Summary

<table>
<tr><td colspan="3">1. Outline of the Project</td></tr>
<tr><td colspan="2">Country: United Republic of Tanzania</td><td>Project title: The Project for Strengthening of District Health Services in Morogoro Region</td></tr>
<tr><td colspan="2">Issue/Sector: Healthcare and medical care</td><td>Cooperation scheme: Technical Assistance Project</td></tr>
<tr><td colspan="2">Division in charge: Health Administration Team, Group III, Human Development Department</td><td>Total cost (actual figure): 704,569,000 yen (for the originally scheduled period)
* Actual figure for the extended period is 98,755,000 yen.</td></tr>
<tr><td rowspan="3">Period of cooper-ation:</td><td>(R/D): April 1, 2001 – March 31, 2006</td><td>Partner country’s implementing organization:
Regional Health Management Team and Council Health Management Teams in Morogoro Region</td></tr>
<tr><td>(Extended): April 1, 2006 – March 31, 2007</td><td>Supporting organizations in Japan:
University of Tsukuba, Aichi Children’s Health and Medical Center, Osaka University, Kinjo Gakuin University, National Institute of Public Health, Meiji Gakuin University</td></tr>
<tr><td>(F/U):</td><td>Related Cooperation:
(1) Special Provision of Equipment for Mother-Child Health (From 1999 to 2001. Equipment including radio-communication instruments was provided to Kilosa, Kilombero and Ulanga districts. A “Multi-bi” project with UNICEF.)
(2) Partnership Program (World Vision Japan, “Project for HIV/AIDS Control Project in the Ngerengere Division and Mlali Division,” from November 2003 to FY2006)</td></tr>
<tr><td colspan="3">1-1 Background of the Project
- United Republic of Tanzania (hereinafter referred to as “Tanzania”) is located in the Eastern part of Africa, with an area of 945,000 square km and a population of 36,300,000 (as of 2002). The Morogoro Region, which is the target of this Project, is a landlocked region located to the west of Dar es Salaam. It comprises six districts, namely, Morogoro Municipal, Kilombero, Kilosa, Morogoto, Mvomero and Ulanga. According to the national census in 2002, the population of the region is 1,753,000, representing 4.8% of the total population of Tanzania.
- In Tanzania, where both the Health Sector Reform (HSR) and the Local Government Reform Programme (LGRP) are being carried out simultaneously, power and authority related to healthcare administration is being handed over to districts. Each district is expected to set plans in the field of healthcare and to implement and manage the provision of service in an independent and subjective manner. As for regions – a higher level administrative structure than districts – they are expected to</td></tr>
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provide effective guidance and support to healthcare activities in each district, with the Regional Health Management Team (RHMT) serving the central role. Furthermore, in order to smoothly promote healthcare activities at the levels of district and region, a mechanism to stimulate the flow of funds from donors abroad into districts and regions through basket funds is being established.

- However, there is a delay in the capacity building process as a response to the transition of power at the levels of districts and regions, and a prompt reinforcement is necessary. Based on a request from the government of Tanzania, in the condition explained as above, this Project was started in April 2001 and scheduled to span five years. Its objective is to improve the managerial capacities of Regional Health Management Team (RHMT) and Council Health Management Teams (CHMTs) in Morogoro Region.

1-2 Project Overview

(1) Overall Goal

- Quality of health services in Morogoro Region is improved.

(2) Project Purpose

- Managerial capacity of RHMT and CHMTs in Morogoro Region is improved under the consensus of HSR and LGR agenda.

(3) Outputs

1) Health Management Information (data on healthcare and medical care) System is improved.
2) Experience and Health Information among RHMT, CHMTs and other regions are adequately shared.
3) Planning, implementation, monitoring and evaluation by RHMT and CHMTs are improved.

(4) Inputs (For the originally scheduled period. Please refer to the main text for input for the extended period.)

