# TEHIP News

Issue No. 4

- **Tanzania's fight against malaria**
- Institutional collaboration
- **TEHIP products**
- The task ahead

A Newsletter of the IDRC/MOH Tanzania Essential Health Interventions Project

**Cover:** Africa Malaria Day was marked on 25 April 2001. The event was in recognition of the World Health Organization's Roll Back Malaria (RBM) Initiative. To draw attention to the importance of insecticide treated mosquito nets for malaria prevention, three Tanzanian net manufacturers joined together to make the world's largest net measuring 30m x 30m and covering over 1,000 children attending the festivities. The measurements reflect the World Health Organization's wish to have a 30-fold increase in the use of ITNs by 2020. **Insert:** A woman in Rufiji displays how a mosquito net is treated. Insecticide Treated Nets (ITNs) could avert 30,000 deaths and more than five million clinical episodes of malaria annually in Tanzania.

**On Africa Malaria Day, famous Tanzanian boxer, Mbwana Matumla, who is also the World Boxing Association Super-flyweight Champion, fought two 'heavyweight' mosquitoes and knocked them down to demonstrate Tanzania's determination to fight the insect that spreads malaria. The fight was witnessed by a jubilant crowd that included the nation's former vice-president, the late Dr. Omari Ali Juma (first right).**

**TEHIP News** is published by the Tanzania Essential Health Interventions Project (TEHIP), a joint initiative of Tanzania's Ministry of Health and Canada's International Development Research Centre (IDRC). Contents do not necessarily reflect the views of partners working together in the development and implementation of the project.

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# Light at the end of the tunnel

*By John Gille*

John Gille

Like many other parts of Tanzania, Morogoro Rural District is adversely affected by a myriad of health problems begging for coordinated efforts to solve or, at least, bring under control. The grim statistics that characterize the health status of the 525,000 inhabitants of the district is summed up by one telling detail: the probability of a child dying by the age of five is 188 per 1,000. Amongst the leading causes of child mortality in the district are malaria, diarrhoea, pneumonia, malnutrition and AIDS.

The manifestation of such conditions itself does not paint a clear picture of the gravity of the health problem in the district nor can it always be blamed on poverty. The child mortality rate may, however, reflect weaknesses in setting priorities or allocating available resources.

Since 1997 the Tanzania Essential Health Interventions Project (TEHIP), a joint initiative with the Ministry of Health and other collaborators, has been implementing evidence-based planning in the district. The project is about testing innovations in planning, priority setting and resource allocation. Indeed, its implementation has ushered us into a new era. We are now asking ourselves more probing questions when preparing our plans and making budget requests.

Actions already taken in the course of executing the project in the district have become an eye opener to us. We have realized and seen that district health plans ought to be based on rational and efficient decisions.

Some of the benefits that we have gained at the initial stages of the project implementation include building of the capacity of the Council Health Management Team (CHMT). This, undoubtedly, is in line with the famous Chinese adage: *don t give them fish, but teach them how to fish.* I would only like to add to this that the project staff, the CHMT and other stakeholders joined forces and learnt how to fish together with resounding success.

The knowledge and skills that we have acquired as a team have propelled us to a level whereby we can identify our problems, analyze our priorities and conduct an evidence-based plan. For four consecutive years we have seen the merits and achievements of the capacity building exercise. This would not have been possible if the various tools diligently developed by the project staff, the CHMT and their collaborators were not in place.

Not only have the tools stirred us to working out realistic plans, but have brought a new dimension to both planning and implementation of the plans. We have witnessed active and voluntary community involvement at the grass-root level.

The recently rehabilitated health facilities in the district are a case in point. I am proud of the new sense of ownership that has emerged as a result of the innovative approach being tested. In Morogoro Rural, communities have already rehabilitated 23 dispensaries and two health centres thus enabling the facilities to provide improved health services.

I would like to underscore the fact that after many years of planning without concrete evidence to base our priorities and allocate resources, now we do see light at the end of the tunnel. We should now build on what we have tested and proven to be feasible and effective.

When and if what has been achieved in my district is replicated in others, we will certainly be heading toward improved health delivery and a better health status of the people. This approach may be adapted and extended to other social sectors and thus improve the overall integrated district plan.

*Actions already taken in the course of executing the project in the district have become an eye opener to us. We have realized and seen that district health plans ought to be based on rational and efficient decisions.*

*John Gille is the Morogoro District Executive Director.*

**Kupanga ni kuchagua**

**To plan is to choose**

*Mwalimu Julius K. Nyerere, 1965*

# TEHIP, HST lay ground for collaboration

As TEHIP braces to test the im pact on people s health status and health development resulting from the delivery of essential health interventions, the Health System Trust (HST) in South Africa is working in a similar vein. It is also engaged in research as a springboard to transform the nation s health system.

Established in 1992, HST supports the development of a comprehensive health care system through strategies designed to promote equity and efficiency in health care delivery.

