels. As a result, graduate Epidemiologists were not incorporated and integrated into the systems, and hence ended up working as Clinicians, Environmental Health Officers, or performing other duties in line with their cadre. **Epidemiologists** are crucial in strengthening regional/district Surveillance and Response as well as Council Planning Systems by overseeing **evidence based planning process**, and ensuring that, Appropriate and Adequate response is mounted in terms of **developing critically scientific sound and technologically supported interventions**, in all disease scenarios including **epidemics** and other **emergencies with Health implications**. With the **Program of Field Epidemiologist** already in place, in Tanzania, since 2008, the assurance is that graduates will continue to be produced and be distributed to the regions and ultimately LGs systems. The Program's target is to have first 1 at every LGA and thus move towards having **1 per 100,000 populations**, so as to meet the **Global Health Security Agenda**.

The recent arrangement at the regional and LGs levels have thus been based on ensuring that regions and LGs perform well, using **sound and evidence based technical advice from Technical committees**, and ensure that, there is **efficiency and effectiveness in implementation**. This proposed setup, recognizes the need to **strengthen the public health system and infrastructure of Tanzania**, and thus improve the **evidence based planning** resulted from a **robust surveillance and response system to public health related emergencies**. The **Technical Committee** will thus, improve **the analysis and use of data collected within the regional and LG health system** and **enhance facility data generation and use**, as well as **reduce the response time to disease outbreaks and other health related emergencies**.

2.0 RESPONSIBILITIES AND FUNCTIONS:

Public Health Preparedness and Response to Emergencies with Health Implications: The technical committee will take a leading role to ensure that, the region is **prepared** for all Public Health related emergencies and guide the Regional response team. It will provide technical guidance and oversight to the planning and implementation of the public health, hospital and community emergency preparedness program systems. The **technical committee** will ensure that, the **surveillance systems for local diseases** and other health related situations are complete and timely enough to assure that, a serious public health threat to the country is detected rapidly and information is gathered to make immediate plans for control of the condition/situation, as well as monitoring the rate and trend of disease, to evaluate effectiveness of control measures.

Other additional functions;

- **Technical Supportive Supervision and Mentoring:** while managerial aspects of supervision are addressed through the Governance Committee, the Technical Committee will be responsible to supervise the technical aspects of health care services delivery, including mentorship and Quality Improvement (QI) activities. Coordinators on QI at Regional and LGs levels will be responsible to coordinate its execution.
- **Coordination and Execution of Operational Research:** will involve the Coordination of various stakeholders at regional/LGs level (Government/Non-Government, Research and Academic Institutions), in carrying out operational research on various topics of relevance, to inform implementation and decision making at specific points in time.
- **Planning and Follow up of Funding:** provide guidance on planning and forecast on resource requirements, for the emergence or routine response, Planning for disease-specific activities and interventions, as well as inclusion of QI activities in annual plans. Technical Committees will ensure that, appropriate funds from various sources, (such as cost sharing, NHIF, and CHF), are available and accessible, for use at the intended level and purpose.

3.0 TOR FOR THE TECHNICAL COMMITTEES

- (i) Surveillance and Data Management:** Setting, Evaluating and implementing surveillance activities. Establish and manage the regional and district surveillance system, and ensure that, quality of surveillance data and all other data, from services and programs are discussed, interpreted and used for decision-making in planning and report writing, and shared within departments and with all partners and other stakeholders.
- (ii) Emergency and Routine Response:** Ensure the use of Surveillance Data that will trigger emergence and routine response, guided by the Technical Committee. The Epidemiologist's lead role will be to ensure that, the local disease surveillance systems are complete and timely enough, so as to assure that, serious public health threats to the country are detected rapidly and information is gathered to make immediate plans for control of the condition/situation, as well as, monitoring the rate of disease and thus evaluate the effectiveness of the control measures. Take a leading role to ensure that, the region is prepared for Public Health emergencies and guide the response team, in collaboration with the Hospital In-Charge and the Hospital Management Team at Regional (RRHMT) and LG/Council level (HMT).
- (iii) Coordination:**

Initiate and maintain contacts with statistical and data processing managers in other agencies, to maintain access to epidemiological source materials. Coordinate disease specific initiatives/other interventions in the region/Council

Assist the RHMTs/CHMT, in coordination of various Implementing Partners (IPs) in Quality Improvement (QI)/Quality Assurance (QA) activities and approaches in the Region and LGs level
- (iv) Managerial:**

Provide supportive supervision of staff performing epidemiologic and technical functions at Regional, LG and health facilities levels.
- (v) Planning:**

Provide guiding principles that will be used in planning and forecast of resource requirements, for the emergence or routine response. Planning for disease-specific activities, other specific interventions and QI activities will be incorporated in annual plans (Regional CCHPs and HCFs).
- (vi) Supervision, Monitoring, Evaluation and Mentorship:**

Conduct supportive supervision and mentoring using RRH Zonal and National level hospitals, and other Referral Hospitals at Regional Level, Hospitals at Council level and other lower health facilities (Health Centres and Dispensaries). Generate archives and analyze regional and LG/Council health system data. Regularly update the RHMTs/CHMT on the effectiveness and efficiency of the regional/council health care systems, and suggest on type and range of interventions to assure improvement on quality, quantity and access. Coordinate and discuss individual intervention and data from various programs, to determine the

status of quality of health services provided, burden of diseases and related determinants, prior to sharing and formulating appropriate mitigations and mentorship programs.

(vii) Availability of trained staff and Medicines, devices and other health commodities:

Monitor and ensure that, medicines, devices and commodities are available and adequate. Monitor availability of Funds through cost sharing, NHIF, CHF and other known sources, to ensure that, appropriate funds are available and accessible for use at the intended level and purpose.

