

**THE UNITED REPUBLIC OF TANZANIA
PRESIDENT'S OFFICE
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT**



**REGIONAL HEALTH MANAGEMENT TEAM
3RD QUARTER IMPLEMENTATION REPORT, 2016/2017
SHINYANGA REGION**

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ACRONYMS AND ABBREVIATION

AFP	Acute Flaccid Paralysis
AGPAHI	Ariel Glacier Pediatric AIDS Health Initiative
AMREF	African Medical and Research Foundation
BRN	Big Result Now
CCHP	Comprehensive Council Health Plan
CHMT	Council Health Management Team
CHOP	Comprehensive Hospital Plan
DC	District Council
EPI	Expanded Program for Immunization
FBO	Faith Based Organization
FMV	Field Monitoring Visit
HAB	Hospital Advisory Board
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMIS	Health Management Information System
HQ	Head Quarters
HRHIS	Human Resource for Health Information System
LGAs	Local Government Authorities
MC	Municipal Council
MoHSW	Ministry of Health and Social Welfare
MVC/OVC	Most Vulnerable/Orphan Vulnerable Children
NGO	Non-Governmental Organization
NHIF	National Health Insurance Fund
OC	Other Charges
OPRAS	Open Performance Review and Appraisal System
PHC	Primary Health Care
PE	Personnel Emolument
PHSDP	Primary Health Services Development Program
PMORALG	Prime Minister's Office Regional Administration and Local Government
PMTCT	Prevention of Mother To Child Transmission
RBF	Result Based Financing
RCH	Reproductive and Child Health
RDO	Regional Dental Officer
RHMT	Regional Health Management Team
RHO	Regional Health Officer
RHS	Regional Health Secretary
RLT	Regional Laboratory Technologist
RMO	Regional Medical Officer
RMSS-C	Regional Management Supportive Supervision for Councils
RMSS-H	Regional Management Supportive Supervision for Hospital
RNO	Regional Nursing Officer
RNuO	Regional Nutrition Officer
RPPFP	Regional Public Private Partnership Focal Person
RS	Regional Secretariat
RSWO	Regional Social Welfare Officer
SS	Supportive Supervision
TC	Town Council
UNFPA	United Nations Population Fun

EXECUTIVE SUMMARY

Shinyanga Region is among 27 Regions of Tanzania Mainland whose RHMT receive funds for implementing planned health interventions in the Region. The overall objective is to improve quality health care and Social Welfare provision to the region and to ensure the councils continue to provide quality care and ensure proper implementation of CCHP plans.

This report covers the implementation status of the planned activities for the second quarter of January to March, 2017. RHMT during this quarter had planned to implement a total of 55 planned activities but reaching the end only 45 activities were fully implemented (81%). Also 10 activities which were partially implemented in the last quarter were completed. During this quarter there have been a Quantifiable on results on implementation of councils plan which facilitated by CHMT commitments towards implementing their daily activities. This improvement was realized during the implementation of RMSS-C, RMSS-H and other supportive supervision and mentorship conducted to the CHMTs and health facilities.

The RHMT managed to conduct RBF verification to all 6 councils, follow visits with AMREF on HIV combination campaign at Kahama TC, Ushetu and Msalala DC, 5 RHMT members participated in introduction meetings on health and social welfare system strengthening projects funded by JSI to Kahama TC and Shinyanga MC, RHMT participated in preparatory meetings for Hon. Dr. John Joseph Pombe Magufuli the President of Tanzania who visited at Shinyanga Region, assessment of implementation of quarterly CCHP reports from 6 Councils for the period of October to December, 2016 were done and a Regional summary reports were reports and submitted to PORALG, RHMT plan 2017/18 were prepared, RHMT participated in Councils Health Service Boards meetings at Shinyanga DC and Msalala DC, supervised and provide technical inputs to CHMTs during CCHPs plans sessions, participated in Regional Prime Vendor meeting and trainings to Regional and Councils Pharmacists, Accountants, Procurement Officers, District Medical Officers, Medical Officer in Charge from RRH and HPs from Councils Hospitals, Health Centre and Dispensaries on Prime Vending Guidelines were conducted and funded by HPSS, data Quality audit to 3 Councils conducted

On the financial side the RHMT had planned to utilize a total of Tshs.249,129,019.00 as approved budget for this third quarter, but on this reported quarter a total of Tshs.110,567,031/= we received from different sources of funds which include HSBF and other contributions from donors. The sources that had funds this quarter are HSBF which contributed a total of Tshs. 32,089,750/= Block grant Tshs. 2,136,000/= and Tshs. 76,341,281.05/= from RBF. By the end of December, 2017 the closing balance for the first quarter was 159,167,763/= this balance was from RBF funds, Global fund and Malaria making a

total of available funds to be Tshs.269,734,794/= Reaching the end of the quarter RHMT had managed to utilize a total of Tshs.193,755,647/= and leaving a balance of tshs.76,084,840/=

The funds for this reported quarter were used for conducting trainings on TB/HIV activities, paying of allowances to RHMT who conducted supportive supervisor to all councils as well as conducting RBF activities in the Region, conducting PPM for vehicles, renovation of RHMT resource center and procurement of fuel for supportive supervisor and other activities implemented in the region.

All in all, RHMT faced some challenges during implementation of activities such as ad hock activities as mentioned above.

On the next quarter of April to June, 2017 the RHMT has planned to continue with submission of plans and reports quarterly and annually to PMORALG and Ministry of Health, to conduct bi annual 1 day joint RHMT and Private sector health facilities review meeting on implementation of health and social welfare issues in the Region to conduct 2 days quarterly Regional Technical Maternal Mortality review meetings, to conduct RHMT and CHMT technical meeting, continue with provision of statutory benefits to staff working in the health and social welfare section, assessment of quarterly CCHP progress reports, RHMT summary report writing and submission to higher Authorities, conduct quarterly RBF verification to 6 councils, conduct quarterly supportive supervision to CHMTs and Health Facilities as well as conducting joint supportive supervisions with IPs.

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CHAPTER 1: OVERVIEW OF THE RHMT ACTIVITIES DURING THE REPORTED PERIOD

1.1 Achievement

By the end of this reported quarter the RHMT had planned to implement a total of 55 planned activities but at the end only 45 activities were fully implemented. Also 10 activities which were partially implemented in the last quarter were completed. During this quarter there have been a Quantifiable on results of implementation of councils plan which facilitated by CHMT commitments towards implementing their daily activities. This improvement was realized during the implementation of RMSS-C, RMSS-H and other supportive supervision and mentorship conducted to the CHMTs and health facilities. The councils also managed to implement several activities which were on carry over funds on which most of activities have been implemented by 100%.The RHMT continued to conduct follow up on the quarterly reported activities for verification and provide recommendations on verification conducted.

During this quarter , RHMT managed to conduct RBF verification to all 6 councils and RBF data entry to DHIS 2, assessment of annual CCHP and HFs plans for 2017/18, assessment of implementation of quarterly CCHP reports from 6 Councils for the period of October to December, 2016 were done and a regional summary reports were prepared and submitted to PORALG, RHMT plan 2017/18 were prepared, RHMT participated in Councils Health Service Boards meetings at Shinyanga DC and Msalala DC, supervised and provide technical inputs to CHMTs during CCHPs plans sessions, regional quarterly maternal mortality review meeting conducted, regional quarterly supportive supervision to HFs and CHMT(RMSS) conducted, commemorated National TB day at Msalala DC, conducted monthly RHMT meeting, RHMT, RRHMT and Regional Hospital Staff meeting also conducted.

Remarkable improvement to the CHMT and the RRHMT

Improvement on supportive supervision done by CHMT to some Councils were observed, but also there was improvement on quality of CCHP quarterly reports prepared and submitted to RHMT especially on reports from Planrep .

Another remarkable improvement is on the side of quality of health services provision on which the facility using RBF funds have transformed the quality of services provision environment and increased accountability to staff. Also through this program almost all the councils have tracer medicines by 81% as the facilities are capable of procuring their medicines using their own funds.

RMSS –C and H conducted has revealed great improvement on 5s as most of the HFs were the environment were clean as most of cleansing materials were available and the important medical

equipments especially at RCH were available as most of them procured through RBF and CHF funds, filling system also improved.

Likewise, in RMSS –H revealed that RRH has managed to work on recommendations that were provided by RHMT thus monthly general staff meeting conducted but also departmental staff meetings conducted too, internal supportive supervision done, improving in revenue collection and ensuring availability of medicine, also during the RMSS-H it was observed that the hospital continue to use CHOP in implementing their plans as it was advised by the RHMT.

Remarkable Support to the CHMT and RRHMT

The RHMT supported the CHMTs, RRHMT and HFs staff through training on financial and medicine audit

Another support was the mentorship on Data Quality Audit conducted to RRHMT and CHMTs so as to ensure that collections as well as data review meetings are done to ensure councils are collecting data timely and entering quality data in the system (DHIS2). Not only that but also the CHMTs were supervised and provided with technical inputs during preparations of CCHPs and CHOP 2017/18 plans sessions.

