



**The United Republic of Tanzania
Ministry of Health and Social Welfare**

**NATIONAL GUIDELINES FOR
RECOGNITION OF IMPLEMENTATION
STATUS QUALITY IMPROVEMENT
INITIATIVES IN HEALTH FACILITIES**

January 2014





The United Republic of Tanzania
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January 2014



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Under the leadership of The United Republic of Tanzania Ministry of Health and Social Welfare

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Foreword


The Ministry of Health and Social Welfare (MoHSW) is committed in ensuring that high-quality health care services are provided to all citizens countrywide. To achieve this commitment, the MoHSW supports the implementation of evidence-based best practices in health services delivery, and also establishes strategies to institutionalise quality improvement (QI) at all levels of service delivery. Institutionalizing quality improvement programs in health facilities focuses on bringing best practices into routine service delivery and ensures that these practices are being performed on a regular basis. To achieve and maintain high-quality services routinely, health care workers and managers need the following elements: 1) capability – knowledge on how to do the right things; 2) opportunity – the tools and resources to do the right thing; and 3) motivation – the desire to do the right thing right. These guidelines focus on the third element: *motivation*.

Implementing a recognition program is a reliable way to build motivation as it helps health care workers realize that there is something to gain from providing high-quality services in a consistent manner. The *Recognition Guidelines for Health Care Quality Improvement Programs* have two purposes: to guide implementation of recognition programs at various levels in the country and also to provide a framework for recognition that can be adapted and tailored for individual programs or health facilities within the parameters of what is acceptable in the Tanzanian context. Programs addressing maternal and child health, family planning, infection prevention and control, patient safety, and HIV/AIDS prevention, care and treatment, or any other clinical area with a set of agreed-upon performance standards can use these guidelines.


These guidelines primarily focus on external recognition, but they encourage and lay the foundation for internal recognition. Stakeholders should take these guidelines as the official position of the MoHSW.



Mr. Charles A. Pallangyo
PERMANENT SECRETARY



vi. National Recognition Guidelines for Health Care Quality Improvement Programs

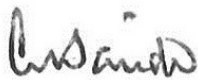


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In addition, the MoHSW acknowledges technical support from different partners, both local and international, who contributed to the finalization of this document (See the list of contributors in appendix 4).


We would like to extend our gratitude to all who, after being introduced to these guidelines, will use them to implement recognition programs and reward the hard work of Tanzanian health facilities in improving the quality of care.



Dr. Donan W. Mmbando
CHIEF MEDICAL OFFICER

Abbreviations and Acronyms

AIDS	Acquired Immune deficiency Syndrome
APHFTA	Association of Private Health Facilities in Tanzania
CCHP	Comprehensive Council Health Plan
CDC	U.S. Centers for Disease Control and Prevention
CHS	College of Health Sciences
CMO	Chief Medical Officer
CQI-TQM	Continuous Quality Improvement–Total Quality Management
CRC	Committee for the Rights of the Child
CRHP	Comprehensive Regional Health Plan
CSSC	Christian Social Services Commission
DMO	District Medical Officer
GIZ	German International Cooperation
HCWM	Health Care Waste Management
HSPs	Health Service Providers
HIV	Human Immunodeficiency Virus
HQIT	Hospital Quality Improvement Team
HQRWG	Health Quality Recognition Working Group
HSIQAS	Health Services Inspectorate and Quality Assurance Section
IHI	Ifakara Health Institute
ILO	International Labor Organization
IPC-IS	Infection Prevention and Control-Injection Safety
JICA	Japan International Cooperation Agency
LGA	Local Government Authority
MAISHA	Mothers and Infants, Safe, Healthy and Alive
MoHSW	Ministry of Health and Social Welfare
NGO	Non Governmental Organization
NHIF	National Health Insurance Fund
NSSF	National Social Security Fund
PMO-RALG	Prime Minister’s Office-Regional Administration and Local Government
PPP	Public – Private Partnership



P4P	Pay for Performance
QI	Quality Improvement
QIT	Quality Improvement Team
RHMT	Regional Health Management Team
RMO	Regional Medical Officer
SBM-R	Standard Based Management and Recognition
TA	Technical Assistance
TQIF	Tanzania Quality Improvement Framework
URC	University Research Company
USAID	United States Agency for International Development
WHO	World Health Organization
WISE	Work Improvement in Small Enterprises

Quality Improvement Series

The *Recognition Guidelines for Health Care Quality Improvement Programs* are part of the MoHSW Quality Improvement Series. All resources in this series are listed below.

1. *The Tanzania National Health and Social Welfare policy* (1990 and reviewed 2007)
2. *National Norms, Guidelines and Standards on Cross Cutting Issues for Health Care Practice in Tanzania*, MoHSW(2002)
3. *Tanzania Quality Improvement Framework*, MoHSW (2004, reprint 2009 and 2nd edition 2011)
4. *National Infection Prevention and Control Guidelines for Healthcare Services in Tanzania*, MoHSW (2004)
5. *National Infection Prevention and Control Pocket Guide for Healthcare Services in Tanzania*, MoHSW (2007)
6. *Mwongozo wa Taifawa Kulingana Kudhibiti Maambu kizo katika Utoajiwa Huduma za Afya: Kiongozi cha Mfukonikwa Watoa Huduma za Afya Tanzania*, MoHSW (2007)
7. *Quality Improvement – Infection Prevention and Control Orientation: Guide for Participants*, MoHSW (2009)
8. *Implementation Guidelines for 5S-CQI-TQM Approaches in Tanzania: “Foundation of all Quality Improvement Programme,”* MoHSW, First Edition (2009), Second Edition (2011), Third Edition (2013)
9. *National Supportive Supervision Guidelines for Healthcare Services*, MoHSW (2010)
10. *National Infection Prevention and Control Standards for Hospitals in Tanzania*, MoHSW (2012)
11. *National Communication Strategy for Infection Prevention and Control 2012-2017*, MoHSW (2012)
12. *Mwongozo wa Utekelezaji wa Njiaza 5S-UUE(KAIZEN)-UUU Tanzania “Msingiwa Programu zote za Uimarishaji Ubora,”* MoHSW (2013)
13. *National Health and Social Welfare Quality improvement Strategic Plan: 2013–2018*, MoHSW(2013)
14. *National Guidelines on Post-Exposure Prophylaxis following Occupational and Non Occupational Exposures to Blood and Other Body Fluids*, MoHSW (2014)
15. *National Recognition Guidelines for Health Care Quality Improvement Programs*, MoHSW (2014)



SECTION I: INTRODUCTION

Appreciation is a fundamental human need. In particular, in the workplace, employees respond to appreciation or recognition of their efforts because it indicates their work is valued. When employees feel valued, their satisfaction and productivity rises and they are motivated to maintain or improve the quality of their work.¹ There is significant evidence that use of simple, evidence-based performance standards supports healthcare providers to improve their performance and thereby improve the quality of healthcare. Notably, there are a variety of approaches and models currently in use to improve the quality of healthcare services.

