



THE UNITED REPUBLIC OF TANZANIA

Ministry of Health, Community Development, Gender, Elderly and Children

and

President's Office, Regional Administration and Local Government

RHMT

ANNUAL PLANNING AND REPORTING

GUIDELINE

2019

2nd Edition

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Foreword

This is a revised guideline for Regional Health Management Team (RHMT) to prepare Annual Plan and Quarterly Report with clear instruction and standardized templates.

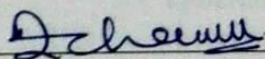
The first edition of the "RHMT Annual Planning and Reporting Guideline" was developed in January 2011 by MOHCDGEC in collaboration with PORALG through the support of JICA Project named Regional Health Management Project Phase 2 (RHM2). Since then, the guideline has been supporting RHMT to plan their annual activities and report the achievement.

The need for revising the first edition of Planning and Reporting guideline is a result of the discussion between PORALG and MOHCDGEC on how to accommodate the updated changes that have taken place since 2011. The review has been inevitable as the Tanzanian health needs have changed in accordance with the advancement of health situation and change of its environment. The capacity and expectation to RHMTs has increased and in this edition the modality of assessment of RHMT plans and reports between the two ministries is clearly explained.

In November 2017 The President of the United Republic officially instructed all RRHs to be administratively and technically manned by the MoHCDGEC. It was clearly stated that the decision meant to improve and ensure smooth management of the Regional Referral Hospitals. In the light of this, The Regional Health Management teams focus on Council Health Management Teams, Council Hospitals, Health Centre and dispensaries but they have the role to play to RRHs because they are supposed to coordinate the health services in the region. This Guideline includes more consideration and information on Council Health Management Team (CHMT) and Regional Referral Hospital Management Team (RRHMT), and enriched instruction for Quarterly Reports by RHMT

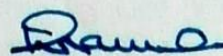
The revision has been done in a participatory and inclusive approach. Technical Staff members from both ministries had a series of meetings where deliverables were presented to respective ministerial forums and finally to more stakeholders to gather comments and inputs.

It is sincere hope that the relevant authorities and people related to the regional health understand the purpose and the use of this Guideline and support RHMT to accomplish their roles and function for contributing the health management in Tanzania.



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Acknowledgement

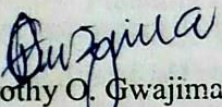
President's Office, Regional Administration and Local Government and The Ministry of Health, Community Development, Gender, Elderly and Children appreciate the enormous support from different organizations and individuals during preparation of this revised Regional Health Management Planning and Reporting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

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

I would like to specifically thank JICA, for its support, and the tremendous effort in improving the skills of RHMT performance linked to their Roles and Responsibilities.

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

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


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**PRESIDENT'S OFFICE REGIONAL ADMINISTRATION AND LOCAL
GOVERNMENT**

Acronyms

AAS	Assistant Administrative Secretary
CBO	Community Based Organization
CCHP	Comprehensive Council Health Plan
CHF	Community Health Fund
CHOP	Comprehensive Hospital Operation Plan
CHMT	Council Health Management Team
DED	District Executive Director
CD	Council Director
DPP	Directorate of Policy and Planning
FBO	Faith Based Organization
GFS	Government Financial Statistics
HMIS	Health Management Information System
HRHIS	Human Resources for Health Information System
HMT	Hospital Management Team
HSRS	Health Sector Resource Secretariat
HSSP IV	Health Sector Strategic Plan Four
IFMS	Integrated Financial Management System
IMIS	Insurance Management Information System
JCC	Joint Coordination Committee
JICA	Japan International Cooperation Agency
MDG	Millennium Development Goals
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
NGO	Non-government Organization
NHIF	National Health Insurance Fund
NTDs	Neglected Tropical Diseases
PlanRep	Planning and Reporting software
PORALG	President's Office, Regional Administration and Local Government
PPM	Planned Preventative Maintenance
PPP	Public Private Partnership
QPR	Quarterly Progress Report
RAS	Regional Administrative Secretary
RHM2	Project for Capacity Development in Regional Health Management Phase 2
RHMT	Regional Health Management Team
RHSC	Regional Health Services Coordinator
RHSU	Regional Health Services Unit
RMO	Regional Medical Officer
RMSS	Regional Management Supportive Supervision
RMSS-C	Regional Management Supportive Supervision for Council
RMSS-H	Regional Management Supportive Supervision for Hospital
RRHMT	Regional Referral Health Management Team
RS	Regional Secretariat
SBAS	Strategic Budget Allocation System
SWAp	Sector Wide Approach
TB	Tuberculosis
TC-RRHM	Technical Cooperation - Regional Referral Health Management
TC-SWAp	Technical Committee - Sector Wide Approach
TWG	Technical Working Group

PART 1: Introduction

1-1 Introduction of this Guideline

This guideline gives the instruction to Regional Health Management Team (RHMT) on how to prepare Annual Plan and Quarterly Report with standardized templates. It also describes the official process of preparation of these documents and submission.

The first RHMT Annual Planning Guideline developed by the MoHCDGEC under the support of JICA project and published in January 2011 has been used to guide RHMTs in planning and reporting.

Due to ongoing reforms in the government machinery, MOHCDGEC and PORALG have decided to review the guideline to align the current and emerging changes with a view to accommodate expectations of all stakeholders.

1-2 Procedure of Planning and Reporting

Process of Planning, Reporting and Submission

1-2-1 Planning Process

The planning process starts from pre-session with all RHMT members and other stakeholders to discuss issues and achievements for the current year focusing on each function area. Pre-planning session provide information for situation analysis of the respective RHMT. Based on the results of the pre-planning session, the planning team prepares a draft of the Annual Plan, which will be shared and discussed with all RHMT members. Sharing has to be at each stage of planning. Once the plan is completed it should be submitted to RAS for inputs and approval. It is also important for the RHMT to share the final version of the plan with the stakeholders in the region such as private service providers and development partners, before the submission to PORALG and MOHCDGEC.

1-2-2 Reporting Process

The Quarterly Report basically follows the same process of its planning. In a meeting, all RHMT members share the progress of their assigned areas and issues they faced in the respective quarter. Then the RHMT sets-up a reporting team and the team prepares the draft. After discussing the draft with all members of RHMT, the reporting team finalizes it. Before submission to the central level, the final report should be shared and approved by RAS.

RHMTs are supposed to collect and analyse CCHPs progress reports and show its implementation which should be included in the RHMT quarterly progress report.

1-2-3 Submission

RHMT Annual Plan and Quarterly Report should be submitted to PORALG with a copy to MOHCDGEC. After necessary technical instructions made by PORALG and MOHCDGEC modification by RHMT, the final version should be submitted to PORALG and copy to

MOHCDGEC at the same time. After all submission completed, PORALG prepares and submits the comprehensive report on the RHMT Annual Plans to MOHCDGEC for submission to the Joint Annual Health Sector Review. The Figure 1 shows the submission procedure.

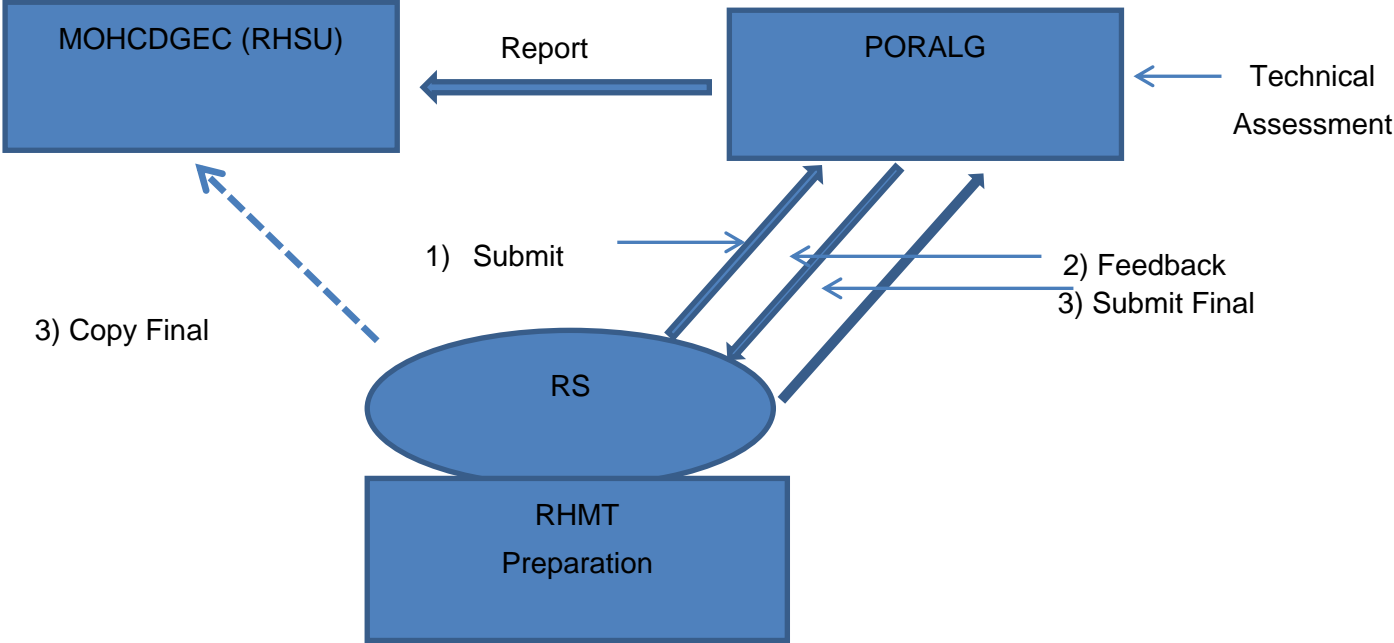


Figure 1: Submission Mechanism

Before submission of the final version of plan and report, the Regional Administrative Secretary and the Regional Medical Officer should authorize them with the signature on the original documents.

