

11<sup>th</sup> of November 2014

Memorandum of Understanding  
(MoU)

Between

HVIDOVRE HOSPITAL (HVH), Denmark

AND

MNAZI MMOJA HOSPITAL (MMH), Zanzibar

AND

COLLEGE OF HEALTH SCIENCE (CHS), Zanzibar

2015 –2018

Regarding

A: Physiotherapy strengthen of the clinical practice at Mnazi Mmoja Hospital and Physiotherapy education in the College of Health Science;

B: Reproductive Health (RP). Contributing to the reduction in maternal mortality and morbidity and the reduction of intrapartum newborn death and birth trauma in Zanzibar;

C. Hospital Management: Improving 'value for money' in MMH

## ACRONYMS and ABBREVIATIONS

CHS	College of Health Sciences Zanzibar
DKK	Danish Kroner
EDK	Embassy of Denmark
HVH	Hvidovre Hospital
MDGs	Millennium Development Goals
MMH	Mnazi Mmoja Hospital
MoU	Memorandum of Understanding
MWEM	Mwembeladu Maternity Home
PAF	Performance Assessment Framework
POA	Plan of Action
RGoZ	Revolutionary Government of Zanzibar
RH	Reproductive Health
TOR	Terms of Reference

## ANNEXES

Annex 1:	Flows of Funds, Accounting and Audit
Annex 2:	Physiotherapy development in Zanzibar
Annex 3:	Reproductive Health
Annex 4:	Hospital Management

**Memorandum of Understanding (hereinafter referred to as MoU) regarding support for the Continuation of the Physiotherapy project in MMH to strengthening the physiotherapy treatment of people with disabilities in Zanzibar, with focus on both education at College of Health Science and clinical practice at MMH. Furthermore, support to the labour ward at MMH and Mwembeladu Maternity Home (MWEM) aiming at an improvement of maternal and newborn health and improving hospital management. This MoU is between Hvidovre Hospital, Denmark, Mnazi Mmoja Hospital, Zanzibar and College of Health Science (CHS), Zanzibar.**

This Memorandum of Understanding is agreed by the Partners and sets out the framework for such partnership covering accelerated quality improvements in physiotherapy at MMH and CHS, labour ward services at MMH and MWEM and finally advising on hospital management  
The Embassy of Denmark guarantee a total of DKK 5.1 million for the implementation of the proposed support during the next 4 years (2015-2018) disbursed according to Article 6 of this MoU.

### **Preamble**

i) This MoU sets out the terms and procedures for channelling financial support to the above-mentioned project through the support to MMH and CHS. It is expected that this support will contribute to fulfilling the objectives.

ii) This partnership will be based on principles of mutual commitment, reliability, transparency, and accountability. Through this partnership, MMH, CHS and HVH will cooperate to build effective and sustainable systems and structures in MMH, in the areas of physiotherapy and reproductive health. This will benefit disabled patients, mothers, and new-born children, and thereby contribute to the overall health in Zanzibar and the meeting of the Millennium Development Goals. The partners will also cooperate to strengthen hospital management such as planning, public financial management, human resource, monitoring and evaluation, logistic, coordination and social accountability system in order to improve 'value for money' in MMH.

iii) Financial procedures, channelling funds from the Embassy of Denmark (EDK) and monitoring of progress according to agreed procedures depends on the approval of this tri-party MoU between MMH, HVH and the EDK . It is intended that funds will be used for achieving results aligned with the approved project goals.

iv) Annexes 1 to 4 are reference documents and are integral parts of this MoU. They can be revised by mutual agreement of the partners.

v) The specific financial contribution of the Danish Embassy will be agreed upon through a Bilateral Agreement with the Government of Tanzania and specifically with the RgoZ.

vi) This MoU is not an international treaty. The provisions of the Bilateral Agreement will prevail over this MoU.

The partners to this MoU have agreed as follows:

### **Article 1: Fundamental Commitments**

1.1 The fundamental commitments forming the foundation for cooperation in improving the health of disabled men, women, and children, the health of mothers and new-born children, and improving hospital management at MMH are:

- Zanzibar's commitment to meet the Millennium Development Goals (MDGs), in particular goals 3, 4, and 5 concerning Gender equality, Empowerment of Women, Reduction of Child and Maternal Mortality.

- A commitment to strengthen the rehabilitation of patients following acute illness, surgery and childbirth and people with disabilities
- A commitment to preserve the dignity of women in pregnancy and labour and provide a family friendly setting
- A commitment to reduce nosocomial infections by re-enforcing existing infection prevention and control measures

- A commitment to use the most appropriate technologies to improve quality of patient care in maternity ward and in the Physiotherapy department
- A commitment to support the practical training periods of the initial 21 students enrolled into the physiotherapy diploma course in 2014 until graduation in 2017.

- A commitment to establish structures for good quality of rehabilitation and physiotherapy treatment in accordance with locally agreed guidelines of best achievable practice. Multi-disciplinary collaboration at MMH that can support synergy and alignment to best practice.
- A commitment to establish structures for good quality of care during labour in accordance with locally agreed guidelines of best achievable practice. Multi-disciplinary collaboration that can support synergy and alignment to best practice.

- A commitment to sound financial management and procurement practices, transparency and good governance in the use of funds, and determination to strengthen institutional, management and in particular financial and human capacity with the aim of achieving results and 'value for money'.

## **Article 2: Scope of the MoU**

2.1 This MoU has been drawn up within the context of the already existing project at the Physiotherapy Unit at MMH rehabilitation following acute illness, disabling conditions and childbirth and the funding of a new project for improvements of the maternal and new-born health status and strengthening hospital management to produce value for money in MMH.