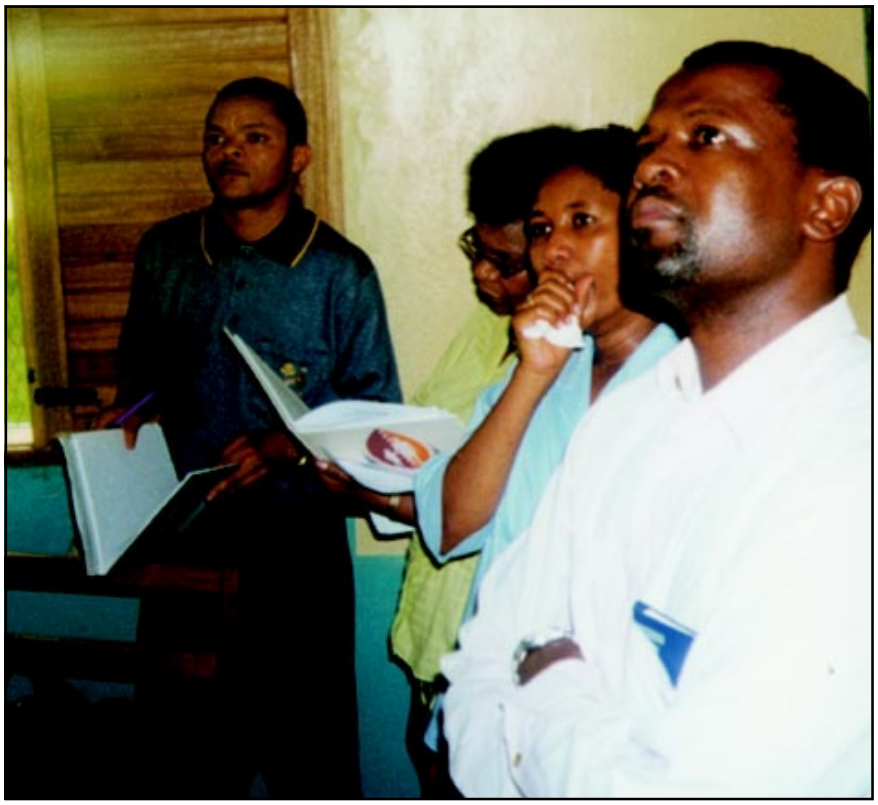
Responsive to changing needs, HST focuses on three core areas: District systems development with a view to identifying effective practices which can be implemented throughout the whole health system; promoting the move towards equity through monitoring implementation of projects and programmes; and forward planning for future health and health care development.

Recent exchange visits between TEHIP and HST brought to light similarities in goals and activities and the potential for the two to collaborate. Drs Harun Kasale and Conrad Mbuya of TEHIP visited the Trust in September last year at the invitation of one of the Trust s programmes - the Initiative for Sub District Support (ISDS) - and had rewarding experiences.

The ISDS Director, Dr. Peter Barron pointed out that the launch of the ISDS project in 1996 in four sites, the inception of the Health Link Programme (dealing with information, communication and advocacy) and the Equity Gauge Project which provides legislators with information for resource allocation decisions and monitoring in health are some of the achievements of the Trust.

The visit to HST and a reciprocal visit by a team from HST early this year allowed further exchange of information. The ISDS programme is similar in nature to TEHIP pilot districts in that they provide support for locally identified needs and priorities as well as support for capacity building.

The HST team recognized a number of strengths that they had learned from the TEHIP visit. For example, they were impressed at the focus which linked evidence-based planning with interventions that led to assessment of direct impact and not only into policy guidance.



**A delegation from the Health System Trust (HST) in South Africa during a visit to Tanzania as guests of TEHIP**

*However, the team realized that it was difficult to move research priorities away from the conventional approaches of the past .They saw great potential in pursuing capacity building such that it became receptive to change management and thus open to evidence as supplied by research findings.*

HST has been involved historically in the latter. However, the team realized that it was difficult to move research priorities away from the conventional approaches of the past. They saw great potential in pursuing capacity building such that it became receptive to change management and thus open to evidence as supplied by research findings.

After discussions with the visiting team, some areas of collaboration were considered which include:

- Use of sentinel demographic surveillance as a source of household based information for health planning and monitoring.
- Capacity building/interchange of researchers to address identified weaknesses.
- Creation of research fellowships which could draw on the existing

strengths of South African institutions/universities.

- Promotion and roll out of culturally adapted tools from TEHIP and HST experiences in order to expand their geographical influence.
- The creation and development of visions and goals in order to promote long term project approaches (for example, the Dar es Salaam Urban Health Project which is now in its tenth year of operation).
- Expansion of Information Communication for Action between HST and TEHIP ( for example, the use of a variety of dissemination vehicles, training the media, creation of independent think tanks for promotion of evidence-based training of senior government officials and parliamentarians, electronic information dissemination and e-mail discussion lists writing/ reporting/presentation skill im provements.
- Comparative/complimentary studies and publications united under decentralization but differing in prevailing conditions and contexts.