The Annual Plan and Quarterly Reports are submitted in soft copies, consolidated word format is recommended. In addition, Excel file of Financial Reports should be attached for the comprehensive analysis by the PO RALG and MoHCDGEC (respective ministries).

1-3 Existing Policies, System, Regulation Guiding RHMTs

RHMT have to fully understand the existing policies, systems and regulations which are strongly related to the RHMTs’ RRHMTs and CHMTs’ functions and duties. The followings are some of the important documents for the RHMT member to be aware of:

- Functions of Regional Health Management System (It includes the Functions of RHMTs, RRHMTs and CHMT) 2014
- Sustainable Development Goals 2016
- Development Vision 2025
- Health Sector Strategic Plan IV (2015 -2020)

- RMSS Manual 2014
- Guideline for Comprehensive Council Health Plan
- Guideline for Comprehensive Hospital Operation Plan 2016
- Health Facilities Planning Guideline
- PHC - Astana Declaration 2018
- Internal Supportive Supervision and External Hospital Performance Assessment (EHPA) guideline 2018
- Regional Referral Hospital Advisory Board Guideline 2016
- Supportive Supervision guideline
- 5 Year Regional Health Strategic Plan 2016-2021
- National 5 Year Development Plan 2015-2020

Different source of funds for RHMTs

- Other Charges (OC)
- Health Basket Grants
- Development / Implementing Partners
- In kind contributions
- Other sources of funds

Tools for Planning, Budgeting and Reporting

- PlanRep Web-based
- The Medium-Term Expenditure Framework
- Strategic Budget Allocation System (SBAS)
- Epicor System
- Integrated Financial Management System (IFMS)
- Facility Financial Accounting and Reporting System (FFARS)
- Budget Act 2015
- Budget Guideline

1-4 Assessment

Assessment of plans and quarterly progressive reports is conducted jointly by PORALG and MOHCDGEC using criteria shown in Annex 2 and 4. Overall analysis of RHMT Annual Plans and trends of RHMT Quarterly Reports are shared with RHMT and TC SWAP/Technical working groups at the Joint Annual Health Sector Review Meeting in October every year.

PART 2: RHMT Annual Plan Guideline

2-1 Layout of RHMT Annual Plan

The following box shows a layout of the RHMT Annual Plan. The details of each section is explained in the following pages.

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2-2 Contents of RHMT Annual Plan

This section explains the contents of RHMT Annual Plan in detail. Templates of all tables and figures are available in this guideline. You can read this section referring to the relevant template.

All tables and figures should indicate sources of information. The contents should be analysed and interpreted. The analysis is not the repetition of the contents of tables or figures. It should be interpretation of facts and reasons or constraints which led such situations.

Preliminary Pages

Cover Page

The title, year, name of the region, contact address, date and others are included in the cover page. The example is shown in ANNEX 1.

Acknowledgement

Appreciation is expressed for persons/institutions involved in the planning process. This should be signed by the RMO. (Recommended length is not more than one page)

Table of Contents

The table shows areas and their pages in the document. Pages must be correctly numbered before submission.

Acronyms

The acronyms used in the plan should be listed in alphabetical order.

List of the Planning Team Members

The list of the planning team members are those who really participated in that particular year's planning process. It might differ from year by year. The list shows participants' names, titles, organizations, Emails and telephone number. It is emphasized that the planning team should include a chief accountant, planning and coordination officer, local government management service officer from RS (FMO), Medical officer In-charge / Hospital Director from Regional Referral Hospital and other Implementing Partners in the region.

Process of Planning

The planning process contains three stages, these are preplanning, planning and post planning. Pre- planning session includes mobilization of resources, review of previous year health performance indicators and targets, data from coordinators, preparation of venue, stationery, identification of planning team and invitations. In planning session all documents are put together including drafting a first version of plan. The post planning session includes, dissemination of the draft plan to other members and stakeholders for their comments and

inputs before approval.

Executive Summary

The summary is expected to capture all important aspects of the previous year’s implementation and the contents of the plan for the next year, but it should be brief, not exceeding three pages. It should be signed by Regional Administrative Secretary.

It includes the following:

- Summary of the implementation of the previous plan
- Summary of the new plan
- Total budget and sub-totals by sources of fund

A summary of the implementation of the previous plan can be drawn from “Chapter 3. Review of Previous Year Implementation”.

Budget Summary

The main budget summary shows sub-totals by function as well as by source of fund.

Table 1: Budget Summary

Functions of RHMT	Basket Fund	Block Grant OC	Global Fund	(Name of fund)	Total by function
Function 1: Develop and operationalize RHMT plans and strategies annually from the 5 year strategic plan					-
Function 2: Disseminate and support the translation of the policies, strategies and guidelines of the MoHCDGEC/PORALG					-
Function 3: Support an appropriate environment for private sector development					-
Function 4: Coordinate services in the Region					-
Function 5: Support Human resource management					-
Function 6: Ensure the quality of services at all health and social welfare facilities.					-
Function 7: Facilitate emergency and disaster preparedness and response					-
Function 8: Support and backstop Regional Referral Hospital					-
Function 9: Instituting network system					-
Function 10: Conduct innovative supervision					-

Function 11: Enhance data management and operational research					
Others					
Total by source of fund	-	-	-	-	-
Percentage of the total					

NB: It is recommended that percentage of allocation by source is shown in the last line.

Chapter 1: Regional Profile

Chapter one describes the present situation of the region. It covers the profile in terms of location, the councils in the region, population characteristics, economy, social cultural issues and political situation. Gathering the information and analysing the data are important for understanding the situation surrounding the current regional health condition and developing a strategic health plan.

1-1 Location and Size

The section includes location, boundaries, vegetation, the size of the Region and the region's map which can show the boundaries of District and their headquarters.

1-2 Administrative Structure

The administrative structure shows the number and names of Councils, Wards, Villages / Mitaa in one table as shown in the template. If there are newly established councils in the region, the situations should be described in detail.

Table 2: The Size of Population and the Number of Wards and Villages / Mitaa

Name of Council	Population size	Number of Wards	Number of Villages / Mitaa
Total			

1-3 Population Characteristics

Population size (female and male), age group disaggregation (e.g. women of child bearing age, Children), fertility rate, population growth rate and life expectancy are portions of this section. Providing descriptive information by council shows a better picture.

1-4 Socio-cultural Information

This sub section provides socio-cultural profile of the Region. It includes the ethnicity which is a heart of cultural issues. "Social" means social services like education.

1-5 Economic Status

This section covers income generating activities, poverty situation and other economic information which are relevant to health issues.

Chapter 2: Status of Health, Social Welfare and Nutrition Services and Administration in the Region

Chapter 2 illustrates the current health, social welfare and nutrition situation in the region. Understanding the current trends in the regional health is crucial in order for RHMT to support the councils in health, social welfare and nutrition services provision and Regional Referral Hospital backstopping. Therefore, RHMT should review and use CCHPs, CHOP and their Quarterly Reports to develop the region's plan. Information from CCHPs and CHOP provides what have happened in the councils and the RRH what sorts of problems exist and what the RHMT can help to solve them through their functions.

Standard national information also helps the RHMT to see how the region is faring in comparison to other regions. HMIS helps the RHMT to understand the disparity within the regions by comparing among different councils. RHMT has to know the current situation through locally generated information such as their supervision reports. Items that have to be included in Chapter 2 are described in section 1 and 2 below.

Section 1: Items to be included

2-1 Health Trends and Issues

- Health, social welfare and nutrition indicators

2-2 Health Facilities

2-2-1 Regional Level

- Regional Referral Hospital
- Other hospitals

2-2-2 Council Level

- District hospital
- Health centres
- Dispensaries
- Other facilities (private Lab services, specialized clinics such as Dental, Eye, etc.