Ad hock activities conducted by RHMT (January - March)

- Participated in Regional Prime Vendor Meeting and trainings to Regional and Councils Pharmacists, Accountants, Procurement Officers, District Medical Officers, Medical Officer in Charge from RRH and HPs from Councils Hospitals, Health Centre and Dispensaries on Prime Vending Guidelines were conducted and funded by HPSS, data Quality audit to 3 Councils conducted
- Follow visits with AMREF on HIV combination campaign at Kahama TC, Ushetu and Msalala DC
- 5 RHMT members participated in introduction meetings on health and social welfare system strengthening projects funded by JSI to Kahama TC and Shinyanga MC,
- RHMT participated in preparatory meetings for Hon. Dr. John Joseph Pombe Magufuli the President of Tanzania who visited at Shinyanga Region
- Joint RHMT, CHMT and IP (Red Cross) community supportive supervision on implementation of HIV/AIDS and OVC activities by Community Health Workers
- Participated in financial and medicine audit training supported by HPSS
- Participated in follow up SIM visit by CDC to 35 HFs

- Participated in NACP meeting on HIV/AIDS new guidelines and interventions conducted at Mwanza Region
- Participated in inauguration registration campaign and provision of birth certificate to under fives at Geita Region supervised by RITA and funded by UNICEF
- Participated in introduction meeting on new project of “ boresha maisha” mainly focused to RCH services to be implemented by JPHIEGO and funded by USAID
- Participated in introduction meeting of new project of “ Mkunga okoa maisha” mainly focused to RCH services on reducing maternal and child death to be implemented by TAMA.
- Participated in GBV/VAC stakeholder meeting at Mwanza Region

1-2 Constraints

Despite the RHMT managing to perform the several mention activities still there are some challenges that need to be address by all levels such as:-

Late submission of CCHP quarterly progress reports particular from Kishapu DC and Shinyanga MC as well as these reports are mostly prepared by Health Secretaries only, other members do not participate in some of the Councils. CHMT with this challenge were reminded on following the guideline in submission time of reports but also were advised to have teams for preparation of reports each quarter and ensure the Health Secretaries capacitate knowledge on that, this will enable the all team to have skills on that.

Apart from that, RHMT during RMSS it revealed that some Council didn't worked out on action points agreed on. RHMT agreed to write an official letter to District Executive Directors informing on that situation but also follow up on this.

It was also observed that, the modality of conducting supportive supervision in some Council like Kahama TC is not good, but also some members of CHMTs in most of Councils are new. In trying solving this, RHMT plan to re conduct supportive supervision to all 6 Councils and continue providing mentorship to CHMTs on how to conduct a quality supportive supervision.

1-3 Way Forward

The RHMT for the coming quarter has planned to continue conducting Managerial and technical supportive supervision in the Region, conducting verification on RBF to all the Councils, assessing quarterly CCHP progress reports from 6 LGAs and CHOP from RRH as well as ensuring availability plans for HC and Dispensaries which are reflected in the CCHPs

CHAPTER 2: IMPLEMENTATION STATUS

2.1 Monitoring sheet

Function 1: Develop and operationalize RHMT plans and strategies annually from the 5 year strategic plan			
Planned activities	Implementation status		Constraints
To conduct RHMT Annual Plan 2017/18 for 7 days by June,2017	This activity has been implemented as from the second quarter, the annual plan was submitted to PORALG for assessment on 11th March 2017		None
To conduct 3 days annual proposal renewal workshop by June 2017	2. This activity was not conducted due financial constraints; implementation will be done in the 4th quarter.		Funding
To facilitate submission of plans and reports quarterly and annually to PMORALG and MoHCDGEC by June,2017	The reports and plans have been prepared and submitted to PORALG and MoHCDGEC		None
Actions to be taken to overcome the constraints	Responsible person(s)	Part 3: Follow-up of actions identified in Part 2	
	by title	Tick (✓) by RHMT when the action was taken.	Date of action
2. To make follow up to UNFPA to seen on whether they can still support the implementation of this activity	RDO		Remarks
Function 2: Policy dissemination and support translation of policies, strategies and guidelines of the			
Planned activities	Implementation status		Constraints

To conduct 2 days dissemination and support on translation of policies, strategies and guidelines from MoHCDGEC /PMORALG annually to 6 LGAs by June, 2017	The activity has been implemented		None	
To conduct annual joint dissemination meeting with Health practitioners (Laboratory, Pharmacy, Traditional and alternative Healers, and wholesalers food venders) by June 2017	2. The activity will be conducted in fourth quarter of April - June 2017		None	
Actions to be taken to overcome the constraints	Responsible person(s)	Part 3: Follow-up of actions identified in Part 2		
	by title	Tick (✓) by RHMT when the action was taken.	Date of action	Remarks
2. This activity should be conducted bi annually thus to be implemented in April - June quarter	RPPPCo			
Function 3: Support an appropriate environment for private sector development				
Planned activities	Implementation status		Constraints	
To conduct 2 days bi annual medicines and financial audit to Private facilities in 6 LGAs by June, 2017	The activity has been implemented in all 6LGAs.		None	
Actions to be taken to overcome the constraints	Responsible person(s)	Part 3: Follow-up of actions identified in Part 2		
	by title	Tick (✓) by RHMT when the action was taken.	Date of action	Remarks
Function 4: Services Coordination in the Region				

Planned activities	Implementation status	Constraints
To conduct 2 days quarterly Regional Technical Maternal and perinatal Mortality review meetings by June,2017	This activity has been conducted on 8th and 13 th March,2017 at Shinyanga MC	None
To facilitate 2 RHMT members to participate in commemoration of 5 special health and social welfare events in the Districts by June, 2017	Implementation has been done as the RHMT participated on commemoration of National TB day conducted at Msalala DC on 24/3/2017	None
To facilitate 3 RHMT members to participate in commemoration of health and social welfare National events by June, 2017	Implementation has been done as the RHMT participated on commemoration of National TB day conducted at Msalala DC on 24/3/2017	None
To conduct 2 days quarterly TB/HIV coordination meeting by June 2017	4. Not implemented due to lack of funds from IP	No funds released from IP
To conduct 1 day quarterly experience sharing meeting on supply chain management for 5 RHMT members by June 2017	The activity has been rescheduled to April to June,2017 quarter.	None
To conduct 2 days compliance and financial workshop by June 2017	The activity has not been implemented due to lack of fund from AGPAHI as the budgeted year was over. The activity has been scheduled to be implemented in April - June, 2017	None
To conduct 1 day quarterly pediatrics HIV/AIDS Technical Working Group by June 2017	The activity was for Oct – Dec, 2016 but again has not been implemented due to lack of funds from AGPAHI	None
To conduct 2 days quarterly data review meetings with 6 Participants from R/CHMT by June 2017	This activity has to be implemented for Jan to March, 2017 but was implemented last quarter 7th - 12th December 2016 before the RHMT conducted DQA in all the Councils from	None

To conduct 2 days quarterly R/DTLCs meeting by June 2017	The meeting has been conducted in January,2017		None	
To attend quarterly Council Nutrition Steering Committee by June 2017	The activity not conducted due to lack of fund		None	
To conduct 2 days quarterly experience sharing meeting on pediatric mentorship to 3 RHMTs members by June 2017	The activity has not been implemented as the fund delayed from AGPAHI, rescheduled to be conducted on April to June, 2017		None	
To conduct 2 days meeting with MSD stakeholders meeting at National level by June 2017	This meeting was for July to September, 2016 but till now not conducted due to lack of funds		None	
To conduct 1 day experience sharing meeting on HBC/CHW quarterly to 3 RHMT members by June 2017	This meeting was not conducted as the budget tie for AGPAHI reached the end by September,2016		None	
Actions to be taken to overcome the constraints	Responsible person(s)	Part 3: Follow-up of actions identified in Part 2		
	by title	Tick (✓) by RHMT when the action was taken.	Date of action	Remarks
4. To communicate with AGPAHI to see if the activity can still be implemented.	RTLCo			
Function 5: Support human resource management				
Planned activities	Implementation status		Constraints	
To support 6 LGAs during planning, recruitment process, deployment and retention of human resource for	Implemented during CCHPs 2017/18 plans sessions and on RMSS visits		None	

health by June, 2017				
To provide statutory benefits to 8 staff working in the health and social welfare section by June 2017	The activity have been implemented.		None	
Actions to be taken to overcome the constraints	Responsible person(s)	Part 3: Follow-up of actions identified in Part 2		
	by title	Tick (✓) by RHMT when the action was taken.	Date of action	Remarks
Function 6: Health and social welfare services				
Planned activities	Implementation status		Constraints	
To Conduct 6 days review meetings for approval of Quarterly Councils progress reports and RHMT summary report writing by June,2017	The activity has been implemented as review meeting for CHMT's report was done and report was submitted to PO RALG and MOHCGEC		None	
To review and approve CCHPs from 6 LGAs for 10 days by June,2017	The activity has been implemented as review meeting for 2017/18 CCHPs, HF's plans and CHOP done.		None	
To construct Regional satellite safe blood bank center by June 2017	The construction have been accomplished in the second and the center has started been used.		None	
To conduct 3 days orientation on data quality on vaccination to 12 CHMT members (DIVO and DRCHCo) by June 2017	This activity has not due to overlapping of tasks and has been scheduled to be implemented in April to June, 2017		Ad hock activities	
To provide prizes and Gifts to the 2 best performing LGAs in the health service delivery by June 2017	The activity is scheduled to quarter four (April to June, 2017)		None	

To procure equipment, furniture and supplies for RHMTs by June 2017	This activity has been done	None
To provide and maintain working tools for 8 staff in health and social welfare section by June,2017	Implementation has been done	None
To conduct monthly safe blood sensitization and mobilization in all 6 LGAs by June, 2017	Implementation has been done through mass campaigns in schools and in community.	None
To conduct bi-annual meetings on BRN activities among RHMT, stakeholders and CHMT members in all 6 LGAs by June 2017	The activity has been scheduled to fourth quarter.	None
To conduct quarterly verification to 6 councils of Shinyanga on RBF by June 2017	The verification for October - December was conducted on January, 2017	None
To conduct quarterly R-RBFC meetings by June 2017	This meeting was conducted in February, 2017,were the R- RBFC met to discuss	None
To conduct quarterly mentorship to all DRCHCo on filling and interpretation of patograph and RCH 1 card by June 2017	DRCHCo were re- oriented during the maternal deaths review meeting which was conducted at Shinyanga MC in March, 2017.	None
To conduct follow up of CEMOnC, BEMOnC for helping mother survive trainee quarterly by June 2017	This activity has been implemented through the support of Pathfinder International in March 2017	None
To conduct quarterly 6 days Monitoring and evaluation mentoring on HMIS tools and DHIS2 data base in all 6 LGAs by June 2017	Conducted during RMSS visits in 6 LGAs	None
To conduct 4 days orientation on HMIS and DHIS2 to 16 RHMT members by June 2017	14. Not conducted	Lack of funds