(viii) Outbreak Investigations:

The Technical Committee, guided by the Epidemiologist/MO i/c of Hospital, will lead in disease outbreak investigations and other public health events, and in instituting control and treatment measures. The committee will also assist the RHMTs/CHMT in coordination of various partners in the region, in outbreak investigation, control and treatment.

(ix) Research and Development: will lead in carrying out operational research, in

collaboration with the MoHCDGEC and other Government/Non-Government Institutions, particularly Research and Academic Institutions in the Region, and will also offer technical support to the region in operational research on health events. Setting up monitoring systems for the quality of research that will be conducted in the region/Council/LG or HCFs.

4.0 TASKS

- i. Monitor timeliness and quality of disease reporting processes and systems;
- ii. Interpret and analyze statistical data for public health managers, and advise them on implications of the data for the public health policy;
- iii. Define the type of data to be gathered for surveys;
- iv. Gather and review current statistical literature according to the set priorities;
- v. Define populations of interest in to developing health studies for specific groups in the country;
- vi. Develop statistical and technical summary reports, based on surveys
- vii. Implement epidemiological research projects;
- viii. Plan, coordinate and direct collection, coding and entry of data as per national and international standards;
- ix. Develop and maintain computerized databases, to monitor the current health status of targeted groups
- x. Evaluate the effectiveness and efficiency of intervention or control strategies;
- xi. Determine health status outcomes, in order to ensure that, established program standards are met
- xii. Provide technical assistance to investigation of outbreaks and events/emergencies of public health interest.
- xiii. Monitor functionality of Quality Improvement Teams (QITs) at RRH and other Referral Hospitals at Regional level, Council Hospital and other Hospitals at Council level, as well as lower health facilities (Health Centres and Dispensaries) at LG system.
- xiv. Interpret and analyze data from health facilities, regarding quality of health services and provide feedback for improvement of service provision.
- xv. Advise the CHMT/RHMTs on implications of data for the QI/QA at Regional and LG level; and ultimately share the report for decision making with the **CHMT-Technical Committee and CHMT-Governance Committee**, and ultimately to the **RHMTs**; then the **Regional Technical Committee and RHMTs-Governance Committee**, and thereafter, to the PORALG, MoHCDGEC and Partners.

5.0 MANAGEMENT

- (i) Supervision of staff within the Unit
- (ii) Development of the annual work plans and budgets
- (iii) Train and support the staff, on disease investigation and surveillance
- (iv) Prepare monthly, quarterly and annual reports.

6.0 PROPOSED MEMBERS OF THE REGIONAL/DISTRICT TECHNICAL COMMITTEE

- i. Regional / Council Epidemiologist - **Chair**
- ii. Medical Officer In-Charge of Regional Referral Hospital (RRH)/Council Hospital - **Co chair**
- iii. Hospital Secretary – Regional RRH/District Hospital – **Secretary I**
- iv. Nursing Officer In-charge – Regional RRH/District Hospital – **Secretary II**
- v. Regional /District AIDS Coordinator (RACC/DACC)
- vi. Regional /District TB/Leprosy Coordinator
- vii. Infectious Disease Surveillance Regional Focal Person
- viii. Malaria Focal Person – at Regional and District/Council level
- ix. NTD Focal Person – at Regional and District/Council level
- x. MTUHA Focal Person – at Regional and District/Council level
- xi. RCHS Coordination – at Regional and District/Council level
- xii. RIVO – at Regional and District/Council level
- xiii. Regional/District Cold Chain Operator (R/DCCO),
- xiv. Regional/District - Council Mental Health Coordinator,
- xv. Regional /District - Council Eye Care Coordinator,
- xvi. Regional/District - Council Radiology and Imaging Coordinator,
- xvii. Accountant – Regional RRH/District Hospital,
- xviii. Principal of Training Institution available,
- xix. One Representative from Referral Hospital at Regional Level/other Hospitals at Council level available,
- xx. Regional/District Health Policy, Planning and Management Analyst,
- xxi. M&E Specialist,
- xxii. IEC Coordinator,
- xxiii. CBE Coordinator,
- xxiv. NCDs Coordinator,
- xxv. Private Health Facilities Coordinator,
- xxvi. Traditional and Alternative Medicine Coordinator,
- xxvii. Elderly/ Geriatric Services Coordinator,

- xxviii. Nutrition Coordinator,
- xxix. Family Planning Coordinator,
- xxx. Research and Global Health Coordinator
- xxxi. Quality Improvement (QI) Focal Person

7.0 PROPOSED TIMELINES OF MEETINGS AND TEAM WORK

The committee will meet on monthly basis to receive surveillance reports. However, ad hoc meetings will be called when need arises. Team work is key in ensuring that there is excellent functionality of the **Technical Committee**. Use of **Information and Communication Technology (ICT) is essential**, in sharing information through emails, as well as, sharing of work schedules and reports. Sharing on monthly basis, of implementation reports and plans, that will be discussed at the planned quarterly CCHP implementation and Evaluation (Technical and Financial) meetings, as per guideline.

ANNEX 4: QUALIFICATIONS AND JOB DESCRIPTION OF RHMTs MEMBERS (GOVERNANCE AND SELECTED TECHNICAL TEAM):

1. Regional Medical Officer– Assistant Administrative Secretary of Health Section
2. Regional Nursing Officer
3. Regional Health Officer
4. Regional Health Secretary
5. Regional Laboratory Technologist
6. Regional Pharmacist
7. Regional Dental Officer
8. Regional Social Welfare Officer
9. Regional Nutrition Officer
10. Regional Reproductive and Child Health Coordinator
11. Regional Immunization and Vaccination Officer)
12. Regional AIDS Control Coordinator
13. Regional Monitoring and Evaluation Officer (Information Officer)
14. Regional Malaria Coordinator
15. Regional TB and Leprosy Coordinator

1) The Regional Medical Officer

The Regional health services management shall be headed by a Regional Medical Officer (RMO) who is also the Assistant Administrative Secretary for Health Sector.