2-2-3 Referral System

2-2-4 Public Private Partnership

2-3 Human Resource for Health

- In Regional Referral Hospitals
- In the councils

2-4 Supports by Development Partners

2-5 Health Management

2-5-1 Regional Health Management

- RS and RHMT staffing
- Material resource availability for RHMT

2-5-2 Council Health Management

- CHMT staffing
- Council Health Service Board
- Community Health Fund (iCHF)
- Current health issues in councils
- Status Infrastructure Development (MMAM)

2-5-3 Regional Referral Hospital Management

- Regional Referral Hospital Management Team (RRHMT)
- Regional Referral Hospital Advisory Board
- Current issues on the Regional Referral Hospital Management

2-6 RHMT Support to CHMTs and RRHMT

- RHMT challenges in supporting CHMTs
- RHMT challenges in supporting RRHMTs

Section 2: Detailed presentation of Section 1

Details on how the above information will be presented in the plan are outlined in the following sections.

2-1 Health Trend and Issues

Main health indicators in the Vision 2025, Health Policy and HSSPIV are covered in the following four tables in this section. These indicators inform you of the status of progress and provide the clues for improving the health situations in the councils and region. The information needed here is on three-year trend by council in order to understand council's health issues.

Sources of information:

- CCHP - aggregated information extracted from different sources by CHMTs
- CHOP (Comprehensive Hospital Operational Plan)
- Health Management Information System (HMIS)
- Demographic and Health Survey
- Supervision reports
- Research conducted in the Region by research institutions, NGOs, etc.

To interpret the data and identification of possible alternatives for the councils, the following questions may be asked:

- Are there disparities among councils?

- Are there any remarkable changes in the last three years?
- Are there specific factors for such changes in the councils?
- What are the key issues for attention/learning?
- What are the contributing factors (positive or negative) to the current situation in general?
- What can the RHMT do within its mandate (the ten functions) for improving the situations?

Table 3: Child Health Indicators

Indicator	Years (Last 3 years)	Councils				
		A	B	C	D	E
Neonatal mortality rate per 1,000 live births (< 4 weeks) <i>HSSP 2015:19</i>	20xx					
	20xx					
	20xx					
Infant mortality rate per 1,000 live births (< 1year) <i>MDG 2015:38</i>	20xx					
	20xx					
	20xx					
Under five mortality rate per 1,000 live births <i>MGD 2015:64</i>	20xx					
	20xx					
	20xx					
Children under one vaccinated 3 times against DPT-HB3 (%) <i>HSSP 2015:85%</i>	20xx					
	20xx					
	20xx					
Children under one vaccinated measles (%) <i>HSSP 2015:85%</i>	20xx					
	20xx					
	20xx					
Children under 5 receiving Vitamin A twice a year (%) <i>HSSP 2015: 80%</i>	20xx					
	20xx					
	20xx					
Severe Mal nutrition rate (%)	20xx					
	20xx					
	20xx					
Proportion of under-five who are underweight <i>HSSP 2020: 11%</i>	20xx					
	20xx					
	20xx					
Proportion of	20xx					

under-five who are stunted HSSP 2020: 27%	20xx					
	20xx					

Table 4: Maternal Health Indicators

Indicator	Years(Last 3 years)	Councils				
		A	B	C	D	E
Maternal mortality rate per 100,000 live births <i>HSSP 2015: 265</i>	20xx					
	20xx					
	20xx					
Birth at health facilities (%)	20xx					
	20xx					
	20xx					
Four or more antenatal visits (%) <i>HSSP 2015: 80%</i>	20xx					
	20xx					
	20xx					
Postnatal care attendance (%)	20xx					
	20xx					
	20xx					
Family Planning New Acceptance Rate (%)	20xx					
	20xx					
	20xx					
IPS2 (%)	20xx					
	20xx					
	20xx					

Source: eg. HMIS data 20XX, 20XX, 20XX/ extracted from CCHP

Note: *HSSP 2015* is HSSP3 targets to be met by 2015.

Table 5: Incidences of Diseases

Indicators	Years(last 3 years)	Councils				
		A	B	C	D	E
Number of PLHIV cases recorded	20xx					
	20xx					
	20xx					
Number of PLHIV on ARV.	20xx					
	20xx					
	20xx					
HIV Prevalence among pregnant women(PMTCT)	20xx					
	20xx					
	20xx					
HIV prevalence among people tested through VCT	20xx					
	20xx					
	20xx					

HIV prevalence among people tested through PITC	20xx					
	20xx					
	20xx					
Tuberculosis cases treated successfully (%)	20xx					
	20xx					
	20xx					
Tuberculosis cases cure rate (%)	20xx					
	20xx					
	20xx					
Tuberculosis patient offered HIV testing (%)	20xx					
	20xx					
	20xx					
<i>Add as per need</i>	20xx					
	20xx					
	20xx					

Table 6: Number of Most Vulnerable Children in the Region

Describe the trend (Why are the figures declining/increasing?). If the CHMTs cannot provide you real data of vulnerable children, please try to describe the reasons why they/it cannot gather the information.

	Years (Last 3 years)	Name of the Council.....				
		A	B	C	D	E
Most Vulnerable Children (10-12% of under 18 years)	20xx					
	20xx					
	20xx					

Source:

Analysis

2-2 Health Facilities

Resources and services availability are strongly related with quality and accessibility in health and social welfare services in the region. This is important information for RHMT to understand what hamper the health service provision in the region in order for better ways of supporting the councils and the hospitals.

Councils provide information about the type of health facilities, ownership and conditions. The category of facilities includes dispensary, health centre, hospital and social welfare facilities in the region.

Brief analysis should be put under all the tables to show your interpretation of situations of those facilities. They include the following information:

- Why are the figures declining/increasing?

- Are there any remarks about physical states of health facilities, including conditions of essential infrastructure, such as water and electricity?
- Are there needs of renovation for existing facilities and possibility of financial resources?

2-2-1 Regional Level

Table 7: Hospitals in the Region

This table shows a list of hospitals at the regional level, including National Hospital and Specialised Hospital in the region.

As of Month / Year

Special, Region and Council	Gov	FBO	Parastatal	Private	Total	Remarks
Total						

Source:

Analysis:

Table 8: Summary of RRH major performance in the Last 3 years

This table shows major performance of the Regional Referral Hospital in term of managerial and clinical service provision. Please note that the population in catchment area means the population of your whole region.

S/N	REFERENCE DATA	Y1	Y2	Y3
1	Total number of OPD days in the quarter			
2	Total Population (regional population)			
3	Number of Beds			
4	Number of Doctors			
5	Number of the surgeons			
6	Number of Nurses			
7	Number of Nurses currently in duty station			
8	Total number of Admission			
9	Total number of discharges			
10	Total number of in-patient days			
11	Total number of out-patients			
12	Total number of Major Surgery			
13	Total number of Minor Surgery			
14	Total number of Deliveries			

15	Total number of Caesarean Section			
16	Total number of under 5 admitted			
17	Total number of infected neonates			
18	Total number of live babies delivered			
19	Total number of hospital deaths			
20	Total number of Maternal deaths			
21	Total number of under 5 deaths			
22	Total No of stock out days from tracer medicine &Supplies			
23	Number of written complaints received and acted upon			
24	Number of RRHMT meetings			
25	Number of Hospital Board Meetings			
26	Number of OPD& IPD patients exempted from payment			
27	Total income			
28	Total amount of allocated for procurement from MSD			
29	Total cash revenue collection			
30	Total cost sharing revenue			
31	Total NHIF revenue collection			
32	Total amount of Out-of-Pocket collection			
33	Total health services revenues			
34	Total health services expenses			
35	Total expenditure			
36	Food service cost			
37	Total amount spent on repair and maintenance			
38	Total amount of cost of purchase for medicine and supplies			
39	Total received referral cases			
40	Total sent referral cases to the upper level health facility			
41	Total feedback sent to the lower level			
42	Basic Information need for KPI calculation			

Source:

Analysis

2-2-2 Council Level

Table 9: Hospitals in the Councils

As of Month / Year

Special, Region and Council	Gov	FBO	Parastatal	Private	Total	Remarks
Total						

Source:

Analysis:

Table- 10: Health Centres

As of Month / Year

Council	Gov	FBO	Parastatal	Private	Total	Remarks
Total						

Source:**Analysis:****Table- 11: Dispensaries**

As of Month / Year

Council	Gov	FBO	Parastatal	Private	Total	Remarks
Total						

Source:**Analysis****Table 12: Social Welfare Facilities by Council**

This table shows the list of social welfare facilities by council, making one table for one council. Describe the current status and issues of social welfare service in your region. In addition, any effort to facilitate the improvement of social welfare service in the region should be stated.

This is shown by each council using.