2.2 This MoU establishes the financial procedures for the channelling of funds from the Embassy of Denmark to HVH depending on the approval of MoH, Zanzibar (designated to MMH) and establishes procedures for annual planning and budgeting, conditions for transfer of funds, procedures for reporting and auditing and joint monitoring and evaluation of implementation.

2.3 The partners strive to achieve the highest degree of alignment with national planning as well as with the Government of Zanzibar's legislation, with the objective of making planning and implementation and monitoring efficient, reducing administrative burden, and minimizing transaction costs, while at the same time supporting the decentralisation process and recognizing the need to strengthen internal capacities and procedures.

## **Article 3: Respective Responsibilities**

3.1 MMH is responsible for the coordination and facilitation of the planning, implementation, monitoring and evaluation of all relevant strategic activities within the project. In coordination with HVH, MMH is responsible for annual planning, budgeting, and reporting cycle.

3.2 The Embassy of Denmark is responsible for annual allocations and disbursements depending on the approval of MMH. The Embassy of Denmark guarantee a total amount of DKK 5.1 million for the implementation of the proposed activities during the next 4 years (2015-2018) disbursed according to Article 6 of this MoU.

The funds will be distributed with DKK 2.6 million to the Physiotherapy-project, DKK 2.2 million to the reproductive health project and DKK 0.3 million to the hospital management project. These amounts cannot be exceeded unless all partners and the Embassy of Denmark agree.

#### **Article 4: Planning and Budgeting**

4.1 Funds from the Embassy of Denmark will flow directly to HVH depending on approval from MMH, and can be used to cover all eligible expenditures, defined as being:

- Consistent with the approved budget and funding.
- Consistent with the 4-year plan for the Physiotherapy project and 2-year plans for the Reproductive Health project and the Hospital Management project.

It is understood that these funds are intended to accelerate improvements in the treatment of acute and chronic disabled patients, education of physiotherapists and contribute to improved health, wellbeing, and equity for women giving birth and children being born at MMH and Mwembeladu Maternity Home. Therefore, it is expected that funds will be directed to priority the purposes agreed upon.

4.2 HVH will technically support the coordination and the development of 2 and 4 years strategic plans respectively, an annual economic plan and associated budget according to the project. This plans will include a narrative description of how the use of resources will be used and how the planned activities will be coordinated with the other stakeholders engaged in MHH e.g. Haugeland Sjukehus, keeping in mind the intended results.

4.3 The Performance Assessment Framework (PAF), which will be developed in the first quarter of 2015 and third quarter for the Hospital Management Project, will later be included as an Annex and will be used to guide planning, monitoring and performance assessment. Targets will be established annually. Progress against the indicators and targets will be monitored and assessed through a joint annual review process.

#### **Article 5: Commitments and Disbursements**

5.1 Funding commitments will be made for year 2015 after signing the MoU. Funding commitments for the years 2016-2018 will be made in 2nd quarter of the preceding year

5.2 For determination of the annual financial commitment for the following year (n+1), the Partner(s) will assess in year n the results of and performance in year n-1, in particular as measured through the PAF performance, and its related financial management as measured through annual reviews of budget and account.

5.3 Biannual budget execution reports will be monitored to confirm that they follow the PAF.

#### **Article 6: Flow of Funds**

6.1 MMH will upon the signing of this MOU request the Embassy of Denmark to release 30 % of the total budget of DKK 5.1 million into dedicated bank accounts kept by HVH. All expenses related to the collaborative activities will be paid from the dedicated bank accounts.

6.2 The bank accounts are managed according to financial guidelines for HVH.

6.3 Depending on biannual reports prepared by HVH funds will be released biannual. The biannual release of funds will require that the parties of the MoU approve the expenditure to the biannual financial statements. Funds will be released for the following six-month period based on the balance kept in the dedicated account and the approved budget for the following biannual. When the biannual report and the budget for the following six-months have been approved by the parties of the MoU, MMH will submit request to the Embassy of Denmark for the release for the next six-month period.

6.4 At the end of each fiscal year, non-utilized funds (balances) may be carried over into the following fiscal year (re-inscribed), on terms to be decided between the Partners. Upon expiry of the MoU, the Partners will decide how the remaining funds will be utilised.

#### **Article 7: Financial Management, Procurement Procedures and Monitoring**

7.1 HVH will perform all financial management activities in accordance with applicable DANIDA legislation.

7.2 All assets and equipment procured with resources from the Partners will be managed in accordance with DANIDA norms and regulations for asset management.

#### **Article 8: Audits**

8.1 HVH will be required to present a special audit report for the funds flowing through the dedicated account. A special audit will be required for each of the three projects (physiotherapy, reproductive health and hospital management) covering the full period of projects – 4, 2 and 2 years respectively. The budget to cover the cost of these audits is included in the attached budget. In collaboration with MMH, HVH will prepare the ToR for the audits and these will be submitted to the Embassy of Denmark for approval. HVH can either contract an individual external auditor or contract the current auditor of the hospital to perform the audit.

8.2 Based on the results of the biannual reports and on progress on the PAF, the Partners may request a rapid situational assessment of the projects at any time throughout the period of the MoU. Findings from the rapid situational assessments will be fed directly into a financial and institutional management-strengthening plan to ensure that follow-up can be monitored on an on-going basis.

#### **Article 9: Coordination, Monitoring and Review**

9.1 On-going monitoring of activities supported under the terms of this MoU is the responsibility of MMH with the support of HVH. MMH is responsible for technical coordination with other partner financed projects providing support in order to ensure that overlaps in the assistance provided are avoided and synergies promoted.

9.2 The PAF that will be developed will be used as the base for monitoring and measurement of achievement of results. The PAF will be considered an integral part of this MoU.

9.3 Data sources will largely rely on the existing systems for data collection.

9.4 Annual work plans will be assessed and compared with the requested budget. Financial monitoring will also be done by HVH using the reports available.