The RMO is a team leader and overall in charge of coordinating the RHMTs, linking vertically to the Regional Administrative Secretary and horizontally with other departmental heads within the Regional Secretariat. The RMO is responsible and accountable to the RAS on a day to day basis on administrative and technical issues and is responsible and accountable on professional / technical issues to the Chief Medical Officer (CMO) of the MoHCDGEC.

Qualification

The RMO shall be a graduate in Medical/Dental from a government-recognized university with a postgraduate qualification in Public Health or other trainings in leadership and management. The RMO shall have at least 3 years working experience in district work in a similar position.

Job Description

The RMO, as the team leader of the RHMTs, shall assist and advise the RAS on the following: • Develop and implement the 5year RHMTs strategic plan and the RHMTs plan of action and budget in line with MTEF Guidelines

- Ensure translation of Policies, Guidelines and Standards as set out by the MoHCDGEC and PORALG for interpretation and implementation by all Health Facility levels and other stakeholders in the region
- Support LGAs and RRH to develop Comprehensive Health Plans and CHOP to monitor and evaluate the implementation of the plans and advise relevant authorities on allocation of resources to the LGAs

Monitor all activities related to health service provision in the LGAs and across the region in partnership with all stakeholders and act as a link with MoHCDGEC, Regional Secretariat and the LGAs

- Collaborate and assist the LGAs in the management and control of disease Outbreaks and other emergencies

- Collaborate and assist LGAs and other health and health related service providers in capacity building of their staff for improved quality service delivery in their facilities/areas
- Advise the CHMTs within the region on appropriate health system research and use of results to improve on service delivery
- Conduct regular supportive supervision and monitoring of all health services in the Councils including the Regional hospital
- Coordinate the allocation, distribution and utilization of all health resources (human, financial, material) while ensuring equity in the region
- Provide technical and professional expertise on improving quality of promotive, preventive, curative and rehabilitative health services to LGAs and the region as a whole
- Conduct inspections, monitor implementation and effect actions to ensure appropriate application of various health related laws, regulations and standards of services by all concerned, in both public and private Health facilities
- Conduct quarterly and biannually evaluation of various assigned duties report and recommend to thermos on status of implementation

Support implementation of data management and Operation research related to health in the region.

- Coordinate implementation of DHFF in the region

2) The Regional Nursing Officer

Qualification

The Regional Nursing Officer (RNO) shall have a bachelor degree of science in Nursing from a government-recognized training institution. The RNO shall have a Master degree in Public Health, Nursing, Community Health or Community Nursing as added advantage. He/she must be registered with the Tanzania Nurses and Midwives Council. The RNO shall have working experience of at least 3 years at the district level in a similar position at that level.

Job Description

- Participate in RHMTs planning and implementing the annual plans within the budget framework
- Advice, monitor and follow up on implementation of guidelines and standards of nursing care and services within the region
- Follow up and ensure adherence to the professional code of conduct of all nursing staff within the region
- Provide the technical and professional link between the nursing and other health professions within the region
- Advise the CHMTs, Hospital Management Teams within the region on appropriate action oriented research on nursing care and services and use of results to improve nursing service delivery
- Provide advices and training on health education and counseling related to the nursing profession and care
- Advise on policy interpretation and implementation as related to the nursing profession and care to staff within the region
- Conduct regular supportive supervision, and monitoring of assigned professional area
- Monitor, evaluate, advice on status of and recommendations for improving nursing profession and services within the region
- Participate as a team member to plan and implement comprehensive regional plans, which include nursing services to improve general population health across the region in collaboration with stakeholders at the various levels
- Conduct quarterly and biannually evaluation of various assigned duties report and recommend to thermos on status of implementation

3) The Regional Health Officer

Qualification

The Regional Health Officer (RHO) shall have Bachelor degree of science in Environmental Health / Sanitation from a government-recognized university. The RHO shall have working experience of at least 3 years in a Council in a similar position at that level.

Job Description

Participate in RHMTs planning and implementing the annual plans within the budget framework

- Facilitate and advise the translation of Policies, Guidelines and Standards related to environment health and sanitation as set out by the MoHCDGEC
- Assist LGAs to develop Comprehensive Health Plans which include appropriate environmental health sanitation and protection interventions within the region
- Collaborate with the Tanzania Food and Drug Authority (TFDA) on matters pertaining to standards, safety and efficacy of foods and food imports and manufacture in both public and private facilities including assisting in the inspection of importation, manufacture, storage, distribution and use of food products as and when called upon to do so on behalf of the TFDA
- Monitor, evaluate and advise on environmental health services in the LGAs across the region
- Collaborate and assist the LGAs in the management and control of disease outbreaks and other emergencies and provide status reports and recommendations to the region
- Collaborate and assist LGAs and other stakeholders on improving and maintaining environmental health and sanitation and health at work places
- Advise the CHMTs within the region on appropriate action oriented environmental health research and use of results to improve on service delivery
- Advocate for, train and advise the region on the use of collaborative strategies to improve and maintain environmental health at all levels
- Coordinate distribution and dissemination of appropriate Information. Education and Communication (IEC) materials and the required training for communication skills at the region and LGAs
- Prepare and submit the prescribed weekly, monthly, quarterly and annual reports of plans and activities to the appropriate authorities
- Conduct regular supportive supervision, inspections and monitoring of all environmental and health related services in the LGAs across the region
- Conduct quarterly and biannually evaluation of various assigned duties report and recommend to thermos on status of implementation