Actions to be taken to overcome the constraints	Responsible person(s)	Part 3: Follow-up of actions identified in Part 2		
	by title	Tick (✓) by RHMT when the action was taken.	Date of action	Remarks
Function 7: Emergency and disaster preparedness				
Planned activities	Implementation status		Constraints	
To conduct 3 days orientation to 36 members of Emergency preparedness team from 6LGAs on Emergency and Disaster preparedness by June 2017	Not implemented		Lack of funds	
Actions to be taken to overcome the constraints	Responsible person(s)	Part 3: Follow-up of actions identified in Part 2		
	by title	Tick (✓) by RHMT when the action was taken.	Date of action	Remarks
2. This activity will be conducted on the fourth quarter of April - June	RLT			
Function 8: Support Regional Referral Hospital				
Planned activities	Implementation status		Constraints	
To conduct 2 days quarterly clinical and managerial supportive supervision to Regional Referral Hospital by June, 2017	RHMT managed to conduct managerial supportive supervision to RRH and the report was shared. The supervision was conducted on March, 2017		None	

To conduct 1 day RHMT and RRHMT meeting quarterly by June 2017	The meetings have been conducted on 31 st March, 2017		None	
To conduct 2 days medicines and financial audit to Regional Referral Hospital bi-annual by June, 2017	The activity was scheduled for fourth quarter of April to June, 2017		None	
Actions to be taken to overcome the constraints	Responsible person(s)	Part 3: Follow-up of actions identified in Part 2		
	by title	Tick (✓) by RHMT when the action was taken.	Date of action	Remarks
Function 9: Instituting network system				
Planned activities	Implementation status		Constraints	
To facilitate 5 RHMT members to attend Ministerial, sectorial and Interregional meeting by June, 2017	RHMT members participated in various meetings such as NACP on HIV/AIDS, and GBV by MOHCDGEC in Mwanza Region.		None	
Actions to be taken to overcome the constraints	Responsible person(s)	Part 3: Follow-up of actions identified in Part 2		
	by title	Tick (✓) by RHMT when the action was taken.	Date of action	Remarks
Function 10: Supportive supervision				
Planned activities	Implementation status		Constraints	
To conduct 2 days Supportive Supervision and follow ups to 6 LGAs quarterly by June, 2017	RMSS C and 4HFs per Council for the period of October to December 2016 was conducted from 13/3/2017 to 18/3/2017		None	

To conduct 3 days Regional management supportive supervision quarterly to 6 LGAs by June, 2017	RMSS C and 4HFs per Council for the period of October to December 2016 was conducted from 13/3/2017 to 18/3/2017	None
To conduct 2 days joints RS/RHMT routine supportive supervision and PHDP to 6 LGAs bi-annually by June, 2017	To be implemented on fourth quarter for April June, 2017	None
To conduct 5 days quarterly M & E tools (CTC 2, registers and forms) by June 2017	Not implemented as budgeted year plan for AGPAHI ended in September	Financial constraints from implementing partner AGPAHI
To conduct quarterly joint supportive supervision with HFs supervisors on the use of FP integrated counseling system and standard days method using mobile phones by June, 2017	Not implemented as budgeted year plan for PI ended in September	None
To conduct 5 days quarterly mentoring to 6 LGAs on logistic and supply chain management by June, 2017	The supportive supervision and mentoring to 6 LGAs on logistic and supply chain management was conducted.	None
To conduct 6 days comprehensive SS on HIV services by June, 2017	Comprehensive supportive supervision on HIV/HBC and OVC services was conducted.	None
To facilitate RHMT on Supporting quality improvement activities in the Region by June 2017	Quality improvement activities have been conducted to all health facilities in the Region several times during RBF verification and HIV services supportive supervision.	None
To conduct 3 days supportive supervision to 6 LGAs both for households & school WASH quarterly by June, 2017	The supportive supervision to LGAs both for households & school WASH has been implemented	None
To conduct 3 days follow up and monitoring on household and school WASH to 6 LGAs by June, 2017	Follow up and monitoring on household and school WASH activities have been implemented	None

To conduct planned preventive, maintenance quarterly for 6 RHMT vehicles by June, 2017	Planned preventive maintenance not conducted		None	
To conduct 2 days bi-annual joint supportive supervision on implementation of nutrition interventions in 6 LGAs by June, 2017	This activity has been conducted in March, 2017 under support of World Vision – Enrich Project in Kahama TC, Kishapu DC and Shinyanga DC		None	
Actions to be taken to overcome the constraints	Responsible person(s)	Part 3: Follow-up of actions identified in Part 2		
	by title	Tick (✓) by RHMT when the action was taken.	Date of action	Remarks
4. To communicate with AGPAHI to see if the implementation of this activity can be done	RRCHCo			

2.2. Timing of activities

Region: Shinyanga

Period: January to March 2017

Activities		Schedule												Person in Charge
		2016/2017												
		1st Quarter			2nd Quarter			3rd Quarter			4th Quarter			
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Function 1: RHMT plans and strategies														
To conduct RHMT pre-planning session for 3 days by June 2017	Plan													RNO
	Actual													
To conduct RHMT Annual Plan 2017/18 for 10 days by June 2016	Plan													
	Actual													
To conduct 3 days annual proposal renewal workshop by June 2016	Plan													RHS
	Actual													

To facilitate submission of plans and reports monthly and quarterly to PMORALG and Ministry of Health and Social Welfare by June 2016	Plan													
	Actual													RNuO
Function 2: Policy dissemination														
To conduct 2 days dissemination and support on translation of policies strategies and guidelines from MoHCDGEC/PMORALG annually 60 6 LGAs by June 2016	Plan													RDO
	Actual													
To conduct annual joint dissemination meeting with Health practitioners (Laboratory, Pharmacy, Traditional and alternative healers and wholesalers food venders) by June 2017	Plan													RPharm
	Actual													
Function 3: Support an appropriate environment for Private Sector Development														

	Actual													
To conduct 2 days quarterly TB/HIV coordination meeting by June 2017	Plan													RLT
	Actual													
To conduct 1 day quarterly experience sharing meeting on supply chain management for 5 RHMT Members by June 2017	Plan													RPharm
	Actual													
To conduct 2 days compliance and financial work shop by June 2017	Plan													RACC
	Actual													
To facilitate 2 RHMT to attend QI/M&E meeting quarterly by June 2017	Plan													RACC
	Actual													
To conduct bi annual Regional GBV/VAC coordination meeting by June, 2017	Plan													RSWO
	Actual													

	Actual													
To conduct 2 days workshop on Pharmaceutical management and supply chain for 4 RHMT members by June 2017	Plan													RPham
	Actual													
To conduct 1 day experience sharing meeting on HBC/CHW quarterly to 3 RHMT members by June 2017	Plan													RSWO
	Actual													
To conduct biannual review meeting with R/CHMTs and other stakeholders on GBV Prevention and Response by June 2017	Plan													RSWO
	Actual													
To conduct annual meeting RHMT and IP by June 2017 by June 2017	Plan													RMO
	Actual													
Function 5: Human resource management														
To support 6 LGAs during planning, recruitment process,	Plan													RHS

deployment and retention of human resource for health by June, 2017													
	Actual												
To provide statutory benefits to 8 staff working in the health and social welfare section by June, 2017	Plan												RHS
Function 6: Health and social welfare service quality													
To conduct 6 days review meeting for approval of Quarterly councils progress reports and RHMT summary report writing by June, 2017	Plan												RHS
	Actual												
To review and approve CCHPs from 6 LGAs for 10 days by June, 2017	Plan												RDO
	Actual												
To construct Regional satellite safe blood bank center by June 2017	Actual												RHS
To support renovation of 6	Plan												RMO

RHMT members offices by June 2017													
	Actual												
To facilitate 6 RS/RHMT to co-ordinate 6LGAs to participate in National Hygiene and Sanitation competition annually by June, 2017	Plan												RHO
	Actual												
To conduct 3 days orientation on data quality on vaccination to 12 CHMT members (DIVO and DRCHCo) by June, 2017	Plan												RIVO
	Actual												
To conduct 3 days orientation on data quality on vaccination to 12 CHMT members (DIVO and DRCHCo) by June 2017	Plan												RIVO
	Actual												
To conduct 2 bi-annual vaccination data analysis meetings in all District Councils by June 2017	Plan												RIVO
	Actual												

	Actual													
To conduct learning visits to strengthen the implementation on the household and school wash NSC by June, 2017	Plan													RIVO
	Actual													
Preparation & verification of quarterly reports from LGAs for households and school WASH by June, 2017	Plan													RHO
	Actual													
To conduct community sensitization on GBV/VAC talk through local radios by June 2017	Plan													RSWO
	Actual													
To conduct monthly safe blood sensitization and mobilization in all 6 LGAs by June 2017	Plan													RLT
	Actual													