## Farewell:

**Dr. Eva Rathgeber, the outgoing IDRC Regional Director for the East African Regional Office seems to be well prepared for her move as she tries out the cascade motor-bike in Mgeta Health Centre in Morogoro Rural District.**

**Dr. Rathgeber has many years of service in Africa behind her as she steps down. TEHIP benefitted greatly from Dr. Rathgeber role as EHIP Executive Director, serving as Co-Chair with the Permanent Secretary in the Ministry of Health, Mrs Mariam Mwaffisi on the Project Steering Committee. She has used her communications skills and networks to keep a wide range of audiences informed about the activities and progress of the project. This has also ensured good linkage with IDRC Head Office in Ottawa. We will miss her valuable contributions and wish her all success with her future endeavours.**

## Opening for improved health care:

**The Hon. Prof. Masudi Mikidadi, Member of Parliament for Kibiti Constituency, Rufiji District, hands over a certificate of health facility ownership to Hanga s village Chairwoman. This ceremony marked the commencement of a new partnership and joint responsibility between the village and the government in providing improved health services at Hanga Dispensary.**

**The facility had benefitted from rehabilitation of the dispensary with the key role in refurbishment being community led with some specific financial support from the District Council. In return for the government supplying staff, remuneration, drugs, equipment and appropriate in-service training for the health workers, the community undertakes responsibility for meeting maintenance needs and encouraging greater use of the facility by the community.**

# Malaria control: Net Gain spreads from Tanzania

**Workers stitching mosquito nets in one of Tanzania's three ITN manufacturing plants.**

Salum Libondoka who hails from Ifakara and now a resident of Kwa Jongo Barafu in Dar es Salaam was one of the many persons moving around the Manzese market area in Dar es Salaam recently looking for a much cherished new household item. He was out to purchase an Insecticide Treated Net (ITN) and he had good reason for doing that. The use of treated nets has proved an effective way of preventing malaria which is the number one killer disease in Tanzania.

Bed nets treated with a suitable insecticide have the potential to reduce childhood malaria deaths by up to 33 percent and episodes of malaria in children by 40 percent. According to research carried out by the Ifakara Health Research and Development Centre (IHRDC), ITNs could avert 30,000 deaths and more than five million clinical episodes of malaria annually in Tanzania.

Having realized the dire need of using ITNs, international organizations, the government and non-governmental organizations are collaborating in promoting the use of ITNs in the country, especially in the most endemic areas. The government has also adopted tax policies designed to make bed nets more affordable.

Now the interim goal is to see 60 per cent of children and pregnant women protected by ITNs by the year 2005. The Ministry of Health has approved the strategy s basic framework and a steering committee is in place. With this development Tanzania is poised to become the first country in Africa to introduce a national strategy to ensure that more people get a safe night s sleep under ITN s.

These achievements were accomplished in a remarkably short time. The proof that ITNs save lives in such a cost-effective manner was only obtained in 1996. Now we are well on the road to national strategies, said Dr. Don de Savigny, Research Manager of TEHIP.

IDRC began investing in research on ITNs in 1989, recognizing their potential to prevent one of the main causes of death and illness in developing countries. The Centre s first ITN project was in Tanzania. In collaboration with the National Institute of Medical Research (NIMRI), it explored the possibility of using sacking material manufactured for agricultural products to make impregnated bed nets and curtains.

In 1997 IDRC supported the creation of the Net Gain for Africa Task Force aimed at increasing the availability of ITNs across the continent. This follows the publication in 1996 of the IDRC/WHO book Net Gain that showed that the use of ITNs could reduce child mortality by 17 to 63 per cent. Other IDRC/CIDA supported projects on ITNs included the development of the first do it yourself dipping kit.

The use of ITNs in the prevention of malaria has also brought a new dimension in the government, NGO, international agencies and private sector collaboration.

Private companies - Sunflag (Tanzania) Limited, A to Z Textile Mills of Arusha and the Dar es Salaam-based Textile Manufacturers of Tanzania Ltd (TMTL) are currently involved in the production of ITNs that are now available through normal retail channels. Jointly the Tanzanian textile mills have the capacity to produce about five million pieces of mosquito nets per year.

A to Z Textile Mills, the biggest manufacturers of nets in Africa who took up that line of production in the 1970s, now produce about 350,000 nets per month and about 60 percent of which is for the export market. According to an official of the company, Mr. Binesh Haria, production trends have been on the increase since they started stitching nets rather than just producing fabrics, in response to advice in 1997 by TEHIP and Population Services International (PSI) working under the auspices of the Ministry of Health. Production of the nets is now the mainstay of the mill and about 90 percent of the mill s production is devoted to bed nets.

The rest of the mosquito nets manufacturers in Tanzania also have a success story to tell. With a capacity to produce 1.5 million nets per year, Sunflag which started manufacturing nets 10 years ago in a product diversification drive, is currently producing between 4,000 and 6,000 nets per day. Bed nets are among the major products of the mill. In recent years TMTL has also expanded its product range to include bed nets and each day the company produces up to 700 mosquito nets.

Whereas exports to countries in East, Central and Southern Africa are steadily increasing, locally, ITNs are being promoted jointly through meetings, Information, Education and Communica-

tion (IEC) and social marketing methods. The joint initiative has led to poor people even in remote areas being reached at the right price , said Prosper Jincen, Sunflag (T)'s General Manager.

In yet another collaborative initiative, a transnational company, Zeneca Public Health has joined forces with TMTL in the production of the first bundled product containing both a net and an insecticide home treatment for the net. A to Z also has plans to supply all nets sold locally with treatment kits by October 2001.

Not only are the mosquito nets helping to curb the spread of malaria but the three factories engaged in bed nets production have provided sustainable employment to hundreds of local people now engaged in production or retail of the product. A to Z, for example, employs 850 workers, the majority of them women. The rest of the companies have also employed more people as a result of the increase in demand of the product. Prior to the government joining forces with the selected private sector, partners and donor agencies, the textile mills had laid off a large percentage of their employees due to a slump in the industry caused by a booming second hand clothing market and decline in the value of the Tanzanian shilling.

