Lindi Region

My Way to becoming Health Secretary

In April 2008, three months before completing of my studies, I received a call requesting me to work in Lindi as Health Secretary at Sokoine Regional Hospital. The call shocked me because of what I had heard about Lindi and the southern zone. I needed some time to consider the issue because of the attitude I had towards the place.

But my anxiety was gone when I met Medical Officer incharge Lindi, Dr. Abbas Pegwa. He was highly motivated, which gave me the incentive to work in Lindi. I had hoped that I could work with motivated colleagues like him.

Since I got there I experienced quite different situation from what I heard before. It was "A Great Place". I thank the RHMT Lindi and hospital management team from Sokoine Hospital for the great support and encouragement till now. I appreciate their great effort on dealing with the serious human resource crisis which faces Lindi Region.

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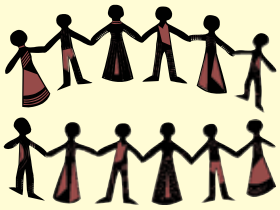
Mtwara Region

RHMT - Mtwara

What is Hard to reach area?

Working in the South has always been a continuous learning experience. The challenges which I face every day have been essential to my professional development. The first management training by JICA made me realize the importance of working as a team. In addition, it has been essential in providing me with the opportunity to put my management skills into practice. Beyond the sphere of RHMT Mtwara, I have been in regular contact with Lindi regional and hospital secretaries and we have discussed challenges and their resolutions. It's only through connection of thoughts, skills and information that management of the health sector has been possible in the Southern Zone.

BE CONNECTED !



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Morogoro Region

Experience of OPR Working Group on Operational Research

The Operational Research Working Group (OPR WG) was established under the Morogoro Health Project (MHP: 2001-2007). The activities of OPR WG are still going on after the MHP phased out.

A representative of respective CHMTs and RHMT organize the regular WG meetings where the WG members intensively discuss over the selected research topics. All District Councils in the Region have incorporated the OPR activities in the Comprehensive Council Health Plan (CCHP). This enables the members to attend the regular WG meetings. Suggestions and advices are exchanged in order to improve the quality of research proposals and final reports. Through this open-hearted communication, the members have developed rapport and team work spirit among themselves.

The OPR results give us answers to many questions that we have. Also the OPR results enable us to formulate evidence-based plans and interventions which are responsive to the community expectations and improved health care services.

Suggestions to other regions are to strengthen our knowledge and skills on Operational Research through trainings and to formulate a working group with members from their respective working areas. It is a wonderful opportunity to share information/ experiences, learn from each other and build a strong relationship among RHMT and CHMTs in order to develop managerial capacity and improve the regional health services together!

OPR WG Members
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Singida Region

Rehabilitation and Renovation of the Regional Hospital and Other Health Facilities

In 2007/08 RHMT Singida in collaboration with Regional Secretariat and Hospital Management Team (HMT) succeeded in implementing and supervising the Regional Hospital Rehabilitation Project. Singida Regional Hospital was constructed in 1950's. Some of the buildings were in bad shape due to lack of rehabilitation. The RHMT/RS and HMT requested funds from the government for rehabilitation and 600,000,000 Tshs were allocated. The project involved rehabilitation of wards, OPD, and the construction of minor theaters, Tb ward and hospital fence. Also RHMT with CHMTs have supervised and facilitated the rehabilitation of other health facilities through the Joint Rehabilitation Fund. The implementations of two phases of those projects have improved buildings and services. In addition to that RS/RHMT, with district councils has commenced a Regional Referral Hospital constructing project. The beginning of this project it is an indication that using the RS/RHMT is the best way of improving health and referral services in central regions and Tanzania at large.

Lastly RS/RHMT is inviting all stakeholders/ development partners to finance construction of a regional referral hospital and invest in the health sector in Singida region.

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If you have questions or comments, please contact :

Tanzania-Japan Technical Cooperation in Capacity Development for the Regional Referral Health Management (TC-RRHM)

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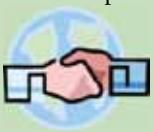
Be connected JICA

Mbeya Region

Dr. Haroun Machibya (RMO Mbeya) on his experience of transfer from CHMT Morogoro to RHMT Mbeya

This kind of transfer gave me good working experience. Working with a council is more challenging than working with RHMT. This is because in councils, ward counselors have their development expectations. Staff at district level needs to be conversant with the priorities made by their wards. In my experience with supportive supervision in Mbeya, I found that some CHMT members were not innovative. Their districts are left behind in terms of development. Normally, some CHMT members underrate RHMTs' working experience. Stronger cooperation between RHMTs and CHMTs leads to better health service in regions.



Dodoma Region

With the assistance of MOHSW, PMORALG and development partners, RHMT Dodoma has enhanced the capacity of the health system to provide quality health care services such as maternal. Health studies including ethnographic causes maternal deaths were also conducted. These efforts have shown good progress as evidenced along side:

	2007	2008
Mortality Rate		
Maternal Mortality Rate	168/100,000	124/100,000
Underfive Mortality Rate	65/1,000	45/1,000
Infant Mortality Rate	23/1,000	22/1,000
Neonatal Mortality Rate	8/1,000	11/1,000
Vaccination coverage improvement		
Measles vaccination	90%	94%
BCG vaccination	96%	98%
DTPHb3	89%	95%
Family Planning acceptance rate	33%	34%
Health facility deliveries	57%	65%

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Coast Region

Working hard toward MDG 4 and 5

RHMT Coast are conducting interventions to prevent maternal death through supportive supervision as follows.

- Introduction of community based pregnancy monitoring system
- Registration of pregnant women
- Interviews of pregnant women on antenatal clinic attendance
- Awareness creation carried out by village health workers on risk factors related to pregnancy
- Service improvement :
  Tumbi Hospital expanded, improved and upgraded to become a Modern Regional Referral Hospital and Trauma Management Centre. It also offers specialized medical and surgical services including maternal and child health services

Rukwa Region

Human Resource Crisis in the Health Sector

RHMT Rukwa strategies for mitigating the human resource crisis are as follows:

1. Providing incentives and motivation for health care workers such as housing, paid leave, resting room, tea and snack.

2. Good Management Practice
   - Clear explanation about institutional vision to staff
   - Formulation of trust fund to support health workers