Name of the Council:

Note: Prepare the table for each council. Label the tables as Table-12-1 to Council Number 1 ...etc. If you have 5 councils, the last council has Table-12-5

As of Month / Year

Type of facility	Type of ownership				Total	Remarks

2-2-3 Referral System

Table 13: Referral System in the Region

The table indicates the referral system from the dispensaries, health centres, district hospitals, referral hospital at the regional level (including public and designated hospitals), zonal hospital (if available) to specialized hospitals at the central level. Distance from each facility and catchment population should be indicated

SN	LEVEL OF HEALTH FACILITY	SERVICE POPULATION	REFERRAL IN (Number)	FROM	REFERRAL OUT (Number)	TO
1	REGIONAL REFERRAL HOSP			NAME OF DISTR. HOSP		Which Ref. Hosp Out of the Region they were referred to
2	OTHER HOSP AT THE REGIONAL LEVEL			NAME OF DISTR. HOSP		
	DISTRICT HOSP					
1	Name of District Hosp			From Which Health Centre		Which RRH they were referred to?
2	Name of District Hosp			From Which Health Centre		Which RRH they were referred to?
3	Name of District Hosp			From Which Health Centre		
4	Name of District Hosp					
5	Name of District Hosp					
	HEALTH CENTRE			From which Dispensary		Which Council Hospital they were referred to
1	Name of Health Centre			From which		Which Council

				Dispensary		Hospital they were referred to
2	Name of Health Centre			From which Dispensary		Which Council Hospital they were referred to
3	Name of Health Centre			From which Dispensary		Which Council Hospital they were referred to
	DISPENSARY					
1	Name of Dispensary					
2	Name of Dispensary					
3	Name of Dispensary					

Table 14: Ambulances in the Public Health Facilities in the Region

Location of council	Specialised and Regional hospital	Council hospital	Health center	Dispensary	Required	Deficit
Kibaha TC	Tumbi RRH				2	1
Bagamoyo DC		1	4		6	1
Kibaha DC		N/A	1	2	4	1

Source:

Analysis:

After showing the Table 13 and 14, please describe the current status and issues of the referral health care system in your region. The contents of analysis may be the followings:

- Is the referral system functioning?
- What are challenges?
- What has RHMT done to improve the situation?

2-2-4 Public Private Partnership

Describe the progress of Public Private Partnership in your region, with the number of private and FBO health facilities and PPP agreements. After the table, please explain your analysis on trend and issues. In addition, RHMT's support to accelerate Public Private Partnership should be described.

Table 15: Service Agreement Target and Achievement by Council

As of Month / Year

Council	Number of private and FBO health facilities	Number of targeted health facilities	Number of agreements made

Source:**Analysis:****2-3 Human Resource for Health**

Human resource management in the region is one of the important function of RHMT. It is crucial to understand the staffing status within the region because staffing affects quality of services directly. While the shortage in Human Resources for Health is a common problem to all regions, the situations and reasons differ among councils and regions. Solutions to these problems are not uniform. Therefore, understanding challenges of each councils is important. In CCHPs there is information about existing gaps by cadre and by level of care. The role of RHMT in this respect is to understand the regional picture about Human Resources for Health in the view of what disparities exist within councils. Using the existing data in CCHPs and CHOP, the region is expected to answer the following points to describe the condition of Human Resources for Health in the region.

For all tables, a brief analysis should be provided to show your interpretation of situations of those facilities in your region:

- Which cadres are critical for the attainment of national targets?
- Any efforts done/planned by CHMTs or RHMTs to mitigate the deficiency

Table 16: Health Professionals in the Regional Referral Hospital

This table shows current staffing including requirement, availability, and deficiency at the Regional Referral Hospital. If there are staff who are taking long leave, such as study leave, maternity leave for more than half year, please make note in the remarks column. You should verify that original data is available in HRHIS database.

S/N	Type of Personnel (Cadre)	Required	Available	Deficiency	Remarks
1	Specialists				
2	Medical officer				
3	Assistant medical officers				

4	Dental surgeon				
5	Assistant dental officer				
6	Dental therapist				
7	Anaesthesiologist				
8	8 Ob&/Gyn Specialist				
9	Occupation therapist				
10	Ophthalmologist				
11	Optometrists				
12	Paediatrics				
13	Nursing officers				
14	Assistant nursing officers				
15	Nurses				
16	Health laboratory scientist				
17	Health laboratory technologist				
18	Assistant health laboratory technologist				
19	Dental laboratory technician/ technologist				
20	Radiologist				
21	Radiographer				
22	Assistant radiographer				
23	Biomedical engineer				
24	Biomedical technologists				
25	Pharmacist				
26	Pharmaceutical Technologist				
27	Assistant pharmaceutical				
28	Physiotherapist				
29	Assistant physiotherapy technologist				
30	Nutritionist				
31	Environmental health officer				
32	Assistant environmental health Officer				
33	Technologist/technician (prosthetic)				
34	Assistant technologist				
35	Epidemiologist				
36	Economist/monitoring and Evaluation specialist				
37	Social welfare officer				
38	ICT Technician				
39	Data Clerk				
40	Medical record				

	technicians				
41	Medical recorders				
42	Mortuary attendants				
43	Medical attendants				
44	Health secretary				
45	Personal secretary				
46	Accountant				
47	Assistant accountant				
48	Accounts assistant				
49	Procurement and supplies officer				
50	Assistance supplies Officer				
51	Cook				
52	Kitchen attendant				
53	Drivers				
54	Security guard				
	Total Number of staff for RRH				

Source:

Analysis:

Table- 17: Health Professionals Availability by Council

This is shown by each council using Table-17-1 to the number of the councils in your region. If you have 5 councils, the last council has Table-17-5.

Name of the Council:

<Prepare the table for each council.>

As of Month / Year

< **Public** >

Cadre	Required	Available	Deficiency	Remarks
Medical Specialist (example)				
Medical Doctor				
Assistant Medical Officer				
Clinical Officer				
Dental Officer				
Dental Therapist				
Nursing Officer				
Assistant Nursing Officer				
Nurse				

Anaesthetists				
Lab. Scientist				
Lab Technologist				
Lab Technologist Assistant				
Pharmacist				
Pharmaceutical Technologist				
Pharmaceutical Technologist Assistant				
Environmental Health Officer				
Assistant Environmental Health Officer				
Health Assistant				
Health Secretary				
Accountant				

Source:

Analysis

2-4 Implementing Partners

This section tries to illustrate how your region is receiving other supports from various development partners. Please show the supports at regional and council levels separately. Please make sure all source of information are specified.

Table 18: Development Partners' Support in 20xx/yy

Table 18-1: Regional Health Management Team (RHMT)

S/No	Name of the Developing/ implementing partner	Name of the program/ project	Duration of the program/ project (20xx/month-20yy/month)	Source of fund	Total project/ program Budget	Planned budget for the current planned year	Status of Memorandum of Understanding (Available /Unavailable)	Activities /Interventions	Related RRHMT function
1.									
2.									
3.									

Source:

Analysis

Table 18-2: Regional Referral Hospital
 <Region level including RR Hospital>

S/No	Name of the Developing/implementing partner	Name of the program/project	Duration of the program/project (20xx/month-20yy/month)	Source of fund	Total project/program Budget	Planned budget for the current planned year	Status of Memorandum of Understanding (Available/Unavailable)	Activities/Interventions	Related RRHMT function
1.									
2.									
3.									

Source:
Analysis

Table 18-3: Councils
 <Council level>

S/N	Name of the Councils	Name of the Developing/implementing partner	Name of the program/project	Duration of the program/project (20xx/month-20yy/month)	Source of Fund	Total project/program Budget	Planned budget for the current planned year	Status of Memorandum of Understanding (Available/Unavailable)	Activities/Interventions	Related function/priority areas in the CCHP
1.										
2.										
3.										

Source:
Analysis

2-5 Health Management

2-5-1 Regional Health Management

This section explains general information on RHMT situations, such as Regional Secretariat related to health, RHMT staffing with attrition, and material resources available.

Table 19: Regional Secretariat Staffing

The HRHIS database can produce this table automatically. Please analyse the fact with the following questions: What are issues with regard to staffing of the Regional Secretariat? And how is the RHMT working with above officers and other departments?

As of Month/Year

Type of personnel	Required	Available	Deficiency	Remarks
AAS-Regional Medical Officer				
Chief Accountant				
AAS- Planning and Coordination				
AAS-Local Government Officer				

Source:

Analysis

- What are issues with regard to staffing of the Regional Secretariat?
- How is the RHMT working with above officers and other departments?

Table 20: RHMT Staffing

S/N	Type of Personnel (Cadre)	Required	Available	Deficiency	Remarks
1	Regional Medical Officer – Assistant Administrative Secretary of Health Section				
2	Regional Dental Officer				
3	Regional Health Secretary				
4	Regional Nursing Officer				
5	Regional Laboratory Technologist				
6	Regional Pharmacist				
7	Regional Health Officer				
8	Regional Social Welfare Officer				
9	Regional Nutrition Office				
10	Regional Reproductive and Child Health Coordinator				
11	Regional Immunization and Vaccination Officer				
12	Regional AIDS Control Coordinator				
13	Regional Monitoring and Evaluation Officer (Information Officer)				
14	Regional Malaria				

	Coordinator				
15	Regional TB and Leprosy Coordinator (RTLCL)				
16	Regional Radiology & Imaging Coordinator				
17	Regional Epidemiologist				

Source:

Analysis:

Mention efforts made by RHMT on Human Resource Management, such as recruitment of RHMT member for vacancy.