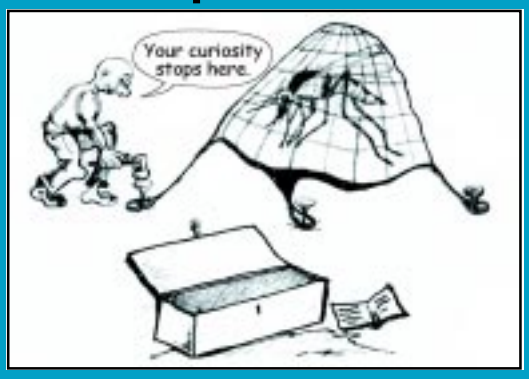
*Insecticide Treated Bed nets have the potential to reduce childhood malaria deaths by up to 33%.*

# A do it yourself kit that spells death to mosquitoes

For many years, families inTanzania have been using mosquito nets as one of the methods to control Malaria. In some areas like Rufiji even traditional barriers made from local materials against mosquitoes do exist. Despite the various efforts to prevent mosquito bites, malaria episodes and deaths have consistently been on the rise.

The recently introduced method of treating mosquito nets with pyrethroid insecticide has however proved the most effective. Through collaborative efforts by the Ministry of Health, donor agencies, NGOs and private manufacturers, the use of treated nets is vigorously being promoted.

The treated nets do not only deter and kill mosquitoes, but are also effective against other pests such as bed bugs, ticks, head lice, sandflies and houseflies. Selling by the brand name, ICONET, K-O Tabs, Ngao, etc. the insecticide is a water-based formulation designed for treatment of bed nets, curtains and tents. Bed nets treated with the insecticide usually remain effective against mosquitoes for up to one year even when washed up to four times during that period.




The ICONET insecticide has been formulated with advanced technology in the form of micro capsules which adhere to the net. The active ingredient is released gradually prolonging the residual efficacy for many months on all fabrics. The insecticide is economical due to low rates of application. ICONET, a brand sold in Tanzania, is packed in a 6-ml treatment kit that is easy to use. It provides the correct amount for treatment of one net. The product is registered and used in more than 100 countries worldwide.

# Some commonly asked questions about Malaria and insecticide-treated bed nets

**Is this method more cost-effective than others?**

Nets in Tanzania cost about US$ 3. Polyester nets can last up to 5 years and have to be re-dipped every 6 months. At present, families who can afford it are paying for anti-malarial drugs, insecticide sprays, coils, or traditional control methods. In the long term, treated nets are expected to be more cost effective as the nets are durable and can be re-dipped in insecticide locally. In fact, local textile industries have expanded their product range to manufacturing of these nets.

**Is it better than other methods?**

No single method has been found to eradicate the disease or stop its spread in tropical countries. Many countries, including the United States, the former Soviet Republic and many Caribbean Islands, have eliminated malaria through intensive and costly control programs using a variety of environmental approaches and spraying. In 1967, WHO realized that global eradication of malaria was impossible and the focus shifted to control. Insecticide treated bed nets may eventually prove to be the single most effective malaria intervention for Africa.

**Can poor people afford these bed nets?**

The areas where malaria is most prevalent are often the poorest regions of the world. Poor families now spend considerable portions of their disposable income on health care, often for malaria treatment. As with other public health programs and control methods, governments and donor agencies could contribute to the costs. However, studies have shown that families who use the bed nets do better overall. Family members can be more productive, have fewer bouts of illness, and do not have to spend hard earned money on a variety of prevention methods and treatments.

Bed nets, in various colours, manufactured in Tanzania

**Is there a danger of insecticide poisoning for children sleeping under these nets?**

WHO gave approval to pyrethroids in general and permethrin in particular for use in bed nets. This household insecticide is commonly used in medicated shampoo for head lice. It also has no tendency for bioaccumulation and is rapidly broken down in both soil and sunlight. The treated nets are deadly to mosquitoes but do not affect people. Earlier research also helped determine the minimal amount of insecticide needed to be effective and the appropriate hole size of netting to ensure protection from mosquitos while providing sufficient ventilation.

**Is there a danger that mosquitoes will become resistant to the insecticide used?**

Yes. The development of resistance to any particular insecticide can occur. Acceptable solutions will have to be determined in conjunction with the people involved and could include finding alternative insecticides in anticipation of this happening or promoting scheduled shifts in the insecticides used.

**How will this research be used?**

With these significant results, governments can now seek additional donor support to ensure the results are implemented quickly and reach the children and mothers who need it most. Researchers would like to find ways to reduce the cost of the nets to people by changing the policies on imports duties, encouraging local mass production, providing community credit, or other financial schemes, for example. Studies are also being conducted on net fabric that would last up to 20 years. Dissemination and proper use education programs also need to be developed further.

*Adapted from an article prepared by the International Development Research Centre.*

# Improved communication vital in service delivery

***As many TEHIP planning tools are nearing completion of their development stage, the integrated management cascade tool, which is at an advanced stage of piloting, is receiving much attention and interest.***

**Bicycles are not only providing easy communication between health facilities but are also being utilised in the collection of research data.**

To an ordinary person in Rufiji or Morogoro Rural, the term Integrated Management Cascade (IMC) may not make any sense, but it is this tool that has facilitated dramatic improvements in communication and improved health services in the districts.