The MoHSW in Tanzania is committed to improving the quality of services at all levels of healthcare delivery. Quality improvement interventions are considered a key strategy to achieve this goal. As per the recently published *Tanzania Quality Improvement Framework (TQIF) 2011–2016*, there are several quality improvement approaches that are currently being implemented in Tanzania. A brief description is given below for quick reference. For a detailed description of each approach, please refer to the TQIF document:

- **5S-CQI-TQM:** In 2008, MoHSW officially adopted Continuous Quality Improvement-Total Quality Management (CQI-TQM) concepts that use 5S principles for improvement of the working environment. 5S stands for Sort, Set, Shine, Standardize and Sustain. This is a problem-solving approach focusing on achieving client satisfaction. It can be applied to both clinical and nonclinical services. Once a well-organized work place is created using 5S, problems that affect client satisfaction and management of routine work are looked at and addressed based on the root causes of the problems.
- **Improvement Collaborative Approach:** Introduced in 2004, this approach has been applied to rapidly improve the quality of family planning and HIV/AIDS services. This approach relies on the networking of sites and brings together groups of practitioners from different healthcare organizations to work in a structured way to improve one aspect of health services.
- **Standards-Based Management and Recognition (SBM-R®):** This approach is designed to help healthcare providers and facilities to improve their performance and thereby improve the quality of health services at their level with minimal external support. It includes four simple steps: 1) development of evidence-based performance standards, 2) implementation of those standards, 3) measuring progress, and 4) rewarding achievements. The approach utilizes the performance improvement cycle of measuring actual performance using standards, identifying gaps, determining the root causes of the gaps, and identifying and implementing interventions to address the gaps.
- **HealthWISE Quality Initiative:** This approach, developed by the International Labor Organization (ILO) and the World Health Organization (WHO), aims at increasing efficiency and quality of services in a health facility by improving working conditions. The Work Improvement in Small Enterprise (WISE) methodology includes six principles: 1) build on local practices, 2) focus on achievements, 3) link working conditions to management goals, 4) use learning by doing, 5) encourage the exchange of experiences, and 5) promote worker involvement.

¹Harrison K. *Why employee recognition is so important*. Cutting Edge PR:
<http://www.cuttingedgepr.com/articles/emprecog.soimportant.asp> Accessed online: March 14, 2012

As a result of effort made by the MoHSW through Health Services Inspectorate and Quality Assurance Section (HSIQAS), there is a renewed commitment to improve the quality of services at health facilities in Tanzania. However, the weak infrastructure and systems make it very difficult to achieve the desired results. At the minimum, the health facilities should not only have tools and supplies to provide high-quality services, but their motivation should also be very high.

The efforts are being made to produce competent health care providers and make supplies and equipment available for them to deliver high-quality health services, it is extremely important that those who are achieving higher compliance with standards are recognized to ensure high motivation levels. Rewards and recognition programs can be a cost-effective way to enhance employee morale, productivity and overall quality of health care services.²

1.1 PURPOSE

The purpose of this document is to provide guidelines on how to implement recognition programs in Tanzania. It provides a framework for recognition that can be adapted and tailored for individual programs or health facilities within the parameters of what is acceptable in the Tanzanian context. These guidelines can be used by programs addressing maternal, newborn and child health; family planning; infection prevention and control; patient safety; HIV/AIDS prevention, care and treatment; or any other clinical area with a set of agreed-upon performance standards.

1.2 OBJECTIVES

The objectives of these guidelines are:

- To define recognition in health care settings and describe why it is important;
- To provide a framework for recognition of facilities implementing quality improvement interventions in Tanzania;
- To give guidance to policymakers, managers and other stakeholders, including the community, on external recognition and rewarding of sites that have achieved the agreed-upon level of performance standards;
- To give guidance to facility managers, department heads and other stakeholders on internal recognition within the facilities for teams and individuals who have demonstrated provision of high-quality services.

These guidelines are also designed to answer questions, such as:

- What is recognition and why is it important in health services?
- What are the criteria for recognition?
- How can the recognition process be implemented in a practical way?
- What are the successes, challenges and lessons learned of the health facilities and providers who have implemented quality improvement programs in Tanzania and incorporated a recognition approach?
- What is the agreed-upon level of performance against the set national standards for recognition and reward?
- How do we reward outstanding performers?
- How can we assure the sustainability of the process?

²www.clc.executiveboard.com Accessed online: March 14, 2012

1.3 BENEFITS OF RECOGNITION PROGRAM

There are additional benefits of a recognition program. Stakeholders perceive these benefits differently. For example, recognition of senior management at the national level includes:

- Realizing the vision and mission of the Ministry of Health and Social Welfare;
- Increasing creditability of health services within the community;
- Improving employee retention; and
- Increasing achievement of health indicators.

For program managers at the regional level, recognition involves:

- Improved acceptability of programs by the community;
- Successful achievement of program goals and objectives; and
- Improved quality of services and client satisfaction.

For healthcare providers, recognition means:

- Job satisfaction;
- Client satisfaction;
- Job appreciation; and
- Improved professional status.

1.4 USERS OF THESE GUIDELINES

The audience for these guidelines includes but is not limited to:

- Policymakers;
- Program managers at national, zonal, regional and council levels;
- Health facility leadership teams;
- Health service providers;
- National and International Development Partners;
- National and International Non-Governmental Organizations (NGOs); and
- Community representatives.

