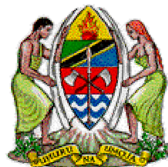
THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH



Guideline for Reforming Hospitals at Regional and District Levels

March, 2005

FOREWORD

The health sector is vested with the function of ensuring the improvement of people's health at all levels. To achieve this obligation the Ministry of Health decided to undertake various reforms in 1990's due to the growing concerns that the health services delivered in the country were not of the expected good quality. Furthermore there was need to re-examine the prevailing health services delivery system to improve health care. Progress in implementing of the reforms was made in strengthening of district health services. However, district and regional hospitals were not covered.

The Ministry of Health is now focusing on reforming hospital services at district and regional levels. The emphasis shall be on strengthening the process of planning, management, financial accountability and provision of quality health services.

This guideline should be used as a resource for training health care managers and providers to strengthen management systems, structures, various strategies, methods and capacity of reforming district and regional hospitals. The guidelines also aim at enabling the introduction of quality assurance mechanisms. There are three major requirements for the success of implementing this guideline:

First; all health care managers and providers must understand the concept of decentralization and devolution of power, the principles of reform, a new outlook and their new roles in reforming their health care services at regional and district hospitals.

Second; all health care managers and providers must accept their new roles which are tabled in this guideline.

Third; all health care managers and providers must have the essential and appropriate skills which will enable them to enact those new roles effectively and efficiently. This calls for training and re-training in order to manage and provide quality health care.

The founding principles for reforming of district and regional hospitals shall be based on *Primary Health Care* approach.

I therefore call upon all health care managers and providers to make full use of this guideline in reforming the health care services at district and regional hospitals. Moreover, they should readily join hands with the various development partners and non-governmental organizations in their respective local areas to ensure the success of the implementation of this guideline.

This guideline will enable the Department of Hospital Services to oversee the implementation of hospital reforms assisted by the *National Hospital Reforms Task Force.* The Health Sector Reform Secretariat will assist in coordinating and follow up.

Mariam J. Mwaffisi
Permanent Secretary

ACKNOWLEDGEMENT

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Dr. Gabriel L. Upunda
Chief Medical Officer

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LIST OF ABBREVIATIONS

CHD	Council Health Department
CHMT	Council Health Management Team
CHPT	Council Hospital Planning Team
CHSB	Council Health Services Board
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
CCHP	Comprehensive Council Health Plan
CSSC	Christian Social Services Commission
DCI	Development Cooperation Ireland
DANIDA	Danish Development Agency
DFID	Department for International Development
DDH	District Designated Hospital
DAP	Department of Administration and Personnel
DHS	Department of Hospital Services
DHR	Department of Human Resources
DPS	Department of Preventive Services
DPP	Department of Policy and Planning
ESAMI	Eastern and Southern Africa Management Institute
HMC	Hospital Management committee
HMT	Hospital Management Team
HSDP	Health Sector Development Programme
HSSP	Health Sector Strategic Plan
HRD	Human Resource Development
GTZ	Gesellschaft fuer Technische Zusammenarbeit
IGF	Internal Generated Funds
LGA	Local Government Authority
MOH	Ministry of Health
MOF	Ministry of Finance
MTEF	Medium Term Expenditure Framework
NHRT	National Hospital Reforms Task Force
OPD	Out Patient Department
PORALG	Presidents Office Regional Administration and Local Government
RHMT	Regional Hospital Management Team
RHMT	Regional Health Management Team
RS	Regional Secretariat
SASE	Selective Accelerated Salary Enhancement Scheme
SDC	Swiss Development Cooperation
VA	Voluntary Agency
ZTC	Zonal Training Centre

EXECUTIVE SUMMARY

This guideline is intended to provide guidance and linkage in spearheading the District and Regional Hospital Reforms. The hospital reforms main focus is on planning, management, financial accountability, and provision of quality health services. It is meant to be used by health providers, trainers, planners, managers and other stakeholders interested to improve hospital services.

Chapter one of the guideline outlines the background of hospital reform, vision and mission of Ministry of Health. It further gives the outcome of situational analysis and studies, which have been carried out in the country, which resulted to the need of hospital reforms. Furthermore the guideline provides the purpose and objectives of undertaking hospital reforms. The objectives pointed out that, regional and district hospitals will be facilitated to:

- develop strategic and annual hospital plans
- establish and apply supportive, monitoring and accountability systems
- provide quality district and regional health services
- establish effective governing and management bodies in line with National Guidelines
- build the capacity to strengthen hospital management and introduce effective staff management systems
- build the capacity to strengthen financial management and sound financial accounting systems
- secure funding for a sustainable rehabilitation and maintenance Programme
- put in place a sustainable rehabilitation and maintenance funding in partnership and collaboration with PORALG

Moreover in chapter two the guideline points out the methods and approaches in which the reforms will be implemented. In addition to that, chapter three narrates the implementation of reforms in level I and II hospitals. The chapter emphasizes on the implementation of the agreed eight objectives.

Chapter four outlines the implementation arrangement and chapter five discusses the means for monitoring and evaluation. Chapter six outlines hospital reform strategic plan and chapter seven shows the first year implementation plan. Finally, the guideline includes terms of references for hospital and financial management, which are appended as annexes.

Chapter 1

1. Introduction

1.1 Background

The district and regional hospitals reforms are based on the Health Sector Strategic Plan 2003 – 2008, which is emphasizing on reforms towards delivery of quality health services and meeting clients' satisfaction. The plan also focuses on building the capacity of health providers and managers to own and manage the resources for improving the health status of the community.

1.2 Vision and Mission

1.2.1 Vision

The vision of the health policy in Tanzania is to improve the health ad well being of all Tanzanians with a focus on those at risk and to encourage the health system to be more responsive to the needs of the people. The vision for district and Regional Reforms is: Hospital services delivery system is more responsive to the needs of the people.

1.2.2 Mission

The Mission of the MOH is to facilitate the provision of equitable health services by formulating appropriate policies and guidelines for effective health services, delivered by well motivated human resources to improve health status of the public with emphasis on the most at risk.

1.3 Health Sector Reforms

The Health Sector Reforms have been defined as a sustained process of fundamental change in national health policy and institutional arrangements, which are evidence-based, spearheaded by government and designed to improve the functioning and performance of the health sector, ultimately improving the health status of the population (WHO/SHS/96.1). In Tanzania the implementation of health sector reforms are divided into the following nine strategies:

1.3.1 Strategy 1: District Health Services

This is concerned with the provision of accessible, quality, well-supported cost-effective *district health services* with clear priorities and essential clinical and public health packages that are organized at the decentralized level.

1.3.2 Strategy 2: Level II and III hospitals

Secondary and tertiary level hospital services are intended to provide back-up to support primary health care. This includes developing a quick-response capacity for medical emergencies.

1.3.3 Strategy 3: Role of Central Ministry of Health

This redefines the *central role of Ministry of Health* as a facilitator of health services, providing policy, leadership norms and standard setting role. It also focuses on creating a strong communication system to propagate the objectives and scope of the reforms.

1.3.4 Strategy 4: Human Resources Development

This addresses the challenges of *human resources development* to ensure that well-trained and motivated staff is deployed at the appropriate health service level.

1.3.5 Strategy 5: Central Support System

This ensures that the required *central support systems* such as personnel, accounting, auditing, drugs and medical supplies, equipment, physical infrastructure, transportation and communication are in place and functioning

1.3.6 Strategy 6: Health Care Financing

This ensures that the *health care financing*, which is sustainable, involves both *public and private* funds as well as donor resources, and explores a broader *mix* of options such as health insurance, community health financing and cost-sharing.

1.3.7 Strategy 7: Public Private Partnership

This addresses the appropriate *partnership between the Public and the Private sector*s in the provision of health services.

1.3.8 Strategy 8: Donor Coordination

This aims at strengthening the relationship between Ministry of Health and its partners.

1.3.9 Strategy 9: HIV/AIDS

As part of its strategy development, the Ministry of Health has developed a health sector HIV/AIDS strategy. Key achievements, constraints ad future priorities identified in the strategy situational analysis under ten broad themes: epidemiological surveillance and social research, behaviour change communications, STI prevention and control, blood safety, voluntary counselling and testing, PMTCT and other prevention programmes, care and support for PLWA, home-based care and psychological support and formulation of a Health Sector Strategy for HIV/AIDS/STI research coordination.

The nine strategies have been regrouped into three components i.e.;

I. District Health Services
II. Secondary and tertiary health services
III. Central Support
    a. Central Ministries
    b. Regional level

1.4 Situation analysis

There are several situation analysis and studies, which have been carried out in the country. The findings have identified the following areas of achievements, needs and constraints that the 86 district and 18 regional hospitals are experiencing.

1.4.1 Achievements

- 86 districts have district hospitals, 66 owned by the Government, 20 designated
- 18 regions have Regional hospitals
- There is a progressive increase in hospital funding through basket funds
- Existence of block grants from the Government, Community Health Fund
- An appropriate network of health facilities in the country
- Existence of governing structure, Councils Health Boards and Hospital Committees
- Existence of Annual Comprehensive Council Health Plans in 113 districts
- Existence of hospital development plans in a some hospitals

1.4.2 Areas of concern

- Critical shortage of qualified staff in hospitals
- Inability of many hospitals to deliver the range and level of diagnostic treatment protocol and treatment services meant to be provided
- Inadequate staff motivation, morale and poor attitude towards patients and work
- Inadequate funding of hospitals
- Poor standards of care and inadequate quality control
- Low level of efficiency, effectiveness and value for money
- Deteriorated equipment, infrastructure and transport due to poorly functioning planned preventive maintenance
- Inadequate knowledge and skills in planning, management and control of resources
- Financial indiscipline
- Limited authority of hospital managers at all levels to make decisions
- Poor supportive supervision of staff and in appropriate allocation of resources
- Regional Hospital Boards are not yet in place
- Weak management accountability for results
- Poorly functioning management systems for patient care, accounting, budgeting and planning
- Insufficient information on, quality assurance, stock control, drugs and other services
- Inadequate drugs, supplies and equipment multiple line of responsibility and management structures leading to dysfunction of systems

- Limited management skills and capacity, especially in planning, management of human resources, financial and material
- Medical leadership is sometimes undermined, instead of being supported
- Inadequate maximization of available human potentials

The identified needs and constrains led to need for reforming hospitals and hence development of the guideline.

1.5 Purpose of the Guideline

The guideline is meant to provide guidance and linkage in spearheading the hospital reforms. Moreover it is intended to be used by health providers, planners, managers, financiers, users of health services and other stakeholders.

1.5 Objectives

1.5.1 Main Objective

To facilitate provision and delivery of high quality hospital services that meet clients and providers satisfaction. In order to achieve this main objective the implementation of the hospital reforms will be carried out under the following 8 specific objectives.

1.5.2 Specific Objectives

1.5.2.1 Objective 1

To facilitate all hospital Management Teams to develop strategic and annual plans that are in line with National Planning Guidelines in five years.

1.5.2.2. Objective 2

To facilitate Hospital Management Teams to achieve effective supportive monitoring of implementation of hospital plans and accountability systems within the hospital set up, in five years.

1.5.2.3 Objective 3

To assist regional and district hospitals to be able to provide the appropriate level I and II referral functions in five years.

1.5.2.4 Objective 4

District and Regional authorities to facilitate establishment of effective governing and management bodies in line with National Guidelines within five year.

1.5.2.5 Objective 5

To enable regional and district hospitals build their capacity to strengthen hospital management and introduce effective staff management systems in 5 years.

1.5.2.6 Objective 6

Regional and district hospitals will be able to build the capacity to strengthen financial management and sound financial accounting systems in five years.

1.5.2.7 Objective 7

To enable regional and district hospitals to secure funding for a sustainable rehabilitation and maintenance programme in five years.

1.5.2.8 Objective 8

To facilitate regional and district hospitals to establish a functioning, sustainable rehabilitation and planned preventive maintenance system in 5 years.

Chapter 2

2.0 Methods and Approaches for Implementation of Hospital Reforms

2.1 Methods

The methods and strategies suggested in this guideline aim at enabling positive change of various mind-sets with the view to strengthening management systems, structures, values, strategies, approaches and capacity for achieving the objectives of the health sector reforms. This will be a progressive and on-going process of capacity building. The process of implementation will be undertaken in phases on an incremental basis covering all 21 regional and 113 district hospitals already involved in health sector reforms. One of the methods, which shall be used, will be training. Part of the time during training will be spent on analyzing health services management and provision needs problems and working out potential solutions.