Table- 21: Availability of Office Facilities and Equipment

Description	Available	Gap	Condition
Offices for RHMT activities (<i>Example</i>)	3	1	Good
Resource centre/corner			
Computer desktop			
Computer laptop			
LCD projector			
Landline telephone			
Fax machine			
Internet connection			
Others.....			

Source:

Analysis

Table- 22: Availability of Transport Facilities

License number (<i>Example</i>)	Year of manufacture	Last PPM	Condition	Major purpose of use
STK				
DFP				

Source:

Analysis

2-5-2 Council Health Management

Based on the analysis of the CCHP, Council Quarterly Progress Report and results of RMSS-C, current major health issues in councils should be utilized in the following tables

Table 23: CHMT Staffing

This is shown by each council using Table-23-1 to the number of the councils in your region. If you have 5 councils, the last council has Table-23-5. The HRHIS database can produce this table automatically.

Name of the Council: <Prepare the table for each council.>

As of Month / Year

Title of CHMT member	Required	Available	Deficiency	Remarks
<i>DMO</i>				
<i>DNO</i>				
Total				

Source:

Analysis

Table 24: Council Health Service Board

Name of CHSB	Date established (Month/Year)	Term (From M/Y to M/Y)	Number of meetings conducted	Date of Meeting	Issues discussed	RHMT remarks
<i>Temeke</i>	<i>August 2015</i>	<i>Aug 2015- Aug 2018</i>	4	<i>2/9/2015</i>		
				<i>4/2/2016</i>		
				<i>6/8/2016</i>		
				<i>10/10/2016</i>		
<i>Ilala</i>						

Source:

Analysis:

Table 25: Current Health Issues in Councils

Name of the Council: <Prepare the table for each council.>

As of Month / Year

CHMT Functions	Issues	Actions to be taken by RHMT
1.	1. 2.	
2 .	1. 2	

Source:

Analysis

Please describe main specific issues in the council. It is not necessary to fill out for all functions if there are not particular ones.

2-5-3 Regional Referral Hospital Management

One of the essential functions of RHMT is to support and supervise the Regional Referral Hospital through the RRHMT. To execute its function, it is important for the RHMT to understand the hospital situation. Please describe and fill out the tables to show the current condition of hospital management, based on the ISS, EHPA, CHOP, RMSS-H, and other informational on the hospital.

Table 26: Regional Referral Hospital Management Team (RRHMT)

S/N	Cadre/ Speciality	Designation	Department/Section
1.			
2.			
3.			
4.			

Table 27: Regional Referral Hospital Advisory Board

Name of RRHAB	Date established (Month/Year)	Term (From M/Y to M/Y)	Number of meetings conducted	Date of Meeting	Issues discussed	RHMT remarks
<i>Sekou Toure</i>	<i>Feb 2017</i>	<i>Feb 2017- Feb 2019</i>	4	<i>2/3/2017</i>		
				<i>4/7/2017</i>		
				<i>6/8/2017</i>		
				<i>10/10/2017</i>		
<i>Ligula</i>						

Source:

Analysis:

Table 28: Current Issues on the RRHMT

Major issues in the RRHMT functions are described in this table based on the ISS, EHPA, RMSS-H. It is not necessary to fill out all functions. It is also important to present actions to be taken to solve these issues by the RHMT.

RRHMT 11 Functions	Issues	Actions to be taken by RHMT
1.	1. 2.	
2.	1. 2.	

Analysis

Please describe main specific issues in the hospital. It is not necessary to fill out for all functions if there are not particular ones.

2-6 RHMT Supports to CHMTs and RRHMTs

Provision of support to CHMTs and the RRHMT is a core role of the RHMT. In this section, RHMT describes challenges it has faced to support CHMTs and RRHTMs. For CHMT, CCHP analysis and the results of RMSS-C can be used. For RRHMT, Quarterly Progress Reports and results of ISS, EHPA and other Supportive Supervision to the Hospital can be major sources for this analysis.

Based on the findings, RHMT members should provide what has been done to those challenges and what should be done further in the remarks column.

Table- 29: RHMT Challenges in Supporting CHMTs

Challenges encountered by RHMT	How RHMT addressed challenges	Remarks

Source:

Analysis

RHMT Challenges in Supporting Regional Hospital Management Team

Table- 30: RHMT Challenges Supporting RRHMTs

Challenges encountered by RHMT	How RHMT addressed challenges	Remarks

Source:

Analysis

2-7 Status of Implementation iCHF

This section provides information on the trends of iCHF implementation in the council and regional level as reported from quarterly progress reports, CCHP analysis and electronic system (IMIS).

Table 31: Status of Implementation iCHF

➤ **Community Health Fund Coverage by Council**

Council	Number of Households	Number of Households Enrolled	Enrolment Rate	Remarks

Source:

Analysis

Chapter 3 Review of the Implementation in the Previous Year

This chapter describes lessons learned by the RHMT on the implementation of the previous plan. Confirm what was planned, what was implemented, and what are/were constraints. It is important to clarify the current year plan in terms of what is achievable, what is not, and what can be changed to achieve better results. Using the template tables, first the implementation status of the previous RHMT plan is reviewed. As RHMTs still work on the previous year plan during the planning for the next year, the implementation status can be covered up to the date of planning, ideally by the end of the third quarter, end of March. Intended previous year plan is the one that has been completed. For example for 2019/20 plan, the previous year plan is 2017/18.

This is a review section of the previous year. Analyse how far your intended plan is achieved and the reasons, and then use their lessons in the next chapter for next year activities.

Table 32: Review of the Previous RHMT Plan (Year 20XX/20YY)

“Possible Alternatives” means any optional measures, you think from the review, which could have achieved better. They may be better timing and period, or additional manpower/funds for the activities.

Planned activities	Implementation status	Factors contributing to the status of implementation	Possible Alternatives
Function 1: Develop and operationalise RHMT plans and strategies annually from the 5 year strategic plan			
1.			
2.			
Function 2: Disseminate and support the translation of the policies, strategies and guidelines of the MOHSW / PMO-RALG by CHMTs and other stakeholders			
1.			
2.			
3.			

Chapter 4 Activity Plan

This chapter describes the priority activities that RHMTs focus on in this plan. In other words, priority activities are core contents in the plan. Please allocate enough time to discuss them thoroughly in the team.

4-1 Issues to be considered for Planning

From Chapter 1 to 3, it is clarified what have happened in the region and what lessons are learnt from them.

In the previous three chapters the following questions are answered:

- What is the health situation in the region? Are there disparities among councils?
- What are the key issues that require attention?
- What are the contributing factors (positive or negative) to the current situation in general?
- How effectively has the RHMT tackled the issues so far?
- What can RHMT do within its mandate to improve the situation?

The planning team is now expected to sieve the issues from Chapter 1 to 3 and prepare a summary of key issues, contributing factors, possible solutions and which RHMT functions are related to them in Table 33. This table is an important summary that will guide the team for the next year activities.

Table 33: Summary of Key Issues, Contributing Factors and What RHMT Can Do

Key Issues	Contributing factors	What RHMT can do	RHMT function number	Priority (very high/high/moderate)
2.1 Health Trends and Issues in the Region				
2.2 RHMT Situation				
2.3 RHMT Support to CHMTs and Regional Hospital Management Team				

Key Issues	Contributing factors	What RHMT can do	RHMT function number	Priority (very high/high/moderate)
3.1 Review of the Previous RHMT Plan				

On the column ‘What RHMT can do’ keep the following points in mind:

- Within RHMT mandate (Addressable within eleven RHMT functions)
- Influential on regional performance in relation to national indicators
- Issues of councils and their priorities
- Priority areas to support the Regional Referral Hospital
- Achievable in terms of resources

Therefore, priority activities must be feasible and effective in addressing challenges identified.

NB: Activities listed in ‘What RHMT can do’ with “very high” priority should be clearly stated in relevant “RHMT function number” to the Plan of Operation (Table 34).