SECTION II: BASICS OF RECOGNITION

2.1 WHAT IS RECOGNITION?

Recognition means *rewarding employees for achieving a level of performance that result in high-quality outcomes*. Recognizing or honoring employees is meant to encourage continuity of efforts by reinforcing the behavior and practices that should be consistently demonstrated and practiced.

Recognition is more than just the material reward. How someone is recognized often matters more than what reward is given. Equally important in recognition is who is doing the recognition. It has been found that recognition coming from managers is most valued, followed by peer recognition and lastly institutional recognition.³

The objectives of recognition programs are to:

- Create a positive work environment;
- Motivate high performance;
- Increase morale;
- Reinforce desired behaviours;
- Support organizational mission/values;
- Encourage loyalty; and
- Cultivate a culture of change.

In a larger quality improvement program context, recognition is part of the continuous process aimed to sustain high-quality services. The steps in the process of recognition are:


1. Setting goals and objectives;
2. Defining recognition criteria;
3. Defining/identifying/deciding on award;
4. Budgeting for the award process;
5. Communicating the program;
6. Implementing the program; and
7. Evaluating the program.

Lessons learnt from other quality improvement programs indicate that recognition should be an integral part of the program right from the onset. The key components should be decided at the beginning of the process in a clear and precise way that avoids subjectivity. If not well-designed, recognition schemes can have an adverse effect on providers' performance.

Recognizing value and meaningfulness of health staff contribution to a facility is a basic human need and a prerequisite to personal and professional development. Experience from different countries has shown that service providers who are not recognized feel invisible, undervalued, unmotivated and disrespected. A majority of the Health Service Providers (HSPs) are dissatisfied

³Ventrice C. 2009. *HR's Role in Employee Recognition*. (adapted from Make Their Day: Employee Recognition That Works). Human Resource Career Feature: Accessed online: December 3, 2012.

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with the recognition they receive from their employers, which leads to discontent, poor morale, reduced productivity and suboptimal service. Lessons learned show that recognition is meaningful only if it is relevant to the person being recognized.⁴ Thus, it is critical that all recognition programs have an objective method for measuring and determining who will be recognized.

There is also a need to recognize efforts at different points in time in order to reinforce achievement. For example, health managers should recognize HSPs as they gradually improve their performance. This maintains motivation and promotes continuous striving for further recognition.

Ultimately, it is recommended that recognition programs meet following criteria:

- There is a conducive policy environment;
- Stakeholders are on board with the recognition program;
- HSPs are aware of desired performance and expected level of quality;
- Multiple options for recognition are available and supported;
- A robust feedback mechanism for individual, unit and institutional performance exist;
- The program uses participatory approaches and involves stakeholders in the design, development, implementation and evaluation of the program; and
- Recognition program should be flexible enough to allow periodic changes based on the feedback received.

2.2 WHY IS RECOGNITION IMPORTANT?

Recognition is a powerful mechanism for maintaining staff motivation and thereby ensuring sustainability of the changes made as a result of quality improvement programs. This motivational aspect of quality improvement helps ensure maintenance of the desired level of performance achieved by a facility. It is also vital as it helps HSPs realize that they have something to gain from the process. Through the course of an objective recognition system, HSPs can take better control over their work, experience personal growth and empowerment when they achieve higher levels of performance.

When organized on a large scale, it is advisable to integrate media coverage for publishing achievements. External recognition publicity can motivate those facilities that are not yet participating in the performance and quality improvement process. Another purpose of media coverage is to raise awareness within the community about the desired levels of quality of services that the government is committed to provide. Clients and communities that are aware of the required level of quality create pressure on HSPs to maintain improvements made, hence supporting sustainability.

Overall, a good recognition program facilitates:

- Motivation of HSPs;
- Increase job satisfaction;
- Improve performance;
- Improve client (both internal and external) satisfaction;

⁴ 2009. AACN standards for Establishing and Sustaining Healthy Work Environment. A Journey for Excellence. <http://www.aacn.org/WD/HWE/Docs/HWEStandards.pdf> Accessed online: March 14, 2012

- Raise awareness about the quality improvement process; and
- Involve communities and clients in the quality improvement process.

2.3 THE FIVE MOST IMPORTANT TIPS FOR EFFECTIVE RECOGNITION

Programs need to establish criteria for what performance or contribution constitutes behavior or actions to be rewarded. Observe the following:

- Facility HSPs shall be eligible for the recognition;
- The recognition program shall supply the employer and employee with specific information about what behaviours or actions are to be recognized and rewarded;
- A HSP who then performs at the level or standard stated in the criteria receives the reward;
- For the recognition to reinforce behaviour the employer wants to encourage, the recognition shall occur as immediate to the performance of the action as possible; and
- Program design shall not allow managers to “select” HSPs to receive recognition as this type of process will be viewed as favouritism.⁵

2.4 INTERNAL AND EXTERNAL RECOGNITION

A recognition program in health service settings can be: internal or external.

2.4.1 Internal Recognition

Internal recognition is managed and carried out internally by the facility leadership. Typically, the management of the facility or the department, in the case of large facilities, recognizes and rewards the higher-performing individual, team or unit. The reward can be informal and does not require large financial or time-related resources. It is generally linked to the facility’s supervisory structure and part of a facility’s quality improvement efforts. Among the key characteristics of internal recognition are immediate feedback and reward for performance. Internal recognition sets the tone for cultivating a culture of quality improvement.

An effective internal recognition program shall meet the following criteria:

- Does not exclude any HSP;
- The HSPs knows exactly what should be accomplished in order to receive recognition and rewards; and
- The manager’s success is tied to the HSPs success.