2.2 Approaches

A summary of the steps to be undertaken to address the challenges outlined above are as follows:

- Advocacy on hospital reforms to regional and district leaders and stakeholders
- Outline of the planning exercise for the hospital reform targeting district and regional hospitals
- The methods and strategies, which will be used to introduce reforms, in its "Management Development Process"
- The main hospital reforms that will be implemented over the next 60 month will focus on hospital planning, management, financial accountability and good quality health care
- The first batch district hospitals and regional hospitals will be followed by more district and regional hospitals in the second year. The remaining district hospitals, designated district hospitals and Voluntary Hospitals will be covered in a period of three years
- Building capacity in planning, management and resource accountability at district and regional hospital
- The National Quality Assurance Team will facilitate the introduction of quality assurance measures and systems in each of the hospitals
- Implementation of district and regional hospital reforms will be carried out in conjunction with health infrastructure rehabilitation
- Lessons learnt from the ongoing hospital reforms implemented at National, Referral, and five regional hospitals will be used as reference

All the reforming district and regional hospitals will be covered during the first phase of training. Before training is conducted the reforming hospitals will be assigned to collect specific information and data about their hospitals. After the training, each hospital will be visited in order to assist the implementation as well as to review progress.

The Zonal Training Centres will be the venues for the training and logistics support. The support supervision visits will be undertaken by the Zonal teams. The Teams will prepare visit reports and provide feedback to hospitals and the National Hospital Reform Task Force. The schedule for the above activities will be included in the implementation plan.
The reforming hospitals will also hold periodic meetings to plan /review their plans and organize their activities

- The NHRT activities will be harmonized with the hospital reform
- In the interim period district hospital reforms will be backed by existing administrative arrangements. However the hospital reform process will be backed up by a legal framework

2.3 Capacity building

2.3.1 Trainers

The trainers will be enabled to build their skills, knowledge and change their attitude on how to implement hospital reforms, problem solving, management process, and provide effective support. Other aspects in which the trainers will be enabled are on how to:

- Review the implementation of planned activities of the hospital reform and analyze the performance
- Help participants to overcome implementation difficulties
- Prepare hospital action plans
- Build skills and capacity in hospital planning and hospital management, focusing on key areas identified by the Zonal trainers and the abilities that managers will need to overcome initial barriers identified to the reforms
- Facilitate innovative management systems in the hospitals.

At the end of training, successful trainers will be provided with a certificate of excellence.
Trainers are expected to train participants from reforming hospitals as described in annex 1
During training the trainees will be assigned individual and group work to consolidate theoretical knowledge.

2.3.2 Training Modules

The following modules will be used during the training of trainers and trainees

2.3.2.1 Module 1: Planning for Hospitals Services

Resources to be used to develop this module will be:

- Module 1: Health Sector Reforms and Planning – MOH (Human Resources Department-August, 2004
- Module 4: Planning and Implementation of District Hospital Services - MOH (Second Version, June 2001)
- Operational Manual for CHMT- District Integrated management cascade (MOH-Draft 2)

- Information related to: Planning, standards of performance, context of the organization i.e. organizational goals and objectives, organization structure and designs and strategic planning.
- The Planning Department MoH will modulate the Budgeting, Medium Term Expenditure Framework (MTEF), Public Expenditure review (PER), National Health accounts (NHAs) and revenue targeting.

2.3.2.2 Module 2: Hospital Management for Quality Care

Resources to be used to develop this module will be:

- Module 2: Management of Health Resource – MOH (HRD, August 2004)
- Module 3: Management of Health Resources – MOH (second version June 2001)
- Module 3: Supervision for quality Health Services –MOH (HRD, August, 2004)
- Module 4 Quality Assurance Framework MoH (CMO)

Refer to:

- ➢ Hospital Development Planning in Tanzania Evaluation Scheme for HDP's
- ➢ Outline for Hospital Development Plans
- ➢ Hospital Development Plan of Korogwe District Hospital
- Information related to management system and administration, and organizational behaviour and effectiveness

2.3.2.3 Module 3: Management of Hospital Resources

Resources to be used to develop this module will be:

- Module 3: Management of Health Resources MOH
Unit 2 page (second version June 2001)
- Module 2: Management of Health resources MOH (HRD, unit 3 page 27, August, 2004, Accounting and ...)

2.3.2.4 Additional Specialised Modules:

There will be three specialised Modules on:

i. Specialised Module 1: Financial Management and Accounting

- Information related to: Finance objectives and policy, financial control systems and finance Act No 6 of 2001
- New computerised Financial/Accounting System – in Kagera Regional Hospital

ii Specialised Module 2: Procurement and Stores Management

Resources to be used to develop this module will be:

- ▪ Procurement of goods and minor works
- ▪ Procurement Act No 3 of 2001

- Regulations of procurement
- Finance Act No 6 of 2001

Information related to: specifications, dimensions of technology, contingences, restructuring and demand for flexibility, materials management, storage systems, writing off obsolete items board and survey.

iii Specialised Module 3: **Health Care Technical Services Maintenance Repair and Rehabilitation**

Resources to be used to develop this module:

- District Integrated Management -Cascade Operational Manual for CHMTs (MOH -Draft 2),
- First Health Rehabilitation Project (ADB)
- District Health Plans
- Implementation plan
- Experiences of Kagera hospital on repair, maintenance and rehabilitation

2.4 Areas to be Focused During Management Capacity Development Process:

- Improving capacity of District Hospital Management Teams to plan for delivery of quality hospital health services
- Improving systems and methods of hospital management
- Developing analysis of management issues, strategies, formulation of reform policies and procedures, and issues and Introducing change
- Introducing modern hospital management practices, strengthening accountability, strategic planning, customer satisfaction and quality assurance.
- Taking management reforms step-by-step: introducing changes systematically in attainable, rational stages, each of which included: -
    - Identifying areas of comprehensive action required in each hospital
    - analysing selected issues or aspects of hospital management
    - Identifying solutions and working out suitable policies, procedures and management practices
    - Preparing written guidelines and other materials
    - Using the materials to train, explain and introduce the new policies, procedures and practices
    - Introduction of quality assurance concepts and its application

Chapter 3

3.0 Implementation of the Reforms in District and Regional Hospitals

Implementation of the District and Regional Hospital reforms will be based on eight objectives listed under section 2.1 of this guideline.

3.1 District and Regional Hospital Management Teams to develop Strategic and Annual comprehensive plans

In order to achieve this objective the following tasks will be carried out:-

3.1.1 Prepare Strategic and Annual plans

During the preparation of strategic and annual plans for hospitals the following activities will be carried out:

- Facilitators will distribute, explain and discuss the hospital reforms guideline on planning and budgeting.
- Hospital sections, units or departments will then be involved to develop the medium term strategic hospital plan and their annual plans with support from Hospital Management Team members who will have received training on preparing the strategic and annual plans.
- The HMT will review and discuss inputs from sections, units, department and wards making modifications and then prepare the hospital's medium term strategic plan.
- During field visits, in charges and staff in departments, sections, units and wards will be oriented to their roles and responsibilities in preparing strategic and annual plans.
- The materials will be prepared by the consultant and firms of hospital in collaboration with trainers

Orientation of heads of staff on the hospital reforms will include:

- Briefing and review of organization and functions of departments, sections, units and wards to the in charge and all staff.
- Budgeting process, cost centre, mandate within budget framework, procedures including criteria for allocating resources to sections and units

After the orientation each ward, unit, section will prepare its own inputs for the strategic plans. The department will later compile the inputs for the hospitals' strategic plans and the subsequent annual plans.

3.1.2 District and Regional Hospitals Annual plan

The district and regional hospitals annual plans will be derived from the hospitals' strategic plans and will be prepared as part of the Councils' budget preparation circle

- The completed hospital plans will be incorporated into the respective Comprehensive Council Health Plan
- The Hospital Management Teams will monitor and consolidate all activities, and cost items in the annual plan of the hospital
- All hospitals will develop comprehensive hospital investment plans with clear health service outputs and outcomes to be attained in the life of the strategic plan.

3.1.2.1 Format for the district and regional hospitals' annual plan is as Outlined below:

- Table of contents
- Abbreviations
- Introduction and background
- Situation analysis
- Vision and mission
- Review of availability of resource - (finances, staff, drugs and medical supplies)
- Equipment and transport
- Objectives Outputs and outcomes (according to level of hospital -refer to HSSP 2003-2008)
- Priority areas to be addressed during annual plan
- Planned interventions
- Plan of operation by cost centres
- Hospital monitoring of implementation of the plan
- Performance indicators and targets
- Assumptions and risks

Annexes include requirements and needs for (Drugs and pharmaceutical supplies, human resources, medical and other capital equipment)

3.1.2.2 How to check whether hospital annual plan is of acceptable quality

The plan must meet the requirement of the hospital by following the provided guideline

3.1.2.3. Facilitation support by trainers and supervisors

The Hospital Management Team and Zonal Trainers after initial training at Zonal centres will provide support to hospitals to assist them in planning and budgeting process.

3.2. Establishment and application of supportive monitoring and accountability Systems

All District and Regional Hospital Management Teams to establish and apply supportive and accountability system

- Monitoring performance to guide progress being made to deliver quality health services will be done by district and regional hospitals on continuous basis
- In monitoring performance, the district and regional hospitals will utilize performance indicators, and poverty reduction monitoring indicators developed by MOH in collaboration with PORLAG
- In order to develop hospital monitoring and accountability system (including milestones, targets and indicators), the district and regional hospital management teams will utilize "The National Supervision Guideline"
- Performance results will be used as a basis to determine promotion, rewards, incentives, motivation and sanction
- The hospital management teams, governing committees, hospital boards and executive committee will provide support and follow-up in monitoring performance and providing feed back at regular intervals
- The Zonal Trainers and National Task force will monitor and review progress in the implementation of the reforms

3.3 Provision of good quality health services in District and Regional Hospitals

In order to achieve this objective the following tasks will be carried out:

- Regional and district hospitals will develop capacity for quality assurance and establishment quality management system.
- Each district and regional hospital will integrate the provision of health services, adherence of professional ethics and continuous quality improvement
- Hospital management teams will be sensitized on the concepts of quality assurance for hospitals as have been outlined in the strategic health plan components (district health services and secondary and tertiary hospital components) including the supportive roles of the region and central levels.
- Hospitals will develop a *total quality management approach* where a team approach to quality improvement will be emphasized. Departments, Sections, Units and wards will develop Quality Cards to include all workers in the area to review an appraise their performance and make continuous improvements.
- Hospitals will also expand maternal and child death enquiry to a more broad based coverage in the form of clinical audits. This will include inquiry into any other death complains and all critical incidents.
- In dealing with improvement of quality, hospital management team will address the following three main categories:

a) **Input quality** (structural quality)

- Finances
- Buildings, environment and estate
- Health care waste management
- Equipment for the provision of services
- Surveying and fencing hospital compound including a title deed
- Standing orders, protocol polices, guideline, regulations and circulars
- Skilled staff and of appropriate mix.
- Health Management Information system, communication, and technology (ICT) program.
- Data on human resources, finances, supplies, equipment, furniture, patient records and buildings
- Working environment

b) Process quality

- Delivery of services
- Performance technical of procedures
- Therapies
- Support services
- Administration and Management
- Nursing and Midwifery Care
- Process output

c) Outcome quality

- End results (such as reduction in dissatisfaction, discomfort, disability, disease, and deaths)

3.4 Establishment of Effective Hospital Governing and Management Bodies

In order to achieve, this objective, the following tasks will be carried out:

3.4.1. Hospital Leadership

The Head of the Regional Hospital will be known as Regional Hospital Doctor in charge (RHDC). The RHDC will be assisted by Deputy Regional Hospital in Charge (DHDC), Hospital Nursing Officer in charge (HNOC), and Health Secretary (HS). The Head of the District Hospital will be known as District Hospital Doctor in Charge (DHMC). DHMC will be assisted by a Deputy District Hospital Doctor in charge (D-DHDC), Hospital Nursing Officer in Charge (HNOC), and Health Secretary (HS)

3.4.2 Regional and District Authorities will establish the following bodies:

3.4.2.1 Management bodies

- Hospital Board for Regional Hospitals/district Hospitals
- Hospital Governing Committee for district Hospitals
- Hospital Management Team for Regional and District hospitals

The Hospital Boards, Hospital Governing Committees, Hospital Management Teams will be established in line with the prevailing rules and regulations. Their composition, functions, legal right, responsibilities, roles and duties are as described at Annex 2. During training each of the participating trainees will be provided with rules and regulations pertaining to the establishment of the Hospital Board. Hospital Management Team, Hospital. Governing Committees and Hospital Executive Committee at Regional and District Hospital are as per Annex 2

3.4.3. Hospital Management Structures

Regional and district hospitals will be assisted to establish support structures. Trainers will be responsible for facilitating the HMTs in the process of developing the support structures and various hospital committees. The established management support structures will be oriented to play their roles and functions in an effective manner.