1) Japanese side:

Long-term experts: 11 people	Equipment: approx. 15,300,000 yen
Short-term experts: 14 people in total	(portable equipment excluded)
Trainees received: 21 people	Local cost: approx. 59,200,000 yen

(including those who participated in training courses for different tasks)

2) Tanzanian side (for the originally scheduled period):

Counterparts: 63 people	Equipment: none
Land and facilities: none	Local cost: approx. 1,700,000 yen

2. Evaluation Team

Members of evaluation team	Name	Area of responsibility	Position
	Harumi KITABAYASHI	Team leader	Director, Group III, Human Development Department, JICA
	Ichiro OKUBO	Healthcare administration	Graduate School of Comprehensive Human Science, University of Tsukuba Professor for Health Care Policy, specializing in Human Care Sciences
	Ikuo TAKIZAWA	Evaluation planning	Staff, Health Administration Team, Group III, Human Development Department, JICA
	Minako NAKATANI	Evaluation analysis	Global Link Management Inc.
	* Two evaluators (Dr. Kalinga, Dr. Mutahyabarawa) from the Ministry of Health of Tanzania also participated.		

Period of evaluation: October 1 – 23, 2005	Type of evaluation: Terminal evaluation

3. Results of Evaluation

3-1 Confirmation of Performances

* As of the terminal evaluation. Please refer to the main text for input for the performance during the extended period.

3-1-1 Project Purpose

- According to the verifiable measures of achievement specified in the Project Design Matrix (PDM), which are the average scores of the Hexagon-Spider-Web-Diagram (HSWD), the Project Purpose was not achieved.
- However, according to the alternative measures presented by the Project based on a participatory approach (implementation rate of activities set out in the Comprehensive Council Health Plan (CCHP) and the budget implementation rate of the CCHP), improvement in managerial capacity of CHMTs was observed throughout the Project period.

Measures to verify the effect (achievement level): Verifiable measures specified in the PDM

Measures to verify the effect (achievement level)	March 2003 Actual figure	September 2005 Actual figure	End of 2005 Target figure
The average scores of the HSWD are improved for all RHMT and CHMTs from 2003 scores to 4.5 by the end of 2005	3.12 (Average self evaluation by RHMT and all CHMTs)	3.42 (Same as left)	4.5 or more (Same as left)

* Hexagon-Spider-Web-Diagram is a self evaluation of achievement level to expected level in six regions of management skills (schedule management, knowledge management, human and material resources management, financial management, coordination management and project management) that is expressed in scores.

Alternative measures to verify the effect (achievement level):
implementation rate of activities planned in the CCHP

Team	2001 (Jan-Dec)	2002 (Jan-Dec)	2003 (Jan-Dec)	2004 (Jan-Jun)	Jul 2004-Jun 2005
Municipal	75	75	82	85	90
Morogoro/Mvomero	N.A.	99.9	99.9	100	100
Kilosa	N.A.	64	79	82	83
Kilombero	N.A.	N.A.	95.6	93.6	96.2

Alternative measures to verify the effect (achievement level):
Budget implementation rate of the CCHP

Team	2001 (Jan-Dec)	2002 (Jan-Dec)	2003 (Jan-Dec)	2004 (Jan-Jun)	Jul 2004-Jun 2005
Municipal	75	75	82	85	90
Morogoro/Mvomero	N.A.	94	84.3	85	98
Kilosa	62.5	68	82	90	94
Kilombero	N.A.	N.A.	97	94	95.6

3-1-2 Project Outputs

(1) Output 1: Health Management Information System (HMIS) is improved.

- The HMIS report to CHMTs confirmed improvements in at the level of healthcare facilities. Improvements were also identified in terms of the management/utilization of health information.
- However, there were some delays in getting the HMIS report from CHMTs to the Ministry of Health via RHMT. This was caused by the fact that it is still in a period of transition to a new reporting system introduced in 2003.
- Tangible results from this Output (management tools) include the following:
  - Integrated Supervision Checklist

- Radio-call operation and maintenance manual

Although a website was also set up as a tool to feed back health information, because some CHMTs (two out of six in total) cannot access the Internet, its use is still limited.