Rewards and incentives shall be SMART:

- **Sincere:** A reward shall reflect a genuine expression of appreciation;
- **Meaningful:** A reward shall be aligned with the values, goals and priorities that matter most;
- **Adaptable:** Recognition shall be easily adaptable to other facilities;
- **Relevant:** The recognition shall be provided against a performance of the core activities of the facility; and
- **Timely:** The reward shall timely be given after the performance of the behaviour that is intended to be reinforced.⁶

⁵Heathfield S. *5 Tips for Effective Employee Recognition: How to Reward, Recognize, Award and Thank People Successfully*. Accessed online: June 26, 2013

⁶. National Recognition Guidelines for Health Care Quality Improvement Programs

Examples of ways to internally recognize employees:

- **Letter of appreciation:** This is given to the HSP, team, unit or facility. It shall mention what was performed and its relevance to the core functions of the facility. A copy of the letter shall be given to the employee and to the management of the department or facility;
- **Handwritten personal note to the employee:** This note shall be signed by the supervisor of the reward recipient;
- **Public announcement:** Announcing to the public about the performer who is being recognized. It may be in a form of placing a photograph of the staff on the notice board etc. Even if the employee is uncomfortable with publicity, it is important for the other employees to know that employees are receiving recognition⁷;
- **Positive attention from supervisory staff:** Stop by an individual's workstation or office to talk informally, provide frequent positive performance feedback (at least weekly) and provide public praise at a staff meeting;
- **Encourage employee development:** Provide opportunity to best performers to attend conferences and seminars relevant to the task being recognized; and
- **Delegation:** Delegating tasks to the performing employee, e.g., to represent the department or health facility at an external meeting.⁸

Ultimately, recognition and rewards programs are meant to benefit employees and institution. Research indicates that involvement of health workers is typically a successful technique to maintain employee interest in and satisfaction with a reward program. It is important that a reward shall be innovative to keep HSPs engaged in the program.

2.4.2 External Recognition

External recognition is conducted by people and institutions external to the facility. This is a higher level of recognition and comes from the district, regional, zonal or national leadership. The goal of external recognition is to recognize achievement and not necessarily give feedback on performance. Since the stakes are high, typically an external verification team is charged with the responsibility of confirming that the performance reported by the site is correct and deserves recognition. In contrast to internal recognition, external recognition assessors have more experience and have an emotional distance that allows for greater objectivity.

External recognition provides an opportunity for the facility to “show off” success. Apart from recognizing the facility achieving the desired level of performance, the external recognition results in high level of awareness and increased participation of other facilities in quality improvement processes. External recognition aims to recognize and reinforce the excellent work done in a facility and cultivate a culture of quality improvement by setting the standards for expected performance within the health sector.

⁶Department of Human Resources Management (DHRM). 2000. *Employee Recognition Programme Handbook*. Virginia. Accessed online: March 14, 2012

⁷Klubnic J. 1996. *Rewarding and Recognizing Employees Ideas, Teams and Managers*. McGraw-Hill Companies: New York.

⁸<http://humanresources.about.com/od/employeerecognition/a/ways-to-say-thank-you-at-work.htm> Cultivate an Attitude of Gratitude in Your Workplace. Accessed online: March 14, 2012

2.5 RECOGNITION VERSUS ACCREDITATION

Accreditation is a process of achieving certification of competency, authority or creditability. It is generally offered by a highly credible, autonomous body of national or international repute that is authorized by the MoHSW. Hospital accreditation has been defined as, “a self-assessment and external peer-assessment process used by health service organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve.”^{9,10}

Accreditation is not just about standard-setting; there are analytical, counseling and self-improvement dimensions to the process. There are parallel issues around evidence-based medicine, quality assurance and medical ethics, and the reduction of medical error is a key role of the accreditation process. Hospital accreditation is therefore one component in the maintenance of patient safety.^{11,12} One practical approach to achieving accreditation is to continuously improve quality and keep recognizing improvement until the time that all standards are achieved and sustained to an extent that accreditation is achieved.

In contrast, the principal goal of recognition is performance and quality improvement. Although the point for departure with accreditation is somewhat different, accreditation and recognition processes are interrelated. Certification and or/ accreditation can be used as recognition means within the quality initiative being carried out by the facility, and likewise recognition can be a stepping stone for development of certification and an accreditation scheme.¹³

2.6 EXAMPLES OF RECOGNITION PROGRAMS

These guidelines take into consideration lessons learnt from past experiences in Tanzania and Malawi, as indicated below.

Malawi

In Malawi, the recognition process has been institutionalized at the Ministry of Health. The coordinating body for the whole process is under the chairperson of the National Quality Assurance Technical Working Group. Recognition of facilities meeting the desired level of performance is carried out annually. Recognition is done through the provision of a certificate and a “shield,” which can be displayed within the facility. A criterion set by the Ministry of Health for recognition is achievement of 80% of performance standards, which is assessed on an annual basis. Verification visits are made unannounced, and if 80% of standards are not achieved, a facility may lose its shield.

Tanzania

In Tanzania, there have been a variety of recognition initiatives supported by the MoHSW and partners. For example, On May 1, the Labor Day holiday, celebrations often include recognition of the best workers.

⁹Rashi A. 2013. *A Guideline for Quality Accreditation in Hospitals*. <http://www.qualitydigest.com/inside/health-care-article/guideline-quality-accreditation-hospitals.html>. Accessed online: May 19, 2011

¹⁰<http://www.hsmgdghs-bd.org/Hospital%20Accreditation.htm> Accessed online: March 12, 2012

¹¹Timmermans S, Mauck A. 2005. *The promises and pitfalls of evidence-based medicine*. Health Aff (Millwood). Accessed online: March 12, 2012

¹²WHO Regional Office for the Eastern Mediterranean (EMRO). 2010. *Role of quality in hospital accreditation*. WHO: Geneva. Accessed online: March 12, 2012

¹³Necochea E, Bossemeyer D. 2008. *Standards-Based Management and Recognition: A Field Guide: A Practical Approach for Improving the Performance and Quality of Health Services*. Jhpiego: Brown's Wharf, Baltimore, MD.

Some facilities such as Bugando referral Hospital and Singida Regional referral Hospital have started implementing internal recognition program. The hospital management teams routinely recognize the departments or functional areas with outstanding performances.

In addition, through the Reproductive and Child Health Section of the MoHSW, five health facilities have been recognized with a certificate and ceremony for outstanding provision of focused antenatal care services.