3.5 Building capacity to Strengthen Hospital Management and introduce effective Staff management Systems

3.5.1. Capacity building to strengthen hospital management

Capacity Building to strengthen hospital management will be introduced to hospitals as described in module 2. The module topics will include how to:

- Empower heads of wards units sections and departments to make decisions to improve service.
- Decentralize power and authority to units, sections, wards and departments to carry out their duties and responsibilities properly.
- Decentralize power and authority to units, sections, wards and departments to control funds and available resources to improve health care
- Introduce continuing education system that will keep staff up date with new ideas and methods of management style that will improve services
- Strengthening management in hospital departments, sections, units and wards
- Improve performance management skills and accountability
- Improve ability of managers to delegate
- Generate internal and or external revenue

3.5.2 Selection of Heads of Departments

When selecting Head of a Department, Section or Unit, look for the person who best fulfils the following criteria: -

- Management skills and capacity
- A technical understanding of the activities and services to be provided
- Good inter-personal skills
- Conscientious and energetic
- Good standing record
- Leadership skills
- Performance ability and experience

3.5.2.2 Procedures for selecting heads of department

The HMT, in consultation with the hospital board for regional hospital or the Council health Board for district hospital will carry out selection after advertising and receive application by:

- Interviewing possible candidates to discuss their interests in the position, what their priorities would be.
- Holding informal meetings with small groups of staff to hear their suggestions
- Discussing the choice with the regional or council health boards which ever is relevant.

Once a selection has been made, the person concerned should be notified verbally and in writing, before it is publicly announced.

3.5.3 Introduction of Management Incentives and Awards

An annual award system will be established in consultation with the Health Board funds permit which could be used to provide bonus closely linked to the performance in the hospital, for example the awards could be graded as follows; award for "Excellent", "Good" and "Average" performance. Normally it is expected that 20 to 30% of sections or units would be graded as "Excellent" and they will receive a 100% bonus. The section or unit heads or in charges graded as 'Good' could receive 60% of the bonus of 'Excellent' ones, and those managing 'Average' could receive 50%.

3.5.4 Delegation of responsibilities within the hospital

- Provide refresher course to HMT and other staff on their roles and responsibilities
- Increased authority for hospital staff at lower levels
- Stronger Accountability of in charges of wards in the hospital
- Focus on quality care for the patient
- Delegating officer should be satisfied that junior staff can be held accountable for their new responsibilities

3.5.4.1 Why delegate

Delegation is necessary because heads of hospitals or section heads in a hospital are often overloaded

- It will provide enough time to heads of departments, sections, units to make major decisions, prepare plans, work out strategies, monitor progress supervision and other priorities of good leadership.
- In-charges at lower levels need to be empowered and closely supported on the job so that they work properly and efficiently
- It will improve lower level leaders skills to manage resources and improve accountability
- It will improve lower level staff to make proper decisions required in carrying out their work
- It will encourage lower levels to initiative, personal responsibility and responsiveness to changing conditions.

It reduces delays in making decisions and activities

3.5.5. Improve and Build Staff Capacity in Hospital management

- Each hospital should prepare capacity building plan and staff development Programme according to the requirement of hospital
- In order to strengthen the authority and accountability of the in charges of department, section, unit, and wards hospitals should identify priority areas and then strengthen their management functions.
- Senior staff should develop their skills in planning and budgeting, general management and administration, and operational research

3.5.5.1 Develop Management Systems and Procedures

In the process of learning module 2, hospital managers (director, heads of departments, sections, units and wards) will be guided on how to:-

- work on their systems and procedures of management
- work out how various management functions in the hospital can best be performed
- prepare written procedures
- Make regular follow up

Below are some examples of departments, sections, units and wards whose management and efficiency will require improvements

3.5.5.2 Service Delivery

- General Ward
- Surgery wards and Theatre
- Children's Ward
- Maternity Ward and ANC
- OPD, Casualty and Dental
- Laboratory and Imaging

3.5.5.3 Support Services

- Pharmacy
- House Keeping (Catering and Laundry)
- General Administration (utilities, records and security)
- Finance and stores
- Estate, maintenance and transport
- Mortuary

3.5.6 Functions of departments, sections, units or wards

3.5.6.1 Financial authority

- Accountability over the allocated budget for various items (service and running costs, maintenance), in accordance with hospital policies
- This money should be banked and disbursed as budget in line with guidelines agreed criteria
- Implement and monitor the budgeted activities

3.5.6.2 Staff management within the departments, sections, units or wards

- Management of all staff
- Performance review and appraisal of staff
- Personnel matters for example duty rosters, leave, incentives and rewards
- Disciplinary action responsibilities
- Recommendations to management on staff to receive bonuses
- Defining training needs and provide in-service training
- Performance review and appraised

3.5.6.3 Authority for Outputs

- Negotiates the agreed targets and indicators for departments, sections, units or wards with HMC
- Responsible for linking performance, outputs, incentives and sanctions.

3.5.7 Organization and management of departments, sections, units or wards

Department, sections units and wards are all responsible for disseminating and implementing hospital policies and procedures

- Therefore there should be a "focus of authority"
- Regular meetings at least once monthly
- A seat on the HMC
- Annual action plans, statistics and reports
- Collaboration with other departments, sections, units and wards

3.5.8 Development and introduction of manuals for staff management and appraisals.

A manual for staff management by department, section, unit and ward will be developed by hospitals in consultation with Zonal Trainers assisted by the National Hospital Reforms Task Force

The manual will cover:

- Staff deployment within the hospital
- Staff monitoring and appraisal
- Incentives and sanctions of staff
- Capacity building
- Improvement of working environment
- Open performance review and appraisal

The trainers will visit each hospital to assist the hospital management during development of the manual and the manual will be built based on contributions and inputs from staff

3.6 Build capacity to strengthen financial management and sound financial accounting systems

Accounting and resources management in hospitals will be strengthened as described in module 3. The main focus will be to strengthen the capacity of the hospital team to improve its accounting and resources management in key areas such as:

- personnel emoluments, allowances and special allowances
- drugs, vaccines, medical, dental supplies, non medical supplies lab reagents and medical equipment
- fuel spares, maintenance, other transport costs
- maintenance of buildings and hospital surroundings
- general charges
- health services agreements management
- procurement of capital equipment such as medical, non-medical, transport
- construction of buildings

- Management of collected fees.

The development process in these areas will be guided by government financial reporting system and the Financial Act and Procurement Act. A special team with financial management specialty will guide the reforming hospitals on management improvement in financial management and accounting system as narrated in annex 3.(Outsourcing)

3.7 Securing funding for a sustainable rehabilitation and maintenance

- Hospital management teams should be strengthened on how to identify potential sources of funding for a sustainable hospital health care system including preventive maintenance, rehabilitation and maintenance of equipment, buildings and infrastructure described in module 3 and 5.
- It will also include capacity building to hospital management teams to develop system for monitoring and appraisal of equipment, buildings and infrastructure for rehabilitation and maintenance.

3.7.1 Accountability of funds in departments, sections, units or wards

In district hospitals delegation of authority at section or unit levels might not be in terms of managing funds, but rather the resources they will receive in terms of drugs, medical supplies, medical equipment and none medical equipment. Outputs and performance on agreed targets and indicators will be the main basis for assessing quantity and quality for services delivered

- Departments, sections, units and wards will be responsible for producing regular reports and submissions in accordance with hospital policies
- Internal controls, checks and balances including Auditing

3.7.2 Introduction of accounting system and capacity building in hospitals

A new accounting system will be introduced in phases in consultation and guidance of Ministry of Finance (MOF).

3.8 Put in place a sustainable rehabilitation and maintenance funding system in partnership and collaboration with PORALG

MoH (NHRT and Trainers) in partnership with PORALG will assist hospitals to put in place a sustainable rehabilitation, maintenance and funding system, as described in module 3 and 5.

Chapter 4

4.0 Implementation Arrangements of Hospital Reforms

4.1 Introduction

In reforming Hospitals, the aim is to improve the quality of care provided to the patient, in line with the mission and vision of the health sector, which is in line with the guiding principles as they appear in the HSSP 2003/08.

4.2 Key players in the Hospital Reforms

The implementation of the Hospital Reform Strategic Plan (2005 -2010) will be at three key players Firstly, the Central Level, which include the Centre – MoH and PORALG and the extended arm of the Centre, that is the Regional Secretariat at the Regional Level.

Secondly, the Zonal Training Centres, supported by the Referral Hospitals. Logically the District Hospitals will be backstopped by the Regional Hospitals, and the later by the Zonal Training Centres. In the interim, the process of reforming the hospitals, the Zonal Training Centres will act as centres for training of the hospital managers. Most of the short term training and workshop arrangements will be coordinated, or supported conducted by the Zonal Training Centres. Skills enhancement and coaching will be done in those hospitals which excel in relevant areas

Thirdly, the Council. The centre of focus and activity is at the district level services. A well managed and operated district hospital is a nucleus of the health care delivery to the district population. It will act as a centre for capacity building and Technical
Backstopping for the satellite units (Health Centres & Dispensaries). Since these hospitals are first referral centres, the outcome of quality health care can easily be noted. In the whole process of reforming the hospitals there are different key players. These are;

(1) Central Level
  (a) MoH, PORALG
  National Hospital Reform Task Force

(b) Regional Level (RS)
  Regional Secretariat
  Hospital Boards
  Hospital Management Team
  Regional Health Management Team

(2) The Zonal Training centers
  Arusha - CEDHA
  Mwanza - Bugando Medical Centre
  Mtwara - Mtwara MATC
  Kigoma– MATC Kigoma

Morogoro – PHN Morogoro
Iringa - PHC Institute Iringa

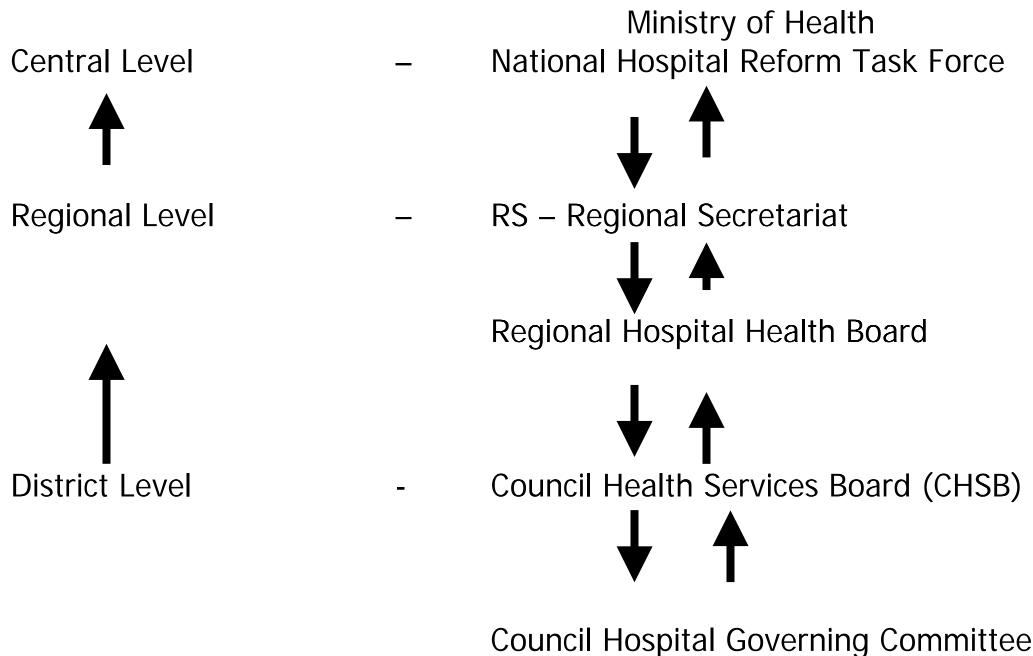
(3) District Level
Hospital Governing Board
Hospital Management Team
Council Health Management Team

4.3 Terms of Reference for each Level

The Terms of Reference s covers, the District Hospital Manager, the Regional Hospital Managers, the Zonal Teams as facilitator of the process and as Technical Backstopping of the reformed Hospitals. They also cover the Regional Hospital Boards. (*Annex I).*

4.3.1 Working relationship

The diagram bellow shows the working relationship at each level.



The accountability from the RS to the MOH/PORALG is as already defined in other Health Sector Reform documents. Accountability in the Regional and the Districts/Councils is as follows:-

At the District/ Council: The Hospital management Team will be accountable to the Hospital Governing Committee who will account to the Council Health Services Board.

At the Regional Level: The Regional Hospital Management Team will be accountable to the Regional Hospital Board and the later to the Regional Health management. Team who will account for to the Regional Secretariat.