This tool was designed to address further autonomy, decision making, advocacy and involvement within the district health facilities. The tool is also meant to promote the involvement of all Frontline Health Workers (FLHW) toward the activities of the district health plan and Health Sector Reform implementation.

Its need arose from the observation that despite the implementation of HSR and the creation of Council Health Management Teams (CHMTs), communication and engagement of FLHWs in Health Sector Reform has been difficult.

Through the IMC Tool, it was proposed that all dispensaries be assigned to a co-ordinating health centre.

In order to network facilities, it was planned to equip each health centre with a radio. Both CHMT and Health centres received radio call equipment and all Health Centres were supplied with one motor cycle.

Once communication with Health Centres was in place, CHMTs were able to promote a number of delegated activities which could be achieved effectively at the sub CHMT level.

The usefulness of the tool is evident. Mgeta Rural Health Centre, one of the six health centres in Morogoro District, has established a sound network with several dispensaries in the catchment area. We have a motor cycle in each health centre that enables us to make supervision tours to our satellite dispensaries. We also have radio equipment in each health centre which facilitates easier communication among zones and the district CHMT office, said J. R. Lifa, Clinical Officer In-charge of Mgeta Rural Health Centre.

According to the Mlali Dispensary In-charge, Mr. Amadeus Mwananziche, improved communication with dispensaries and health centres has eased matters ranging from delivery of drugs to referral of cases. For example, he said: We can now inform each other when there is any epidemic and it is a lot easier to learn of any problems anywhere within my area of operation.

Mr. Yared Kapitu who is In-Charge at Mvomero Dispensary in Morogoro Rural District shares the same experience. He conveniently receives information from various dispensaries and, if necessary, relays it to CHMT headquarters.

Improved communication is expected to yield more rewards as efforts are underway to further improve the design of the radio network. The efforts include coverage of remote dispensaries in both districts while at the same time cost reduction measures are being looked into by linking both HF and VHF systems into one single network.

## Tehip Inputs

Support to:

Essential Health Interventions

- Upgrade Community Health Facilities & CHMT Office.
- District Transportation and Communications.
- CHMT to Promote Evidence Based Planning.
- CHMT to Support Delivery of Essential Interventions.

# A tool designed to network health facilities

**Mr. Joseph Lifa, clinical officer and in-charge of Mgeta Health Centre showing visitors the supervision schedule of satellite dispensaries under his management cascade.**

**Radio equipment has facilitated easier communication.**

*The Integrated Management Cascade is a tool designed to address further autonomy, decision-making, advocacy and involvement within the district health facilities and promoting arrangement of Frontline Health Workers (FLHW) towards the activities of the district health plan and Health Sector Reform (HSR) implementation. Under the arrangement, dispensaries are assigned to a coordinating health centre equipped with radio facility.*

Delegated activities that could be achieved through the Integrated Management Cascade include:

- Notification of the arrival of salary cheques to FLHWs to minimize health facility disruption or temporary closure.
- Delegation of some integrated supervision activities.
- Delivery of drugs.
- Assistance with facility-level analysis of HMIS , collection and supply of HMIS/CTS data books.
- Checking over and assistance with INDENT order forms for subsequent delivery to CHMTs.
- Regular and timely update of equipment inventory, processing of equipment orders and repairs.
- Arranging local transfer of FLHWs in response to staff illness/leave, etc.
- Promotion of quality of care through integrated training.
- Collection of Cost Information System (CIS) data for delivery to Cost Tracking Accounts.
- Follow-up integrated supervision for health interventions e.g. IMCI, STD, TB, EPI etc.
- Holding of drug supply for Emergency Preparedness.
- Coordination of referral to the Health Centre or onward to the District hospital.
- Maintenance and repair (stock of spare parts) for dispensary bicycles.
- Dealing with community concerns and any problems with respect to health facility staff.
- Overseeing appropriate maintenance of all dispensary buildings, staff houses and equipment in partnership with communities.
- Distribution of ITNs and collection of revolving funds after sales.
- Provision of local integrated training and capacity building for dispensary staff. Current achievements include:-
  - * Modification and simplification of the national supervision guidelines for use at the health centre levels.
  - * Identification of integrated FLHW training and needs based on national guidelines and specific health intervention delivery needs eg TB Dots , IMCI, STI, EPI,etc.
  - * Follow-up after training, a crucial component, as it cannot be done by the CHMTs. Now, facilitators from Health Centers are able to make constant/regular supportive supervision to the FLHWs.

# Tapping villagers enthusiasm

**The improved appearance of a dispensary in Kipugira Village, Rufiji District after rehabilitation.**

In a village where the only health facility is falling apart, drugs are often not available and services leave much to be desired, it would seem easy to mobilize stakeholders to renovate the facility so as to improve services. That however, is not always the case.

When villagers of Ruwe Village in Rufiji District were enthused to the idea of popular participation in rehabilitating their dispensary, some individuals were not so keen about it. Some argued that villagers had a lot of other duties to attend to and that rehabilitation of the facility was the government s responsibility.

In a situation like this, a tool could be handy to enhance community participation. Indeed with appropriate approach methods , villagers came to realise that they are responsible for their own health and that the government cannot possibly be the main player in all aspects of life. After open discussions they all spoke in one voice. They supported rehabilitation of their dispensary that serves a population of about 360 families.