1. Mnazi Mmoja Health Centre, Ilala, Dar es Salaam, 2010 and 2012
2. Meru District Hospital, Arumeru, Arusha, 2011
3. Kilosa District Hospital, Kilosa, Morogoro, 2011
4. Kagondo FBO Hospital, Muleba, Kagera, 2011
5. Buguruni Health Center, Ilala, Dar es Salaam, 2013

Pay for Performance (P4P) is one of the initiatives of recognition. In this approach, health facilities are rewarded for achieving pre-set quality indicators. The reward goes to the entire facility, rather than individual providers, and at times is used as salary “top-ups” for all workers at the facility or to purchase needed equipment and supplies. This practice has been piloted in a number of countries. In Tanzania, It is piloted in Pwani Region. It is important to keep in mind that ongoing monitoring of incentive programs is critical to determine the effectiveness of financial incentives and their possible unintended effect on quality of health care.¹⁴

2.7 EXAMPLES FROM NON---HEALTH SECTORS

We can also learn from recognition efforts outside of the health sector, as listed below.

2.7.1 Employee of the Month

Widely used in hotel and consumer sales industries, this method recognizes a high-performing employee with an “Employee of the Month” award. Employees of the month are given special nametags highlighting that status or are sometimes provided with recognition certificates.

2.7.2 Five---Star Ratings

Stars are often used as a symbol for classification purposes of restaurants, hotels and airline. Higher star ratings indicate more higher-quality facilities and services. In industries where reputation is a driver for more business, these ratings can make a big difference in ensuring the profitability and longevity of a business. The key to such ratings that makes them of value is that they are given by independent assessors.

2.7.3 Bonuses or Commission

Bonuses and commission are some methods of determining employee pay in sales operations. These can serve as strong motivation for the employee to work hard and bring success to the overall business.

¹⁴Petersen et al. 2006. *Improving Patient Care. Does Pay for Performance Improve the Quality of Health Care?* Ann Intern Med; 145:265–272.

SECTION III: ESTABLISHING AN EXTERNAL RECOGNITION PROGRAM FOR TANZANIA

An effective recognition program needs a formal structure that oversees the activities carried out to recognize facilities achieving desired levels of performance. This section of the guidelines lays out the agreed-upon structure for a health care recognition program in Tanzania. Notably, these guidelines can be applied to many technical areas of healthcare services, such as infection prevention and control; maternal, newborn and child health; HIV/AIDS; and family planning.

3.1 CRITERIA FOR RECOGNITION

Understanding that recognition can be a motivating factor, these guidelines outline three levels of achievement. The percentages are based on the number of standards achieved out of the number of standards observed during an external assessment. The three levels of achievement are:

- Level 1: 80% or higher achievement of standards; the minimum score for all functional areas should be 60%;
- Level 2: 70–79% achievement of standards; the minimum score for all functional areas should be 50%;
- Level 3: Less than 70% is below level of recognition; encouraged to improve.

3.2 REWARDS FOR HIGH PERFORMANCE

Achievement of each of these levels results in recognition and rewards, as outlined below. Rewards should be determined and standardized based on what is valuable for health workers and facilities and suitable for the MoHSW.

- **Level 1:** Rewards for initial achievement of Level 1 recognition status will consist of a shield, certificate and recognition ceremony with media attention. Rewards for maintenance of Level 1 recognition status will consist of trophy. The facility will maintain the status for one year. Reward may include a gift in-kind. Public-Private Partnership is encouraged as corporate responsibility.
- **Level 2:** Rewards for initial achievement of Level 2 recognition status will consist of a certificate or letter of recognition from the Health Quality Recognition Working Group which motivates them to move towards achievement of level one

3.3 APPLICATION FOR RECOGNITION

When facilities achieve 70% and above in their internal assessments and feel they are ready for external verification and recognition, the Facility management should submit an application to the MoHSW. The application goes to the appropriate level of the MoHSW, depending on the level of service. National Hospitals, Zonal super specialty hospitals, Regional referral hospitals should apply to the Health Quality Assurance Department through Health Services Inspectorate and Quality Assurance Section (HSIQAS); districts hospitals apply to regional authorities; health centers and dispensaries apply to district authorities. The authority receiving such applications should process and arrange for an external verification team visit within two weeks of notification. If the facility achieves recognition status, it will receive a reward within four weeks of the conclusion of the external assessment. Appendix 2 shows a sample of application letter for external recognition

3.4 ORGANIZATIONAL STRUCTURE FOR EXTERNAL VERIFICATION AND RECOGNITION

The full scope of quality improvement programs in Tanzania is led by the Directorate of Health Quality Assurance. Under the guidance of this Directorate, MoHSW will form the Health Quality Recognition Working Group to coordinate the recognition process. Group membership will include:

- HSIQAS;
- Prime Minister's Office -Regional Administration and Local Government (PMO –RALG);
- National Health Insurance Fund(NHIF);
- National Social Security Fund (NSSF);
- Health Professional Associations;
- Health Professional Regulatory Bodies;
- Office of Registrar of Private Health Facilities;
- Nursing Services Section;
- Pharmaceutical Services Section;
- Directorate of Preventive Services;
- Directorate of Curative Services;
- Relevant Development Partners;
- WHO;
- Association of Private Health Facilities in Tanzania (APHFTA);
- Christian Social Services Commission (CSSC).

The overall aim of the Health Quality Recognition Working Group is to coordinate and manage activities related to recognition of health facilities for delivery of high-quality health services. The secretariat will take care of the day-to-day operational issues.

Specific responsibilities of the working group are:

- Disseminate the Recognition Guidelines;
- Receive requests and approve external verification visits for higher-level facilities;
- Identify members of external verification teams;
- Determine rewards for high-performing facilities;
- Spearhead fundraising efforts for sustaining recognition activities from private sector, donors and government sources;
- Facilitate establishment of recognition structure at regional and district levels;
- Provide technical guidance to regional and district-level recognition bodies;
- Develop a system of record-keeping of all external verification visits;
- Identify opportunities to share experiences of recognition programs in national and international fora;
- Review and update Recognition Guidelines routinely;
- Review and update Terms of Reference for Recognition Working Group.