4.4 Managing the Transition

The MOH has developed the Hospital Reforms Guideline, the Hospital Reforms Strategic Plan 2005 – 2010 and the first year Implementation Plan 2005/2006.

The Ministry of Health in collaboration with PORALG, Development Partners, Local Government Authorities, Other Sectors including the Private Stakeholders, will move ahead to operationalize the activities towards reforming hospitals as spelled out in the current Guideline. A consultant to support this transition will work hand in hand with Ministry of Health and other partners in carrying out the assignment. The key activities are reflected as components and sub components in the Strategic Plan and the first year operational plan. They are expounded in the guidelines.

CHAPTER 5

5.0 Monitoring and Evaluation

5.1 Introduction

Monitoring and evaluation are essential components in the process of implementing Hospital Reforms. These will be used as an opportunity to track implementation progress and define problems encountered during implementation process. Monitoring will involve regular measurement of progress in the processes, and outputs and periodic assessment of key components of the process. Monitoring report allows program appraisal to ensure the program implementation is consistence with program goal, policy compliance, standards and regulations. On the other hand evaluation assesses the extent to which components and targets have been achieved. It will be conducted by both internal and external parties. Evaluation involves measurement of performance using assessment tools measured against an expectation (a standard or indicator), services statistics, clinical records and client and provider satisfaction.

Monitoring will be carried out at national, regional and district levels. The Ministry of Health, together with development partners will conduct annual reviews of planned activities as part and parcel of health sector joint reviews. However, evaluation of hospital reforms will be conducted annually and its outcomes/results will be reported at the MOH/Development Partners and health sector review meetings.

In this context:

- The National Hospital Reform Task Force will be meeting quarterly to discuss progress and seek for practicable ways forward from other sources.
- Inputs for these meeting will come from activity reports including supervision reports that will be conducted frequently in the period of the programme implementation. The observations from monitoring and evaluation at the hospital level will be detailed in the quarterly report.
- The regional and district hospitals will be supported by Zonal training centres to develop and use their own monitoring indicators for implementation of hospital reforms.
- Midterm and end of program evaluation meetings will be conducted for all the components of the hospital reforms. Recommendations and decisions from the evaluation will be used in guiding the progress towards further reform implementation.
- Continuous monitoring will be undertaken by each of the reforming hospital. The Strategy Coordinator based in the Directorate of Hospital Services will be responsible for the coordination of the total review.
- Indicators to be assessed during monitoring and evaluation are those related to program components and targets.

5.2 Monitoring and Evaluation of the Strategic Plan components

5.2.1 Capacity Building

The production of training materials will involve development of terms of reference for production of training and learning materials based on the modules listed in the guidelines. To ensure quality, the materials will be field tested and reviewed for readability, user friendliness, appropriateness and validity. Sufficient copies of the learning materials and end-of–training attendance certificates will be produced to ensure their continued availability to cover all participants.

The training modules will be on:

- Planning and budgeting for hospitals
- Hospital management and quality services
- Financial management and accounting
- Procurement and stores management
- Repair, maintenance and rehabilitation

Before training, the trainers will be oriented by consultants. All trainers will produce course and lesson plans showing what the learners and trainers will be doing before, during and after training. During training the learners will be supported to learn by doing. Approaches in critical thinking, assertiveness, creativity and outcome-centred focus will be emphasized. After training supervision will be carried out to follow up implementation of job assignments, placements, and exchange visits.
Impact of trainers on training will be evaluated during review missions and end of year assessments. Incremental outcomes of reforms will also be measured by using developed tools.

5.3 Procurement

The process of buying hospital materials supplies and support services will be done on a transparency basis. Before procurement all interested parties will be required to be conversant with the procurement Act and financial regulations. Floating of tenders specifications of goods and services, and invitations for expression of interest will be published. During the short listing and acceptance of tenders, an advisor, will be overseeing the process. All interested parties will inspect the procured products and services and express their option of satisfaction or non-satisfaction.

Progress report on the functioning of the goods and services will be prepared basing on operating conditions and guarantee specifications. Other stakeholders such as patients, donors, will also be involved in expressing their judgment during supervisions and review missions.

5.4 Logistics, Supplies and Information Communication Technology

A guideline will be developed for assessing availability of working tools, modernizing working space / office and monitoring their usefulness and usability. During training managers will be enabled to identify the required logistics and supplies for management and provision of patient care. After training, the trainers, National task force and hospital management teams will assess availability of logistics and supplies and funds for replacement of logistics and supplies. Hospitals will be assisted and supported to have boards of survey to write or board off obsolete equipment, apparatus, plants and vehicles.

All hospitals will be provided with LDC projectors, digital cameras, desktop and laptop computers connected to the Internet. The hospitals will be enabled to create funds for the maintenance and updating of soft and hard ware. Regional and District hospitals will establish maintenance, workshop for service and repair of logistics and supplies. Security of procured logistics and supplies shall be ensured by the hospitals. During supervision by National Task Force for Hospital Reforms, inspection of the logistics will be done to see their impact on quality care and hospital reform management.

5.5 Advocacy for hospital reforms

A timetable will be developed for the design of Information Education and Communication Materials (IEC) package. During the utilization of the package an assessment checklist will be used to measure their outcome in terms of how they influence, empower and build confidence of hospitals to institute and strengthen their reforming process.

Conduction of annual "hospital reform days" will be planned in such a way that National Hospital Reform Task Force members, stakeholders and partners will be invited to attend and participate. The "days" will be used as an opportunity to gauge the usefulness of the advocacy. Planning for commemorating the "days" will be included in the hospital annual plans. The "days" will also be used to announce and reward the best performing hospitals in the region, the best performing departments, units, sections and wards of hospitals in the district. The public relations officer will be the focal person to oversee the implementation of advocacy of hospital reforms.

5.6 Human Resource Management, Development and Motivation

During training hospital managers will be enabled to understand the concept and process of job evaluation, specification, description and allocation, and hospital requirements and correct data management. After training the hospital managers will draw up a composite plan for staff mix requirements and recruitment. The national staffing levels guideline will be used as a basis. Hospital managers draw up a plan for attachment, exchange visits and short courses on staff development and motivation.

During supervision by trainers, consultants and the National Hospital Reform Task Force, hospitals will be assessed to see extent to which their staffing levels are being reached including staff retention. During planning hospitals will be assisted in putting budget items

for staff development. During implementation of hospital reforms a follow up will be made to see how many of the staff are being developed, motivated and reinforced. Assessment will also be done to see how the development and motivation is contributing to improving quality care. Hospital staff will be involved in giving their perceptions of the development and motivation they are receiving.

5.7 Estate Management and Security

During training, hospital managers will be enabled to have an understanding and impact of solid and liquid waste on the environment and peoples' health, and how to manage it. After training, each hospital will be assisted and supported to establish an estate management unit with its function clearly defined.

During supervision, the trainers, consultants and National task force will follow up and assess how successful each hospital is on health care waste management, establishing options for power supply (solar, generators) establishing rain water harvesting, hospital boundaries, obtaining deeds insurance cover for the hospital and personnel, installing and maintenance of fire alarms and fire fighting equipment. A programme for estate improvement will be drawn up. Hospitals will also be assessed and supported to adhere to quality and safety specifications for the estate management. Occurrences of accidents and disasters in the hospital will be investigated thoroughly and steps for redress undertaken.
Estate aesthetics will also be involved in the competition for best performing hospital, trophies given accordingly to the winning estate. An assessment tool will be developed.

5.8 Patient Care and Quality Management

Monitoring and evaluation of this component will start by doing a baseline pre-reform assessment by each reforming hospital. This baseline data will be in the form of "SWOT" format including the characteristics of the health care users (patients and well persons) in aggregated categories. The process of hospital care will also be described in terms of:

- Admissions, discharges, referrals and deaths trends over a period of time
- Patient length stay
- Bed occupancy rates
- Overview of hospital services in terms of patient care management
- Hospital processes i.e. patient/client centres hospital/clinic or reception, examination and history taking, diagnostic, treatments and therapies, nursing/midwifery care, and

Complementary services, implementing outcomes by utilizing or developing a quality monitoring framework (system model)

5.9 Financing, Financial Management, Accounting and Reporting

Before implementing the hospital reforms, intensive training will be conducted to create a uniform base concerning the structure and process of:
-Costing
-Budget allocation

-Revenue targeting and generating
-Revenue collection, pay-out slips
-The balance sheet, cash sales receipts invoice, delivery notes
-Establishing cost centres

During implementation inspections by trainers, consultants and supervisors and supervisors will be done on regular basis to strengthen the uniform base of:

- On the books of accounts
- On the stock verifications
- On the inventory
- On reducing /preventing audit queries

This will be carried out with the aim of enabling hospitals receive clean certificate of good financial management on a continuous basis. Mechanisms for taking stringent action against any pilferage, thefts, fraud, conspiracy complexity and false statements of accounts will be undertaken. However, incentives in the form of cash will be awarded to all hospitals with clean certificates of excellent financial accounting. In the course of reform implementation, hospitals will be assisted to increase their contributions to the annual hospital budget from what they generate from the proposed 30% to 100%.

5.10 Programme Management

The Directorate of hospital services of the Ministry of Health will act as the focal point for monitoring and evaluation of the hospital reform program and will collaborate with other programs, sectors, international partners and donors. Involvement of partners will be essential for the success of some of the component activities. The central level will advocate and support development and implementation of monitoring and evaluation activities at the hospital levels. The focal person for the program will be selected for each of the reforming hospitals. The health sector reform secretariat, health sector programme support together with the Task National Force on hospital reforms, the private sector and recruited internal and external consultants will collaborate with the Directorate of hospital services in developing monitoring and evaluation frameworks and tools for the reform strategy component indicators

The program inputs include principally the provision of technical expertise, contractual service agreements with experts, training and travel by some central and district staff to support hospital level activities in monitoring and evaluation of Hospital reform implementation. Additional input will be sourced for monitoring and evaluation of the reforming process Zonal centres, regional and council health management teams.

5.11 The role of The Ministry of Health, PORALG and Local Authorities in Monitoring and Evaluation of Hospital Reforms

5.10.1 Policy issues

In the course of implementing the hospital reforms the Presidents Office Regional Administration and Local Government (PORALG) and Ministry of Health, and Development partners shall have major roles in development of integrated mobilization of funding and overseeing a timely availability of resources.

Agreement between government and partners to support hospital reform component priorities and activities of the strategic plan will be implemented basing on memorandum of understanding capacity building of monitoring and evaluation teams to enable them provide corporate change, managerial, tactical, professional and technical support to reforming hospitals in collaboration with the regions and districts

5.10.2 Role of Regions and Districts

Carry out participatory integrated monitoring and evaluation of all hospital departments, sections, units, wards and networking with other hospitals in the region.

CHAPTER 6

6.0 HOSPITAL REFORMS STRATEGIC PLAN 2005-2010

6.1 Introduction

The implementation of the hospital reforms in the District and regional hospitals will be based on a five years Hospital Reform Strategic Plan, 2005-2010. The five years implementation plan is divided into major components, sub components, indicators, activities source of funds and assumption and risks. For details see the table matrix below.