9. The projects will be monitored on a biannual basis and adjusted according to targets and budget.

#### **Article 10: Reports and Documents**

10.1 On an annual basis reports of the projects will be provided, including in particular: Planning Documents for year n+1 (to be submitted as available or where specified):

- The annual report will include status of the projects as well a narrative description of how additional resources will be used towards achievement of the intended results, and will identify and describe planned activities to be financed.
- An Annual Procurement Plan, clearly showing procurement of goods and services to be financed by the project.
- An Annual account and budget.
- Any other relevant plans developed or amended.

10.2 No later than 10 (ten) working days prior to the dates set for any meetings the relevant documents will be provided.

**Article 11: Non-Compliance**

11.1 The Partners and The Embassy of Denmark may terminate this agreement in whole or in part, or suspend its execution in whole or in part, on written notice to HVH, The Embassy of Denmark and the RGoZ and may reduce, cancel or request a refund of money if any of the following articles or principles of this MoU are fundamentally violated, specifically:

Article 1 – Fundamental Commitments;

Article 7 – Financial Management, Procurement Procedures and Monitoring - specifically in relation to major irregularities in procurement regulations.

Article 8 – Audits – in the event of audit reports showing severe irregularities.

11.2 The termination or suspension takes effect upon the date mentioned in the notice sent by the Partner(s). Prior to suspending disbursements, the Partners will inform the partners, RGoZ, and The Embassy of Denmark that suspension may occur and will specify remedial action which must be taken by a specific date in order to avoid suspension of disbursements or re-establish disbursement after suspension.

**Article 12: Anti-corruption**

12.1 The project will require that its staff and consultants under projects or programs financed under the MoU refrain from offering third parties, or seeking, accepting or being promised from or by third parties, any gift, remuneration, compensation or benefit of any kind whatsoever, which could be interpreted as an illegal, fraudulent or corrupt practice.

12.2 The project will promptly take appropriate action according to applicable legislation and inform the Partners of action taken in any instances of mismanagement and corruption. In these cases, the Embassy of Denmark reserves the right of unilaterally holding back disbursements or demanding the total or partial reimbursement of funds.

**Article 13: Revision and Amendments**

13.1 This MoU will be subject to review and amendments, as necessary, subject to written agreement by the signatories.

**Article 14: Dispute Resolution**

14.1 For disputes that may arise between the signatories as to the interpretation, application and implementation of the MoU, the signatories will consult with each other for the purposes of seeking an amicable solution.

**Article 15: Entry into Effect and Duration**

15.1 This MoU enters into effect upon the date of the last signature and will expire on June 2018.

Stone Town 2014

The signatories of the present Memorandum of Understanding

Mnazi Mmoja Hospital  
represented by

College of Health Science  
represented by

Hvidovre Hospital  
represented by  
Torben Ø Pedersen CEO  
Hvidovre University Hospital

DRAFT

## Annex 1

### **Flow of Funds, Accounting and Audit:**

The Embassy of Denmark in Dar es Salaam will secure funding as per the attached budget for the collaboration activities, provided that the collaboration shows adequate progress and the intended aims are pursued.

Mnazi Mmoja will upon the signing of this MOU request the Embassy of Denmark to release 30% of the total budget into a dedicated bank account kept by Hvidovre Hospital. All expenses related to the collaborative activities will be paid from the dedicated bank account. The bank account is managed according to current accounting and financial management requirements for Hvidovre Hospital.

Depending on biannual reports prepared by HVH funds will be released on a biannual basis. The biannual release of funds will require that the parties of the MoU approve the expenditure to the biannual financial statements. Funds will be released for the following six-months period based on the balance kept in the dedicated account and the approved budget for the following biannual. When the biannual report and the budget for the following six-months has been approved by the parties of the MoU, MMH will submit request to the Embassy of Denmark for the release for the next six-months period.

HVH will be required to present a special audit report for the funds flowing through the dedicated account. A special audit will be required for each of the projects (Physiotherapy, Reproductive Health and Hospital Management) covering the full period of the projects – 4, 2 and 2 years respectively. The budget to cover the cost of these audits is included in the attached budget. HVH will prepare the audits and these will be submitted to the Embassy of Denmark for approval. HVH can either contract an individual external auditor or contract the current auditor of the hospital to perform the audit.

### **Bank Details:**

The funds for the collaborative activities will be deposited into 3 dedicated bank accounts opened by Hvidovre Hospital:

Name of Bank: Nordea.

Address: Kettegårds Allé 30, 2650 Hvidovre, Denmark

Account Number: 2149 5499 126 184

CVR/SE number is: 33483376

Physiotherapy, Account No (PSP-element): 21830-01-01-03

Reproductive Health, Account No (PSP-element): Not available

Hospital Management, Account No (PSP-element): Not available

## ANNEX 2:

### **Physiotherapy development in Zanzibar:**

#### **1. Background**

Zanzibar consists of two main islands, Unguja and Pemba, and is part of Tanzania but with a degree of autonomy. Zanzibar has its own Ministry of Health. Mnazi Mmoja Referral Hospital is the main referral hospital in Zanzibar. It provides for tertiary services for both islands (approx. 1,3 million), in theory although referrals from Pemba Island are not frequent. In practice the hospital also provides primary and secondary care for residents of Zanzibar Town and other areas of Unguja (approx. 0,8 million) on a walk in basis. It receives referrals from all PHCU, PHCC, and private health facilities of Unguja and Pemba. It serves as a teaching hospital for the Zanzibar College of Health Sciences, and the Zanzibar Medical School.

Mnazi Mmoja Hospital has a history of support from the Danish International Development Assistance (Danida) for primary care services. In addition to this on-going support refurbishing of the Physiotherapy Unit was undertaken and physiotherapy services were established at Mnazi Mmoja Hospital. In November 2008, the Physio- and Occupational Therapy Department at Mnazi Mmoja Hospital, Zanzibar, was inaugurated by HM Queen Margrethe II of Denmark.