	Actual													
To conduct 3 days orientation to 36 members of Emergency preparedness team from 6 LGAs on Emergency and Disaster preparedness by June 2017	plan													RNO
	Actual													
Function 8: Support Regional Referral Hospital														
To conduct 2 days quarterly clinical and managerial supportive supervision to Regional Referral Hospital by June, 2017	Plan													RDO
	Actual													
To conduct 1 day RHMT and RRHMT meeting quarterly by June 2017	Plan													RHS
	Actual													
To conduct 2 days medicines and financial audit to Regional Referral Hospital bi-annual by June, 2017	Plan													RPham

Function 9: Network System												
To facilitate 5 RHMT members to attend Ministerial, sectorial and Interregional meeting by June, 2017	Plan											RHO
	Actual											
Function 10: Supportive Supervision												
To conduct 2 days Supportive Supervision and follow-ups to 6 LGAs quarterly by June, 2017	Plan											RHS
To conduct 3 days Regional management supportive supervision quarterly to 6 LGAs by June, 2017	Plan											RHS
	Actual											
To conduct 2 days joints RS/RHMT routine supportive supervision and PHDP to 6 LGAs bi-annually by June, 2017	Plan											RDO
	Actual											

	Actual													
To conduct 3 days supportive supervision to 6 LGAs both for households & school WASH quarterly by June, 2016	Plan													RHO
	Actual													
To conduct 3 days follow up and monitoring on household and school WASH to 6 LGAs by June, 2017	Plan													RHO
	Actual													
To conduct planned preventive, maintenance quarterly for 6 RHMT vehicles by June, 2016	Plan													RHS
	Actual													
To conduct 2 days bi-annual joint supportive supervision on implementation of nutrition interventions in 6 LGAs by June, 2017	Plan													RNuO
	Actual													
To facilitate RHMT on supporting quality improvement activities in the Region by June 2017														RQCo

To conduct 3 days supportive supervision to 6 LGAs both for household & school WASH quarterly by June 2017															RHO
To conduct 3 days follow up and monitoring on household and school WASH to 6 LGAs by June 2017	Actual														RHO
	Actual														
GRAND TOTAL															

CHAPTER 3: FINANCIAL STATUS

RHMT had planned to utilize a total of Tshs.249,129,019.00 as approved budget for this third quarter, but on this reported quarter a total of Tshs.110,567,031/= we received from different sources of funds which include HSBF and other contributions from donors. The sources that had funds this quarter are HSBF which contributed a total of Tshs. 32,089,750/= Block grant Tshs. 2,136,000/= and Tshs. 76,341,281.05/= from RBF. By the end of December, 2017 the closing balance for the first quarter was 159,167,763/= this balance was from RBF funds, Global fund and Malaria making a total of available funds to be Tshs.269,734,794/= Reaching the end of the quarter RHMT had managed to utilize a total of Tshs.193,755,647/= and leaving a balance of tshs.76,084,840/=

The funds for this reported quarter were used for paying of allowances to RHMT who conducted supportive supervision to all councils as well as conducting RBF activities in the Region, conducting PPM, renovation of RHMT resource center and procurement of fuel for supportive supervision and other activities implemented in the region. The detailed information on funds receipts and utilization for this quarter are shown in the table below:

Table 3-1-1. Financial Summary for All Sources

	Basket Fund	Block Grant (OC)	AGPAHI	GLOBAL FUND TB	Malaria Program	RBF	Total
Opening balance	240,000	0	47,402	133,211,483	12,804,000	12,970,621	159,273,506
Receipt during the period	32,089,750	2,136,000	0	-	-	76,341,281	110,567,031
Total funds available	32,329,750	2,136,000	47,402	133,211,483	12,804,000	89,311,902	269,840,537
Expenditure for the period	32,220,700	1,721,995	0	72,250,050	-	87,562,902	193,755,647
Closing balance	109,050	414,005	47,402	60,961,433	12,804,000	1,749,000	76,084,890

Table 3-1-2. Financial Summary by Basket Fund

	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun
	1st qrt	2nd qrt	3rd qrt	4th qrt
Opening balance at the beginning of the year	-	-	-	
Opening balance at the beginning of the quarter	-	0	240,000	
Receipt during the period	-	64,179,500	32,089,750	
Total funds available	-	64,179,500	32,329,750	
Expenditure for the period	-	63,939,500	32,220,700	
Total funds available	-	240,000	109,050	

Table 3-1-3 Financial Summary by Block Grant (OC)

	Jul-Sept	Oct-Dec	Jan-Mar	Apr-Jun
	1st qrt	2nd qrt	3rd qrt	4th qrt
Opening balance at the beginning of the year	0	0	0	0
Opening balance at the beginning of the quarter	0	0	0	0
Receipt during the period	0	2,200,000	2,136,000	-
Total funds available	0	2,200,000	2,136,000	-
Expenditure for the period	0	2,200,000	1,721,995	-
Closing balance	0	0	414,005	0

Table 3-1-4 Financial Summary by AGPAHI

	Jul-Sept	Oct-Dec	Jan-Mar	Apr-Jun
	1st qrt	2nd qrt	3rd qrt	4th qrt
Opening balance at the beginning of the year	47,402.00	0	0	-
Opening balance at the beginning of the quarter	47,402.00	47,402	47,402	-
Receipt during the period	0	0	0	-
Total funds available	47,402.00	47,402	47,402	-
Expenditure for the period	-	0	0	
Closing balance	47,402.00	47,402.00	47,402.00	

Table 3-1-5 Financial Summary by Global Fund – TB & Leprosy

	Jul-Sept	Oct-Dec	Jan-Mar	Apr-Jun
	1st qrt	2nd qrt	3rd qrt	4th qrt
Opening balance at the beginning of the year	0	0	0	0
Opening balance at the beginning of the quarter	13,430,740	105,740	133,211,483	0
Receipt during the period	0	133,105,743	-	0
Total funds available	13,430,740	133,211,483	133,211,483	0
Expenditure for the period	13,325,000	0	72,250,050	0
Closing balance	105,740	133,211,483	60,961,433	0

Table 3-1-6 Financial Summary by Malaria Control Program

	Jul-Sept	Oct-Dec	Jan-Mar	Apr-Jun
	1st qrt	2nd qrt	3rd qrt	4th qrt
Opening balance at the beginning of the year	0	0	0	0
Opening balance at the beginning of the quarter	0	0	12,804,000	0
Receipt during the period	0	20,664,000	-	0
Total funds available	0	20,664,000	12,804,000	0
Expenditure for the period	0	7,860,000	-	0
Closing balance	0	12,804,000	12,804,000	0

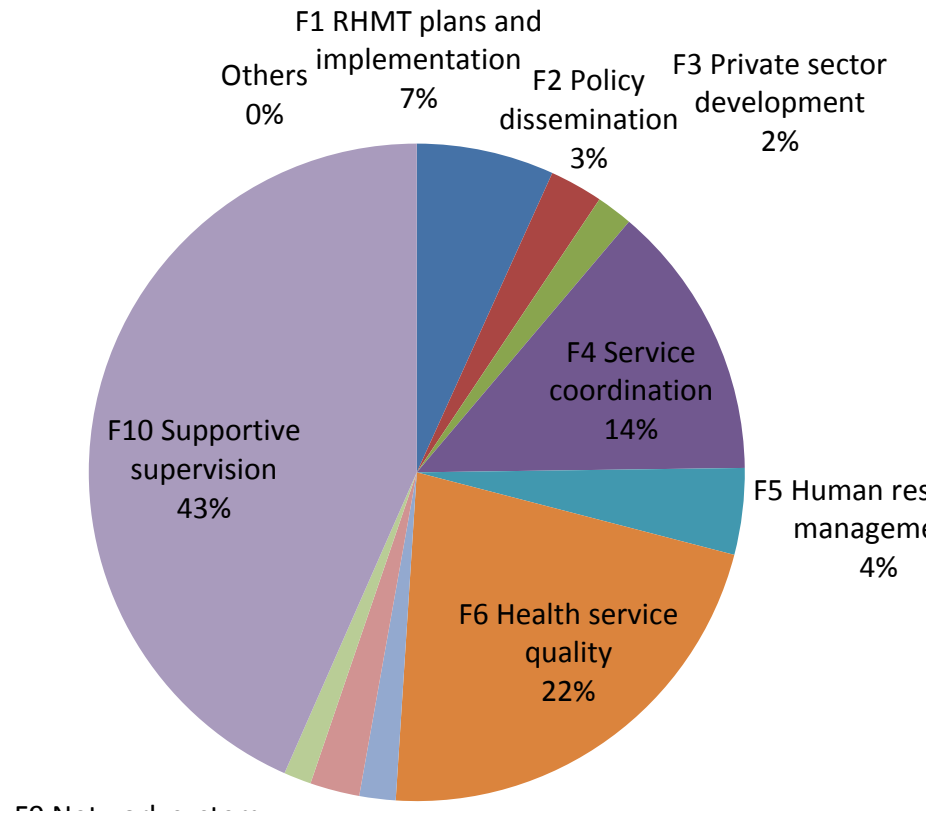
**Table 3-1-7 Financial Summary
RBF**

	Jul-Sept	Oct-Dec	Jan-Mar	Apr-Jun
	1st qrt	2nd qrt	3rd qrt	4th qrt
Opening balance at the beginning of the year	0	0	0	0
Opening balance at the beginning of the quarter	9,944,610	19,670,621	12,970,621	0
Receipt during the period	0	63,000,000	76,341,281	0
Total funds available	9,944,610	82,670,621	89,311,902	0
Expenditure for the period	9,944,610	69,700,000	87,562,902	0
Closing balance	0	12,970,621	1,749,000	-

3-4. Total Expenditure by Function up to the quarter ended September 2016

	F1 RHMT plans and implementation	F2 Policy dissemination	F3 Private sector development	F4 Service coordination	F5 Human resource management	F6 Health service quality	F7 Emergency and disaster preparedness	F8 Support regional referral hospital	F9 Network system	F10 Supportive supervision	Others	Total
Basket Fund	12,030,000	3,400,700	0	8,681,000	0	0	0	0	0	8,109,000	0	32,220,700
Other funds	9,070,000	3,001,000	12,006,000	67,000,000	4,207,000	6,500,000	0	0	0	59,750,947	0	161,534,947
Total	21,100,000	6,401,700	12,006,000	75,681,000	4,207,000	6,500,000	0	0	0	67,859,947	0	193,755,647

Total Expenditure by Function



CHAPTER 4: SUPPORTIVE SUPERVISION REPORT

4.1 Report on Supportive Supervision to Council (RMSS-C& H)

The RHMT managed to conduct RMSS C to all 6 councils of Shinyanga region on which the followings were observed; all the councils managed to conduct Supportive supervision to health facilities in their areas as well as providing technical support on issues that rose, this was proved through reports that were found at DMOs offices. Another achievement observed was the preparation of Health facilities plan (Dispensary and Health Center) and CCHPs whom most of CHMTs were at Dodoma finalizing the corrections given from PORALG before approval. Similarly to that most of CHMTs succeeded to utilize the RBF bonus and development funds.