As members of the Council Health Management Team arrived at the village on April 4 this year during their routine duties, it was not difficult to notice the enthusiasm of the villagers to have the renovation work completed in time. They provided the required labour on a self reliance basis as well as many of the needed materials.

Ruwe Village chairman, Mr. Said Kindeka said that the rehabilitation work that started early this year was expected to take 12 months. To accomplish the task they received assistance from the CHMT amounting to Tshs 2,644,640 (about US$ 3,000). Villagers devoted one day a week to provide labour for the project on a rotation basis.

I think it is our duty to make sure that the work is completed on time. So long as it was our decision to rehabilitate this dispensary, I can assure you this will be done, he told the cheering gathering.

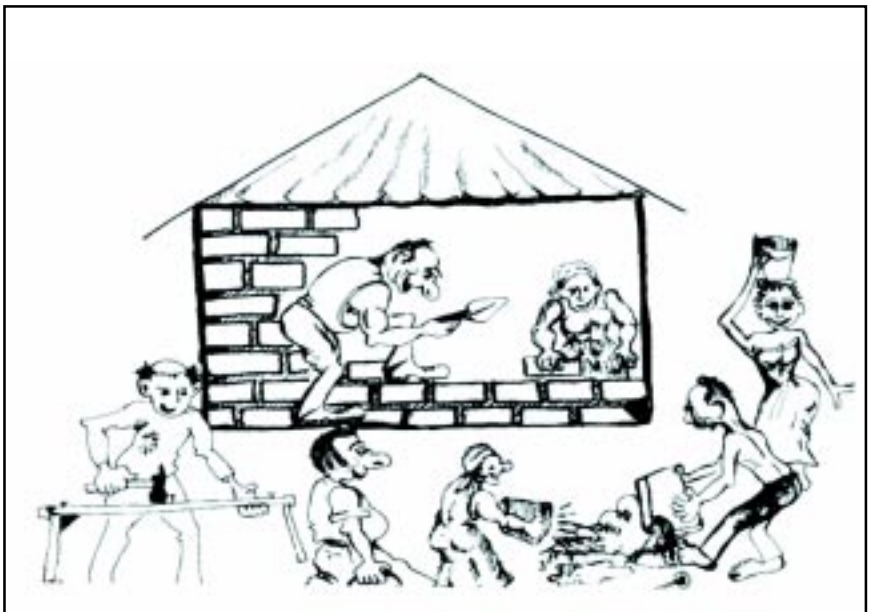
*I think it is our duty to make sure that the work is completed on time. So long as it was our decision to rehabilitate this dispensary, I can assure you this will be done.*

The Ruwe Village dispensary is one of many facilities being rehabilitated in Rufiji and Morogoro Rural Districts through villagers' participation and support from CHMTs.

In all the wards that are beneficiaries of the rehabilitated facilities villagers' enthusiasm in popular participation was remarkable following empowerment through the CHMTs new approaches. This same approach is now being applied to other village projects such as schools, latrines, etc.

**A dispensary in Ruwe Village, Rufiji undergoing rehabilitation.**

# It s donkey work when the choice isn t theirs



'It's our responsibility, not the government's.'

When villagers tell you , we are tired of being made donkeys for the plans we didn t determine , it is another way of expressing that they want to be involved in making their own decisions when planning and implementing matters concerning their well being.

Community preferences are a required ingredient of the TEHIP evidence based planning process. This underscores the need to have community views (perspectives and felt needs) identified, understood and communicated as part of the Council Health Management Team planning process.

The research component of the community voice is using participatory action research (PAR) approaches in order to identify and engage community groupings and focus their energies into local health planning and implementation. It is intended that these village pilot studies will define sustainable mechanisms that will not only permit the community voice to engage the CHMT annual planning team but will also enable local efforts to benefit the well-being of the community at large.

Various methods are used to identify groups and associations in the community and their potential to facilitate effective planning, implementation and appropriate utilization of the package of essential health interventions.

The methods deemed powerful in changing attitudes and transforming things for the well being of the communities include discussions, unserialized posters, looking mirrors, games, maps, calendars and diagrams.

PAR has been instrumental in enhancing community involvement in health planning and implementation.

*PAR has been instrumental toward enhancing community involvement in health planning and implementation.*

Experiences manifested by different methodologies employed in this approach suggest that the research has led to action for the benefit of the communities.

At Kilimani Village, for example, community members have reversed their old notion that renovation of village dispensaries was the government s responsibility. They fully participated in renovation work, and completed the task within reasonable time. Also they have established and are now operating a Village Water Development Fund. The community, as a result of PAR philosophy, is now exploring the possibility of establishing a Health Fund.

Another example is at Bungu where the community has built a village dispensary in place of a dilapidated old one that could not cope with the growing population. They have also been able to form a women s group which, among other things, has made bricks for the construction of a classroom for primary school pupils.

Generally, the PAR activities have shown evidence of being a successful tool for promotion of health development. It has had a profound effect in mobilizing and sensitizing the community towards assisting them with their own development strategies.

Different groups, associations and institutions were identified and their contributions and influence to the implementation of selected interventions was clearly observed.

With regard to Community Preferences, the researchers, in collaboration with the CHMTs and the communities, participated in feedback meetings where the community would reflect and act on emerging issues from the problem identification meetings.