6.2 STRATEGIC HOSPITAL REFORM IMPLEMENTATION PLAN 2005 – 2010

No.	Components	Sub Components/Major Activities	Indicators	Activities/Sub-activities	Source of Funds	Assumptions and risks
1	2	3	4	5	6	7
1	Management Capacity Building of reforming Hospitals	1.1 Training in Management Skills, good governance and accountability	**National Hospital task force oriented.**	1.1.1 Short courses for National Hospital reforms task force, Hospital managers on Leadership, Team work, Strategic thinking and change management in a decentralized setting		Resources are made available Development Partners agree with strategy
			No. of hospital management teams trained	1.1.2 Identify Long term training for Hospital Managers on Management, Financing and hospital Planning		Candidates meet qualifying criteria for the course
				1.1.3 Work Attachment		
				1.1.4 Arrange County visits		
2	Logistics, Supplies, Information and Communication Technology (ICT)	2.1 Procurement skills, Stores and Materials Management,	**No. of hospital equipped with skills in Material management and ICT**	2.1.1 Short course for managers on procurement, stores and materials management		Resources are made available
				2.1.2 Provide Procurement Act to responsible managers		
				2.1.3 Modernization of offices		
		2.2 Transport management	**No. of hospital with functioning transport management system**	2.2.1 Strengthen Hospital Transport management system		

No.	Components	Sub Components/Major Activities	Indicators	Activities/Sub-activities	Source of Funds	Assumptions and risks
1	2	3	4	5	6	7
3	Preventive Maintenance of Infrastructure and Equipment	3.1 Preventive Maintenance (workshop) units for routine infrastructure repair and maintenance	**No. of hospitals with functioning Planned Preventive Maintenance System**	3.1.1 Develop Maintenance Plan		Funds are made available
				3.1.2 Short course in Health Care Technical services		Culture change
				3.1.3 Equip maintenance workshops		
				3.1.4 Acquire simple operations and maintenance manuals		
				3.1.5 Develop plans for replacement of Plant Craft and Vehicles		
		3.2 Out-sourcing options for cost effective interventions Needs assessment		3.2.1 Provide backup support		
				3.2.2. Strengthen zonal maintenance workshops		
				3.2.3. Establish networking with other hospitals		
4	Hospital Financing, Financial Management, Accounting and Reporting	4.1. Cost centres budget allocation,	**No. of Hospitals generating revenues more than 30% of total expenditure**	4.1.1. Short course in financial management		Adequate financial options
		4.2. Revenue targeting,	**No. of hospitals using contributions locally generated revenue to at least 30% of the annual budget**	4.2.1. Short source in revenue collection target		Availability of financial managers
				4.2.2. Identify tools for revenue collection		Political will and commitment

No.	Components	Sub Components/Major Activities	Indicators	Activities/Sub-activities	Source of Funds	Assumptions and risks
1	2	3	4	5	6	7
				4.2.3. Strengthen supportive supervision		
		4.3. Report generation and Report writing	**No. of hospitals generating Quarterly financial reports**	4.3.1. Short course in report writing		
5	Advocacy for Hospital Reforms	5.1. Preparation of tools for advocating Hospital reforms	**No. of hospitals received advocacy on hospital reforms**	5.1.1. Design IEC Materials		Political will and commitment
				5.1.2. Conduct annual 'hospital reforms days' events		
				6.1.3. Rewards for best performing Hospitals		
				5.1.4 Stakeholders consultations and advocacy sessions on hospital reforms		
6	Central Support and Monitoring	6.1 Training of hospital management teams	**No. of reforming hospital supervised**	6.1.1 Develop training modules, pre-test and train		Availability of eligible candidates for training
				6.1.2.Providesupportive supervision and technical back up		
		6.2 Supportive supervision and Technical Backup services		6.2.1 Harmonize hospital supporting supervision tool and schedule 6.2.2 Conduct supportive supervision		Appointment of focal persons for Quality Assurance in hospitals

No.	Components	Sub Components/Major Activities	Indicators	Activities/Sub-activities	Source of Funds	Assumptions and risks
1	**2**	**3**	**4**	**5**	**6**	**7**
7	Patient Care and Quality Management	7.1 Quality circles for wards and units	**No. of hospitals with functioning quality circles, rewarding system ,clinical auditing and client service charter**	7.1.1 Peer Evaluation		Appointment of focal person for quality assurance in hospitals
		7.2 Quality improvement and rewarding system		7.2.1 Develop criteria for recognition and rewarding of best performing ward/units		Availability of Funds
		7.3 Clinical Audit and reporting		7.3.1.Develop tools for clinical auditing and reporting		Collaboration between hospitals is established
		7.4 Establish Clients Service Charter for each hospital	**Proportion of users expressing satisfaction to services provided**	7.4.2. Central to develop generic template for client charter		
				7.4.3. Short course on client services charter		
				7.4.4. Provide technical support		
				7.4.5. Develop Hospital client services charter		
				7.4.6 Develop Clients surveys for service satisfaction		
				7.4.7 Introduce operational research and use of results		
		7.5. Establish public relation unit		7.5.1.Develop job description		
				7.5.2.Include public relation function in the organization chart		
		7.6. Strengthen hospital patient record management		7.6.1.Train on correct data management		
		7.7. Operational of Research	**No. of hospitals conducting research for patients' care**	7.7.1.Conduct research		

No.	Components	Sub Components/Major Activities	Indicators	Activities/Sub-activities	Source of Funds	Assumptions and risks
1	2	3	4	5	6	7
		7.8 Emergency preparedness and response	**Percent of emergencies managed properly**	7.8.1 Train and drilling hospital staff in emergency preparedness and response		
8	Human Resource Management, Development and Motivation	8.1 Continuing professional development	**No. of hospitals with required staffing (no. and skills mix)**	8.1.1. Identify training needs		
				8.1.2. Identify and organize short/long time training		
				8.1.3 Develop simple operational manuals		
				8.1.4 Identify where hospital managers can be attached for skills development		
				8.1.5 Develop C/E activity plan including time frame and phasing		
		8.2 Rightsizing of the work force	**No. of hospitals with functional staff development schemes**	8.2.1 Facilitate hospitals to develop staffing Manual and their job descriptions include code of conduct		Availability of Funds
				8.2.2 Support the hospital boards and hospital committees to acquire the needed staff (no. and skills mix)		
				8.2.3 Develop a proposal how to download unqualified excess staff		
				8.2.4 Re-deploy and employ the skilled staff		

No.	Components	Sub Components/Major Activities	Indicators	Activities/Sub-activities	Source of Funds	Assumptions and risks
1	2	3	4	5	6	7
				8.2.5 Establish estate management unit and appropriate staff		
9	Strengthen Public Private Partnership	9.1 Facilitate organization for Private sector participation in hospital reforms	**No. of Private health facilities involved in partnership with Public hospital**	9.1.1 Develop modes of operation (module operandi)		Private sector is organized
				9.1.2 Explore and develop strategies for private sector co-financing of hospital services		Transparency between Public and Private sector
				9.1.3 Establish networking between hospitals		
10	Estate management and Security	10.1 Waste disposals	**Percent of reforming hospitals with secured environment**	10.1.1 Establish and strengthen hospital waste disposal management		Availability of Funds
				10.1.2 Establish the estate management unit		
		10.2 Land scarping		10.2.1 Develop activities plans of the unit including landscaping and horticulture		
		10.3 Title deed		10.3.1 Management to acquire title deed and establish hospital boundaries		Culture change
				10.3.2 Develop plans and budgets for establishing options for power supply (solar, generators)		
		10.4 Emergency options for water and power supply	**No. of reforming hospitals with emergence water and power supply**	10.4.1 Establish rain water harvesting system		

No.	Components	Sub Components/Major Activities	Indicators	Activities/Sub-activities	Source of Funds	Assumptions and risks
1	2	3	4	5	6	7
10	Estate management and Security	10.5 Securing the environment		10.5.1. Establish reliable security system for the hospital and surrounding		
		10.6 Fire		10.6.1 Install fire alarms and fire fighting equipment at all sensitive areas of the hospital		
11	Planning and Budgeting	11.1 Develop Hospital strategic/comprehensive annual plans	**No. of reforming hospitals with strategic plans**	11.1.1 Training the team on current planning techniques and budgeting		Availability of Funds
				11.1.2 Facilitate private providers representation and participation		
			No. of reforming hospitals with comprehensive annual hospital plan	11.1.3. Centre (consultancy) to develop template hospital strategic plans		
				11.1.4 Outsource technical assistance as necessary		
		11.2 Institute instruments for accountability		11.2.1 Post on hospital notice boards budget and expenditures		Culture change
				11.2.2 .Develop mechanism for providing and receiving patient/client feedback		
				11.2.3 Develop hospital strategy for prevention of corruption		

Chapter 7

7.0 ANNUAL HOSPITAL REFORMS IMPLEMENTATION PLAN 2005/2006

7.1 Introduction

The following is the annual implementation plan for the first year 2005/2006 of the five years Hospital Strategic Reform Plan 2005/2010. This Plan address 11 main components, which are as follows Management Capacity Building in Reforming hospitals, Logistics and Supplies, Information and Communication Technology, Preventive Maintenance of Infrastructure and Equipment, Hospital Financing, Financial Management, Accounting and reporting, and Advocacy for Hospital Reforms.

The plan will also include Central Support Monitoring, Patient Care and quality, Human Resource Management Development and Motivation, Strengthening Public Private Partnership, Estate Management and security, Planning and Budgeting. From each main component there will be sub components and major activities to be implemented from which each will include objective verifiable indicators, targets, means of verification, time scale, responsible person, assumptions and risks as indicated in the matrix below.

7.2 Annual Hospital Reforms Implementation Plan 2005/2006

No.	Components	Sub Components/Major Activities	Objective Verifiable Indicators	Targets	Means of Verification	Costs	Time Scale	Responsible Persons	Assumptions and Risk
1	2	3	4	5	6	7	8	9	10
1	Management Capacity Building of reforming Hospitals	1.1 Training in Management Skills, good governance and accountability	**1.1.1 National Hospital task force oriented**	1.1.1 All hospital managers and reform tasks force undergo short term training (3 months) on management skills, leadership, hospital strategic planning and team building	Reports Certificates acquired		July 2005 - June 2006	MOH Health Reform Consultant	Resources are made available Development Partners agree with strategy
			1.1.2 No. of hospital management teams trained	1.1.2 Long term training of key hospital managers on hospital management (9-12 months) on management, financing and hospital planning	Training Reports Certificates acquired		July 2005 - June 2010	MOH, Health Reform Consultant	Candidates meet qualifying criteria for the course
				1.1.3 Work Attachment	Work attachments schedules available		July 2005 - June 2010	Hospital managers	
				1.1.4 County visits	Country visit plan available		July05 -Jn10	Hospital managers	

No.	Components	Sub Components/Major Activities	Objective Verifiable Indicators	Targets	Means of Verification	Costs	Time Scale	Responsible Persons	Assumptions and Risk
1	2	3	4	5	6	7	8	9	10
2	Logistics, Supplies, Information and Communication Technology (ICT)	2.1 Procurement skills, Stores and Materials Management	**No. of hospitals having hospital manager equipped with skills in Material management and ICT**	2.1.1 Workshops for managers of hospitals to acquire procurement and store management skills (ESAMI) and provide materials and manuals on procurement Act and Regulation	Training reports Attendance Certificates		July 2005 - June2007	DHS Hospital Reform consultant	Resources are made available
			Hospitals' Procurement audit reports satisfactory	2.1.2 Provide Procurement Act to responsible managers	Copies of Procurement Act available in each hospital		July 2005 - June 2007	DHS Hospital Managers	
3	Preventive Maintenance of Infrastructure and Equipment	3.1 Preventive maintenance (workshops) units for routine infrastructure and equipment repair and maintenance	**No. of hospitals with functioning Planned Preventive Maintenance System**	3.1.1 Develop Planned Preventive Maintenance Plan (PPM)	PPM Plan in place		July 2005 - June 2006	DHS	Resources are made available
3	Preventive Maintenance of Infrastructure and Equipment			3.1.2 Short course in Health Care Technical services	Training reports Attendance Certificates		July 2005 - June 2006	DHS	Culture change
				3.1.3 Equip maintenance workshops	All workshops equipped with staff and tools for maintenance and repair		July 2005 - June 2010	DHS Hospital Managers	

No.	Components	Sub Components/Major Activities	Objective Verifiable Indicators	Targets	Means of Verification	Costs	Time Scale	Responsible Persons	Assumptions and Risk
1	2	3	4	5	6	7	8	9	10
3	Preventive Maintenance of Infrastructure and Equipment	3.1 Preventive maintenance (workshops) units for routine infrastructure and equipment repair and maintenance		3.1.4 Acquire operations and maintenance manuals	Operations and maintenance manuals in place		July 2005 - June 2010	DHS	Resources are made available
				3.1.5 Arrange for exchange programme for Technical staff	Exchange programme in place		July 2005 - June 2010	Hospital Managers	
				3.1.6 Develop plans for replacement of Plant Craft and Vehicles	Plans for replacement in place		July 2005 - June 2010	Hospital Managers	
		3.2 Out-sourcing options for cost effective interventions		3.2.1 Provide backup support	Backup support schedule in place		July 2005 - June 2010	Hospital Managers	
				3.2.2. Strengthen Zonal maintenance workshops	Zonal workshops operational		July 2005 - June 2010	DHS	
4	Hospital Financing, Financial Management, Accounting and Reporting	4.1. Cost centres budget allocation,	**No. of Hospitals generating revenues more than 30% of total expenditure**	4.1.1 Conduct short courses in hospital financial management for hospital managers	Reports		July 2005 -June 2007	DHS/CA	Adequate financial options
		4.2. Revenue targeting	**No. of hospitals using contributions locally generated revenue to at least 30% of the annual budget**	4.2.1 Undertake training on revenue collection, targeting setting to all hospital managers	Reports		July 2005 -June 2007	DPP/DHS	Availability of financial managers