Since then it has been difficult to maintain the physiotherapy services at the hospital due to lack of trained physiotherapists in Zanzibar. Until 2013 only two physiotherapists were present on Pemba. In 2014 an additional two physiotherapists were employed to cover a total population of 1,3 million, the new staff were based at Mnazi Mmoja Hospital. As a result most patients in need of physiotherapy are given limited or no physiotherapy treatment.

Four years later, in September 2012, HRH Queen Margrethe's son, HRH Prince Joachim, also visited the hospital. During the visit, the Hospital Director Dr. Jamala raised the question of possible further support from Denmark to the development of the physiotherapy services at the hospital. Prince Joachim expressed a positive inclination to such support.

Following discussions with the Hospital Management and Hvidovre Hospital, a focus on expansion of capacity for in- and out-patient treatment and supervision was suggested. Close collaboration with Haukeland Hospital in Norway, Japanese Volunteers Organisation and others to compliment the current support to the physiotherapy services was emphasised.

In addition, the healthcare authorities on Zanzibar expressed a wish for support in establishing a diploma level education programme at the College of Health Science, based in Zanzibar, to alleviate the chronic lack of physiotherapists and to ensure sustainability of the Danish supported efforts.

Prior to 2014 the education of physiotherapists working in Zanzibar took place at Kilimanjaro Christian Medical Centre, (KCMC), Moshi, Tanzania mainland. A three years course of Physiotherapy started in September 2014 at the College of Health Sciences, Zanzibar for 21 students.

To facilitate the commencement of physiotherapy education and training the curriculum for physiotherapy diploma level training, used at KCMC was adapted for the Zanzibari setting and is currently in use. The tutors at the College of Health Science are able to provide basic clinical and anatomy and physiology aspects of the curriculum but are not trained for the specific theoretical and

clinical parts of the physiotherapy education. A physiotherapist from Mnazi Mmoja has been appointed as coordinator for this education to provide both theoretical teaching at the College and practical sessions at Mnazi Mmoja Hospital.

At Mnazi Mmoja Hospital the physiotherapy department is situated within the main campus and is linked administrative with the Occupational department and the Orthopaedic workshop. Formerly there was a focus on outpatient physiotherapy services for self-referred patients. Following support from the Hvidovre Hospital more attention has been given to in-patients. The workload of the physiotherapy department consists of a large adult and child patient base. Presently physiotherapy is almost exclusively delivered as out-patient treatment for conditions such as:

- Children with cerebral palsy
- Adult patients with stroke
- Patients following amputations (primarily feet/legs)
- Children born with clubfoot
- Patients with fractures (arms and legs)
- Burn cases
- Patients with assorted musculoskeletal disorders, such as back pain.

One of the critical problems of the physiotherapy unit is the shortage of trained physiotherapists. There are currently two Physiotherapists, one with a Bachelor degree and one trained to Diploma level. These are supported by three nurse/midwives. The existing physiotherapists were educated at Kilimanjaro Christian Medical Centre (KCMC) in Moshi.

In 2012 Mnazi Mmoja Hospital began collaboration with Haukeland Hospital, Norway concerning the stationing of Haukeland physiotherapists at Mnazi Mmoja. There is an agreement for Haukeland Hospital to send two physiotherapists from Norway for three months a year as per an existing agreement between the two hospitals. The placement of Norwegian physiotherapists in early 2013 and 2014 is expected to continue in January 2015. This placement compliments support by Japanese Development Aid (JICA) who sends physiotherapy volunteers for a period of two years. The department has applied for a continuation of this support from June 2015 when the current volunteers contract expires.

Hvidovre University Hospital is a major university hospital in Denmark providing secondary and tertiary healthcare to a local population of 0,5 million and referral services to the greater Copenhagen area population (1,5 million) on a number of medical specialties. The hospital department of Physio- and Occupational Therapy has at present 60 physio- and occupational therapists employed, providing both in- and outpatient treatment in different diagnosis, pre-/postgraduate education and training in collaboration with Metropolitan University College, Copenhagen.

Metropolitan University College in Copenhagen is one of seven University Colleges in Denmark. Metropolitan University College enrolls approximately 10.000 students. Sixteen different bachelor degree curriculums address health care, social work and teaching. The Bachelor's Degree Program in

Physiotherapy has about 650 students and a faculty of 39. It is the largest and the oldest Physiotherapy Program in Denmark. It carries out research and development in collaboration with universities and research units at hospitals in Copenhagen area.

## **1. Objectives**

Objective: on the Physiotherapy

- To strengthen the physiotherapy treatment for people with disabilities in Zanzibar
- To ensure adequate coverage and minimum standard of physiotherapy services at MMH for both in-patients and out-patients.
- To strengthen the Collaboration between the Physiotherapists, the Orthopedic technician and the doctors in particular in the care of amputees and children with Club Foot
- To strengthen the physiotherapy education in the College of Health Science of Zanzibar while reducing the potential loss of quality of physiotherapy services in the hospital
- Explore possibilities to maintain and expand the educational capacity of the teachers at the College as well as the teaching physiotherapists
- To ensure that at least 80% of the currently enrolled physiotherapy students successfully complete the physiotherapy course

## **2. Methods of Work**

Clinical practice/hands on.

- Experienced Physiotherapist from HVH, with bachelor or master degree will be posted in MMH.
- Physical appearance of Physiotherapist from HVH on Zanzibar supervision and discussions in the clinic.
- Producing the documents on standards of Physiotherapy together with the local staff. Responsible: The Danish project Physiotherapist
- Skype meeting with the staff from Metropol and from HVH, DK,
- Danish physiotherapist students having their modul 13 (6 weeks) in Mnazi Mmoja Hospital from 2016 without paying the usual fee.