The following were observed: a) Women participation in these meeting was high, b) The number of participants depended to a large extent on the strength of the village leadership, c) Informal leaders emerged and took over where the formal leadership was weak and, d) Communities are calling for action to address their problems.

This is a big challenge to the CHMTs and the District Councils.

# Tools development nearing completion

TEHIP, which has been implementing its collaborative activities within the two districts of Rufiji and Morogoro Rural for the past four years, has made significant achievements in planning tools development. The tools designs have resulted from the complementation of research and development elements at the district level.

Many such tools are now nearing completion of their development stage and meetings are underway with the Ministry of Health to tailor and harmonize the technical aspects of these tools to ensure full compatibility with the national contexts of both Health Sector and Local Government Reforms.

Two draft tools termed the **District Burden of Disease Profile** and the **Districts Expenditure Mapping**, are at an advanced stage of development as is the **Strengthening Health Management** tool. With the help of these tools, district health planners can select appropriate cost effective health interventions and more effectively allocate resources to address their prevailing burden of disease. In addition, the **District Expenditure Mapping** tool permits the creation of a single budget and expenditure summary in relation to the district selected interventions and the required service delivery elements, for all funding sources and district health partners contributing to the comprehensive district health plan.

The community based-labour approach to health facility rehabilitation has been produced as a draft manual for MOH appraisal.

Other tools are also at an advanced stage of piloting and in this category, the **Integrated Management Cascade** tool is receiving much attention and interest. The cascade system involves groups of dispensaries being allocated to a health centre node. These nodes have both solar radios and motorcycle support and thus the overall connectivity of the facilities both to each other and the CHMT is created. Current efforts are underway to further improve the design of the radio network in order to include remote dispensaries whilst at the same time looking at cost reduction by complementing both HF and VHF within the networks.

**Some of the participants of a workshop held recently in Bagamoyo, Coast Region to discuss tools developed during the implementation of TEHIP.**

Progress is being made in the Cost Information System through which financial and technical efficiency among all the district health facilities can be quickly gauged and compared. It is envisaged that this tool should assist CHMTs to constantly monitor facility and district health costs and permit greater efficiency in district health budgeting and accounting.

Another tool in progress involves the piloting of a simple Geographic Information System software at the district level. The routine entry and collection of Health Management Information System (HMIS) data in each health facility is arduous and time-consuming. The idea of this tool is to stimulate both the collection, analysis and use of this information at the facility and district levels. Linkage into the regional and national information hierarchies is also being tested and assessed.

## TEHIP Products

- District Expenditure Mapping
- District Burden of Disease Profile
- District Health Mapping
- District Integrated Management Cascade
- Community Voice
- Community Labour Based Rehabilitation
- Health System Administration and Management
- District Cost Information System
- District Health Resources Database

## Why Health Reform?

### Diagnoses

- Imbalance of funding toward tertiary care and expensive technologies - rather than primary care and basic interventions
- Inefficiency in use of resources
- Rising costs of health care
- Inequities in access

### Prescriptions

- Reallocation of government health sector resources to areas of greatest *priority*
- Decentralization of management and budgetary control
- Enhanced but regulated role for private sector
  - For-profit and not-for profit
  - Competitive market to generate efficiency.

# Joint efforts to curb STD, HIV/AIDS alliance

When the first AIDS cases were detected in Tanzania in early 1983, it was perceived by many as an urban area problem. Only five years later the perception was rendered wrong. Even remote villages without much of urban influence had by then experienced AIDS related deaths and the ravages associated to the HIV/AIDS pandemic. With the AIDS ravages being felt in almost all villages and the positive impact of the interventions taking place, increasingly more people have come to realise that the AIDS scourge is a reality even in remote villages.

As the devastating impact of HIV/AIDS is felt across the country, various interventions have been introduced to control its spread. Rufiji District is one of the six districts in the Coast Region implementing a Sexually Transmitted Diseases (STDs) treatment and HIV/AIDS control programme.The fact that the STD and HIV epidemics are interdependent, the later increasing the risk of HIV transmission, Rufiji District decided to embark on promoting STD syndromic management at the health facilities. Training to improve health workers skills and supply of appropriate drugs was undertaken.

*More people have come to realise that the AIDS scourge is a reality even in remote villages.*

Other activities included information, education and communication, routine condom distribution in health facilities and guest houses and holding sensitization seminars and meetings. The Central Government, District Councils and all donor agencies have joined forces in the STD, HIV/AIDS control programme.

For STD cases, data collected from 45 out of 55 health facilities in Rufiji District between January and December 2000, showed that there were a total of 7,203 cases detected based on syndromic management principles. Of the 55 health facilities in the district, 34 are delivering STD services on syndromic management which is about 62 percent facility coverage.

During the same period, a total of 172 AIDS cases was recorded from two hospitals in the district, Utete and Mchukwi. Since the detection of the first reported AIDS cases in the district in 1988, the number of cases has been rising steadily. According to the District AIDS Control Coordinator, Mr. W. I. Mapuga, blood donors are routinely screened when they come for blood donation. The HIV prevalence rate among blood donors in the whole district is currently about 12 percent.