3.5 THE EXTERNAL VERIFICATION TEAM

The external verification team conducts the verification assessment at the facility and determine whether or not the facility has achieved recognition status. Team members should be appointed by the Health Quality Improvement Recognition Working Group.

Criteria for being a member of this team include:

- Technical expertise in the area to be assessed; knowledge and skills of subject matter;
- Professionally respected (adheres to ethics and etiquette);
- Knowledge and skills in quality improvement;
- Trained in quality improvement, e.g., basic training and skills on quality concepts;
- Specific training on external verification¹⁵; and
- Ability to be objective and unbiased.

Members of this team should include:

- MoHSW central/zonal/regional/district-level representatives;
- NGO or private organization representatives;
- Professional associations;
- Professional regulatory bodies;
- Members from academic institutions;
- Facility-based quality improvement team members; and
- Evenly distributed in accordance with the eight zones of operation (i.e., representation from all zones). Multidisciplinary representation depending on what is to be assessed.

For each external verification visit, at least three to four external verifiers are needed. Members of facility-level quality improvement teams **should not serve as external verifiers for their own facility**. The assessors at a national level will assess the national and zonal super specialty hospitals. In addition, regional and district-based assessors **should not conduct assessments for facilities in their own regions and districts**, RHMT to take a coordinating role to ensure adherence to this.

3.6 CONDUCTING EXTERNAL VERIFICATION ASSESSMENTS

When conducting external verification assessments, team members should abide by the following principles:

- Verification team members should use observation of actual practice to the largest extent possible. If it is not possible in the given timeframe, simulation is the next best methodology and finally, provider interview;
- Upon arrival at the facility, the assessment team should introduce itself to the facility management. The facility should allow the assessment team members access to all areas of the facility requiring assessment;
- Later team should be accompanied by an internal team member(s) of the facility staff to act as an observer;

¹⁵Training for external verifiers would include topics such as: use of standards for assessments, methods of observation and conducting interviews, providing positive feedback, communication skills, etc.

- Assessment team should comprise no less than three external verifiers for each assessment;
- Team members should employ assessment duration of three to five days, depending on the facility level;
- Team members should score the assessment at the facility soon after the exercise;
- Before concluding the visit, the assessment team should meet with the facility management and quality improvement team to provide feedback on the assessment, including strengths, areas for improvement (Level of achievement to be communicated during the feedback meeting). The assessment team should submit a letter of recommendation regarding recognition status to the Health Quality Recognition Working Group within two weeks following assessment;
- The health quality recognition group will inform the facility on the recognition award within two weeks after completion of assessment; and
- Re-verification of facilities' recognition status should be carried out after one year if the facility achieved 80–89% at last external assessment and after two years if the facility achieved more than 90% at last external assessment.

3.7 MAINTENANCE OF RECOGNITION STATUS

Once a facility is externally verified and recognized, its recognition status is valid for one year. After this timeframe, the facility must be reassessed to verify whether it has maintained high-quality services and still meets performance standards. Re-verification processes for each level are as follows:

- **Level 1:** If the facility achieves Level 1 status, then it requires re-verification after one year. If it maintains a score of 80% and above, then the certificate and trophy are retained. If it drops below 79%, then the certificate is retained, but the trophy is taken away. The type of trophy, certificate and shield to be decided by the Health Quality Recognition Working Group;
- **Level 2:** If the facility achieves Level 2 recognition status, it requires re-verification after one year to see if the facility has improved to Level 1; and
- For those below 70%, the facility is given six months to improve and be reassessed; write a letter to the Recognition Body and request a new assessment within three months.

3.8 ADDRESSING GRIEVANCES

Prior to the conclusion of the assessment, the external verification team should provide feedback to the facility management and quality improvement team on their findings and recommendations for improvement. In addition, they should inform the facility whether they will be recommended for recognition.

The conclusion made by the external verification team should generally be considered as final. However, if the facility is dissatisfied with the conclusion, they can appeal to the HQRWG within 2 weeks. The HQRWG will review the hard copies scored by the verification team, ask for reasons from the facility as to why the scores were not fair, ask for any evidence to support the appeal, and provide opportunity for the appellant to come and clarify the problem. The evidence shall be analyzed for decision making. The HQRWG may decide to uphold the results, change the results or order for re assessment

3.9 COMMUNITY INVOLVEMENT IN RECOGNITION

Health services are in place to serve the larger community. Therefore, when the facility is being recognized for high performance, the community should be involved. The recognition process will involve the community through:

- Community leaders' participation in recognition ceremonies;
- Mass media alerted to recognition of facilities;
- Funds raised from the community for recognition celebrations and incentives; and
- In-kind donations of materials from community members and local businesses.

3.10 FINANCIAL SUPPORT FOR EXTERNAL VERIFICATION AND RECOGNITION

A successful and sustainable recognition program not only depends upon the MoHSW's commitment, but also requires appropriate allocation of financial resources.

The following budget line allocations must be considered:

- External verification; and
- External recognition

Budget costs for external verification and recognition will be a joint effort by the MOHSW, PMO-RALG, and Development Partners.

3.11 SUSTAINING THE RECOGNITION PROGRAM

To ensure the sustainability of the recognition program, it is important for this activity to be integrated into the facility budget as well as Comprehensive Council Health Plan (CCHP) and Comprehensive Regional Health Plan (CRHP) in order to ensure sustainability of the program. Equally important is the publicity of the awarding event to be covered by the media so as to motivate other facilities. The MoHSW will support the implementation of the following strategies:

Strategy	Person(s) Responsible
Orient all staff in performance standards	Facility-based supervisors with QIT and WIT members
On a periodic basis, recruit and train new QIT and WIT members to replace those who have left	Facility management for recruitment and Health Quality Recognition Working Group (HQRWG) for training
Operationalization/institutionalization QI structures at facility level as per Tanzania Quality Improvement framework (TQIF) in health care	MoHSW, RMOs, DMOs, Medical Officer In-charge (MOI)
Include funding for recognition in annual budgets of CCHP, hospitals and the MoHSW; Funding to be allocated by the Ministry, as well as local governments, involvement of communities, public-private partnership and development partners	MoHSW centrally or at Local Government Authority (LGA)
Review rewards on a regular basis to determine if they are still valuable to health care workers	HQRWG with MoHSW
Monitor and evaluate the recognition process	MoHSW
Train staff in technical areas (e.g., use of standards for assessments, methods of observation, conducting interviews, providing positive	MoHSW with technical assistance from implementing partners

Strategy	Person(s) Responsible
feedback, communication skills)	
Incorporate QI concepts in curricula for different health training institutions and programs	Health Quality Assurance Department in collaboration with regulatory bodies (professional councils), Directorate of Human Resources Development (MoHSW) and Ministry of Education and Vocational Training.