Apart from the noted achievement but still the councils were advised to have teams for preparation of quarterly CCHPs progressive reports as it was revealed that to some of the Councils the reports are prepared by Health Secretaries only, again CHMTs were advised also to prepare reports for supportive supervision and mentorship conducted and send them back feedback to the facilities visited, likewise to increase the enrollment rate and try to reduce the big number of information of insurees that not entered in IMIS and insuree without photo.

Table 4- 1 RMSS –C and H Implementation

SN.	Name of Councils	Date of SS Implementation	SS Report Available
1.	Kahama TC	13 th March,2017	Yes
2.	Kishapu DC	15 th March,2017	Yes
3.	Msalala DC	17 th March,2017	Yes
4.	Shinyanga DC	15 th March,2017	Yes
5.	Shinyanga MC	15 th March,2017	Yes
6.	Ushetu DC	14 th March,2017	Yes
	Shinyanga Regional Hospital	15 th March,2017	Yes

Table 4 -1 shows the date and coverage of Supportive Supervision implementation to all councils

APPENDICES

Appendix 1: RMSS SHEET

A. Supportive supervision conducted to CHMTs (Focused on monitoring of the planned activities in CCHP and other managerial issues)

Year: 2016/17

Region: SHINYANGA

	July		August		September		October		November		December	
Name of Council	No. of visits	Reports	No. of visits	Reports	No. of visits	Reports	No. of visits	Reports	No. of visits	Reports	No. of visits	Reports
Kahama TC					1	1					1	1
Kishapu DC					1	1					1	1
Msalala DC					1	1					1	1
Shinyanga DC					1	1					1	1
Shinyanga MC					1	1					1	1
Ushetu DC					1	1					1	1

	January		February		March		April		May		June	
Name of Council	No. of visits	Reports	No. of visits	Reports	No. of visits	Reports	No. of visits	Reports	No. of visits	Reports	No. of visits	Reports
Kahama TC					1	1						
Kishapu DC					1	1						
Msalala DC					1	1						
Shinyanga DC					1	1						
Shinyanga MC					1	1						
Ushetu DC					1	1						

B: Supportive supervision conducted to Regional Referral Hospital Management Team

Year: 2016/17

Region: Shinyanga

	July		August		September		October		November		December	
Name of Regional Hospital	No. of visits	Reports	No. of visits	Reports	No. of visits	Reports	No. of visits	Reports	No. of visits	Reports	No. of visits	Reports
Shinyanga Regional Referral Hospital					1	1					1	1
	January		February		March		April		May		June	
Name of Regional Hospital	No. of visits	Reports	No. of visits	Reports	No. of visits	Reports	No. of visits	Reports	No. of visits	Reports	No. of visits	Reports
Shinyanga Regional Referral Hospital					1	1						

Annexes: RMSS C – H reports

Summary Report for RMSSC

Name of council: Kahama TC

Date of RMSS visit: 13/3/2017

Date of Feedback: 13/3/2017

Names of RMSS Supervisors

1. Mariam A. Mwita	RNuO	Team leader
2. Lydia Kwesigabo	RSWO	
3. Muhidin Hamza	RLT	
4. Dr. John Majigwa	RTL	

Names of CHMT members participated at the feedback meetings

1. Dr. Athumani Juma Ag. TMO	9. Anthony M. Kasomela
2. Boniphace Kagoma	10. Dr. Fredrick M. Malunde
3. Nyamizi Mvulla	11. Jerome Onesmo
4. Ayamery Mlay	12. Mihayo Doroth
5. Luja Jimila	13. Juvenary Katabazi
6. Sia Daniel Philemon	14. Vestina Mutta
7. Mwanaid A. Lukali	15. Abraham Nuru
8. Flora Mwinuka	

RESULTS

1. CHMT managerial capacity

(based on checklist)

1. Planning, Monitoring and Evaluation	<ul style="list-style-type: none"> All participants were aware towards CCHP However, the minutes of various meetings were not available
2. Supportive Supervision	<ul style="list-style-type: none"> Supportive supervision coverage was 100% Supportive supervision feedback reports were available in files however, the not yet submitted to the HFs Mentorship was not conducted
3. Human Resources	<ul style="list-style-type: none"> Each CHMT member has a job description however, the covering letter were not officially signed and also missing reference number. Retention program is not understood by all CHMT members and not properly implemented since the existing written document is out of date Ad hock activities were done by CHMT members Coaching and mentoring activities were not done since there was no any reports None of the CHMT member had a monthly working schedule
4. Financing	<ul style="list-style-type: none"> Accounting records from HFs is maintained CHF enrollment trend has increased (5.4%) compared to previous quarter (2%) The overall revenue collection Oct-Dec. was 31,227,000/=
5. Medical Products supply management	<ul style="list-style-type: none"> Therapeutic committee in place The quarterly meeting was not conducted

6. Health Management Information System	<ul style="list-style-type: none"> • Summary of HMIS from all HFs in place • The aggregated summary of previous quarter is completed
7. Social Welfare Services	<ul style="list-style-type: none"> • Social welfare is among the core members of CHMT • community sensitization to enroll on CHF is a key strategy used to reduce exemptions
8. Emergency Preparedness	<ul style="list-style-type: none"> • SOP, Guideline and manuals in place however, there is no Strategic plan • Emergency prepared team available in CHMT but during the reporting quarter did not convene a meeting
9. Public, Private Partnership	<ul style="list-style-type: none"> • There is a PPP coordinator among CHMTs • No any service agreement signed • PPP coordination meeting was conducted

2. Major Actions to be taken immediately

Focus Area	Challenge	Action to be taken	By who	When
1. Planning, Monitoring and Evaluation	minutes of various meetings were not available	Open separate file for meeting minutes	THS	By 31st March, 2017
2. Supportive Supervision	Written feedbacks of supportive supervision reports were not in HFs	Immediately after CSS send the feedback to the HFs	CSS-Manager	By 31st March, 2017
3. Human Resources	-Job/task description of CHMTs not officially signed	Job/task description of all CHMT members should be officially signed	TMO	By 31st March, 2017
	-Coaching and mentoring activities were not done	Conduct mentorship for the major knowledge gaps identified	CSS-Manager	Routine
	None of the CHMT member had a monthly working schedule	Each CHMT member should prepare a monthly working schedule	TMO	By 31st March, 2017
5. Medical Products supply management	quarterly meeting was not conducted by Therapeutic committee	Conduct quarterly meetings and keep minutes	TMO	By 31st March, 2017
8. Emergency Preparedness	no Strategic plan	Prepare/request from the relevant authorities	Team leader	By 31st March, 2017
9. Public, Private Partnership	No any service agreement signed	Accelerate efforts to sign Service Agreements	TMO	By 31st March, 2017

Register Book for RMSS-C

Name of council: KISHAPU DC

Date of RMSS visit: 15/3/2017

Date of Feedback: 15/3/2017

Names of RMSS Supervisors

1. John Mfutakamba	Team leader
2. Dennis Madeleke	NuO
3. Joyce Kondolo	RRCHco
4. Nuru Mpuya	Ag RMO
5. Neema Simba	RHO
6. Dassa Maneno	RLADO

Names of CHMT members participated at the feedback meetings

<ol style="list-style-type: none"> 1. Dr Charles Mlonganile DMO 2. Anoid Geminian DHMISCO 3. Adamu Katoto Ass. DRCHO 4. Noela Massawe DSWO 	
--	--

RESULTS

1. CHMT managerial capacity

(based on checklist)

1. Planning, Monitoring and Evaluation	<ul style="list-style-type: none"> • All participants were aware towards CCHP • Pre planning meeting minutes in place • Minutes for progress report discussion in place
2. Supportive Supervision	<ul style="list-style-type: none"> • Supportive supervision coverage was more than 80% • Supportive supervision feedback reports were available in files.
3. Human Resources	<ul style="list-style-type: none"> • Each CHMT member has a job description however, they have no task description • Coaching and mentoring activities conducted but there were no reports • All CHMTs have a monthly work schedule
4. Financing	<ul style="list-style-type: none"> • CHMTs maintain accounting records from HFs and update quarterly • CHF enrollment is about 18.79%
5. Medical Products supply management	<ul style="list-style-type: none"> • Therapeutic committee in place • The quarterly meeting conducted, the minutes of meeting in place. • CHMT practicing 5S at CHMT office.
6. Health Management Information System	<ul style="list-style-type: none"> • Summary of HMIS from all HFs in place • The aggregated summary of previous quarter is completed
7. Social Welfare Services	<ul style="list-style-type: none"> • Social welfare is among the core members of CHMT • Guideline for identifying exempted people is available.