Collaborate and assist Councils to develop quality and feasible City, Towns / Building Plans that are environmental health sensitive

4) The Regional Health Secretary

Qualification

The Regional Health Secretary (RHS) shall have a Bachelor degree of Health Systems Management / Public Administration (Health Service Management) from a government-recognized university or equivalent institutions. He/she shall have working experience of at least 3 years in a Council in a similar position at that level. Master degree in Health Systems Management and other related fields is an added advantage

Job Description

- Assist the RHMTs in matters related to Human resource administration and management of other health resources
- Supervise preparation and implementation of RHMTs Annual plans the within the budget framework
- Follow up the implementation of DHFF and other financial and accounting system in the region
- Facilitate and advise the translation of Policies, Strategies, Guidelines and Standards, as set out by the MoHCDGEC for interpretation and implementation by all health facilities and other stakeholders within the region
- Support LGAs to develop Comprehensive Health Plans for delivery of quality health services
- Develop, and maintain close working relations and collaboration with other RHMTs members. Prepare and provide RHMTs timely, accurate reports, minutes of meetings, financial bulletins, status of buildings, transport facilities, during RHMTs meetings, for planning and decision making purposes
- Facilitate, in collaboration with the Regional Health Monitoring and Evaluation Officer the timely collection of accurate reports from all LGAs and timely submission to relevant Authorities
- Maintain registers of all resources and assets at the disposal of the RHMTs including buildings, equipment, machinery, furniture, stationary, vehicles, finances. And provide regular and accurate data at all meetings of the RHMTs
- Develop and maintain a maintenance, repair and replacement schedule for all replaceable items at the disposal of the RHMTs e.g. vehicles, office equipment, furniture and the routine repair and maintenance of buildings
- Develop and maintain a regional Health Human Resource Management Plan of statutory benefits, incentive and retention schemes for health workers across the region
- Conduct regular supportive supervision, inspections and monitoring of areas assigned
- Prepare and submit the prescribed weekly, monthly, quarterly and annual reports of plans and activities to the appropriate authority
- Conduct quarterly and biannually evaluation of various assigned duties report and recommend to the RMO, on status of implementation. of the various planned and unplanned activities within the region

5) The Regional Laboratory Technologist

Qualification

The Regional Laboratory Scientist shall have a Bachelor degree of science in Laboratory Technology from a government-recognized university. He/She shall have working experience of at least 3 years in a Council in a similar position at that level.

Job Description

- Participate in RHMTs planning and implementing the annual plans within the budget framework
- Facilitate and advise the translation of Policies, Guidelines and Standards related to Laboratory as set out by the MoHCDGEC for interpretation and implementation by all health facilities and other stakeholders within the region
- Assist LGAs to develop Comprehensive Health Plans which include appropriate

Laboratory services interventions within the region

- Monitor, evaluate and advise on Laboratory services in the LGAs across the region
- Develop and supervise a routine trouble shooting, maintenance, repair and replacement plan and strategy for all Laboratory equipment, in all public and private facilities, in all LGAs to ensure quality and public safety are in line with Tanzania Laboratory technology Council guidelines

- Advise the CHMTs within the region on appropriate action oriented laboratory services research and use of results to improve on service delivery
- Prepare and submit the prescribed weekly, monthly, quarterly and annual reports of plans and activities to the appropriate authority
- Conduct inspections and monitoring of all Laboratory services facilities, both public and private, in the LGAs across the region
- Supervise Quality control of Laboratory services within the region
- Conduct quarterly and biannually evaluation of various assigned duties report and recommend to thermos on status of implementation

6) The Regional Pharmacist

Qualification

The Regional Pharmacist shall have a Bachelor degree of science in Pharmacy from a government-recognized University. The Regional Pharmacist shall have working experience of at least 3 years in a Council in a similar position at that level.

Job Description

- Participate in RHMTs planning and implementing the annual plans within the budget framework
- Facilitate and advise the translation of Policies, Guidelines and Standards related to pharmaceutical services as set out by the MoHCDGEC for interpretation and implementation by all health facilities
- Assist LGAs to develop Comprehensive Health Plans which include appropriate pharmaceutical services interventions within the region
- Monitor, evaluate and advise on pharmaceutical services in the LGAs across the region
- Collaborate with the TFDA on matters pertaining to standards, safety and efficacy of medicines in both public and private facilities including assisting in the inspection of importation, manufacture, storage, distribution and use of medicines as called upon to do so on behalf of the TFDA
- Advise the CHMTs within the region on appropriate action oriented pharmaceutical services research and use of results to improve on service delivery
- Advocate for, train and advise the region on the use of collaborative strategies to improve and maintain quality pharmaceutical services at all levels
- Coordinate distribution and dissemination of appropriate IEC materials and the required training for communication skills at the region and LGAs
- Prepare and submit the prescribed weekly, monthly, quarterly and annual reports of plans and activities to the appropriate authority
- Conduct regular supportive supervision, inspections and monitoring of all pharmaceutical service outlets, both public and private, in LGAs across the region
- Supervise and coordinate implementation of Prime Vendor System in the region
- Supervise and coordinate implementation of Drug Revolving Fund
- Ensure LGAs are conducting financial reconciliation of the MSD and prime vendor accounts
- Conduct quarterly and biannually evaluation of various assigned duties report and recommend to thermos on status of implementation
- Supervise all electronic information systems for supporting pharmaceutical and Logistics services in the region

7) The Regional Dental Officer

Qualification

The Regional Dental Officer (RDO) shall have a Bachelor degree of Dental Science from a government-recognized university. The RDO shall have working experience of at least 3 years in a district in a similar position at that level.