Example of Table no. 33

Issues	Contributing factor	What RHMT can do	RHMT function number	Priority (very high / high / moderate)
2.1 Health Trends and Issues in the Region				
High maternal mortality	High percentage of home delivery	Advise councils to integrate into plans activities to promote the roles of health facility governing committees to promote health facility delivery at the PHC meeting.	4	Very High
		Disseminate “One Plan” during the meeting.	2	Moderate
		Invite NGOs and CBOs to PHC meeting to see who does what and create joint plans for promoting PPP make RCH an agenda for CBOs and NGOs.	3, 4	High
		Advise councils to link with village government and follow it up through supervision and approval of the CCHP (How? Advocacy)	2, 10	Moderate

Issues	Contributing factor	What RHMT can do	RHMT function number	Priority (very high / high /moderate)
		Promote PPP to improve referral system. (How? Partnership and collaboration with stakeholders).	3, 4	High
	Few health facilities that conduct delivery	Advise Councils to set targets of upgrading health centers to provide comprehensive EmOC (How? Resource mobilization for improved service coverage)	6	High
	The district hospital is very far and community cannot afford due to many factors	Support councils to set targets to enable the existing dispensaries provide basic EmOC (How? Advocacy and resource mobilization – service agreements etc	6	High
Incidents of maternal mortality are increasing in Council A and B	Low supervision coverage by CHMT	Through supervision, monitor the frequency and quality of CHMT supervision to facilities (setting performance targets)	10	Moderate
	No Maternal Audits	Advise all Councils to introduce and practice Maternal Audits (setting performance targets)	2, 6	
High incidences of outbreak	Limited health promotion	Not approving plans without disaster preparedness components(setting performance targets)	4, 7	Very High
Failure to combat outbreaks on time	Weak disaster preparedness			
Shortage of human resources	Remoteness of councils	Create a platform for sharing good practices between councils (Networking and knowledge transfer)	5, 9	High
	No regional HR plan			
2.2 RHMT Situation				
Inadequate skills to support and guide councils e.g. Fund raising, advocacy, leadership and management	Early phases of health sector reforms neglected capacity building to RHMT	<ul style="list-style-type: none"> • Develop training plan • Write capacity development proposal • Develop links with management capacity building institutions such a management sciences for health • Conduct management development program to RHMT member 	5	Very High
2.3 RHMT Support to CHMTs and Regional Hospital Management Team				
Delayed reports	CHMTs are overwhelmed by workshops	Focal person for following up reports from CHMTs should identified and TOR provided (Strengthen supervision and follow ups)	1, 4	High

Issues	Contributing factor	What RHMT can do	RHMT function number	Priority (very high / high / moderate)
		During supervision to councils RHMT members should insist on getting reports on time	10	Moderate
Planning guideline is not followed well in the development of CCHPs	Majority of the existing members have not been oriented on CCHP guidelines			

4-2 Plan of Operation

Activities to be conducted under each function are presented in the plan of operation. Firstly, activities are listed up, some of them may be routine work or those requested by ministries, etc. Secondly, select high-priority activities in the above table (Table 33) and discuss which should be included in the plan strategically. Thirdly, agree on persons in charge and planned budget for each activity. Lastly, double check the table to see if there are missing or overlapping activities.

NB: Harmonize the activities of different types in the plan and be careful not to overcrowd the plan.

Table 34: Plan of Operation (Excel form available)

In this Table, there is the column for “Person in Charge” which should not be always RMO or RHS. It is sure that the final responsibility goes to RMO, but the work is shared among the members of RHMT.

Region:

Financial Year:

Activities	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter			Person in Charge	Planned Budget
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Function 1: Develop and operationalise RHMT plans and strategies annually from the 5 year strategic plan														
1														
2														
3														
4														
5														
Function 2: Disseminate and support the translation of the policies, strategies and guidelines of the MOHSW/PMORALG														
1														
2														
3														
4														
5														
Function 3: Support an appropriate environment for private sector development														
1														
2														
3														
4														
5														

Activities	IMPLEMENTATION TIMING FOR PLANNED ACTIVITIES				Person in Charge
	Q1	Q2	Q3	Q4	
Function 1: RHMT plans and strategies					
To conduct 2 days quarterly Regional Technical Maternal Mortality review meetings by June 2017		To conduct RHMT Annual Plan preparations for 2017/18 budget for 10 days by June,2018			RNO
Implementation status					
Comments					
To conduct 3 days annual proposal renewal workshop by June 2016					RHS
Implementation status					
Comments					
To facilitate submission of plans and reports monthly and quarterly to PORALG and MoHCDGEC by June 2019					
Implementation status					
Comment					RNuO

Example: If maternal mortality is a high priority issue to all districts in the Table 33 and its relevant RHMT function number is 10 (Supportive Supervision), “Advice on maternal mortality issues” is clearly stated in Function 10 in this Plan of Operation.

Chapter 5 Budgeting

This chapter presents the budget summary and its details by function corresponding to sources of funds.

5-1 Budget Summary by Function

Budget summary should be shown by source of fund in the table below. The activities in the table must correspond to those in “Plan of Operation,” “Budget Summary” in the Executive Summary and “Budget Details”.

NB: “Budget Summary by Function” is not the same as “Budget Summary” for Executive Summary.

Table 35: Budget Summary by Function (Excel form available)

Region:
Financial Year:

Activities	Source of Fund						Total
	Basket	Block Grant OC	Global Fund				
Function 1: Develop and operationalise RHMT plans and strategies annually from the 5 year strategic plan							
1							-
2							-
3							-
4							-
5							-
Functional total	-	-	-	-	-	-	-
Function 2: Disseminate and support the translation of the policies, strategies and guidelines of the MOHSW/PMORALG							
1							-
2							-
3							-
4							-
5							-
Functional total	-	-	-	-	-	-	-
Others (if any)							
1							
2							
3							
4							
5							
Functional total	-	-	-	-	-	-	-
GRAND TOTAL	-	-	-	-	-	-	-

5-2 Budget Details

The budget details include detailed cost estimate for all activities for next three years. Make sure that ‘Activity Description’ in the table corresponds to ‘Activities’ in “Plan of Operation” and “Budget Summary.” Please use correct GFS Codes and GFS Code Descriptions.

Table 36: Budget Details (Excel form available)

1st year 1.0 2nd year 1.04 3rd year 1.0816												
Function No:												
Segment 2 (Performance Budget Code)	Activity No.	Activity Description	Segment 4 (GFS Codes)	Segment 4 Description (GFS Code Description)	Unit of Measur e	Unit Cost of Inputs	Annual Budget Estimates 20xx/20xx		Annual Budget Estimates 20xx/20xx	Annual Budget Estimates 20xx/20xx	Source of Fund	
							No. of Unit	Estimates	Estimates	Estimates		
									0	0	0	
									0	0	0	
									0	0	0	
									0	0	0	
									0	0	0	
									0	0	0	
									0	0	0	
									0	0	0	
									0	0	0	
									0	0	0	
									0	0	0	
									0	0	0	
									0	0	0	
Function X total									0	0	0	

References

At the end of the Annual Plan, major documents and information used for this planning process are listed as reference.

PART 3: RHMT Quarterly Progress Report Guide

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3-2 Contents of RHMT Quarterly Progress Report

Preliminary Pages

Cover Page

The standard form is attached in the ANNEX 3. It describes the necessary contents such as title, quarter, region, address, etc.

Table of Contents

The table shows topics and their pages in the document. Before submission, check if the page numbers are correct, and if they are corresponding to the numbers in the text part.

Acronyms

The acronyms should be listed in an alphabetical order and should be those used a respective/current document

Executive Summary

- It is not necessary to include general information of the region, such as geographical feature, population, and health facilities in this report. Instead, it should include the following major contents mainly from Achievements Constraints, Ad-hoc activities implemented and Way Forward in Chapter 1. It should be properly summarized in less than one page:
- Achievements of planned activities including: (Show the outcome of the implemented activity in respective quarter)
 - The percentage of planned activities completed in the reporting quarter
 - Major findings from RMSS -C results and other supportive supervision for both CHMTs and RRHMT including EHPA,
- Financial status (including received amount from each funding source and expenditures)

Major constraints faced in the quarter and actions to be taken

The executive summary should be signed by the Regional Medical Officer.

NB: Executive Summary is written after completion of the report writing and it should not be similar to Chapter 1 below.

Chapter 1 Overview of the RHMT Activities during the Reported Period

This chapter gives an overview of the RHMT activities during the reported period. The recommended length is not more than two pages.

1-1 Achievements

Describe major achievements during the reported period by functions. The recommended length is about one page.

Major contents are the following:

< Achievement of planned activities and its results >

- 1) Number of planned activities in the reporting quarter
- 2) Number of implemented activities in the plan
- 3) Major findings from CHMT reports and RRHMT report (if RHMT supervise more than one referral hospitals in the region, all findings from the hospitals should be covered). Reports should be well reviewed and analysed from CHMTs and CCHP implementation reports.
- 4) Analysis of results of Supportive Supervision to CHMTs (RMSS-C), summary report from supportive supervision conducted in sampled health facilities (25% of all facilities per quarter) and RRHMT. They should be well stated based on the Summary Reports of RMSS-C.