8. Emergency Preparedness	<ul style="list-style-type: none"> • strategic plan, SOP and manuals in place however, there is no Guideline • Emergency prepared team available in CHMT but during the reporting quarter did not convene a meeting
9. Public, Private Partnership	<ul style="list-style-type: none"> • There is a PPP coordinator among CHMTs • One service agreement signed • PPP coordination meeting was conducted and minutes in place

2. Major Actions to be taken immediately

Focus Area	Challenge	Action to be taken	By who	When
3. Human Resources	-CHMT have no task description	task description to be assigned to all CHMTs	DMO	31/03/ 2017
	No retention program	Retention program should be developed and incorporated in CCHP	DMO	FY2018/19
	-Coaching and mentoring reports not seen	Write feedback mentorship reports and submit to the HFs	CSS-Manager	Routine
7. Social Welfare Services	Social welfare facilities are not identified	Social welfare facilities should be identified and listed	DSWO	30/4/2017
	No supervision done to the SW facilities	Check list should be developed and used in supervision	DSWO	30/04/2017
9. Public, Private Partnership	No appointment letter given to PPP Coordinator.	Appointment letter should be given to PPP coordinator	DMO	31/03/ 2017
	No PPP meeting conducted.	PPP meeting should be conducted and the minutes should be available	PPP Coordinator	30/06/2017

Register Book for RMSS-C

■Name of Council: MSALALA DC

■Date of RMSS visit:

17/3/2017

■Date of Feedback in the last day 17/3/2016

■Names of RMSS Supervisors and title

1. Fabian Kalabwe	-	RNO
2. Ali N. Kabeya	-	RHMIS FP
3. Gladness Mahimbo	-	RQI FP
4. Dr. Irene Mukerebe	-	RMIP

■Names of CHMT members participated at the feedback meeting

1. Kalidushi Charles - Ag.DMO	6. Abella Mujungu DLT
2. William M. Malekela - DMIFP	7. Richard Ngondya Meneja CHF
3. Mwamini Mziray - DNuO	8. Peter Balole DTMAHCO
4. Pilli Paul - Asst DRCHC	9. Catherine Zanzibar DHMIS FP
5. Bwire Deogratius DIVO	

RESULTS

1. Achievement

- CCHP, All participants are aware toward
- All CHMT members have written Job/Task description.
- Quarterly SS coverage for October-December 2016 was 82% (23 out of 28 health facilities)
- Follow up of previous SS and feed back
- Copies of SS reports are available at health facility level in all facilities visited
- Some of mentoring and coaching conducted by CHMTs, Reports were available.
- CHMT made follow up of previous Supportive Supervision.
- HRHIS updated
- MTUHA is implemented and availability of monthly Summary reports
- HRIS is updated regularly
- Availability of Monthly work schedule to each CHMT member.
- Accounts records in place showing increase of CHF/TIKA collections
- There one Social Welfare Officer for the Council.
- Retention program is in place
- 5 "S" is maintained
- Adhoc conducted and reported activities with good reasons
- Availability of Therapeutically committee
- DHIS 2 database have been updated for October-December 2016

- Availability of Social Welfare supportive supervision checklist
- CHMT Mentoring and coaching reports to HFs were available

2. Areas for Improvement

Issues identified: solved/ not solved

- Lack of Retention program document.
- No Retention program implementation reports
- CHMT has no Emergency Preparedness Strategic Plan
- No Emergency preparedness meeting conducted
- Monthly Supportive Supervision schedule for CHMT to HF level was not available.
- No minutes to verify the participation of CHMT during CCHP pre & planning sessions and quarterly progress reports
- No minutes for therapeutically committee
- HMIS Registers No 2 Taarifa za kituo and No3 Kutembelea vijiji/Mitaa not used in all facilities
- No PPP coordination meetings conducted for October-December 2016
- No supportive supervision conducted to private facilities

3. From the Checklist

Area	Major Issues to be addressed	Actions to be taken immediately
Area 1: Planning, Monitoring and Evaluation	<ul style="list-style-type: none"> • Minute of CCHP preparation is not available 	<ul style="list-style-type: none"> • CHMT Members to avail minutes.
Area 2: Supportive Supervision	<ul style="list-style-type: none"> • Supportive Supervision reports are available by coverage of 82% 	<ul style="list-style-type: none"> • Cover all public and Private facilities
	<ul style="list-style-type: none"> • Monthly Supportive Supervision schedule for CHMT to HF level was not available 	<ul style="list-style-type: none"> • Prepare CHMT Supportive Supervision schedule and distribute to all facilities
	<ul style="list-style-type: none"> • CHF enrollment is still low for October-December 2016 	<ul style="list-style-type: none"> • CHMT were advised to increase Community sensitization meetings. • Use CHF cards in all treatment rendered.
Area 5: Medical Products Supply Management	<ul style="list-style-type: none"> • Financial audit not done in October-Dec 2016 • No minutes for Therapeutically committee 	<ul style="list-style-type: none"> • CHMT were advised to continue conducting Medicine and Financial Audit.. • Document all TC meetings
Area 6: Health Management Information System	<ul style="list-style-type: none"> • Hard copy of Aggregated Summary of HMIS from all HFs were available • Registers No 2 and 3 not 	<ul style="list-style-type: none"> • Keep it up • Distribute and make sure utilization of registers no 2 and 3

	used in all facilities	
Area 7: Public, Private Partnership	No Coordination meeting conducted for Oct-Dec 2016	Conduct Coordination Meeting quarterly.
Area 8: Emergency Preparedness	<ul style="list-style-type: none"> Emergency preparedness strategic plan, 	<ul style="list-style-type: none"> CHMT to continue with enforcement of Emergency Preparedness and Disaster Management Strategic Plan 2014-2019
Area 9: Social Welfare Services	<ul style="list-style-type: none"> One Social Welfare Officers is available in the Msalala District Council 	<ul style="list-style-type: none"> Continue Incorporating The Social Welfare Officer in CHMT Supportive Supervision.

4. From the CCHP Progress Monitoring Sheet

Priority areas	Major actions to be taken by CHMT	Any support by RHMT
1 Medicines, medical equipment, medical and diagnostic supplies management system		
2 Maternal, Newborn and Child Health		
3 Communicable Disease		
4 Non-Communicable Disease		
5 Other Disease		
6 Environmental Health		
7 Social Welfare		
8 Human Resource		
9 Organizational Structure		
10 Emergency Preparedness	Issue : Lack of Emergency Preparedness strategic plan. Action: CHMT to prepare strategic plan for Emergency Preparedness program.	

11 Health Promotion		
12 Traditional Medicine		
13 Construction, rehabilitation and Planned Preventive Maintenance of Physical Infrastructures of Health Facilities		

5. Further Recommendations/Remarks

- Put effort in improving CHF, NHIF/user fee as an alternative health financing.
- No PPP coordination meetings conducted
- Conduct Emergency preparedness meeting
- Revive The Council Health Service Board
- Prepare data quality Audit reports
- Conduct PPP coordination meetings .

Register Book for RMSS-C

■Name of Council: SHINYANGA DC

■Date of RMSS

visit: 15/3/2017

■Date of Feedback in the last day 15/3/2017

■Names of RMSS Supervisors and title

1. Fabian Kalabwe	-	RNO
2. Ali Kabeya	-	RHMIS FP
3. Gladness Mahimbo	-	RQI FP
4. Dr. Irene Mukerebe	-	RMIP

■Names of CHMT members participated at the feedback meeting

1. Joseph Ngowi	-	Ag.DMO	6. Sophia Kulwa	EHA
2. Simiro Monyo		MNO	7. Peter Masanyiwa	Ag.DHS
3. Daniel Singolile		DTLC	8. Bashiri Salum	DHO
4. Evodia Ndyamukama		DRCHC	9. Benson F.M	DHMIS
5. Mwatanga Shaban		DIVO		

RESULTS

1. Achievement

- Progress of implemented CCHP planned activities were discussed in CHMT meeting held on 12/10/2016 for October-December 2016 progress report.
- All CHMTs have written Job/Task description.
- Quarterly SS coverage for October-December 2016 was 100% (40 out of 40 health facilities) as compared with 86% of July-Sept. 2016
- Copies of SS reports are available at health facility level in all facilities visited
- Some of mentoring and coaching conducted by CHMTs, Reports were available.
- CHMT made follow up of previous Supportive Supervision.
- MTUHA is implemented and availability of monthly Summary reports
- HRIS is updated regularly (lastly was Feb.2017)
- Availability of Monthly work schedule to each CHMT member.
- There one Social Welfare Officer for the Council.
- Retention program is in place (Provision of staff houses and transport) but no implementation reports
- Medicine Audit was conducted in 10 HFs from 14/8-18/8/2016 and the audit report prepared
- Availability of tracer medicine for about 95%
- DHIS 2 database have been updated for October-December 2016
- Availability of Social Welfare supportive supervision checklist
- CHMT Mentoring and coaching reports to HFs were available
- Availability of Service agreement between the Council and Bugisi H/Centre.

2. Areas for Improvement

Issues identified: solved/ not solved

- Lack of Retention program document.
- No Retention program implementation reports
- CHMT has no Emergency Preparedness Strategic Plan
- No Emergency preparedness meeting conducted
- Monthly Supportive Supervision schedule for CHMT to HF level was not available.
- CHF enrollment is still low only 2.2% for October-December 2016 .
- No minutes to verify the participation of CHMT during CCHP pre & planning sessions
- No PPP coordination meetings conducted for October-December 2016
- Lack of Social Welfare Facility written profile for Usanda Leprosy Centre

3. From the Checklist

Area	Major Issues to be addressed	Actions to be taken immediately
Area 1: Planning, Monitoring and Evaluation	<ul style="list-style-type: none"> • Minute of CCHP preparation is not available 	<ul style="list-style-type: none"> • CHMT Members to avail minutes.