Job Description

- Participate in RHMTs planning and implementing the annual plans within the budget framework
- Facilitate and advise the translation of Policies, Guidelines and Standards related to Dental / Oral health as set out by the MoHCDGEC
- Assist LGAs to develop Comprehensive Health Plans which include appropriate Dental /Oral health services interventions within the region
- Monitor, evaluate and advise on Dental / Oral health services in the LGAs across the region
- Advise the CHMTs within the region on appropriate action oriented dental services research and use of results to improve on service delivery
- Advise and promote community oral health to the LGAs in order to increase access and coverage of dental services in the communities across the region
- Advocate for, train and advise the region on the use of collaborative strategies to improve and maintain quality dental services at all levels
- Coordinate, distribute and disseminate and develop appropriate IEC materials and the required training for communication skills at the region and LGAs
- Prepare and submit the prescribed weekly, monthly, quarterly and annual reports of plans and activities to the appropriate authority
- Conduct regular supportive supervision, inspections and monitoring of all dental services facilities, both public and private, in LGAs across the region

Supervise and ensure availability of dental equipment and materials

- Conduct quarterly and biannually evaluation of various assigned duties report and recommend to thermos on status of implementation

8) The Regional Social Welfare Officer

Qualification

The Regional Social Welfare Officer (RSWO) shall have a Bachelor degree of Arts in Social work / Sociology from a government-recognized university with a community development experience. The RSWO shall have additional qualifications in financial management, gender and reporting and shall have working experience of at least 3 years at Council level, in a position including interactions with the community.

Job Description

- Participate in RHMTs planning and implementing the annual plans within the budget framework
- Facilitate and advise the translation of Policies, Guidelines and Standards related to Social Welfare services as set out by the MoHCDGEC for interpretation and implementation by LGAs
- Support the CHMTs in the definition and implementation of their CCHPs in order to ensure that the interests of the poor, marginalized and vulnerable groups are fully taken into consideration
- Explore with the CHMTs on workable systems to ensure service access for the poor, marginalized and vulnerable groups at both social welfare and health care facilities
- Support the Health facilities in the implementation of exemption and waiver policy

- Facilitate, through the LGAs, the population including the poor, marginalized and vulnerable groups, and make sure that the population is fully involved in the set-up of these mechanisms and that communities are regularly informed on their rights as well as on the use of the funds collected
- Support the CHSB in setting up an efficient management system for the funds collected in the LGA and for the access to the matching grant, as well as for claim and reimbursement with the National Health Insurance Fund (NHIF)
- Explore with the LGAs other mechanism of social risk management which can contribute to a better access to health services (transport, food, etc.)
- Upon request from CHSBs, advise the health facility managing committees of Health Centres and Dispensaries for the improvement of access to their services
- Facilitate the services of the district hospitals to be accessible for the poor, marginalized and vulnerable groups
- Facilitate the poor, marginalized and vulnerable groups so that they are involved in / have full access to preventive and outreach activities provided by council health services

Coordinate stakeholders implementing social welfare services in the region

- Facilitate the documentation of good practices, innovative approaches as well as the peer exchanges between councils and among health facilities
- Disseminate and supervise the implementation of all new policies, strategies and guidelines of the Government Conduct regular supportive supervision, inspections and monitoring of areas assigned
- Report regularly to the RMO on the progress against the planned activities. • Support hospitals Social Welfare Officer facilitate accessibility of the hospital services by the poor, marginalized and vulnerable groups
- Explore with the staff of the regional hospital ways and means to make them more responsive to the needs of the poor, marginalized and vulnerable groups
- Participate in teaching at health / social welfare training institutions within the region

Conduct quarterly and biannually evaluation of various assigned duties report and recommend to thermos on status of implementation

9) The Regional Nutrition Officer

Qualification

He/She shall have a Bachelor degree in Nutrition with a Master of Science in Human Nutrition, Food Science and Technology, Post Graduate Diploma in Nutrition and other related fields from recognized University/Institutions of higher learning. Shall have at least 3 years' experience in similar position in the district in one of the following work: Planning and managing implementation of nutrition interventions, Preparation and implementation of nutrition training sessions, Collecting, analysing and reporting nutrition information and data and experience in leadership or managerial position in nutrition programs

(b) In-service Structure;

- By promotion on merit of Senior Nutrition Officer with two (2) years experience in that position with satisfactory work performance with qualifications mentioned herein above (a) (i)
- Having a published article on nutrition matters is an added advantage

Job Description

- To lead and manage the nutrition office at the regional level
- To advice the Regional Secretariat on nutrition matters
- To prepare and implement operational researches on implementation of nutrition interventions at the regional level

- To coordinate institutions and civil society organisations which are engaged in nutrition matters at the regional level
- To oversee and provide technical advice to District Nutrition Officers
- To receive, coordinate and oversee nutrition services at the Regional Level
- To advice leaders on decision making with regards to nutrition matters
- To review recommendations from various reports received from Councils level and making decisions or providing advice to leaders to decide with merits
- To review and verify recommendations on interpretation of data so as to approve them ready to be used for decision making, service delivery and for evidenced based planning
- To interpret nutrition policies and guidelines for implementation at Council level
- To innovate and create nutrition programs and projects
- To prepare, oversee and coordinate education and training projects at Regional and District level
- To undertake any other duty assigned to him/her by their superiors that are related to their levels of education, experience and expertise

10) The Regional Reproductive and Child Health Coordinator

Qualification

The Regional Reproductive and Child Health Coordinator shall have a Degree in Nursing from a Government recognized institution. He / She shall have a Master Degree in either Public Health, Community Health or Nursing as added advantage. Must be registered with the Tanzania Nurses and Midwives Council. He/She shall have a working experience of at least 3 years at the District level in a similar position. He/She is a member of Technical team of the RHMT.