Verifiable measures (Output 1)

Verifiable measures	2001	2002	2003	2004	2005
Number of the HMIS annual reports received by CHMTs by due date	77/111	200/287	197/285	231/287	n.a.
Percentage of the HMIS annual reports received by CHMTs by due date	69	70	69	80	n.a.
Number of CHMTs that entered the HMIS data in the database	0	0	2	5	5
Number of tables in the CCHP updated with the HMIS data (average of all CHMTs)	15	17	17	18	21

(2) Output 2: Experience and Health Information among RHMT, CHMTs and other regions are adequately shared.

- In order to promote sharing, the Project implemented measures such as the issuance of newsletters, the establishment of the Information Resource Center (IRC), reciprocal visits between CHMTs and support for holding RHMT/CHMTs joint meetings.
- As for the newsletter, there were four issues in total. Its circulation increased steadily from 1,200 for the first issue to 2,570 for the fourth issue. They were distributed to more than 600 related facilities throughout the area.
- Reciprocal visits were carried out three times, and RHMT/CHMTs joint meetings were held twice a year (as targeted).
- Tangible results from this Output (management tools) include the following:
  - Newsletter and guideline manual (edited from the newsletter)
  - Guideline manual for health information system management
- IRCs were established in all districts. However, at the time of evaluation, they are still operating in temporary locations except for one district (Kilosa) which succeeded in obtaining a facility.

Verifiable measures (Output 2)

Verifiable measures	2001	2002	2003	2004	2005
Cost shared by RHMT and CHMTs (Tsh) to issue newsletters	0	0	57,000	3,421,000	1,469,000
Circulation of newsletter	0	0	2,681	2,500	2,570
Number of facilities to which the newsletters are distributed	0	0	662	640	n.a.
Number of reports on reciprocal visits that resulted in formulating a plan	0	0	0	0	7
Number of IRC users	59	65	41	22	n.a.
Number of RHMT/CHMTs joint meetings, confirmed through conference minutes	n.a.	n.a.	2	3	0
Number of participants in RHMT/CHMTs joint meetings	n.a.	n.a.	60	90	0

(3) Output 3: Planning, implementation, monitoring and evaluation by RHMT and CHMTs are improved.

- The process of formulating the CCHP became more participatory during the period of the Project.
- CCHP came to be created by using more evidence-based information such as charts. However, there was room for further improvement according to the standards of the Ministry of Health.
- The introduction of the system of operation research by administrative officers of CHMTs contributed to improving their motivation and attitude in collecting and analysing health information.
- Tangible results from this Output include the report of operation research results and the completed CCHP. However, there are no documents summarized in the form of a management tool at the time of the evaluation. However, the Comprehensive Checklist for Visited Instructions to Healthcare Facilities prepared in Output 1 can be recognized as a tool for monitoring evaluation of health facilities.

Verifiable measures (Output 3)

Verifiable measures	2001	2002	2003	2004	2005
Number of external parties participated in the CCHP preparation and pre-preparation meetings (average for all CHMTs)	15	18	21	22	30
Number of charts (tables, graphs, maps, etc.) used in the CCHP (average for all CHMTs)	18	26	23	27	34
Number of analytical statistical charts in the CCHP (average for all CHMTs)	10	16	15	16	19
Number of activity plans incorporated in the CCHP based on the results of operation research supported by the Project (average for all CHMTs)	0	0	0	0	16

3-2 Summary of Evaluation Results

(1) Relevance

- Considering the Project's consistency with the needs of the target group (staff members of RHMT and CHMTs) and the ultimate beneficiaries (residents of Morogoro Region), consistency with the priority of Tanzanian government policies, as well as consistency with JICA Country Program for Tanzania, it is judged that the relevance of the Project is very high.
- The Project is highly consistent with the political framework of the Heath Sector Reform (HSR), and the Local Government Reform Programme (LGRP) that decided the significant handover of power and authority related to the provision of basic social services to districts, and the participatory approach to support the improvement of administrative capacity by also considering the sustainability of outputs was also appropriate.

