A lot more than just a radio call

The Tanzania Essential Health Interventions Project (TEHIP), a joint initiative of the Tanzania Ministry of Health (MoH) and Canada's International Development Research Centre (IDRC), has been testing how and to what extent evidence can guide decentralized planning for health. TEHIP’s briefs aim at informing a wide audience about the project’s findings and lessons, as well as its innovative products that have been successfully tested and applied in the field.

Background

Council Health Management Teams (CHMTs) headed by the District Medical Officer are charged with the implementation of health services based on district health plans. Confronted with countless day-to-day tasks, vast distances that they have to travel to perform their duties and lack of communication facilities, CHMT members often find themselves unable to deliver what is expected of them. Logistically, in many instances, it is impossible for CHMTs and Frontline Health Workers (FLHWs) to implement effective integrated supervision. Morogoro Rural and Rufiji districts have been bracing to improve supportive supervision by delegating some of CHMTs roles to rural health centres staff. Their initiatives were aimed at enabling each of the centres to cater for the needs of the satellite dispensaries and communities in their catchment areas.

Problems being addressed

A picture may be worth a thousand words, but it is communication that puts events in the picture and keeps things moving. There is dire need to improve health service delivery by decentralizing decision making and management of health services but this revolves around effective supervision. How does improved delegation and communication reduce the workload of CHMTs and help improve health services in communities?

The solution

Supervision is undoubtedly an important aspect in improving the quality of health delivery in any community. The Integrated Management Cascade is a tool designed to address further autonomy, decision making, advocacy and involvement among the district health staff and to promote their involvement towards the delivery of the essential health interventions and other supportive activities of the district health plan.

With the intention of improving the quality of health services in the district, the CHMTs of Morogoro and Rufiji districts formulated a system that delegated supervision and distribution activities to health centres.
The Cascade system has subsequently been rolled out to a number of neighbouring districts.

All dispensaries within the catchment areas were assigned to a coordinating health centre. To promote their involvement and improve communication each health centre was equipped with a radio. CHMTs in the districts received radios in their respective offices and mobile radios for their motor vehicles. Each coordinating health facility was supplied with a motor cycle so as to facilitate movement between the district’s health facilities. Dispensaries were provided with a bicycle.

**Cascade system in use**

The system became immediately useful in many ways. It boosted communication, mainly using solar-powered radio equipment, among the frontline workers, the CHMTs and the Ministry of Health staff. Once effective communication with health centres was established, CHMTs were able to promote a number of delegated activities to health centres.

It’s worth mentioning, for example, that the system has also tremendously promoted diagnostic services at the cascade health centre level. Rather than patients travelling long distances for laboratory services, its only the samples that are transported to the laboratories and the results sent back. The system also led to the upgrading of laboratories and equipment and improved skills of laboratory staff as essential health interventions demand more rigorous tests for diagnosis and monitoring of drug resistance. The arrangement thrived simultaneously with capacity building and upgrading of skills within the cascade units themselves.

The MoH Zonal Training Centres have now developed a manual aimed at guiding CHMTs on how to establish, institutionalise and implement the management cascade in their respective districts.

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**From the field**

Dr. Edward Nzigilwa, Bagamoyo District Logistics Officer:

“The system is a great benefit to us. It is useful especially in view of the fact that Bagamoyo is an expansive administrative area (9,842 sq. km) and not easily covered from the hub. Personnel from health centres and dispensaries now perform what CHMT members used to do and because they are in the locality they actually perform better. Instead of often traveling long distances for supervision and other duties, CHMT members now have time to concentrate on other core matters. Given reliable transport and other means of communication the delegation of duties to selected health centres and dispensaries has already shown improvements in delivery of health care service.”

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**Where to get more information:**

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