No.	Components	Sub Components/Major Activities	Objective Verifiable Indicators	Targets	Means of Verification	Costs	Time Scale	Responsible Persons	Assumptions and Risk
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
4	Hospital Financing, Financial Management, Accounting and Reporting	4.2. Revenue targeting		4.2.2 Identify and provide tools for revenue collection	Tools available		July 2005 -June2010	DPP/CA	Political will and commitment
				4.2.3. Strengthen supportive supervision quarterly	Progress Reports		July 2005 - June 2010	MOH/PORA LG	
		4.3. Report generation and Report writing	**No. of hospitals generating Quarterly financial reports**	4.3.1. Short courses in report writing skills	Training reports and Certificates		July 2005 - June 2007	DHS, HR Consultant	
5	Advocacy for Hospital Reforms	5.1 Preparation of tools for advocating Hospital reforms	**No. of hospitals received advocacy on hospital reforms**	5.1.1 Design IEC Materials	IEC Materials available		July 2005 - June 2010	DHS/DPP	Political will and support
				5.1.2 Conduct annual "hospital reforms days" events - advocacy	Reports		July 2005 - June 2010	Hospital Management	
				5.1.3 Rewarding best performing Hospitals teams with shields and cash on rotational basis	Amount paid out, Trophies and shields issued to best performers		Annually	MoH PS & PORALG	
				5.1.4 Conduct annual stakeholders consultations and advocacy sessions on hospital reforms and Public Private Partnership	Meeting Reports		Annually	MoH & PORALG	
6	Central Support and Monitoring	6.1 Training of hospital management teams	**No. of Hospital Management Teams Trained**	6.1.1 Develop training modules, pre-test and pilot for quality assurance	Modules available, Pre-testing Reports		july 2005 - June 2006	DHS	Availability of eligible candidates for training
				6.1.2 Conduct supportive supervision and provide technical backup	Supervision Reports		July 2005 - June 2010	DHS	

No.	Components	Sub Components/Major Activities	Objective Verifiable Indicators	Targets	Means of Verification	Costs	Time Scale	Responsible Persons	Assumptions and Risk
1	2	3	4	5	6	7	8	9	10
6	Central Support and Monitoring	6.2 Supportive supervision and Technical Backup services	**No. of reforming hospital supervised**	6.2.1 Harmonize hospital supportive supervision tools and schedules	Harmonized supervision tools and schedules in place		July 2005 - June 2006	CMO	Appointment of focal persons for Quality Assurance in hospitals
				6.2.2 Conduct supportive supervision in a cascade manner annually	Reports		Annually	MOH/PORALG	
7	Patient Care and Quality Management	7.1 Quality circles for wards and units	**No. of hospitals with functioning quality circles, rewarding system, clinical auditing and client service charter**	7.1.1 Peer evaluation	Peer evaluation reports		July 2005 - June 2010	DHS	Appointment of focal persons for Quality Assurance in hospitals
				7.1.2 Develop standards and indicators for infection prevention and control	Standards and indicators in place		July 2005 - June 2007		
		7.2 Quality improvement and rewarding system		7.2.1 Develop criteria for recognition and rewarding of best performing ward/units	Criteria for recognition and rewarding performance in place		July 2005 - June 2006	DHS, Hospital Management	Availability of funds
		7.3 Clinical Audit and reporting		7.3.1 Develop tools for clinical auditing and reporting	Tools for clinical auditing in place		July 2005 - June 2006		Staffing levels

No.	Components	Sub Components/Major Activities	Objective Verifiable Indicators	Targets	Means of Verification	Costs	Time Scale	Responsible Persons	Assumptions and Risk
1	2	3	4	5	6	7	8	9	10
7	Patient Care and Quality Management	7.4 Establish Clients Service Charter for each hospital	**Proportion of users expressing satisfaction to services provided**	7.4.2 Central to develop generic template for Client Service Charter	Client service Charter Template available		July 2005 -June 2006	Hosp ref. consultant	Collaboration between hospitals is established
				7.4.3 Short course on Client Services Charter	Reports		July 2005 -June 2006	DHS/DAP	
				7.4.4 Provide technical support (Management and technical services)	Reports		July 2005 - June 2010	HR Consultant	
				7.4.5 Develop Hospital Client services charter	Client Service Charter available		July 2005 - June 2006	Hospital Managers	
				7.4.6 Develop mechanism for clients' feedback	Functioning feed back mechanism available, Reports		July 2005 - June 2006	Hosp. Managers	
		7.5 Establish public relation unit		7.5.1 Develop job descriptions	Job descriptions available		July 2005 - June 2007	Hospital Managers	
				7.5.2 Include Public Relation Function in the Organization Chart	Public relation function included in the Organogram		July 2005 - June 2007	Hospital Managers	
		7.6 Strengthen hospital patient record management		7.6.1 Train on correct data management	Annual statistical abstract available		July 2005 - June 2010	DPP	
		7.7 Operational Research		7.7.1 Conduct operational research	Operational research reports		July 2005 - June 2010	DHS, Hospital Management	
		7.8 Emergency preparedness and response		7.8.1 Train hospital staff in emergency preparedness and response	Training Reports		July 2005 - June 2007	CMO	
				7.8.2 Conduct Drill to hospital staff in emergency preparedness and response	Reports		Quarterly	Hosp. Managers	

No.	Components	Sub Components/ Major Activities	Objective Verifiable Indicators	Targets	Means of Verification	Costs	Time Scale	Responsible Persons	Assumptions and Risk
1	2	3	4	5	6	7	8	9	10
8	Human Resource Management, Development and Motivation	8.1 Human Resource Management, Development and Motivation	**No. of hospitals with required staff (No. and skills mix)**	8.1.1 Identify training needs	Training needs identified		July 2005 - June 2007	Hospital Managers	Available funds
				8.1.2 Identify and organize short/long time training	Training reports		July 2005 - June 2010	DHS Hospital Managers	
				8.1.3 Develop operational manuals	Operational manuals available		July 2005 - June 2007	DHS	
				8.1.4 Identify where hospital managers can be attached for skills development	No. of hospitals with functional staff development schemes		July 2005 - June 2010	DHS	
				8.1.5 Develop Continuing Education activity plan including time frame and phasing	Continuing Education Plan in place		July 2005 - June 2007	DHS Hospital Managers	
		8.2 Rightsizing of the work force	**No. of hospitals with functional staff development schemes**	8.2.1 Facilitate hospitals to develop staffing Manual and their job descriptions including code of conduct	Staffing manuals, Job descriptions and code of conduct in place		July 2005 - June 2007	DHS Hospital Managers	
				8.2.2 Support the hospital boards and hospital committees to acquire the needed staff (no. and skills mix)	Adequate Staff with appropriate skills in place		July 2005 - June 2010	MoH and PO-RALG	

No.	Components	Sub Components/Major Activities	Objective Verifiable Indicators	Targets	Means of Verification	Costs	Time Scale	Responsible Persons	Assumptions and Risk
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
8	Human Resource Management, Development and Motivation			8.2.3 Develop a proposal how to download unqualified excess staff	Proposal available		July 2005 - June 2007	MoH and PO-RALG	
				8.2.4 Redeploy and employ the skilled staff	Skilled staff employed and Redeployed		July 2005 - June 2010	MoH and PO-RALG	
9	Strengthen Public Private Partnership	9.1 Facilitate organization for Private sector participation in hospital reforms	**No. of Private health facilities involved in partnership with Public Hospitals. Tools for co-operation development agreed by the two parties.**	9.1.1 Develop modes of operation of private sector participation in hospital reforms	Guidelines, Activity Plan available		July 2005 - June 2007	Private sector/ DHS	Private sector is organized
				9.1.2 Develop skills in out sourcing, contracting and Service Agreement	Service Agreement in place		July 2005 - June 2007	DHS and private Sector	Transparency between Public and Private sector
				9.1.3 Develop mode of co-operation for effective Public Private Partnership	Guidelines, Activity Plan available		July 2005 - June 2006	DHS and private Sector	
				9.1.4 Develop and train hospital Management and Private sector on Public Private Policy and concept	Training reports		July 2005 - June 2007	DHS and private Sector	
				9.1.5 Explore and develop strategies for private co-financing of hospital services	Strategy Guidelines and No. of Private Hospitals accredited		July 2005 - June 2010	DHS/Private Sector	

No.	Components	Sub Components/Major Activities	Objective Verifiable Indicators	Targets	Means of Verification	Costs	Time Scale	Responsible Persons	Assumptions and Risk
1	2	3	4	5	6	7	8	9	10
9	Strengthen Public Private Partnership	9.1 Facilitate organization for Private sector participation in hospital reforms		9.1.6 Establish networking between hospitals	Networking reports		July 2005 - June 2010	Hosp. Managers and DHS	
10	Estate management and Security	10.1 Waste disposal	**Percent of reforming hospitals with secured environment**	10.1.1 Strengthen hospital (solid and liquid) waste disposal management	Availability of Waste Disposal Plan Implementati on Reports		Annually	Hosp. Managers	
		10.2 Fire protection and control		10.2.1 Install and maintain fire alarms and fire fighting equipment at all sensitive areas of the hospital	Inspection reports and Maintenance Plan		July 2005 - June 2010	Hosp. Managers	Availability of Funds
		10.3 Emergency options for water and power supply	**No. of reforming hospitals with emergence water and power supply**	10.3.1 Develop plans and budget for establishing options for power supply (solar, generators)	Plans and budget in place		July 2005 - June 2007	Hosp. Managers	
				10.3.2 Establish rain water harvesting system	Rain water Harvesting system in place		July 2005 - June 2008	Hosp. Managers	
		10.4 Securing the environment		10.4.1 Establish reliable security system for the hospital and surrounding	Security system place in place		July 2005 - June 2008	Hosp. Managers	Culture change
		10.5 Title deed		8.2.5 Establish estate management unit and appropriate staff	Unit established and functioning		July 2005 - June 2007	Hosp. Managers	

No.	Components	Sub Components/Major Activities	Objective Verifiable Indicators	Targets	Means of Verification	Costs	Time Scale	Responsible Persons	Assumptions and Risk
1	2	3	4	5	6	7	8	9	10
10	Estate management and Security	10.5 Title deed		10.5.2 Develop activities plans of the unit including landscaping and horticulture	Plans available		Annually	Hosp. Managers	
				10.5.3 Management to acquire title deed and establish hospital boundaries	Title deed available and boundaries established		July 2005 - June 2010	Hosp. Managers	
11	Planning and Budgeting	11.1 Develop Hospital strategic/comprehensive annual plans	**No. of reforming hospitals with strategic plans**	11.1.1 Training the team on current planning techniques and budgeting	Training reports		July 2005 - June 2006	DHS/DPP	
				11.1.2 Facilitate private providers representation and participation	Facilitation reports and Participants' list		July 2005 - June 2010	DHS/Hosp Boards/ Committees	
				11.1.3 Centre (consultancy) to develop template hospital strategic plans	Framework in place		July 2005 - June 2006	DHS	Culture change
				11.1.4 Outsource technical assistance as necessary	Technical assistance available		July 2005 - June 2010	Hosp. Managers	
		11.2 Institute instruments for accountability	**No. of reforming hospitals with comprehensive annual hospital plan**	11.2.1 Post on hospital notice boards budget and expenditures	Budget Notices Posted		July 2005 - June 2010	Hosp. Managers	
				11.2.2 Develop mechanism for receiving patients'/Clients' feed back	Functioning mechanism in place		July 2005 - June 2007	Hosp. Managers	
				11.2.3 Develop Hospital Strategy for prevention of corruption	Progress report on implementation		July 2005 - June 2010	Hosp. Managers	

References

1. Second Health Sector Strategic Plan (HSSP), MOH, Tanzania April 2003
2. Introducing Decentralized Hospital Management, Upper West Hospital Management Reform Programme, Planning exercise report, GOH, Health Partners International
3. Hospital Reforms Progress Report March April 2000, Ministry of Health Tanzania
4. Towards a National Quality Framework, experiences and Lessons, Tarimo, Ntabaye, Simba Consultants QA unit, MOH 2002
5. National Package of Essential Health Interventions in Tanzania, Ministry of Health January 2000
6. Quality training guidelines for health workers, Ministry of health March 1999
7. District Health Boards Orientation Manual, MOH. PORALG, June 1999
8. Outline of Hospital Development Plan for the years 2004-2013 for district hospitals of Tanga Region, GTZ
9. Action planning Hand Book 1st referral hospitals, Central Board of Health, Zambia May 2001
10. Action Planning Hand Book for 2nd and 3rd Level referral Hospitals, Central Board of Health, Zambia, May 2001
11. Module 1 : Health Sector Reforms and Planning – MOH (Human Resources Department – August 2004
12. Module 4: Planning and Implementation of District Health Services – MOH (Second Version , June 2004
13. Operational Manual for CHMTS –Draft 2
14. Module 2: Management of Health Resources MOH (HRD) – August 2004
15. Module 3: Management of Health Resources – MOH 2001
16. Module 3: Supervision for Quality Health Services – MOH (HRD, August, 2004)
17. Module 2: Promoting partnership in the District – MCH (HRD, Second Version, June 2001)
18. Module 3: Management of Health Resources MOH – Unit 2 page 11 (Second Version June 2001
19. Module 2: Management of Health Resources MOH (HRD, Unit 3 page 27, August, 2004)

ANNEX 1

Terms of Reference for District and Regional Hospital Reforms with focus on improving quality of health care

1. Background

2. Justifications for District and Regional Hospital Reforms

District and regional hospital reforms are intended to address key issues responsible for under-management of district and regional hospital services and to assist them to deliver the range and level of diagnostic and treatment services they are meant to provide within budgetary constraints.