Education:

Lectors from Metropol, with international experience will collaborate with the coordinator in CHS and explore possibilities for establishment of lectures online from Metropol with videoconferences.

Skype conference/meeting between the local Physiotherapy teachers and Physiotherapy lectors from Metropol.

### **3. Roles and Responsibilities:**

The group of partners will be the forum for joint decision-making relating to the progress of the Physiotherapy plan. Discussions will take place in one/two formal meetings annually, with representatives from Danida, MMH, CHS and Hvidovre.

#### **Accommodation and insurance:**

Accommodation in Zanzibar for Hvidovre employees will be arranged by Hvidovre Hospital. Hvidovre and Metropol will provide insurance for their own employees regardless of postings or visits.

Mnazi Mmoja Hospital will secure the necessary work and resident permits on arrival in Zanzibar for the Hvidovre employees.

#### **Equipment:**

Hvidovre Hospital will provide appropriate equipment to the physiotherapy department in Mnazi Mmoja Hospital, which is considered necessary for the aim of the collaboration. To some extent also equipment for the educational programme for physiotherapists, ex benches to the skills lab of the College of Health Sciences.

Mnazi Mmoja Hospital will be responsible for receiving the equipment at the port of Zanzibar as soon as it arrives, to secure safe passage through customs and safe storage at Mnazi Mmoja Hospital or the College of Health Sciences. Mnazi Mmoja Hospital will be responsible to enter all equipment received on the inventory of fixed assets.

#### **Other issues:**

Due to issues of patient safety, the present training pool at Mnazi Mmoja Hospital Physiotherapy Department must be filled in securely or demolished as well as the playground should have a more child-friendly appearance.

Hvidovre Hospital will continue collaboration with Haukeland on the Physiotherapy, as long as Haukeland is sending Physiotherapists to MMH.

### **4. Project plan**

A project plan will be provided from HVH in 1. quarter of 2015.

#### **Output MMH:**

##### Improved quality of treatment in the Physiotherapy service:

- Provide on the job coaching and mentoring to the current physiotherapists on a day to day basis
- Develop standard guidelines for PT services on the ten most common diseases for in-patients and for out-patient. (The ten diseases chosen on behalf of the computer-registration from the last quarter in 2014).

- Develop standard text/ copies for PT contact with the patients on referral, examination, treatment and discharge follow up on a pilot basis initially. Integrate the guidelines into the education of students in year 2 to provide continuity of education pre and post training.

Systems Improved:

- Improve the management of the physiotherapy department in terms of patient registration, regular meetings and patient flows on a day to day basis.
- Empower Head of department to initiate and carry out weekly meetings, provide plans for the department and effectively use the registration system
- Explore the possibility of introducing a patient feedback system
- Milestone: Monthly Registrations forms to Ministry of Health also send to HVH as well as the monthly actions plan and ½ years staff management plans by the head of department

**Output College of Health Science:**

Management of education:

- A teaching plan developed and approved by the administration at CHS for the whole course and a Long-term teaching and exams plan for each subject disseminated to MMH and HVH.
- Responsible: CHS administration and coordinator.

Milestone: December 2014

Supervision and mentor support.

- Supervision and mentoring for the two local Physiotherapists, who are teaching, concerning the subjects in which they are teaching
- Feedback and discussion on different focus areas where the two physiotherapists are teaching.
- Responsible: HVH/Metropol Physiotherapist

Evaluation:

- An evaluation of the teaching at the CHS based on the number of lessons in the different subject and an interview with the class representative conducted by Metropol or HVH at least once per semester.
- Clinical practice and field visit  
According to the curriculum clinical practice will take place in the third year. It might be a big challenge to have 21 students at Mnazi Mmoja hospital in the Physiotherapy Department at the same time.

- Milestone: Solutions have to be discussed at the annual meeting in 2016 with the CEO of MMH, the CHS and the coordinator ex. Divide the students in two groups, and extend the clinical practice over a longer period.
- Responsible: Coordinator, CEO and CHS
- Milestone: A schedule for the field visit have to be made by CHS in 2016- so both the students and the field site know when and who is coming.
- Responsible: CHS
- Responsible: HVH will support the coordinator at the clinical practice in MMH with a clinical instructor from HVH.

Environment:

Establish a clinical lab for Physiotherapy students at CHS. HVH will equip the teaching room for Physiotherapist with a projector and a computer –

Responsible: HVH will provide the training benches and more teaching materials. The container is expected to arrive in January 2015 at the port of StoneTown. CHOF and MMH is responsible to clear the customer

CHS should mark, install and secure the equipment with the donors name on arrival

## Budget

Grant	
Continued grant	850.000
New Grant	2.600.000
Grant, Total	<b>3.450.000</b>

Budget 2015-2018	2015	2016	2017	2018	Subtotal
Mentoring from Metropol	27.000	27.000	27.000	13.500	94.500
Assistance for curriculum and planning	83.250	41.625	27.750	13.875	166.500
Lectures via Skype	4.500	4.500	4.500	2.250	15.750
Metropol Intranet logon license	5.625	5.625	5.625	3.000	19.875
Salary	652.500	652.500	530.000	450.000	2.285.000
Travel (2015 & 2016 9 persons per year, 2017 & 2018 6 persons per year)	90.000	90.000	60.000	60.000	300.000
Visa	5.400	5.400	3.600	3.600	18.000
Medicin (Malerone)	35.000	35.000	20.000	20.000	110.000
Accommodation	57.600	57.600	57.600	20.000	192.800
Equipment and shipping	78.000	0	0	0	78.000
Evaluation	15.000	15.000	15.000	15.000	60.000
Study tour in Denmark	15.000	0	0	0	15.000
Budget margin	30.000	30.000	30.000	4.000	94.000
<b>Total</b>	<b>1.098.875</b>	<b>964.250</b>	<b>781.075</b>	<b>605.225</b>	<b>3.449.425</b>