Job Description

- Participate in RHMTs planning and implementing the annual plans within the budget framework
- Advice, monitor and follow up on implementation of guidelines and standards of Maternal and Child Health Care and services within the region
- Assist in the follow up and ensure adherence to the professional code and conduct of all nursing staff within the region
- Assist to provide the technical and professional link between the nursing and other health professions within the region
- Advise the RMO, through the RHMTs, all CHMTs, Hospital Management Teams within the region on appropriate action oriented research on Maternal and Child Health care and services and use of results to improve Maternal and Child Health Care service delivery
- Provide advice and training on Maternal and Child Health care and counseling related to the nursing profession and care
- Advise on policy interpretation and implementation as related to Maternal and Child Health Care staff in the LGAs and across the region, particularly with regard to the overall goal of reducing significantly the unacceptably high Maternal Mortality Ratio and the Newborn and Infant Mortality Rate
- Monitor, evaluate, and prepare status reports and advice on status of and recommendations for improving Maternal and Child Health care and services within the region
- Conduct regular supportive supervision, inspections and monitoring of areas assigned
- Participate as a team member of RHMTs to plan and implement comprehensive regional plans, to improve general population health across the region in collaboration with stakeholders at the various levels

11) The Regional Cold Chain Operator (Region Immunization and Vaccination Officer)

Qualification

The Regional Cold Chain Operator (Regional Immunization and Vaccination) shall be a Health Officer with a degree from a government recognized training institution. He / She shall have an additional technical/ professional training in the management of programs particularly Cold Chain logistics. The officer shall have working experience of at least 3 years at the district level in a similar position at that level. He/She is a member of Technical team of the RHMTs.

Job Description

- Participate in RHMTs planning and implementing the annual plans within the budget framework
- Facilitate and advise the translation of Policies, Strategies, Guidelines and Standards, particularly those related to maintenance of the Cold Chain, as set out by the MoHCDGEC for interpretation and implementation by LGAs
- Assist LGAs to develop Comprehensive Health Plans which include appropriate interventions to maintain the Cold Chain within the region
- Collaborate with all Councils to ensure timely ordering, storage, distribution, use and reporting for all antigens for the immunization of mothers in children across the region. This includes the maintenance of buffer stock to cater for shortages and vaccine preventable disease outbreaks, spares for Cold Chain equipment and gas for refrigerators. Vaccine storage includes stocks for outbreaks of rabies in known rabies prone outbreak areas
- Monitor, evaluate and advise on the Cold Chain in all facilities providing immunization services for mothers and children in the LGAs, both public and private, across the region
- Advice and facilitate Councils and other providers delivering immunization services on standards of Cold Chain equipment, ordering, repair, maintenance and replacement
- Develop, strengthen and maintain close working relations and collaboration with other RHMTs members, particularly the Maternal and Child Health Officer to ensure comprehensive approaches to addressing the challenge of high incidence of Maternal, newborns and infant deaths
- Develop and sustain outreach Cold Chain and immunization services for hard to reach areas and particularly for pastoralist communities who are not covered by stationery health facilities
- Develop and supervise a routine trouble shooting, maintenance, repair and replacement plan and strategy for all Cold Chain equipment, in all public and private facilities, in all LGAs to ensure quality and public safety
- Collaborate and assist LGAs and other stakeholders on improving and maintaining quality Cold Chain services at all health facilities across the region
- Advise the CHMTs within the region on appropriate action oriented Cold Chain research and use of results to improve on service delivery and other interventions
- Advocate for, train and advise the region on the use of collaborative strategies to improve and maintain Cold Chain interventions at all levels
- Coordinate, assist and develop appropriate IEC materials and the required training for communication skills at the region and LGAs
- Prepare and submit the prescribed weekly, monthly, quarterly and annual reports of plans and activities to the appropriate authority
- Facilitate regular supportive supervision, inspections and monitoring of all Cold Chain related services in the Councils across the region
- Conduct evaluation, report and recommend to the RAS, through the RHMTs, on status of implementation of the various planned and unplanned Cold Chain interventions within the region

12) The Regional AIDS Coordinator

Qualification

The Regional AIDS Coordinator shall be a Medical Officer, with a degree from a government recognized training institution. She/he shall have an additional technical/ professional training in the management of programs particularly HIV/AIDS control program. She / He shall have working experience of at least 3 years at the district level in a similar position at that level. He/She is a member of Technical team of the RHMTs.