- 5) Remarkable improvements in the CHMTs, sampled health facilities in the Council and the RRHMT
- 6) Specific RHMT's support to the CHMTs and RRHMT

<Financial status>

- 1) Total Budget received in the reported quarter by source of fund
- 2) Total Budget spent in the reported quarter

Table 3.1: Summary of Budget and Expenditure in Quarter X

Table 3.1 shows annual budget, the allocation in the quarter, the amount brought forward, received amount, total funds available, total expenditure, and closing balance by source of funds.

Financial status should be well analysed and stated in text in one third of a page. It is necessary to double-check all the figures in this table with corresponding figures in Chapter 3.

1-2 Constraints

Describe major constraints affecting implementation of planned activities and achievements of results. Also describe how the RHMT will deal with those constraints by the next reporting time. The recommended length is less than half a page.

1-3 Way Forward

Based on the analysis of 1-1 and 1-2 above, describe actions to be taken and major planned activities in the next quarter. The recommended length is less than half a page.

Chapter 2 Implementation of Planned Activities

This chapter reports the implementation status of the planned activities by function during the reported period in detail. In the beginning of this chapter, summarize major trends in implementation and timing of activities implemented. Suggested length is less than half a page.

2-1 Implementation Status

Table 3.2 shows the degree of implementation status of planned activities and constraints, by function.

Make sure that planned activities are consistent with the Annual Plan. The facts in “2-1 Implementation Status” and “2-2 Timing of Activities” should also be consistent with each other.

Table 3.2: Implementation Status by Function (Excel form available)

In the column ‘Planned Activities’, list all the planned activities for the whole year by function. In principle, ‘Planned Activities’ here should correspond to those in “Plan of

Operation” in the RHMT Annual Plan. If any activities were added after the submission of the Annual Plan, you will need to describe them in the subsequent Quarterly Reports. Implementation status should include; what, when, who, how many and the degree of completion against the Annual Plan.

Chapter 3 Financial Report

This chapter shows major trends of financial status up to the reported quarter. Summarize major financial trends in implementation during the reported quarter. Suggested length is less than one third of a page.

3-1 Financial Summary

Table 3.3: Financial Summary for All Sources

The table should include all funding sources as presented in the Annual Plan.

Table 3.4: Financial Summary for Basket Fund

Table 3.5: Financial Summary for OC

The block grant is OC only.

Table 3.6: Financial Summary for Others

If there are other major sources available for your RHMT activities, please include them in Table 3.6.

NB: It is important that all figures of these tables are matching to the figures shown on the Table 3.3.

3-2 Received Basket Fund

Table 3.7: Date and Amount of Received Basket Fund

Describe the timing and amount of the basket fund received in each quarter. The table should remain the same shape from the First quarter to the Last quarter even including the blank cells.

3-3 Total Expenditure by Function

Table 3.8: Total Expenditure by Function (Excel form available)

The table shows the accumulated expenditure from the first quarter up to the reported quarter by function. Please make sure that the pie chart is presented in a reader friendly manner. All labels of functions and percentages should be visible and not overlapping with each other. If there are no expenditures in the reported quarter, the pie chart does not need to appear in the report.

Chapter 4 Supportive Supervision Report

This chapter describes results of RMSS-C, and other supportive supervisions. In addition to the RMSS sheet in the Appendix, demonstrate the implementation status of RMSS and other supportive supervisions in both tables and summarize major results of supervisions in text.

If your RHMT did not use the full package of RMSS-C tools, describe reasons and report the results of your supportive supervisions or any consultation regarding the administrative management.

It is expected that before conducting supportive supervision i.e. RMSS-C. RHMT should meet with the CHMTs members in DMO office briefly and then move directly in the field (facilities) with accompanied CHMT member and then come back in the CHMTs Office for detailed RMSS-C with discussion of findings observed during facility supervision. 25% of all facilities in the regions should be visited and supervised per each quarter.

4-1 Report on Supportive Supervision to CHMTs (RMSS-C)

Table 4.1: RMSS-C Implementation Results

The table shows the councils where RMSS-C was conducted, the date of visit, availability of the summary reports, major findings and actions to be taken by RHMT or CHMT.

4-2 Report on Supportive Supervision to Hospitals at Regional Level

Table 4.2: Supportive Supervision Results

Other supportive supervision of Hospitals at Regional level

Year:

Region:

Name of Health Facility	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	No. of visits	No. of reports	No. of visits	No. of reports	No. of visits	No. of reports	No. of visits	No. of reports
TOTAL								

The table shows the names of hospitals where the SS were conducted, the date of visit, and the availability of Summary Reports. The target referral hospitals include designated hospitals in the region.

4-3 Report on other supportive supervisions (EHPA, Programs, etc)

Attach the both summary report for RMSS-C and submit with QPR. Other SS will be kept by RHMTs for validation during Central Management Supportive Supervision (CMSS)

Appendices

Appendix 1. RMSS-C Sheet

Fill out the sheet with the number of the supportive supervision that RHMT has conducted and the number of the summary reports prepared after each supervision. Do not erase the columns of future quarters so that you can use the same table for the entire year.

Appendix 2. Summary Reports for RMSS-C

Attach the summary reports on the RMSS-C implemented in this quarter along the required format mentioned in the RMSS manual.

Appendix 3. Summary Reports for other Supportive Supervision

Attach the summary reports and other SS implemented in this quarter along the required format mentioned in the RMSS manual. It is expected that EHPA to be attached in the 2nd quarter. The report should be documented in table 4.2 and be available for verification during Central Management Supportive Supervision.

ANNEXES

- ANNEX 1 Template for RHMT Annual Plan Cover page
- ANNEX 2 Assessment Criteria for RHMT Annual Plan
- ANNEX 3 Template for RHMT QPR Cover Page
- ANNEX 4 Layout of Quarterly Progress Report
- ANNEX 5 Assessment Criteria for RHMT QPR

Annex 1: Template for RHMT Annual Plan Cover Page



THE UNITED REPUBLIC OF TANZANIA

**PRESIDENT'S OFFICE - REGIONAL ADMINISTRATION AND LOCAL
GOVERNMENT**

RHMT ANNUAL PLAN

Name of the Region

Month 20xx

**Regional Commissioner's Office
Health Department
P.O.Box
Telephone:
Fax No.:
E-mail:**

Annex 2: Assessment Criteria for RHMT Annual Plan

MONTH/YEAR:	
NAME OF THE REGION:	
DATE OF ASSESSMENT:	
1ST ASSESSMENT:	NAME OF ASSESSOR:
2ND ASSESSMENT:	NAME OF ASSESSOR:

S N	Criteria (Maximum value)	How to assess	How to score	Score	Sub Score	Comments
1	Timing of Submission (5)	Was the RHMT Annual Plan submitted before the deadline?	<ul style="list-style-type: none"> • Submitted to PORALG / MOHCDGEC by 15th March (5) • Submitted to PORALG / MOHCDGEC by 31st March (3) • Submitted to PORALG / MOHCDGEC after 31st March (0) 		/5	
2	Structure and General Layout of the Plan (3)	1) Are all components in the template presented in the plan?	-All components in the template are presented in the plan.	1	/3	
		2) Are the components presented in order?	-All components are presented in order.	1		
		3) Are cover page and page numbering good?	-Cover page presents necessary information, and pages are numbered correctly.	1		
3	Executive Summary (4)	Are both summary of implementation of the previous year's plan and the new year's plan included?	1) Summary of implementation of the previous year's plan is included.	2	/4	
			2) Summary of implementation of the new year's plan is included.	2		
4	Budget Summary (3)	1) Are different sources of funding included?	- All known sources of funding are included.	1	/3	
		2) Are grand total and sub-total shown, and is calculation correct?	- Grand total and sub-total are shown, and calculation is correct.	2		
5	Chapter 1: Regional Profile (2)	Is regional profile presented as per the template?	-Regional profile is presented as per the template.	2	/2	
6	Chapter 2: Current Status of Health Services and Administration (10)	1) Are data on health indicators, health facilities and human/material resources presented? 2) Are data in the tables analyzed and described? 3) Are challenges encountered by RHMT in supporting CHMTs described? 4) Are challenges encountered by RHMT in supporting RRHMT described?	- Data on health indicators, health facilities and human/material resources are presented, and source of data is shown for all tables.	1	/10	
			- Data in all tables are analyzed and described.	2		
			- CHMT situations are well described with Table 16 and 17	2		
			- All information regarding RRH situations are well described with Table 18-23	3		
			- Challenges encountered by RHMT in supporting CHMTs are described.	1		
			- Challenges encountered by RHMT in supporting RRHMT are described.	1		
7	Chapter 3: Review of Implementation	1) Is the implementation status of the previous year plan identified?	- Implementation status of previous year plan identified	1		