## Plan of education for Physiotherapist

Semester	Start	End	Date for examinations	Coments	
1	8 september 2014	? January 2015	No calendar yet		MODUL 1
2	? January /february 2015	June			
3	September 2015	January 2016			MODUL 2
4	February 2016	June 2016			
5	September 2016	January 2017		clinical practice	MODUL 3
6	February 2017	June 2017		(march-field)	

## ANNEX 3:

### **Reproductive Health**

#### **Introduction**

Several studies have shown that the presence and awareness of skilled staff in labor wards will reduce the number of avoidable maternal and neonatal deaths. Maternal Death reviews have indicated that poor quality of care has resulted in unnecessary deaths in MMH and Mwembeladu Maternity Home maternity wards. This will be the most important factor in this project – i.e. the continuous presence of skilled specialists doctors and midwives, who will be loyal to local guidelines and other ongoing projects and not interfere only support those.

#### **Intervention**

Through this intervention (presence, teaching) i.e. the continuous presence and systematic teaching of labour ward staff (midwives, nurses and doctors) we want to contribute to the increase in maternal health and newborn survival. We also want to contribute to the efforts – in cooperation with the University of Zanzibar and the faculty of the Cuban University – to introduce a specialist postgraduate training program (curriculum) of junior doctors through a three years course to enable them to become specialist doctors in obstetrics. This training will be facilitated by foreign specialist doctors who will stay in Zanzibar for 5 to 12 weeks supervising and lecturing.

The project will run at the same time as a Danish Ph.D., project (2014-2017) investigating the systematic use of partograms in labor in order to reduce labor complications (Nanna Maaloe). Haukeland support (see many other areas of support to this maternity ward in Dr. Tareks draft report)

#### **Plan**

Senior staff will for the pilot study visit Zanzibar for one week in January 2015 to study work at the labour ward at Mnazi Mmoja Hospital and Mwembeladu Maternity Home and discuss with local staff at all levels and if possible patients what the problems are and what might be part of the solutions. The visit will be performed in an open, non-judgmental atmosphere.

The pilot visit will result in a report describing the possibilities for change and for arranging future activities including a curriculum for training of medical staff. We will also study the needs for stable supplies (blood, medicine (pain relief, arrest of bleeding).

The report from the pilot study will be the basis of the planning of an ongoing project ensuring constant exchange with skilled staff from Hvidovre Hospital for supervising, teaching, learning, and lecturing.

We are very aware that not all problems can be described in a week. Therefore, during the long stays following the pilot visit there will be a constant adjustment in the project to the needs discovered, a close contact between the people on the ward and the project leaders.

## Outputs and outcomes

Through our presence we will attempt to

- ensure a stable, continuous learning environment for newly qualified doctors (through coaching, supervising, and lectures. In the future by possible distance mentoring/telemedicine and lectures)
  - support the postgraduate training of obstetrician/gynaecologists. Look into the possibility of establishing a curriculum for specialist training.
  - support infectious diseases control and hygienic principles
  - encourage systematic documentation and stable procurement and storage of drugs etc.

## Activities:

The project doctor and a project midwife will make a one-week long pilot visit to Mnazi Mmoja or at Mwembeladu Maternity Home in January 2015 to learn more about the needs and problems, shortage of supplies etc.

We will base our approach on all already available material describing the situation and the suggestions already made, that we can help put through.

We will be loyal to all activities already started (morning meetings, partograms, bed numbers, board with all delivering mothers). We will secure that all initiatives are discussed with and approved the staff already working in Mnazi Mmoja Hospital and Mwembeladu Maternity Home

One doctor (specialist OB/GYN) and one midwife from Hvidovre Hospital for nine months in 2015 and the first half of 2016.

One specialist doctor will work and teach at Mnazi Mmoja or at Mwembeladu Maternity Home for five weeks starting March 1<sup>st</sup> 2015

The doctor will have one overlapping week with doctor who replaces him or her.

Doctor one week 10 – 14 (March 1 – April 1 2015)

Doctor 2 week 14 – 18 (March 27 – May 1 2015)

Doctor 3 week 18 – 22 (April 27 – May 29 2015)

Doctor 4 week 36 – 40 (August 29 – October 2 2015)

Doctor 5 week 40 – 44 (September 25 – October 30 2015)

Doctor 6 week 44 – 48 (October 24 November 27 2015)

Three more doctors will work and teach in the spring of 2016.

One experienced midwife will work and teach for 3 months (March 1 – May 29 2015), another will replace her for three months (August 29 – October 30 2015) and yet another for 3 months in the spring of 2016.

The project doctor will make an evaluation visit in week 22 (May 26 – 30 2015) based on well described criteria. Adjustments in the project will be done whenever needed.

## **Possible fields for improvement**

- An attractive program for postgraduate teaching will keep skilled staff in Zanzibar.
- Focus on one to one care in labor including third stage of labor and on fetal surveillance during labor.
- Focus on avoiding unnecessary cesarean sections (saves mothers life in present and future pregnancies).
- Focus on skilled, experienced staff, no rotation for nurses and midwives in obstetrics

**Baseline measures:** Current statistics

**Data Collection:** Ensuring valid data

**Indicators:** Number of maternal deaths, number of stillborn children

**Principles** This endeavor is perceived and conceived as an inclusive effort. No party that wishes to make a genuine contribution to this will be excluded and an appropriate way to contribute sought.

## **Roles and Responsibilities:**

The group of partners will be the forum for joint decision-making relating to the progress of the Reproductive Health plan. Discussions will take place in one/two formal meetings annually, with representatives from Danida, MMH and Hvidovre.