References

American Association of Critical Care Nurses (AACN). (2005). *Standards for Establishing and Sustaining Health Work Environment. A Journey to Excellence*. Available at: www.aacn.org Accessed online: March 14, 2012

Cultivate an Attitude of Gratitude in our Workplace.
<http://humanresources.about.com/od/employeerecognition/a/ways-to-say-thank-you-at-work.htm> Accessed online: March 14, 2012

Harrison, K. (2013). *Why employee recognition is so important*. Cutting Edge PR:
<http://www.cuttingedgepr.com/articles/emprecog.soimportant.asp> Accessed online March 14, 2012

Heathfield, S. (2013). *Five Tips for Effective Employee Recognition – How to Reward, Recognize, Award and Thank People Successfully*. Accessed online: June 26, 2013

Heathfield, S. (2013). *About.com Guide: Ways to say thank you at work*. Accessed online: March 14, 2012

Increasing the Role of Reward and Recognition in Incentive Plans.
<http://www.executiveboard.com/exbd-resources/pdf/human-resources/compensation/rewards-and-recognition.pdf> Accessed online: June 18, 2012
<http://www.hsmgdghs-bd.org/Hospital%20Accreditation.htm> Accessed online: March 12, 2012

Klubnic, J. (1996). *Rewarding and Recognizing Employees Ideas, Teams, and Managers*. McGraw-Hill Companies: New York

Necochea, E, Bossemeyer, D. (2008). *Standard-Based Management and Recognition: A Field Guide: A Practical Approach for Improving the Performance and Quality of Health Services*. Jhpiego: Brown's Wharf, Baltimore, MD

Petersen, et al. (2006). *Improving Patient Care. Does Pay for Performance Improve the Quality of Health Care?* Ann Intern Med. 145:265 – 272.

Rashi, I. (2013). *A Guideline for Quality Accreditation in Hospitals*. Quality Digest Magazine. <http://www.qualitydigest.com/inside/health-care-article/guideline-quality-accreditation-hospitals.html> Accessed online: March 12, 2012

Sporian R. (2006). *Measuring, Reporting and Rewarding Performance in Health Care*. Commission on High Health Performance. National Committee for Quality Assurance.

Timmermans, S, Mauck, A. (2005). *The promises and pitfalls of evidence-based medicine*. Health Aff (Millwood). Accessed online: March 12, 2012

Ventrice C. (2009). *HR's Role in Employee Recognition*. (adapted from Make Their Day: Employee Recognition That Works). Human Resource Career Feature: Accessed online: December 3, 2012



WHO Regional Office for the Eastern Mediterranean (EMRO).(2010). *Role of quality in hospital accreditation*. WHO: Geneva. Accessed online: March 12, 2012

WorldatWork.(2008). *Trends in Employee Recognition: A survey of WorldatWork Members*.
WorldatWork: The Total Reward Association

APPENDIX 1: RECOGNITION GUIDELINES MATRIX

The matrix below provides suggestions for recognition that can be used at National, Regional, Council and facility levels in developing their recognition programs.

Who Is Recognized	Who Recommends Recognition	Who Recognizes	Recognition Ideas	Expiry of the Award
Individual Health Care Providers	Head of the ward or unit Peers	Medical Director Regional Medical Officer, District Medical Officer	<ul style="list-style-type: none"> Publically appreciate the performance of staff member. Write letter of appreciation for high-performing staff member. Identify "Health Care Champion of the Month." Display name and picture at the entrance of the ward. Provide a special pin that says "Health Care Champion of the Month." Elect a "Super Star Employee of the Year." Provide professional development opportunity. 	One month, one year
Unit or Ward	Recommended by the Head of the ward or unit; Verified by the QIT	Hospital Management Team	<ul style="list-style-type: none"> Provide certificate/logo of standards compliant ward (>80%). Introduce revolving trophy to the best-performing unit or ward. Hold a tea party for the unit staff with the Medical Director. Give small, individual gifts to unit or ward staff. 	One month, one year
Health Care Facility	Recommended by the Head of the facility; Verified by the external verification team of MoHSW	District Medical Officer, Regional Medical Officer or National MoHSW	<ul style="list-style-type: none"> Give shield, certificate and trophy to recognize performance. Procure additional materials and supplies. Provide additional grant for materials and supplies. Attend national-level meetings, workshops and conferences. Pay for performance. 	One Year to Three Years

APPENDIX 2: SAMPLE APPLICATION LETTER FOR EXTERNAL VERIFICATION

XX Facility
P.O. BOX XXXX

Permanent Secretary
Ministry of Health and Social Welfare
P.O.Box _____
Dar-es-Salaam
Att: Health Services Inspectorate and Quality Assurance Section

Or
For Regional level:
Regional Administration Secretary
Regional Health Management Team
Attention: RMO
Region

Or
For District:
District Executive Director
Council Health Management Team
Attention: DMO
District

Re: Application for External Verification and Recognition of High Performance

Dear Sir/Madam,

Please refer to the above heading. Our facility has been implementing a quality improvement program using national performance standards in [INSERT PROGRAM]. Several assessments using the national standards have been conducted, and the gaps identified during the assessments were analyzed and addressed accordingly. These efforts, along with the commitment of the hospital management and staff, have led our facility to achieve a score above 70% at the most recent internal assessment, which was conducted from [INSERT DATE]. Thus, we strongly feel that we are ready to be recognized for this achievement.

Therefore, the hospital management, together with the Quality Improvement Team, is pleased to invite an external verification team to assess and verify our achievements.