S N	Criteria (Maximum value)	How to assess	How to score	Score	Sub Score	Comments
	on (3)					
		2) Are factors contributing to the status of implementation identified?	- Factors contributing to the status of implementation are identified.	1	/3	
		3) Are possible alternatives identified?	- Possible alternatives are identified.	1		
8	Chapter 4-1: Summary of Issues to be Considered (5)	1) Are key issues in the following areas identified and analyzed based on analysis in Chapters 2 &3? -Health trend and issues in the region - RHMT situation - RHMT support to CHMTs and RRHMT - The review of the previous RHMT plan	1) Key issues in the following areas are identified and analyzed based on analysis in Chapters 2 & 3: -Health trend and issues in the region -RHMT situation -RHMT support to CHMTs and RRHMT -The review of the previous RHMT plan	1 1 1 1	/5	
		2) Are the issues prioritized?	2) The issues are prioritized.	1		
9	Chapter 4-2: Plan of Operations (7) ATTENTION : Activities related to CCHPs ad CCH Reports are under Function 6. Supervision to Regional Hospital is under Function 8.	1) Do planned activities cover all 11 functions of RHMT? 2) Does PO include activities to tackle high priority issues identified in 4-1 “Summary of Issues to be Considered”? 3) Are responsible persons identified for all activities by title, involving RHMT core and co-opted members? 4) Does supportive supervision entail clear timeline and actors to be visited?	- Planned activities in PO cover all 11 functions of RHMT. - PO includes activities to tackle high priority issues identified in 4-1 “Summary of Issues to be Considered.” • -Most of priority issues are covered by PO. • -About a half of priority issues are covered by PO. • -No or few priority issues are covered by PO. - Responsible persons are identified for all activities by title, involving RHMT core and co-opted members. - Supportive supervision entails clear timeline and actors to be visited.	2 (3) (2) (0) 1 1	/7	
10	Chapter 5: Budgeting (8)	<i>Budget Summary by Function</i> 1) Are all components filled in accordance with the template? 2) Is ‘Budget Summary’ corresponding with planned budget in PO?	<i>Budget Summary by Function</i> - All components are filled in accordance with the template. - ‘Budget Summary’ is corresponding with planned budget in PO.	2 2		
		<i>Budget Details</i> 3) Are all components filled in according to the format	<i>Budget Details</i> - All components are filled in according to the format in the	2		

S N	Criteria (Maximum value)	How to assess	How to score	Score	Sub Score	Comments
		in the template?	template.		/8	
		4) Is the description of cost items well addressed?	- Description of cost items is well addressed.	1		
		5) Are 'Budget Details' corresponding with 'Budget Summary by Function'?	- 'Budget Details' are corresponding with 'Budget Summary by Function.'	1		
	Maximum Total 50	TOTAL SCORE			/50	

Recommended / Not recommended.

A RHMT plan which is scored 35 or above will be recommended for funding to the Basket Funding Committee.

Annex 3: Template for Quarterly Progress Report Cover Page



THE UNITED REPUBLIC OF TANZANIA

**PRESIDENT'S OFFICE - REGIONAL ADMINISTRATION AND LOCAL
GOVERNMENT**

RHMT QUARTERLY PROGRESS REPORT

FIRST/ SECOND/ THIRD/ FORTH QUARTER REPORT

Name of the Region

Month 20xx

**Regional Commissioner's Office
Health Department
P.O. Box
Telephone:
Fax No.:
E-mail:**

Annex 4: Layout of Quarterly Progress Report

Contents	Remarks
Table of Contents	
Abbreviation	
Executive Summary.	One page. Signed by RMO
Chapter 1. Development during the Reported Period	
1-1 Achievements	Half a page
1-2 Constraints	Half a page
1-3 Way Forward	Half a page
Chapter 2. Implementation of Planned Activities	
2-1 Implementation Status	Use the excel form attached
2-2 Timing of Activities	Use the excel form attached.
Chapter 3. Financial Report	Use the excel form attached.

ANNEX 5: Assessment Criteria for RHMT Quarterly Report

MONTH/YEAR:	
NAME OF THE REGION:	
QPR – QUARTER:	
DATE OF ASSESSMENT:	
1ST ASSESSMENT:	NAME OF ASSESSOR:
2ND ASSESSMENT:	NAME OF ASSESSOR:

S N	Criteria (Maximum value)	How to assess	How to score	Scores	Sub Scores	Comments
1	Timing of Submission (5)	1) Was the RHMT Quarterly Report submitted before the deadline?	- The RHMT Quarterly Report is submitted to the MOHSW. <ul style="list-style-type: none"> By the 15th of the next month of end of quarter (5) By the last day of the next month of the end of quarter (2) Others (0) 	5	/5	
2	Structure and General Layout of the Report (5)	1) Is the cover page attached with necessary information?	- Cover page presents all the necessary information such as name of the region, reporting period, and contact address.	1	/5	
		2) Are all contents saved in appropriate files?	- All contents are in 1 WORD file in readable format.	1		
			- EXCEL files of Financial report and Budget report are attached.	1		
		3) Is Page numbering correct?	- Pages are numbered correctly.	1		
4) Do all headings of Chapters and sub-headings appear correctly?	- All headings and sub-headings of chapters correctly appear.	1				
3	Executive Summary (3)	1) Does the summary include Progress of Action?	- Progresses of planned actions are well captured. <ul style="list-style-type: none"> Including SS results (2) Not including SS results (1) No progress report (0) 	2	/3	
		2) Are financial receipt and expenditure by source present?	- The status of financial expenses is well summarized in text.	1		
4	Chapter 1: Progress during the Reported Periods (16)	1) Is the overall achievement well captured?	1) Achievements are consistent with the Implementation Status and Timing of Activities reported in Ch. 2 and 3.	1		
			2) Number of planned activities in this quarter is mentioned.	1		
			3) Number of implemented activities in the quarter out of the plan is mentioned.	1		
			4) Major findings from CHMT reports and RRHMT report are mentioned.	2		
			5) The analysis and reflections of the results of SS to CHMTs, sampled health facilities supervisions (25% of Health facilities visited) and RRHMT are mentioned.	2		
			6) Remarkable improvements in the CHMTs and the RRHMT are	2		

S N	Criteria (Maximum value)	How to assess	How to score	Scores	Sub Scores	Comments
			mentioned.		/16	
			7) Specific RHMTs' support to the CHMTs and the RRHMT is mentioned.	2		
			8) Total budget received and budget spent by source in this quarter are shown in table. Figures in the total are consistent with the figures in Chapter 3.	1		
			9) Any constraints of receiving funds (from Ch.3) are mentioned.	1		
		2) RHMTs' support to CHMT and RRHMT are included in the progress (Achievement, Constraint and Way Forward).	- Major constraints affecting implementation of planned activities other than financial factors are properly described.	1		
		3) RHMTs' support to CHMTs and RRHMT are included in the progress (Achievement, Constraint and Way Forward).	- Actions to be taken based on the analysis and major activities during the next quarter are well stated.	1		
		4) Is the summary well summarized?	- Chapter 1 is within 2-3 pages.	1		
5	Chapter 2: Implementation of Planned Activities (5)	1) Is "Implementation Status" in the table well stated?	- "Implementation Status" shows brief information of each activity.	1	/5	
		2) Are constraints well described?	- Major constraints affecting implementation of planned activities are properly described.	3		
		3) Does the Implementation Status (2-1) correspond to the Timing of the Activities (2-2)?	- Implementation status corresponds to the Timing of the Activities.	1		
6	Chapter 3: Financial Report (8)	1) Is financial status present?	1) The financial summary indicates all sources of Funds.	1	/8	
			2) Summary tables of Basket Fund and OC are present. <ul style="list-style-type: none"> • Both the BF and OC (2) • Only BF (1) 	2		
			3) Date and amount are present. (Checking analysis in Ch.1, again)	1		
		2) Are Figures and Tables correct?	1) All calculation in tables are correct.	1		
			2) The total amount of each table is consistent with other tables and table in Chapter 1.	2		
			3) The Pie chart of Total Expenditure is correctly presented.	1		
7	Chapter 4: Supportive Supervision Report (4)	1) Are results of RMSS-C well analysed?	1) Narrative summary of RMSS-C including facilities supervision (25% of health facilities per quarter) results is stated in text.	1	/4	
			2) The summary includes major findings, actions to be taken discussed during the SS, and challenges toward conducting SS itself.	1		
		2) Are results of RMSS-H	1) Narrative summary of RMSS-H	1		

S N	Criteria (Maximum value)	How to assess	How to score	Scores	Sub Scores	Comments	
		well analysed?	results is stated in text. 2) The summary includes major findings, actions to be taken discussed during the SS, and challenges toward conducting SS itself.	1			
8	Annex (4)	1) Is the RMSS (C&H) sheet attached? 2) Are the RMSS-H summary reports of the supervision attached?	- RMSS sheet is attached. - The RMSS-H summary reports of the supervision are attached: <ul style="list-style-type: none"> • Completed (2) • Attached but not completed (1) • None (0) 	2 2	/4		
	Total (50)	TOTAL SCORE				/5 0	

RHMT report which scores less than 40 points will be sent back for amendment.