Job Description

- Participate in RHMTs planning and implementing the annual plans within the budget framework
- Facilitate and advise the translation of Policies, Strategies, Guidelines and Standards, particularly those related to HIV/AIDS, as set out by the MoHCDGEC for interpretation and implementation by LGAs
- Assist LGAs to develop CCHPs which include appropriate HIV/AIDS control interventions within the region
- Monitor, evaluate and advise on HIV/AIDS control services in the LGAs, including those by NGOs, Community-based Organizations (CBOs) and other groups, across the region
- Collaborate and assist the LGAs in the management and control of further spread of HIV/AIDS and provide status reports and recommendations to the region
- Collaborate and assist LGAs and other stakeholders on improving and maintaining sustained HIV/AIDS interventions and other services at all health facilities and at all work places across the region
- Advise the CHMTs within the region on appropriate action oriented HIV/AIDS research and use of results to improve on service delivery and other interventions
- Advocate for, train and advise the region on the use of collaborative strategies to improve and maintain HIV/AIDS interventions at all levels
- Coordinate, assist and develop appropriate IEC materials and the required training for communication skills at the region and LGAs
- Prepare and submit the prescribed weekly, monthly, quarterly and annual reports of plans and activities to the appropriate authority
- Facilitate regular supportive supervision, inspections and monitoring of all HIV/AIDS related services in the Councils across the region. Conduct evaluation, report and recommend to the RMO, through the RHMTs, on status of implementation of the various planned and unplanned HIV/AIDS interventions within the region
- Relation with and responsibility to the Council Multi-sectoral Committee

13) The Regional Monitoring and Evaluation Officer

Qualification

The Regional Monitoring and Evaluation Officer shall have a degree in Health monitoring and evaluation or in Planning and /or advance diploma in Planning from a government recognized University. He / she shall have additional qualifications in computer information technology, training in statistics, routine health data collection systems and Sentinel Surveillance Systems. He / She shall have working experience of at least 3 years in a district in a similar position at that level. He/She is a member of Technical team of the RHMTs.

Job Description

- Participate in RHMTs planning and implementing the annual plans within the budget framework
- Facilitate and advise the translation of Policies, Strategies, Guidelines and Standards, particularly those related to Health information and Information technology and use, as set out by the MoHCDGEC for interpretation and implementation by LGAs
- Assist LGAs to develop Comprehensive Health Plans which include appropriate interventions to strengthen data management and use, appropriate Information Technology for planning and delivery of quality health services
- Monitor, evaluate and advise on the Computer hardware and software, virus protection, standardization of equipment, repair, maintenance and replacement

- Collaborate closely with CHMTs to ensure availability of data collection tools (tally sheets, registers and other requirements at all health facilities, both public and private, in all the LGAs across the region
- Develop, strengthen and maintain close working relations and collaboration with other RHMTs members, and provide them with timely, accurate and usable information during RHMTs meetings, CHMT meetings for planning and decision making purposes
- Facilitate and conduct the necessary training to ensure timely collection of raw data, processing, presentation interpretation and use for management decisions at all health facilities in all LGAs across the region
- Facilitate, in collaboration with CHMTs, the timely collection of accurate data from all LGAs and timely transmission to the region
- Collate and transmit correct and timely health data from all the LGAs, through the CHMTs, to the MoHCDGEC
- Facilitate and train CHMTs to produce regular Health Information Newsletters for feedback to data collecting health facilities within LGAs
- Facilitate and ensure the timely collection and transmission of the necessary data from all Sentinel Surveillance System stations within the region
- Facilitate the timely service, repair, maintenance and replacement of Computer hardware and software within laid down guidelines and standards
- Coordinate, assist and develop training of staff on the use of computer hardware and software including periodic trouble shooting, software upgrading, computer virus detection and removal within LGAs
- Prepare and submit the prescribed weekly, monthly, quarterly and annual reports of plans and activities to the appropriate authority
- Conduct evaluation, report and recommend to the RMO, through the RHMTs, on status of implementation of various planned and unplanned Health Information and Computer Information Technology interventions within the region

14) Regional Malaria Coordinator / Integrated Management of Childhood Illness Focal Person

Qualification

The Regional Malaria Coordinator is responsible for management and coordination of all Malaria interventions activities in the regions including supportive supervision to the councils. He/She is a member of Technical team of the RHMTs. The Regional Malaria coordinator is responsible to monitor malaria interventions indicators in the region and advises RHMTs and CHMTs on all matters pertaining to Malaria management and control. He/She shall have a Medical degree (Doctor of Medicine/Bachelor of Medicine and Surgery) from a government recognized institution. He/she shall have working experience of at least 3 years in a district in a similar position at that level. A Master degree in Infectious diseases is an added advantage in this post.

Job Description

- In collaboration with RHMTs to prioritize and ensure malaria control and IMCI program activities are incorporated in Regional Comprehensive Health Plan
- To advice and coordinate all Regional malaria control and IMCI program Interventions
- To ensure all malaria control interventions and IMCI program activities implemented at Regional level are in line with National Policy and Target
- To facilitate availability of Guidelines and IEC materials related to malaria control interventions and IMCI Program at Regional level
- To advocate community involvement in addressing malaria control interventions and IMCI Program activities
- To facilitate commemoration of Malaria Word Day (25/4 and World Children's Day 16/6 in the region every year
- To identify and mobilize resources from different stakeholders implementing Malaria control interventions and

IMCI program in the region

- To Supervise, Monitor and Evaluate the implemented malaria control and IMCI program activities in the region
- To analyze, interpret and prepare all reports related to malaria control interventions and IMCI Program at Regional level
- To submit quarterly and annual malaria control and IMCI Program reports to Regional Health Management Team

15) Regional TB and Leprosy Coordinator (RTLTC)