## **Accommodation and insurance:**

Accommodation in Zanzibar for Hvidovre employees will be arranged by Hvidovre Hospital. Hvidovre will provide insurance for their own employees regardless of postings or visits.

Mnazi Mmoja Hospital will secure the necessary work and resident permits on arrival in Zanzibar for the Hvidovre employees.

## *Established partners*

Mnazi Mmoja Hospital has already many partners:

Ministry of Health of Zanzibar (MoH), Mnazi Mmoja Hospital (MMH), Department of Obstetrics & Gynaecology (DO&G), Department of Paediatrics (DP), Ministry of Education of Zanzibar (MoE), State University of Zanzibar (SUZA), School of Health and Medical Sciences, **Zanzibar, Tanzania;** Haukeland University Hospital (HUH), Department of International Collaboration (DIC), DO&G, DP, Bergen, **Norway**

*Potential partners, who already have links*

The Universities for Medical Sciences of Camagüey (UC), La Habana (UH), Matanzas (UM), Santiago de Cuba (UO University of the East), all **Cuba**; University Medical Centre (UMC), DO&G, Utrecht, **Netherlands**; Ivo de Carneri Foundation (FIDC), Cooperazione Italiana, Milan, **Italy**; Faculty of Health and Medical Sciences, University of Copenhagen (UCPH), **Denmark**; University Hospitals, Case Western Reserve University (CWRU), Global Health Programs, Cleveland, Ohio, **USA**; Drammen Hospital (DS), Drammen, **Norway**; Kanga Maternity Trust (KMT), Stone Town, **Zanzibar, Tanzania**; Centrum für Internationale Migration (CIM), Frankfurt, **Germany**; Kamuzu Central Hospital, University of Malawi (UNIMA), Lilongwe, **Malawi**

## References

1. WHO, UNICEF. Building a Future for Women and Children - The 2012 Report. Geneva: World Health Organization, 2012.
2. van den Broek NR, Graham WJ. Quality of care for maternal and newborn health: the neglected agenda. *BJOG : an international journal of obstetrics and gynaecology*. 2009;116 Suppl 1:18-21.
3. Maaloe N, Bygbjerg IC, Onesmo R, Secher NJ, Sorensen BL. Disclosing doubtful indications for emergency cesarean sections in rural hospitals in Tanzania: a retrospective criterion-based audit. *Acta obstetrica et gynecologica Scandinavica*. 2012;91(9):1069-76.
4. Maaloe N, Sorensen BL, Onesmo R, Secher NJ, Bygbjerg IC. Prolonged labour as indication for emergency caesarean section: a quality assurance analysis by criterion-based audit at two Tanzanian rural hospitals. *BJOG : an international journal of obstetrics and gynaecology*. 2012;119(5):605-13.
5. Nyamtema AS, Urassa DP, Massawe S, Massawe A, Mtasiwa D, Lindmark G, et al. Dar es Salaam perinatal care study: needs assessment for quality of care. *East African journal of public health*. 2008;5(1):17-21.
6. Mbaruku G, van Roosmalen J, Kimondo I, Bilango F, Bergstrom S. Perinatal audit using the 3-delays model in western Tanzania. *International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics*. 2009;106(1):85-8.
7. Sorensen BL, Elsass P, Nielsen BB, Massawe S, Nyakina J, Rasch V. Substandard emergency obstetric care - a confidential enquiry into maternal deaths at a regional hospital in Tanzania. *Tropical medicine & international health : TM & IH*. 2010;15(8):894-900.
8. Mmbaga BT, Lie RT, Olomi R, Mahande MJ, Olola O, Daltveit AK. Causes of perinatal death at a tertiary care hospital in Northern Tanzania 2000-2010: a registry based study. *BMC pregnancy and childbirth*. 2012;12:139.
9. Souza JP, Gulmezoglu AM, Vogel J, Carroli G, Lumbiganon P, Qureshi Z, et al. Moving beyond essential interventions for reduction of maternal mortality (the WHO Multicountry Survey on Maternal and Newborn Health): a cross-sectional study. *Lancet*. 2013;381(9879):1747-55.
10. Vogel JP, Souza JP, Mori R, Morisaki N, Lumbiganon P, Laopaiboon M, et al. Maternal complications and perinatal mortality: findings of the World Health Organization Multicountry Survey on Maternal and Newborn Health. *BJOG : an international journal of obstetrics and gynaecology*. 2014;121 Suppl 1:76-88.
11. WHO. Trends in maternal mortality: 1990 to 2010. Estimates developed by WHO, UNICEF, UNFPA and The World Bank. Geneva: World Health Organization, 2012.
12. WHO. Levels and trends in child mortality. Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation. Geneva: World Health Organization, 2012.

13. Lawn JE, Lee AC, Kinney M, Sibley L, Carlo WA, Paul VK, et al. Two million intrapartum-related stillbirths and neonatal deaths: where, why, and what can be done? *International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics*. 2009;107 Suppl 1:S5-18, s9.
14. HMIS, Zanzibar. Zanzibar Annual Health Bulletin 2011. Stone Town: Zanzibar Health Management Information System, Ministry of Health, 2012.
15. MoH, Tanzania. Tanzania Demographic and Health Survey, 2010. Dar es Salam: National Bureau of Statistics, Ministry of Health, 2011.
16. WHO, MoH, Zanzibar. Millenium Development Goals Progress Tracking Report - Zanzibar. Stone Town: Zanzibar Ministry of Health and Social Welfare, 2007.
17. MoH, Zanzibar. Road Map to Accelerate the Reduction of Maternal, Newborn and Child Mortality in Zanzibar (2008-2015). Stone Town: Ministry of Health and Social Welfare, 2008.
18. Hill K, Thomas K, AbouZahr C, Walker N, Say L, Inoue M, et al. Estimates of maternal mortality worldwide between 1990 and 2005: an assessment of available data. *Lancet*. 2007;370(9595):1311-9.
19. Campbell OM, Graham WJ. Strategies for reducing maternal mortality: getting on with what works. *Lancet*. 2006;368(9543):1284-99.
20. Leonard KL, Masatu MC. Professionalism and the know-do gap: exploring intrinsic motivation among health workers in Tanzania. *Health economics*. 2010;19(12):1461-77.
21. Blank A, Prytherch H, Kaltschmidt J, Krings A, Sukums F, Mensah N, et al. "Quality of prenatal and maternal care: bridging the know-do gap" (QUALMAT study): an electronic clinical decision support system for rural Sub-Saharan Africa. *BMC medical informatics and decision making*. 2013;13:44.