The other aim is to advocate and negotiate for more funding through the joint health finance committee (MOH, PORALG, MOF and partner representatives) towards district hospitals to realize:

- Improved funding for the quantity and standards of services that the district hospitals are expected to provide
- Prepare realistic plans under the guidance of PORALG and MOH to address deteriorated hospital infrastructure
- Play a pro-active role during dialogue with PORALG and PSMO to facilitate
  - ⇒ Recruiting new staff and filling in of vacant posts
  - ⇒ increasing of staff establishment
  - ⇒ improving salaries and conditions of services for health staff

3. Methodology

The district and regional hospital reforms will be introduced in phases until all district and regional hospitals are covered over period of five years (July 2005 – June 2010). The main focus of the capacity development will be to:

- improve the hospitals management and planning skills
- instil a sense of financial accountability particularly on appropriate accounting and stock management system, so that the available resources are directed to improvement of standards of care
- ensure that referral hospitals effectively play their designated referral roles and ensure that they provide delivery of the range and level of health services expected of them.

All district hospitals public and private (non profit) will be included. Because of differences in the services district hospitals and regional hospitals are expected to provide, orientation

of regional hospitals will be carried out in one zonal centre while the rest of the zonal centres will be used for orientation and support to district hospitals. The invitations will be extended to all HMTs belonging to private for profit and private not for profit health facilities (Voluntary Agencies) to participate in planning and implementation of hospital reforms.

Approach

The MOH will take into account the situation analysis reports as well as involvement of institutions to define the main problems to be addressed during preparation of training modules and during support supervision by Zonal and regional support teams. Areas to be addressed will be:

- planning and budgeting for hospitals
- hospital management and quality services
- financial management and accounting
- procurement and stores management
- repair, maintenance and rehabilitation

Some of the topics in these modules will be derived from CHMT training modules that are relevant for this exercise will also be used. The first three modules (Action planning and budgeting, decentralization and hospital management and provision of quality health services applying QA) will be developed by the MOH.

- Preparation for the module dealing with Financial Management, Accounting, procurement and Stores management will be developed in collaboration with MOF who will guide this component, while development of the module dealing with repair and maintenance will be prepared in collaboration with PORALG and Hospital Engineers for Kagera regional Hospital.

- Pre-testing of some of the modules before their introduction may be necessary but two of the modules relating to planning and decentralization/ management training are being adapted for use by the MOH and have been tested locally, or in one of the African countries. It is important for the National Task Force on Hospital reforms to ensure that orientation of the TOTs is done before orientation of the trainees.

- Existing resource centres with expertise in priority specific areas such as ESAMI will also be explored so that they can provide technical backstopping to hospitals and to assist with installation of appropriate accounting and financial management system.

The thematic modules will be introduced in phases as follows:

a) Year 1 introduce to HMT Action planning/ budgeting based on health services to be provided including management support functions of the hospital and decentralization and hospital management with in the hospital (terms of reference for management structures such

b) As core management, HMT, clear and efficient management at all levels, personnel management etc. Support supervision by Zonal trainers and RS/RHMT to the reforming hospital on quarterly basis

- Year 2 introduce QA principles to HMT improve quality of health services provided. Concurrently introduce appropriate accounting and financial management system, orient accounts staff, install computerized accounting system and technical backup provided
- Rehabilitation and maintenance will go on from year 1 and the pace will be determined by availability of funds

The hospitals second batch hospitals, third batch etc. will all follow the same sequence as they become included in the hospital reforms. Provide tailor made training for hospital managers inside and outside the country, including study tours, attachment etc. The hospital reforms strategy will be steered by the National Hospital Reform Task Force, whose members are as follows:

1. **DHS Chairperson**
2. **DPS - Co-Chair person**
3. 1 Economist from DPP Office
4. 1 Head HSRS
5. 1 Coordinator HSPS
6. 1 Quality Assurance CMO from Office
7. 1 Representative of BAKWATA
8. 1 Representative of CSSC
9. 1 Representative from Association of Private Hospitals in Tanzania (APHTA)
10. 1 Deputy CNO from CMO Office
11. 1 Medical Officer in charge of District Hospital
12. 1 Medical Officer in charge of a Regional Hospital
13. 1-Coordinator District Health Services
14. 1 Health Secretary
15. 1 Head of training Section HRD
16. 1 Head Regional & District Hospitals under DHS
17. 1 HSR Advisor MOH
18. 1 Regional /District GTZ Health Programme Co-ordinator
19. Co-opted members when need arises

c) Trainers

The trainers will train participants (RHT and DHT) at Zonal Centres. There will be 7 zones operating concurrently one of the Zonal centres will specifically cater for capacity development for RHT because their needs may not be the same as the ones for district hospitals. It will comprise of experts drawn from National Task Force and Zonal team members with mixed skills (not only clinical skills, but other skills such as financial, management etc.). The skill mix of the people is as follows

- Health Planning/ management

- Financial management
- Stores supplies/ Procurement
- Nursing, paediatrics, internal medicine, surgery, dental, pharmacy laboratory, estate, hospital administration and accountancy

The number of trainers required ensuring that all the 7 zones functions are as follows:

14 Tutors at Zonal centres
35 (specialists including nurse)
14 stores
14 equipment/ maintenance
14 Hospital health secretaries

These teams will be complemented by technical backup support to be provided by local consulting firms to handle specialized areas like relating to accounting/ financial management, computerized accounting system, hospital management and patients care.

The External consultancy from e.g. ESAMI, Mzumbe University, University of Dar es Salaam will assist the National Hospital reform Task Force to orient the Trainers including providing back stopping the trainers during the training and some of the support supervision to be undertaken by the zones. The training will be focused and be tailored to problem solving. The trainers orientation will apart from being oriented on the training modules to be applied will also be oriented on how to assist the hospital teams in the field after training as they will be expected to undertake follow up visits of the trainees in the field, produce reports on there findings and support provided to each of the hospital teams. The reports will be sent to the National Hospital Reform Task force.

d) Training of First Phase Hospitals (Regional Hospitals and District Hospitals)

Target People to be trained

- **Region /District Hospitals**

From each of the regional hospitals, all the mangers will participate in training. Support service staff including medical recorders.

e) Follow-up support visits of Trainers

Each of the seven training Zones will be expected to undertake quarterly support visits in conjunction with representatives of regions/RHMT

f) Visit to Countries with track record in hospital reforms

Funds permitting, it is proposed that a delegation lead by the National Hospital Reform Task Force undertake a visit to other countries to exchange experiences with them on how Ghana and or Zambia are dealing with reforms in level 1 and 2 hospitals reforms

The TOR for the visit will be developed later

5. Timing and Phasing

The five modules will be introduced in phases as follows:

- Year 1 introduce to HMT Strategic and Action planning/budgeting based on health services to be provided including management support functions of the hospital and decentralization and hospital management with in the hospital (terms of reference for management structures such as core management, HMT, clear and efficient management at all levels, personnel management etc. Support supervision by Zonal trainers and RS/RHMT to the reforming hospital on quarterly basis

- Year 2 introduce QA principles to HMT improve quality of health services provided. Concurrently introduce appropriate accounting and financial management system, orient accounts staff, install computerized accounting system and technical backup provided

- Rehabilitation and maintenance will go on from year 1 and this process will be coordinated by PORALG the pace will be determined by availability of funds.

- The hospitals second batch hospitals, third batch etc. will all follow the same sequence as they become included in the hospital reforms. Support of the hospitals by the Zonal trainers in conjunction with RS/RHMT will be emphasized and later on once the RS/RHMT gain enough confidence to undertake support on their own then Zonal trainers will leave support task to them.

- **Starting Date**

  ⇒ Orientation of National TOTs First and Orientation of Zones will be started as soon as the training modules are ready
  ⇒ Orientation of first batch District and Regional Hospital Management Teams will follow this
  ⇒ Tanzanian delegation tour to Ghana or Zambia will be arranged once funding for the tour is sourced
  ⇒ Follow-up visits by trainers to trainees will start 2 months after the trainees have returned to practice what they learnt at the centres.
  ⇒ Support visit reports submission to National Hospital Reform Task Force from each of the 7 Zones will be submitted at the end of each quarter

4. Expected outputs

- All 41 and 9 Regional Hospital management teams produce hospital plans
- Improved hospital management capacity in all Districts hospitals, regional hospitals, DDHs and VA hospitals by 2010

- Improved health services delivery in all secondary and primary level referral hospitals by 2010

5. Budget Estimate first batch district Hospitals and Regional Hospitals

The funding sources for year one will come from the MTEF of the MOH and Development Partners who may wish to assist.

ANNEX 2

1.0 Council Health Services Board

The Council Health Service Board (CHSB) is an executive organ of the council for supervising and controlling all the health activities and resources. The Council Health Service Board is also responsible for implementing all policies given by the Ministry of health together with improving the working environment as well as remuneration of the health workers. To achieve this board must build good relationship with other sectors, non-governmental organizations, influential people, individuals and donors to pool resources in a sustainable manner. The Council Health Management Team under the leadership of the District Medical Office is the chief implementer of health care service activities and the team is answerable to the CHSB.

District Hospitals will establish Hospital Governing Committees, which will supervise and control the provision of health services in the hospital.

The hospitals will also form their own Hospital Management Teams from departments/units/ sections of the hospital. Such teams will be responsible for day to day running of the hospital.

The Council health Management team with the assistance of the Hospital Governing Committee will make sure that the Hospital Management Team carries out its duties as required and the quality of care is improved and sustained.

1.0 Roles and responsibilities of Council Health Services Board authority

The health services board will have authority on the health resources for running of all health services in the district.

1.2. Duties

- To support and supervise the council health management team
- To supervise and carry out campaigns to make the public participate in health development activities
- To look for and control health resources in the district

1.3 Responsibility

- To receive, discuss and approve annual health development plans and its budget and table them to full council
- To debate, discuss and approve quarterly and annual health development reports
- To monitor the availability of funds from various sources
- To ensure that the health services provided meet the standards set by the government and satisfy the needs of the target group

- To supervise and control the availability of health resources including funds, medical/health supplies and other working equipment and tools
- To employ, deploy control health resources and find better ways to remunerate and motivate health personnel
- To monitor health provision activities by the government and other partners including those provided by profit and non profit making organizations or institutions

1.4 Legal rights

- The health services boards are established in accordance with the prevailing laws which allows Local Government Authorities to establish service boards (in this case council health service boards)
- The elected members are required to accept membership in writing
- Membership of the board shall hold office for a period of three years
- If a member decides to resign he/she is obliged to give one month notice before next meeting
- If a member leaves a membership by resigning, because of health problems, death or any other reason, the vacancy left will be filled by other elected member who will serve the board for the remaining period
- If the board fails to render its services as expected, the district council will dissolve the board and call fresh elections immediately
- Members of the board will be paid transport and other allowances during the meeting at a rate to be determined by the board taking into account the prevailing laws and regulations of the district council
- Board meetings will take place every three months or any other time when necessary to be called by the chairperson or any member by making a special request to the chairperson
- Quorum of the meeting is met when half of the members have attended
- Any member completing his tenure may seek re-election for another period of meetings.