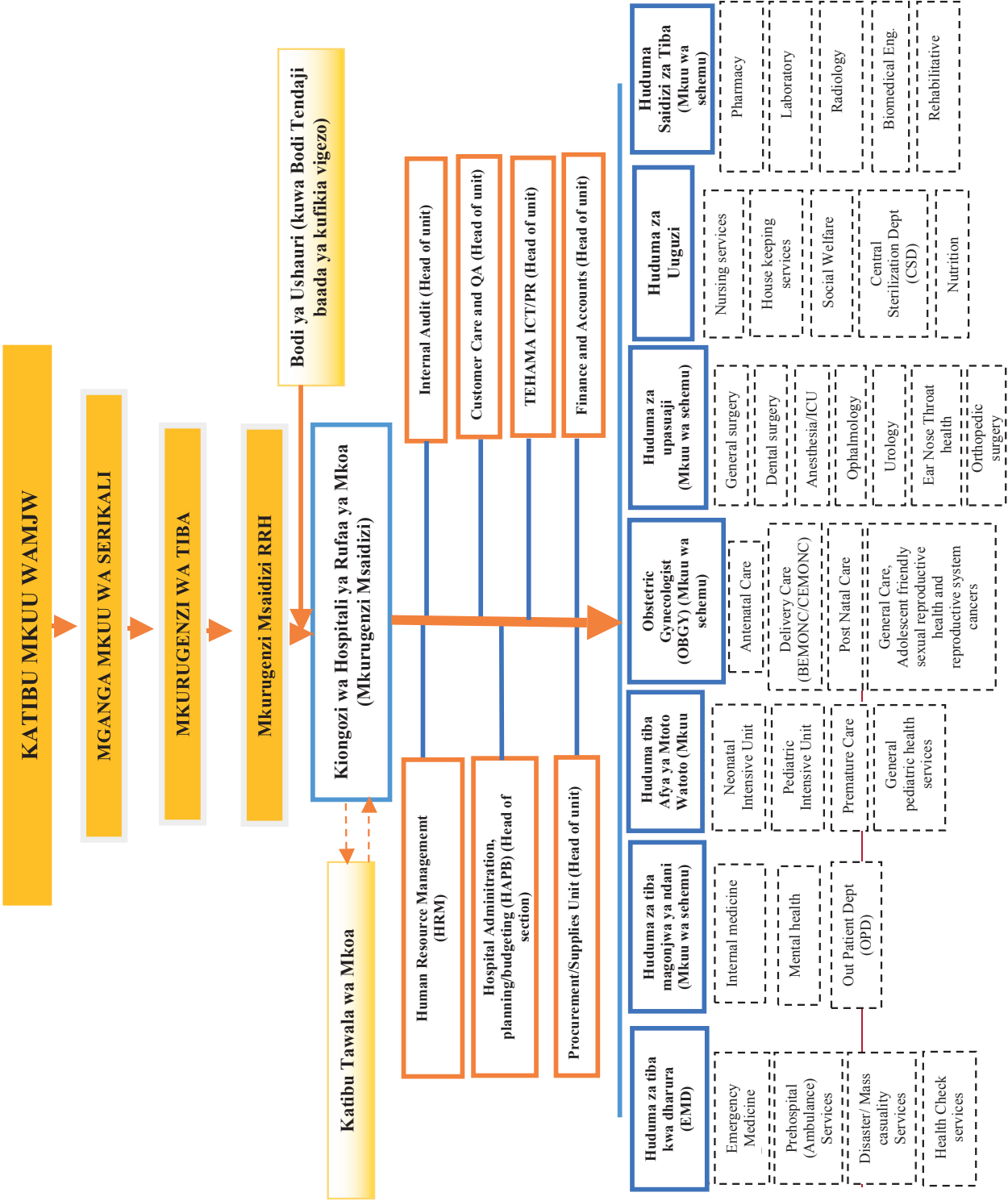
Qualification

The RTLTC is responsible for management and coordination of all TB, TB/HIV, and leprosy activities in the regional including supportive supervision to districts. The RTLTC verifies quarterly TB, TB/HIV, Leprosy and drug stock/request reports from DTLCs and Monitor TB, TB/HIV and Leprosy indicators in the region. He/She is a member of Technical team of the RHMTs. The RTLTC also advises RHMTs and CHMTs on all matters pertaining to TB, TB/GOV and Leprosy. He/She shall have a Medical degree (Doctor of Medicine/Bachelor of Medicine and Surgery) from a government recognized institution. He/she shall have working experience of at least 3 years in a district in a similar position at that level. A Master degree in Infectious diseases is an added advantage in this post.

Job Description

- Manager planning, implementation, and monitoring and evaluation of NTLP activities at the regional level
- Regular visit (at least one very three months) all district in the regional in order to supervise and support District Tuberculosis and Leprosy Coordinators (DTLCs) and health workers
- Assists and advises Council Health Management Teams (CHMTs), DTLCs, and other health staff on the diagnosis, treatment, and prevention of TB and Leprosy
- Ensure a three-month supply of TB and leprosy drugs in the region in collaboration with the pharmacist and provides feedback to the TLCU
- Facilitate and coordinates health education and training activities through NTLP training sessions seminars, learning institutions, and on-the-job training
- Collects, analyzes, and sends accurate data on TB and Leprosy control statistics and activities in the region to the Regional Medical Officer and the TLCU
- Compiles, disseminates, and uses regional TB and leprosy data in informed decision-making
- Supervises and facilitates prevention of disability and rehabilitation activities for leprosy patient, and liaises with specialized service, if necessary, outside the region
- Identifies, collaborate, and implements operational research on TB and Leprosy in the religion
- Ensure efficient utilization on NTLP vehicle and motorcycles made available to Religion and District Tuberculosis and Leprosy cosignatory
- Ensures that all sputum specimens of relapsed TB patients and other smear-positive patient on retreatment are sent to the reference laboratory for molecular drug susceptibility, culture, and sensitivity testing
- Advises Council and Regional Health Management Teams on TB and Leprosy activities for inclusion in district/regional health plan
- Collaborates with the Regional Laboratory to ensure the quality to acid-fast bacilli (AFB) microscopy

ANNEX 5: REVISED REGIONAL REFERRAL HOSPITAL ORGANOGRAM





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