#### **Budget**

<b>Grant</b>	<b>2.200.000</b>
Grant, Total	<b>2.200.000</b>

<b>Budget 2015-2018</b>	2015	2016	Subtotal
Salary - doctors	703.333	449.867	1.153.200
Salary - midwives	235.000	145.000	380.000
Travel	135000	95.000	230.000
Accommodation	31.300	16.900	48.200
Medicin (Malerone)	70.000	35.000	105.000
Visa	8.000	4.000	12.000
Work permit	14.400	7.200	21.600
Budget margin	150.000	100.000	250.000
<b>Total</b>	<b>1.347.033</b>	<b>852.967</b>	<b>2.200.000</b>

## ANNEX 4:

### Hospital management at Mnazi Mmoja Hospital

#### **1. Background.**

Mnazi Mmoja Hospital has requested cooperation and support from HVH to strengthen the management of the hospital. The needs have not been specified in detail and will be identified in the Performance Assessment Framework (PAF) which will be developed in cooperation with management of MMH during the first 3 weeks of the Project.

Though the areas of cooperation is not yet specified in detail, they are expected to cover hospital management in a broad sense such as planning, public financial management, human resource, monitoring and evaluation, logistic, coordination and social accountability system in order to improve 'value for money' in MMH.

There has been expressed a wish to increase the use of IT-systems to strengthen management and administrative routines at MMH. Therefore the possibility of introducing IT to solve some of the management challenges will be an integrated part of the project, bearing in mind the resources available for the hospital and the maturity of the organization.

#### **2. Objective.**

The objective of the project is to strengthen the management of MMH in order to improve value for money in MMH. To be successful the project therefore will increase the efficiency of MMH. That will be measured either as the number of patients treated per resource-unit or as increased performance per resource-unit on chosen quality parameters.

In order to achieve this objective, focus will be on both resource and quality management.

Special areas of focus will be:

- Strategic planning and prioritizing
- Budgeting systems and decentralization of budget responsibility
- Financial management and revenue control
- Quality management and quality control
- Incentives – economic and otherwise
- Human resource and payroll systems
- Patient registration, patient journals and data validation
- Data-driven management and monitoring of progress
- Logistics and the organization of purchasing
- Social accountability systems

#### **3. Methods of Work**

It will not be possible, with the limited time and resources available, to cover all the above areas in depth. The project will therefore start with a prioritizing phase, where the areas, which is expected to have the largest potential for substantial change and increased managerial effectiveness is identified. This process will

be conducted in close cooperation between the management of MMH and the representative of HVH. The PAF will be developed during this first phase of the project.

After the main areas of proposed change are identified and the PAF developed and approved by the partners, the management of MMH will be responsible for implementing the changes in close cooperation with and with support from HVH.

Both in the initial prioritizing phase and the following implementation phase HVH will be represented at MMH by a senior officer with extensive theoretical and practical experience with hospital management and implementation of change processes. This senior officer will visit MMH several times during the implementation process and monitor and evaluate the progress and advice on additional steps in the implementation.

#### **4. Project plan**

The project will start in June 2015 and run until the end of 2016. The first visit of the HVH representative will be for 3 consecutive weeks during the period from the 15<sup>th</sup> of June 2015 to the 15<sup>th</sup> of September. The exact dates will be agreed upon by the partners. During the first two weeks of this visit the representative will conduct interviews with managers, administrative workers and clinicians and perform site visits to both clinical and non-clinical departments.

The available data on management and hospital performance will be collected, and on the basis of data and interviews, the above mentioned prioritizing will be decided in close cooperation with the management of MMH.

During the third week, the PAF will be developed and send to the partners for approval.

During the following implementation phase the HVH representative will visit MMH 7 times in the period until the end of 2016. Under normal circumstances these visits will last approximately one week each. The 7<sup>th</sup> visit will be used for a final evaluation and recommendations for further measures. The visits will be placed in the project period according to the needs of MMH and the progress of the project and taking into consideration the need for cooperation with the other projects and The Embassy of Denmark/Danida.

#### **5. Roles and Responsibilities:**

The group of partners will be the forum for joint decision-making relating to the progress of the Hospital Management plan. Discussions will take place in one/two formal meetings annually, with representatives from Danida, MMH and Hvidovre.

#### **Accommodation and insurance:**

Accommodation in Zanzibar for Hvidovre employees will be arranged by Hvidovre Hospital. Hvidovre will provide insurance for their own employees regardless of postings or visits.

Mnazi Mmoja Hospital will secure the necessary work and resident permits on arrival in Zanzibar for the Hvidovre employees.

## Budget in DKK

Grant	300.000
-------	---------

<b>Stay 1 - 3 weeks</b>	
Travel	10.000
Salary (3 weeks)	43.913
Hotel (100 dollars pr. day)	12.600
Visa	600
Total	67.113

<b>Stay 2 - 1 week</b>	
Travel	10.000
Salary (1 week)	14.638
Hotel (100 dollars pr. day)	4.200
Visa	600
Total	29.438
Number of trips 7	206.063
Budget margin	26.825
Total	<b>300.000</b>