Area 2: Supportive Supervision	<ul style="list-style-type: none"> Supportive Supervision reports are available by coverage of 100% 	<ul style="list-style-type: none"> Keep it up.
	<ul style="list-style-type: none"> Monthly Supportive Supervision schedule for CHMT to HF level was not available 	<ul style="list-style-type: none"> Prepare CHMT Supportive Supervision schedule
Area 3: Human Resources	<ul style="list-style-type: none"> Lack of retention program document for Health Workers . 	<ul style="list-style-type: none"> CHMT were advised to prepare retention program document..
	<ul style="list-style-type: none"> CHF enrollment is still low 2.2% for October-December 2016 	<ul style="list-style-type: none"> CHMT were advised to increase Community sensitization meetings. Use CHF cards in all treatment rendered.
Area 5: Medical Products Supply Management	<ul style="list-style-type: none"> Financial audit not done in October-Dec 2016 	<ul style="list-style-type: none"> CHMT were advised to continue conducting Medicine and Financial Audit..
Area 6: Health Management Information System	<ul style="list-style-type: none"> Hard copy of Aggregated Summary of HMIS from all HFs were available 	Keep it up
Area 7: Public, Private Partnership	No Coordination meeting conducted for Oct-Dec 2016	Conduct Coordination Meeting quarterly.
Area 8: Emergency Preparedness	<ul style="list-style-type: none"> Emergency preparedness strategic plan, 	<ul style="list-style-type: none"> CHMT to utilize Emergency Preparedness and Disaster Management Strategic Plan 2014-2019
Area 9: Social Welfare Services	<ul style="list-style-type: none"> One Social Welfare Officers is available in the Shinyanga District Council 	<ul style="list-style-type: none"> Continue Incorporating The Social Welfare Officer in CHMT Supportive Supervision.

4. From the CCHP Progress Monitoring Sheet

Priority areas	Major actions to be taken by CHMT	Any support by RHMT
1 Medicines, medical equipment, medical and diagnostic supplies		

management system		
2 Maternal, Newborn and Child Health		
3 Communicable Disease		
4 Non-Communicable Disease		
5 Other Disease		
6 Environmental Health		
7 Social Welfare		
8 Human Resource		
9 Organizational Structure		
10 Emergency Preparedness	<i>Issue :Lack of Emergency Preparedness strategic plan. Action: CHMT to prepare strategic plan for Emergency Preparedness program.</i>	
11 Health Promotion		
12 Traditional Medicine		
13 Construction, rehabilitation and Planned Preventive Maintenance of Physical Infrastructures of Health Facilities		

5. Further Recommendations/Remarks

- Put effort in improving CHF,NHIF/user fee as an alternative health financing.
- No PPP coordination meetings conducted
- Conduct Emergency preparedness meeting
- Revive The Council Health Service Board
- Prepare data quality Audit reports
- Conduct PPP coordination meetings .

Register Book for RMSS-C

■Name of Council: SHINYANGA MC
visit: 15/03/2017

■Date of RMSS

■Date of Feedback in the last day 15/03/2017

■Names of RMSS Supervisors and title

- | |
|----------------------------|
| 1. Neema Simba - RHO |
| 2. Dr. Nuru Mpuya - RDO |
| 3. Maneno Dassa - RRad |
| 4. Denis Madeleke – NuO |
| 5. John Mfutakamba- RPharm |

■Names of CHMT members participated at the feedback meeting

- | | | |
|-------------------------|---|---------|
| 1. Tumpe Anna Mwakapila | - | Ag. DMO |
| 2. Phinias Chikundi | - | MIVO |
| 3. Asha Serera | - | Ag. MHS |
| 4. Kuchibanda | - | MMIFP |
| 5. Dr Edith Kwezi | - | MACC |
| 6. Hamza Fulano | - | MPharm |
| 7. Theophil Kataimara | - | MLT |
| 8. Nicolao | - | MRCHCo |

RESULTS

1. Achievement

- | |
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| <ul style="list-style-type: none">• CCHP and Health Facility Plan prepared and all CHMT involved• CHMT conducted Supportive Supervision to all Health Facilities and provided written feedback to health facilities but some reports were missing at DMO's office, e.g. Kolandoto Hospital, Kambarage HC, Imani and Magereza Dispensary.• CHMT members have monthly work schedules for the period of October – Dec, 2016.• CHF enrollment is increasing (13.9%).• NHIF claim fund are expected to be disbursed to the Health facility account.• Committee for Management of Medicines and Medical supplies at CHMT level is in place• Medicine audit conducted during the period of Oct- Dec, 2016• Summary of HMIS reports from health facilities are available.• Social welfare officers are available• Exemption mechanism to identify exempted people is in place.• Managerial and technical committee are in place• Managerial committee do conduct their meeting regularly• Technical committee is in place and do conduct their meeting on monthly basis• CHW coordinator is present and CHW is well coordinated• Safe blood mobilization team is available |
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2. Areas for Improvement

By Issues identified: solved/ not solves

- Minutes for preplanning and planning session were not available
- CHMT not n conducted meeting to discuss the progress of planned activities for the period of Oct – December, 2016.
- No report to show action taken on agreed action after supportive supervision.
- No consolidated supportive supervision report
- Not all CHMT members have job/task description e.g. all Health Secretary have not job/task description
- No evidence of regular update of HRHIS
- Retention program/document was not seen during SS
- No reports for mentoring and coaching conducted to Health Facilities
- CHMT members have no monthly work schedules for the period of Jan- March, 2017.
- Accounting records from health facilities were not available at DMO’s office
- CHF manager and CHF coordinator are not stationed at DMO’s office
- Some of HMIS summary reports from all health facilities were not available e.g. report from Shinyanga Regional Referral Hospital.
- No list of Social welfare facilities
- No supportive supervision conducted to Social welfare facilities
- Strategic Plan for Emergency preparedness are not available, no SOP
- CHMT emergency preparedness team is not active
- PPP coordinator are available but has no task description
- Service agreement entered with faith based facilities were not available during supervision
- No PPP coordination meeting conducted during Oct- Dec, 2016.
- No evidence of availability of disciplinary committee.
- No monthly meetings between the health facility staff and Community Health Workers

3. From the Checklist

Area	Major Issues to be addressed	Actions to be taken immediately
Area 1: Planning, Monitoring and Evaluation	<ul style="list-style-type: none"> • Minutes for pre-planning and planning session were not available <p>CHMT not n conducted meeting to discuss the progress of planned activities for the period of Oct – December, 2016.</p>	<ul style="list-style-type: none"> • Prepare and file minutes for pre-planning and planning session <p>Conduct meeting during preparation of quarterly progress report to discuss the progress of planned activities every quarter and keep minutes.</p>

Area 2: Supportive Supervision	No consolidated supportive supervision report	<ul style="list-style-type: none"> • Prepare a consolidated report and submit to relevant authority • Conduct meeting to discuss issues observed during Supportive Supervision (<i>CHMT to Health Facilities and RHMT to CHMT</i>) and prepare action plans
	No report to show action taken on agreed action after supportive supervision.	Make sure action are taken to all agreed actions and prepare report.
Area 3: Human Resources	No evidence of regular update of HRHIS	Update regularly HRHIS and ensure at least 3 CHMT know how to enter data in HRHIS and conduct analysis.
	Retention program/document was not available during Supportive Supervision	<ul style="list-style-type: none"> • Make available and Update retention program/document to suit the current situation. • Prepare implementation report of retention program quarterly.
	Not all CHMT members have job/task description e.g. all Health Secretary have not job/task description	Make sure all CHMT members have job/task description.
	No reports for mentoring and coaching conducted to Health Facilities	Conduct mentoring and coaching conducted to Health Facilities and prepare reports
	CHMT members have no monthly work schedules for the period of Jan- March, 2017.	All CHMT members should prepare Monthly work schedules and prepare its implementation report.