Kindly let us know your response. We are looking forward to seeing the external verification team visit our facility soon.

Regards,

Director/Medical Officer In-charge/Manager, Quality Improvement Team/Head, Quality Improvement Team


APPENDIX 3: SAMPLE CHECKLIST FOR EXTERNAL RECOGNITION CEREMONY

Event Planning for External Recognition Ceremony	Check (✓)
<ul style="list-style-type: none"> • Confirm date with MoHSW HSIS officials. 	
<ul style="list-style-type: none"> • Prepare budget for the event (e.g., costs for venue, refreshments, decoration, media, stationary, drama groups). 	
<ul style="list-style-type: none"> • Prepare venue. 	
<ul style="list-style-type: none"> • Identify and inform Master of Ceremony. 	
<ul style="list-style-type: none"> • Prepare refreshments (e.g., bottled water or other soft drinks). 	
<ul style="list-style-type: none"> • Identify and inform person(s) responsible for decorating the venue. 	
<ul style="list-style-type: none"> • Invite media representatives and prepare a press release. 	
<ul style="list-style-type: none"> • Prepare stationary needed. 	
<ul style="list-style-type: none"> • Identify and inform drama groups. 	
<ul style="list-style-type: none"> • Send invitation to guest of honor at least two weeks before the event. 	
<ul style="list-style-type: none"> • Share ceremony agenda at least a week before the event. 	

APPENDIX 4: LIST OF PARTICIPANTS

No	Name	Title
1	Dr. Henock Nkonyani	Retired Assistant Director, HSIQAS, MoHSW
2	Dr. Eliudi Eliakimu	Ag. Assistant Director, HSIQAS, MoHSW
3	Dr. Joseph Hokororo	Program Officer, IPC-IS, HSIQAS, MoHSW
4	Mr. Gustav Moyo	Principal Nursing Officer, HSIQAS, MoHSW
5	Mr. Edwin Mkwama	Nursing Officer, HSIQAS, MoHSW
6	Dr. Bayoum Awadhi	Senior Medical Officer
7	Mr. Clement Masanja	Claims Verification Manager, NHIF, MoHSW
8	Mr. Honest Anicetus	National Coordinator, Health Care Waste Management, MoHSW
9	Ms. Jamila Hamidu	Quality Improvement Coordinator, Nursing Services, MoHSW
10	Ms. Martha Rimoy	Principal Nursing Officer, Preventive Services RCHS, MoHSW
11	Ms. Dorothy D. Mallya	Principal Nursing Officer, Nursing Services, MoHSW
12	Ms. Tusa Mwakosya	Principal Nursing Officer, Nursing Services, MoHSW
13	Ms. Joyce Mhando	Program Officer, Preventive Services RCHS, MoHSW
14	Ms. Lucy Issarow	Principal Nursing Officer, HSIQAS, MoHSW
15	Ms. Epiphania Malingumu	Program Officer, Safe Motherhood Initiative, Preventive Services RCHS, MoHSW
16	Dr. Judith Msovela	PGS Intern, Safe Motherhood Initiative, Preventive Services RCHS, MoHSW
17	Dr. Msafiri Kabulwa	Principal Dental Officer, MoHSW
18	Mr. Birago Joseph	Occupational Health and Safety, MoHSW
19	Ms. Frida Kapinga	Senior Nursing Officer, MoHSW
20	Ms. Regina Nyambo	Head, QI and IPC Unit, Muhimbili National Hospital
21	Dr. Hamis Mlyomi	QIT Chairperson, Dodoma Regional Hospital
22	Dr. John Ndumbalo	Morogoro Referral Regional Hospital
23	Dr. Alice K. Simwinga	Sinza (CTC) Hospital
24	Noah Mwasalujonja	Public Health Officer, MoHSW
25	Dr. Nemes Iriya	World Health Organization
26	Dr. Koku Kazaura	Prevention Branch Chief, CDC Tanzania
27	Hisahiro Ishijima	Chief Advisor, HRH Development Project, JICA
28	Dr. Jan van den Hombergh	Country Director, PharmAccess International
29	Dr. Peter Risha	Coordinator, SafeCare, PharmAccess International
30	Dr. Edith Ngirwamungu	Program Manager, SafeCare, PharmAccess International
31	Mr. Fransisco Chibunda	IPC Coordinator, Bugando Medical Centre
32	Dr. Amos Mwasamwaja	QIT Member, Kilimanjaro Christian Medical Center (KCMC)
33	Ms. Magdalena Masayanyika	Hospital Matron, International Medical and Technological University
34	Dr. Patrick Mwidunda	Head, Quality Improvement Unit, National AIDS Control Program, MoHSW
35	Ms. Natalie Hendler	Infection Prevention Project Director, Jhpiego-Tanzania
36	Dr. Albert Komba	Infection Prevention and Control Advisor, Jhpiego-Tanzania

No	Name	Title
37	Dr. Chandrakant Ruparelia	Senior Technical Advisor, Jhpiego-Baltimore
38	Ms. Lemmy Medard	Senior Program Officer, Jhpiego-Tanzania
39	Mr. Steven Chombo	Quality Improvement Advisor, Jhpiego-Tanzania
40	Dr. Akwila Temu	HIV/AIDS Pre-Service Medical Advisor, Jhpiego-Tanzania
41	Ms. Stella Mziray	Program Assistant, Jhpiego-Tanzania
42	Ms. Rose Mnzava	Quality Improvement Advisor, Jhpiego-Tanzania
43	Ms. Gaudiosa Tibaijuka	Senior Technical Manager, Jhpiego-Tanzania
44	Ms. Scholastica Chibehe	Midwifery Advisor, Jhpiego-Tanzania
45	Ms. Happiness Willbroad	Regional Program Officer, Jhpiego-Tanzania
46	Ms. Jane Nghambi	Program Assistant, Jhpiego-Tanzania

The background is a complex abstract design in various shades of blue. It features a grid of small white ovals in the upper left, a solid dark blue horizontal band in the middle, and a series of thin, curved lines in the lower right. The overall aesthetic is clean and modern.

Ministry of Health and Social Welfare

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