1.4 Limits of the board

The Board will not interfere, but can intervene during the execution of professional health activities when there is apparent inefficiency, irresponsibility and mismanagement of health resources and misconduct in the ethical delivery of health services. Issues relating to professional misconduct will be notified to relevant competent organs for further investigation and taking of appropriate action

2.0 The Council Hospital Governing Committee

2.1 Duties and answerability

- To support and supervise the Hospital Management Team
- It is answerable to the Council Health Services Board

2.3 Main responsibilities

- To receive, discuss and approve annual hospital health plans, quarterly and annual hospital progress reports and forward plan.
- To monitor and follow up the availability of funds from different sources including those of health cost sharing
- To ensure that health services provided by the hospital meet the required standards set by the government and satisfy the needs of the target population
- To look for, supervise, monitor and control hospital resources including hospital supplies, funds, drugs and working equipment and tools
- To administer and monitor hospital personnel discipline and their ethical codes of conduct and time to time review of their incentive packages and work contracts

2.4 Legal rights

- Hospital governing committees are established in accordance with the prevailing laws and legislation of the government
- Elected members are required to accept to serve on the committee in writing
- Office tenure is three years
- If a member decides to resign, he is obliged to give a one month notice before the next meeting for discussion
- If member leaves 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
- If the committee fails to fulfil its objectives as expected the district council will dissolve it and call fresh elections immediately
- Committee members will be paid travelling and sitting allowance according to the council laws and regulations
- Committee meetings will be conducted once every three months or any other time if necessity arises and will called by the chairperson or any member by making a special request to the chairperson
- The quorum is met when half of the members have attended
- A member who has completed his tenure of office can seek re-election for another period

3.0 District /Level I Hospital Management Team (HMT)

3.1 Composition

The District/Level I Hospital Management Team will compose of the following members:

1 Medical Officer in charge of the Hospital
1 Hospital Secretary
1 Nursing Officer in charge of the Hospital (Matron/Patron)
Heads of Sections:
1 Child Health
1 Obstetrics and Gynaecology
1 Surgical
1 Internal Medicine
3 Support Services;
- Pharmacy
- Laboratory
- X-ray
- Supplies
- Accounts
- Health Care Technical Services

1 OPD in charge

Where there is a training institution attached to the hospital, the institution will be represented in the HMT by one (1) member.

3.1 Duties

- To provide hospital services as mandated by the Ministry of Health

3.2 Answerability

- It is answerable to the Hospital Governing Committee

3.3 Responsibility

- To prepare hospital plans and budget and present them to the hospital governing committee and later consolidated in the comprehensive council health plan which is then taken to the full council for approval.
- To manage, control funds and other resources for the running of the hospital and ensure that they are used according to the existing laws and financial regulations
- To visit departments and different hospital sections in order to evaluate, instruct, advise and find solutions to the problems so as to increase work efficiency and responsibility
- To call hospital workers meetings and discuss implementation issues, patients health care and providers welfare including analysis and solving prevailing problems together as a team

- To mobilize and sensitize people so that they contribute to the hospital costs, for the sake of improving the hospital environment and quality of care
- To prepare hospital workers training programmes and share with them in order to find out training needs for all cadres
- To strengthen data collection, analysis and use of hospital report to monitor and take corrective action before the patients welfare is threatened
- To build and strengthen relation ship with other government and non government institutions providing health services

4.0 Regional Hospital Board

4.1 Roles and responsibilities

4.2 Duties

- The health services Board will have authority on the health resources for running of all health services in the regional hospital

4.3 Responsibilities

- To formulate and set up hospital policies, approve hospital objectives and strategic plans and monitor and evaluate their implementation according to government policies and guidelines
- To own and oversee the management and administration of movable and immovable properties and assets of the hospital
- To ensure the financial viability of the regional 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 appoint monitor and appraise the performance of the Medical officer in charge of the hospital and heads of departments and recommend appropriate measures
- To approve appointments and disciplinary measures for heads of sections and units by the hospital management
- To approve staff establishments, conditions of service, employment packages and staff development plans prepared by the hospital management team within the financial resources of the hospital
- To receive, discuss and decide on hospital annual, quarterly plans and budgets, technical and financial progress reports
- To receive on behalf of the hospital grants, donations, gifts, service 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 fulfil the responsibilities of the board or those of the hospital in order to enhance service efficiency

- To make recommendations to the Regional Commissioner on the rates of sitting allowances for the Board its committees for approval
- To approve proposals for contracts, memorandum of understanding and terms of reference for individuals, Ministries and other organizations for better and efficient functioning of the hospital
- To discuss and decide on major issues, endorse decisions and approve recommendations made by the hospital management team and provide guidance to the team

4.4 Legal rights

- Hospital Board is established in accordance with the prevailing laws and legislation of the government
- Elected members are required to accept to serve on the committee in writing
- Office tenure is three years
- If a member decides to resign, he is obliged to give a one month notice before the next meeting for discussion
- If member leaves 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
- If the Board fails to fulfil its objectives as expected, it will be dissolved by the appropriate authority and call fresh elections immediately

- Board members will be paid travelling and sitting allowance according to the council laws and regulations
- Board meetings will be conducted once every three months or any other time if necessity arises and will called by the chairperson or any member by making a special request to the chairperson
- The quorum is met when half of the members have attended
- A member who has completed his tenure of office can seek re-election for another period

4.5 Limits of the Hospital Board

The board will not interfere, but can intervene during the execution of professional health activities when there is apparent inefficiency, irresponsibility and mismanagement of health resources and misconduct in the ethical delivery of regional hospital services. Issues relating to professional misconduct will be notified to relevant competent organs for further investigation and taking of appropriate action

5.0 Regional/Level II Hospital Management Team

5.1 Composition

The Regional/Level II Hospital Management Team will compose of Members i.e.:

1 Medical Officer in charge of the Hospital

1 Hospital Secretary
1 Nursing Officer in charge of Hospital (Matron/Patron)

Heads of Departments:

1 Internal Medicine
1 Surgery
1 Child Health
1 Obstetrics/Gynaecology
3 Representative from Support services:

- Pharmacy
- Laboratory
- X ray
- Supplies
- Accounts
- Health Care Technical Services

1 OPD in charge

Where there is a training institution attached to the hospital, the institution will be represented in the HMT by one (1) member.

5.2 Duties

- To provide hospital services as mandated by the Ministry of Health

5.3 Answerability

- It is answerable to the Hospital Board

5.4 Responsibilities

- Ensure that hospital objectives, plans and decisions of the interim board are executed
- Provide skilled and energetic collective leadership in order to fulfil the goal, vision and mission of the hospital objectives, plans decisions of the Hospital Board are implemented
- To oversee the management and delivery of good quality, promotive, preventive, curative and rehabilitative services secondary referral hospital
- Ensure highest quality of patient care and services to the satisfaction of the patients and the community the hospital serves
- To participate in control of outbreaks of epidemic diseases and establish focus for emergency activities in the hospital
- To ensure proper management of human, financial, material resources including procurement and maintaining adequate supplies of drugs. diagnostic reagents, medical supplies and equipment in the hospital
- To ensure that hospital equipment and buildings are well maintained
- To ensure proper financial management and making decisions on departmental expenditure within approved budget

- To recommend to the Board the overall hospital establishment and propose revisions of the organization, structure of the hospital when ever deemed necessary
- Preparing discussing, appraising and approving departmental plans before collating them in regional hospital plan for submission to the board for review and approval
- To support and supervise section heads by ensuring that they have the required authority and capacity to manage their sections
- To appraise the performance of section heads and hold them fully accountable for the performance of their sections and decide on award of incentives and disciplinary action recommended by section heads
- To develop professional and managerial skills of all cadres of hospital staff
- To ensure adherence of professional ethics and code of conduct by all health workers in the hospital
- To compile, discuss, appraise and recommend to the Hospital Board hospital plans, budgets, technical and financial progress reports
- To adhere to regular schedule of Hospital Management Team meetings to discuss, review Hospital Board plans, budgets, progress reports both technical and financial
- To perform any other functions as may be delegated to it by the Hospital Board or the Regional Secretariat

6.0 Hospital Executive Committee

Hospital Executive Committee at district hospital will be established in line with the prevailing rules and regulations. This will include their duties and responsibilities

6.1 Compositions

The Hospital Executive Committee shall be composed of the following members

- Doctor in charge of the Hospital 1
- Nurse in charge of the Hospital 1
- Health Secretary of the hospital 1

6.1 Functions

- To ensure availability of resources logistics and supplies in the hospital

6.2 Duties:

- To ensure good quality care, treatment and services are provided effectively

6.3 Role:

- To act as a link between the decisions and directives of the Hospital Board. Governing Committee; Hospital Management Team and the process of implementation

6.4 Responsibilities

- To oversee efficiency and smooth running of day to day hospital activities
- To make appropriate decision in ad hock/emergence situations
- To support, manage and supervise activities carried out by heads of Departments, Sections Units and Wards.
- To oversee the security and safety of staff and client

Annex 3: Terms of Reference: Review of Hospital Financial Management

1.1 Background and Introduction

In keeping with the Ministry of Health's the 2nd Health Sector Strategic Plan July 2003-June 2008 to steer reforms towards delivering quality health services and client satisfaction the ministry of health will introduce hospital reforms in all district and regional hospitals to strengthen their capacities to plan, manage and effectively account for resources both financial and human. The National Hospital Reforms Task Force has been established. A core group of trainers located at Zonal Training Centres will be providing training and on job support in the management development process to all districts and regional Hospitals Management Teams in the next 3 years. Recognizing the importance of good accounting and financial management not only for generating and using revenue effectively, but also for all aspects of hospital management, one of the priorities of the reform plans is to introduce up-to-date financial systems and procedures.

The first stage in this process will be to:

- Conduct situation analysis of the existing situation
- draw up detailed proposals for the financial and accounting reforms
- set up computerized accounting cost-centre applicable to regional hospitals only
- strengthen district hospitals accounts units.
- Strengthen financial management and information systems at each hospital
- Provide short-term financial experts/financial consultancy, including Regional or local consultants specialized and acquainted with operation of the Government financial system under the guidance of MoF. These consultants will work with local accounting staff:
    - in reviewing and assessing the existing accounting practices and requirements,
    - drafting proposals for introducing suitable new system and capacity building of accounts staff in the hospitals.

1.2 Objective of the Assignment

In order to carry out a situation analysis of financial management and accounting in first batch district and regional hospitals in consultation with the National Hospital Reforms Taskforce and Zonal training centres the tasks will involve:

- preparation of coasted plans for setting up appropriate, user-friendly accounting and financial management systems at each district and regional hospitals

- Strengthening of financial management systems in the regional hospitals. The strengthening of financial management systems will be carried out in collaboration with the Ministry of Finance to ensure that they are line with the financial policies.

1.3 Tasks

After initial briefings, the consultants will work with a small team of hospital/regional accounting staff:

- in reviewing and assessing the existing accounting systems, practices and requirements at representative number of first batch district and regional hospitals.
- jointly draft proposals for future financial and accounting reforms.

A one-day meeting of the consultants, hospital accountants, the National Hospital Reforms Taskforce and some Zonal Centres members:

- will discuss the findings of the situation analysis
- draft proposals and agree on the main recommendations.

The consultants will then hold discussions with the MoH, PORALG, and MoF before finalizing and submitting their report.
The situation analysis should assess and briefly describe:

- The existing accounting systems, practices and controls at the hospitals visited, highlighting any particular constraints and strengths
- Staff skills and capacity currently available at the hospitals
- Priority needs for effective financial management, in keeping with planned management decentralization and other hospital reforms.

The proposals for future financial and accounting reforms should cover the requirements for establishing an effective, practical accounting system at each hospital and include including viability of option of setting sub budget cost centres in all regional hospitals:

- Overall proposals and recommendations (which are discussed and agreed at the 1-day consultative meeting for strengthening accounting, financial management and reporting, in line with the planned district and regional hospital reforms and taking account of the implications for public hospital services in Tanzania

- Recommendations of the consultants for a computer software package for accounting and financial management which is:

- User-friendly for both hospital managers and accounting staff supported in Tanzania
- Relatively simple to install and adapt to specific requirements of each hospital
- Able to produce the reports required by both PORALG and MoH financial systems
- Allows tracking and timely reporting of income and expenditure by up to 20 cost centres per regional hospital, and is appropriate for the anticipated volume of transactions at the hospitals
- Facilitates auditing and control functions and meets MoH requirements

- Is affordable within the hospital reform, including costs to get it up and running.
- Recommendations of the consultants for the necessary and affordable hardware to operate the proposed computerized accounting and financial management system at each hospital.
- Proposed plans for implementing the accounting and financial management reforms, with a timetable, recommended inputs and a budget.

Within two weeks of the end of the mission the consultants will complete and submit a joint report, which will be reviewed by MoH, PORALG under the guidance of the Ministry of Finance.

1.4 Launch of Financial System strengthening

The MoF will guide the implementation process. First batch hospitals will be assisted by the consultant (under the guidance of the MoF) to introduce the new financial system from July 2005. -June 2006. The consultants will also provide on job training and support to each hospital.

1.5 Overall objectives

To improve the quality, efficiency, cost-effectiveness and financial viability of hospital services in the district and regional hospital.

1.6 Scope of work

- Review implementation of planned activities of the initiative in regional and district hospitals
- Assist region and hospitals analyse their own performance every 3 months
- Help participant's overcome implementation difficulties.
- Coach region and hospitals to refine action plans for financial management
- Build capacity of managers and accountants
- Facilitate innovative financial management systems in the hospitals.

1.7 Outputs

Improved financial management and accounting system in all district and regional hospitals by July 2008

1.8 Outcomes

Increased satisfaction of services by clients and providers.