Area 4: Financing	CHF manager and CHF coordinator are not stationed at DMO's office	For proper and easy coordination of CHF issues; CHF manager and CHF coordinator should be stationed at DMO's office
	Accounting records from health facilities were not available at DMO's office	Ensure all accounting records from all health facilities are available at DMO's office
Area 5: Medical Products Supply Management	Prime vendor system not well utilized.	Encourage all Health Facilities to order medicines and medical supplies after getting out of stocks from MSD.
Area 6: Health Management Information System	Some of HMIS summary reports from all health facilities were not available e.g. report from Shinyanga Regional Referral Hospital.	Ensure all HMIS summary report are available.
Area 7: Public, Private Partnership (PPP)	<ul style="list-style-type: none"> • PPP coordination activities not conducted • Service agreement entered with faith based facilities were not available during supervision 	<ul style="list-style-type: none"> • Conduct PPP coordination meeting every Quarter. • Keep Copies of all Service agreement at DMO's office
Area 8: Emergency Preparedness and Response.	<ul style="list-style-type: none"> • Strategic Plan for Emergency preparedness are not available • No SOP • Emergence preparedness and response team at CHMT level is not active 	<ul style="list-style-type: none"> • Make it available and Update Strategic Plan for Emergency preparedness to suit the current situation and prepare SOPs for emergency preparedness and response • Revive emergence preparedness and response team
Area 9: Social Welfare Services	<ul style="list-style-type: none"> • No SS conducted to Social welfare facilities 	<ul style="list-style-type: none"> • Identify and Supervise all Social welfare facility and prepare reports and keep in separate file

	<ul style="list-style-type: none"> No list of all social welfare facilities No Supportive supervision conducted to SW facilities in the assessed quarter. 	<ul style="list-style-type: none"> Conduct Supportive on GBV and VAC services Prepare a list of social welfare facilities and keep it in file Conduct Supportive supervision to all SW facilities
Area 10: Managerial and Technical committee	<ul style="list-style-type: none"> No evidence of functional disciplinary committee. 	<p>Appoint disciplinary committee and make it functional</p> <p>Put in place strategy to prevent and control ethics violation at CHMT and Health Facility level.</p>
	<ul style="list-style-type: none"> No monthly meetings between the health facility staff and Community Health Workers 	<p>Conduct monthly meetings between the health facility staff and Community Health Workers</p>

4. From the CCHP Progress Monitoring Sheet

Priority areas	Major actions to be taken by CHMT	Any support by RHMT
1 Maternal, Newborn and Child Health		
7. Human Resource		
8. Organizational Structure	<p><i>Issue 1: Quality of Quarterly Progress Report still not good.</i></p> <p>Action: CHMT to ensure Quarterly Progress Report are in required quality in the next quarter</p> <p>RHMT will convene a meeting with Shinyanga MC to discuss, assess and rectify Quarterly Report</p>	RHMT will make a follow up, support and advise accordingly
9 Emergency Preparedness		
10 Health Promotion		

11 Traditional Medicine		
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5. Further Recommendations/Remarks

- Maintain team work spirit (between CHMT core and co-opted) and continue to orient new CHMT members on their roles and functions.
- Timely submission of plans and reports to relevant authorities
- Continue to adhere to supervision visit roster
- Continue to Conduct medicines and financial audit
- Put effort in CHF and NHIF/Userfee as an alternative health financing
- Work closely with other stakeholders on implementation of various activities e.g. joint SS
- Assist Health Facilities to develop timely and quality Health Facility Plan

Summary Report for RMSSC

Name of council: Ushetu DC

Date of RMSS visit: 14/3/2017

Date of Feedback: 14/3/2017

Names of RMSS Supervisors

- | | | |
|---------------------|------|-------------|
| 1. Mariam A. Mwita | RNuO | Team leader |
| 2. Lydia Kwesigabo | RSWO | |
| 3. Muhidin Hamza | RLT | |
| 4. Dr. John Majigwa | RTLC | |

Names of CHMT members participated at the feedback meetings

- | | | | |
|--------------------|-------------|---------------------|--------|
| 1. Timothy Sosoma | Ag. DMO | 4. Rehema Owen | SWO |
| 2. Ramadhan Kabuhu | Ass. DRCHCO | 5. Alphonse Malunde | DPharm |
| 3. Noela Massawe | DSWO | 6. Anna Mfelo | DNO |

RESULTS

1. CHMT managerial capacity

(based on checklist)

1. Planning, Monitoring and Evaluation	<ul style="list-style-type: none"> • All participants were aware towards CCHP • Pre planning meeting minutes in place • Minutes for progress report discussion in place
2. Supportive Supervision	<ul style="list-style-type: none"> • Supportive supervision coverage was 100% • Supportive supervision feedback reports were available in files as well as in the HFs • Mentorship conducted after supportive supervision
3. Human Resources	<ul style="list-style-type: none"> • Each CHMT member has a job description however, they have no task description • Retention program in pace • Ad hock activities were done by CHMT members • Coaching and mentoring activities conducted but there were no

	<ul style="list-style-type: none"> reports All CHMTs have a monthly work schedule
4. Financing	<ul style="list-style-type: none"> Accounting records from HFs are maintained but some accounts are charged service charge CHF enrollment trend has increased (2.2%) compared to previous quarter (5.7%)
5. Medical Products supply management	<ul style="list-style-type: none"> Therapeutic committee in place The quarterly meeting was not conducted
6. Health Management Information System	<ul style="list-style-type: none"> Summary of HMIS from all HFs in place The aggregated summary of previous quarter is completed
7. Social Welfare Services	<ul style="list-style-type: none"> Social welfare is among the core members of CHMT community sensitization to enroll on CHF is a key strategy used to reduce exemptions supportive supervision was conducted on one of the four social welfare facility
8. Emergency Preparedness	<ul style="list-style-type: none"> strategic plan, SOP and manuals in place however, there is no Guideline Emergency prepared team available in CHMT but during the reporting quarter did not convene a meeting
9. Public, Private Partnership	<ul style="list-style-type: none"> There is a PPP coordinator among CHMTs No any service agreement signed yet PPP coordination meeting was conducted and minutes in place

2. Major Actions to be taken immediately

Focus Area	Challenge	Action to be taken	By who	When
3. Human Resources	-CHMT have no task description	task description to be assigned to all CHMTs	DMO	By 31st March, 2017
	-Coaching and mentoring reports not seen	Write feedback mentorship reports and submit to the HFs	CSS-Manager	Routine
5. Medical Products supply management	quarterly meeting was not conducted by Therapeutic committee	Conduct quarterly meetings and keep minutes	DMO	By 31st March, 2017
8. Emergency Preparedness	no Guideline	request from the relevant authorities	DMO	By 31st March, 2017
9. Public, Private Partnership	No any service agreement signed	Accelerate efforts to sign Service Agreements to strengthen PPP	DMO	By 31st March, 2017

3. Good practices to be shared with other stakeholders

Despite of the transitional period due to transfer in a very small and congested office, CHMTs are well organized and having a team work spirit

Summary Report for RMSS -H

Name of council: Shy MC- Regional Referral Hospital

Date of RMSS visit: 15/3/2017

Date of Feedback: 15/3/2017

Names of RMSS Supervisors

- | |
|---|
| <ol style="list-style-type: none"> 1. John Mfutakamba - Team leader 2. Neema Simba - RHO 3. Dennis Madeleke – Ass RNuO 4. Joyce Kondolo –RRCHco 5. Dassa Maneno – R LRAD 6. Nuru Mpuya – Ag RMO |
|---|

Names of RR Hospital members participated at the feedback meetings

<ol style="list-style-type: none"> 1. Dr Maguja J Daniel Ag. MOI/C 2. Getruda Emanuel Ag HS 3. Jesca Tryphone Matron 4. Allan Luvanda HSWO 	<ol style="list-style-type: none"> 5. Dr Dismas Stephen HOD-Obs/Gy 6. Zakayo H. Magai – Emergency Team 7. Anesta Richard – HRT
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RESULTS

1. CHMT managerial capacity

(based on checklist)

1. Organization structure and management processes	<ul style="list-style-type: none"> • RRHMT conduct meeting more than weekly • Quality improvement team of hospital is active and minutes in place
2. Planning , Monitoring and evolution	<ul style="list-style-type: none"> • All participants were aware towards CHOP • Pre planning meeting minutes in place. • RRHMT conduct SS to the hospital department .
3. Human Resources	<ul style="list-style-type: none"> • Each RRHMT member has a job description however, they have no task description. • The team conduct coaching and mentorship for staff.
4. Financing	<ul style="list-style-type: none"> • The cash collectors perform effectively in role of collecting funds and hospital have 1 collection point. • Financial quarterly report in place. • Revenue expenditure implemented based on approved hospital plan • RRHMT approve and monitor utilization of hospital fund. • Service charges openly displayed. • National Exemption guidelines in place and known and adhered.
5. Medical Products supply management	<ul style="list-style-type: none"> • Therapeutic committee in place. • The quarterly meeting was conducted • RRHMT use 5S/KAIZEN approach for medicine, Equipment, medical supplies.

6 Transport and Hospital maintenance system	<ul style="list-style-type: none"> Hospital have 2 ambulance for patient referral
6. Health Management Information System	<ul style="list-style-type: none"> The OPD /IPD files available at record unit. Monthly summary form completed appropriate and RRHMT have focal person for HMIS.
7. Social Welfare Services	<ul style="list-style-type: none"> Social welfare is among the RRHMT members and regular attends RRHMT meetings. SW unit have cost sharing exemption mechanism and keep record of exempted patients.
8. Emergency Preparedness	<ul style="list-style-type: none"> Emergency response available and RRHMT aware of the team. Medical and supplies for emergency response in place and accessible.

2. Major Actions to be taken immediately

Focus Area	Challenge	Action to be taken	By who	When
1. Organization structure and management processes	Hospital Advisory Board is not functioning.	Meeting should be conducted to make the Hospital Advisory Board active	MOI	2 May 2017
3. Human Resources	- Some staff have no task description	task description to be assigned to all staff	MOI	25 th March, 2017
	-Coaching and mentoring reports not seen	Write feedback mentorship and coaching reports be available	MOI	Routine
4. Financial	Revenue trend of NHIF, Cost sharing and CHF going down	To increase the revenue collection by strengthening supervision to all units which offers services	MOI	By 31st March, 2017
6. Transport and Hospital Maintenance system	No Planned preventive maintenance (PPM) schedule for medical equipment and machine,	Prepare PPM schedule for medical equipment and machine	MOI	By May 2 2017
	No PPM schedule and maintenance report for motor vehicle	Prepare PPM schedule and maintenance report for Motor vehicle	MOI	May 2, 2017
7. Health Management Information System	HMIS data from different department are not are discussed	HMIS data from different department should be discussed by RRHMT	MOI	STARTING Q 3, 2016/17

8. Emergency Preparedness	no Guideline	request from the relevant authorities	MOI	By 31st March, 2017
	No meeting conducted since 20 may 2015	Emergency preparedness team should conduct meeting in quarter bases	MOI	By 31st March, 2017