Counseling services for STDs, HIV and AIDS clients are routinely offered as well as home-based care, an outreach service extended to AIDS patients in their homes. Community-based care of orphans is done by an NGO known as the Society of Women Against Aids in Tanzania (SWAAT), despite financial constraints that are limiting the scope of their activities.

# Grappling with performance appraisal issues

How fair are managers when dealing with affairs of their fellow employees? That is the question that the Council Health Management Team (CHMT) in Morogoro Rural District had to grapple with when exposed to a Supervisory Management Skills Course in April this year. The course was held at the Institute of Development Management (IDM), Mzumbe, Morogoro for two weeks.

Apart from learning the objectives and uses of performance appraisal, the course participants were made aware of the importance of an effective performance appraisal to the organization and employees and identification of problems associated with such appraisals in Public Organizations. The CHMT, which is multi-disciplinary, is the executive body of all health matters in the district. It has a wide range of functions including implementation of health services based on district health plans.The participants identified strengths and weaknesses of the current performance appraisal practiced at their respective places of work. They developed an action plan to practice the newly acquired skills.

***The CHMT is the executive body of all health matters in the district.***

According to the course coordinators, Mr. A. M. Kamihanda and Mr. Gustav Kunkuta from IDM, putting in place a performance appraisal system is an important step toward effective management.

The course dwelt on many topics and one area that stimulated much discussion was on the problems encountered in Performance Appraisal in general (the Tanzanian context).

The course coordinators provided a list of some of the common problems as suggested by research findings over the last 10 years in a number of organizations in Tanzania, ranging from incompetence of appraisers to lack of follow-up.

Tips given in improving Performance Appraisal practice drove home important messages. Participants, at the end of the course, said that they would thereafter ensure that they would be fair to all employees. They were more particular in avoiding discrimination in terms of race, age, sex or colour when dealing with their fellow employees, something which they had always taken for granted.

They called for more such courses so that every employer could understand the requirements of in their duties and how to be effective as implementing agents.

# Research: the task ahead

**Preliminary quantitative information is coming out with respect to utilization of specific tracer interventions such as the Integrated Management of Childhood Illnesses (IMCI) strategy.**

## Objectives of TEHIP

**To test the impact of decentralized planning for essential health intervention packages by:**

- Determining their information, management, policy and implementation requirements in actual conditions;
- Ensuring adequate support for their sustainable delivery,
- Measuring their costs and evaluating their integrated effectiveness.

After three years of rigorous field work and data analysis, the TEHIP **Health Systems Research** has developed and submitted an extension proposal which will give them the opportunity to examine a fourth round of District Health Planning process under the new Council basket funding scheme. This will also provide an opportunity to perform a more detailed analysis of data they have gathered over the past three years.

Their findings in the district health planning, prioritization and resource allocation process as well as in the functioning of the district health system, have contributed significantly to the identification and development of respective TEHIP tools .

**Health Behaviors Research** continues with the remaining two modules of its research, the Quantitative Analysis of Utilization Patterns and Trends and the Community Preferences. Preliminary quantitative information is coming out with respect to utilization of the specific tracer interventions such as Insecticide Treated Nets (ITNs) and integrated Management of Childhood Illnesses (IMCI) strategies. As regards Community Preferences, the researchers, in collaboration with the CHMTs and the communities, participated in feedback meetings where the community would reflect and act on emerging issues from the problem identification meetings.

The completion of two years of continuous demographic coverage by the Rufiji Demographic Surveillance System **Health Impacts Research,** has permitted the creation of a specific annual Burden of Disease Profile for this coastal district. Previously, Rufiji used demographic information from Morogoro Rural District, but now both districts utilize their own specific profile. The purpose of these annual information tools is to simplify and package complex information on the local burden of disease into a practical, readily accessible format that focuses the CHMTs on targeted essential interventions which are available. It is intended that this will form an important input into the development and use of a national sentinel demographic system for Tanzania.

The linkage between Rufiji, Morogoro Rural, Ulanga and Kilombero with ongoing demographic surveillance, has led to the creation of a unique "Research and Development Platform".

Currently, two externally funded activities are being undertaken on this "Platform" which are of significant national importance. First, there is the full evaluation of the Integrated Management of Childhood Illness Package (IMCI). To date, baselines have been completed both at the household and health facility levels. The second study is poised to examine the impact of combination therapy in delivering sulfadoxine/pyrimethamine (SP) as the first line antimalarial drug instead of chloroquine. Both these studies demonstrate the increasing value of rural district-based research and development activities and the overall value of these in informing national policy decision-making. It also provides an example of funding diversity as these new studies have attracted support from a number of diverse donors.

## The Core Questions of TEHIP

**In the concept of decentralization**

1. How and to what extent can CHMTs do planning that is more evidence-based ? if so,...
2. How and to what extent can CHMTs implement evidence-based plans? if so,...
3. How and to what extent , and what cost , does this reduce the burden of disease?

# TEHIP News

TEHIP News is a development oriented newsletter published by the Tanzania Essential Health Interventions Project (TEHIP). It is aimed at linking health development workers and researchers, especially those struggling with questions about how best to allocate human and financial resources to maximise the health status of populations in low income countries. TEHIP hopes that the newsletter will stimulate new ideas and enthusiasm. The newsletter is free of charge to institutions and individuals working to promote health and development. The newsletter is also available on the IDRC website: www. idrc.ca/ehip.To be included in our mailing list write to:

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