(2) Effectiveness

- If the verifiable measures specified in the PDM are strictly applied, the objective is considered unachieved. However, with a few exceptions, counterparts are improving managerial capacity, and administrative managerial capacity is also showing signs of improvement in terms of planning and budget implementation rate.
- Improvements were found in all aspects that make up the local healthcare administration management based on evidence-based data, namely, the collection and sorting (mainly related to Output 1), the accumulation and sharing (mainly Output 2), and the analysis and utilization (mainly Output 3) of information. However, there are still some unclear areas remaining in terms of capacity building as an organization as a whole.

(3) Efficiency

- The Project inputs were generally efficiently converted into the outputs, and the inputs are judged

to be contributing to the achievement of the Project Purpose.

- The Project effectively used local resources such as educational institutions. On the other hand, factors such as an expert's absence for a certain period, replacement of the counterpart serving a central role, and the participatory/consensus-building type of approach respecting the ownership of the counterpart worked to diminish efficiency in the short term.

(4) Impact

- The impact of the Project as of the evaluation is still limited.
- It cannot be explicitly confirmed, as of the time of evaluation, whether the improvement in healthcare administration capacity is directly linked to changes in behaviour of healthcare service providers that directly determine the improvement of healthcare service quality, or with changes in logistics that support the rendering of service. No negative impacts of the Project were observed.

(5) Sustainability

- From the political, organizational, financial and technical perspectives, it is highly probable that the effects derived from the implementation of the Projects will continue.
- Importance of local healthcare administration remains high. It is highly probable that participatory decision-making processes and vertical (region-district) and horizontal (district-district) cooperative relationships will be continued. Districts are progressing with the securing of independent revenue sources. By prioritizing things that are affordable with local resources, restraints on technical sustainability are also limited.

3-3 Conclusion

- Although the expected figure could not be met according to the verifiable measures, almost all counterparts recognized that their capacities are improving. In particular, the members serving the central role in the region/district acquired individual skills that will form the basis for a management cycle to collect and analyze health information within the area and to plan countermeasures and prepare budgets based on such analyses, as well as to monitor and evaluate the results of programs and to reflect them in subsequent steps (evidence-based district health management); in this way, it is judged that the original purpose of the project was basically achieved.
- However, because there are also unresolved problems, it is recommended that the cooperation period be extended for one year in order to (i) further transfer services to the Tanzanian side, (ii) establish a pattern of instructors training and supervising to spread the effects to lower levels such as healthcare facilities, and (iii) transmit information to other identified target areas.

3-4 Recommendations

- It is necessary for those who participated in the working group to provide more systematic feedback

to the team they belong to.

- As for the "Comprehensive Checklist for Visited Instructions to Healthcare Facilities," which was introduced based on the checklist established by the central government, it would be desirable for this to be revised based on feedback from each district.
- It would be desirable to consider what lessons have been learned from experiences in the Morogoro Region, to prepare documents from outputs, and to transmit them externally.
- It woud be desirable for the President's Office Regional Administration and Local Government and the Ministry of Health to reach an early consensus on the function and personnel composition of RHMT.

3-5 Lessons Learned

- It is necessary to accurately understand the policy trend of the government of the partner country and to design the project accordingly.
- In the case of cooperation aiming to improve local administration capacity, it is necessary to consider both the municipalities to which authority and power are transferred and the local branches of the central government that are supervising and supporting them as the target of cooperation, and to promote establishing a system in which they cooperate to address the problems of the region.
- In order to realize a sustainable capacity development in the partner country, the Japanese experts need to remain thoroughly committed to serving as catalysts.
- In order to steadily reinforce the managerial capacity of the counterpart, it is necessary to provide gradual training that covers basic management training, applicable management training as well as on-the-job training.
- To effectively and efficiently increase the sustainability of the outputs of the cooperation, it is necessary to utilize local resources as much as possible.
- To effectively implement a project wherein many parties are involved, it is desirable to combining a process wherein all parties participate with role-sharing.

3-8 Follow-up Situation

Considering the recommendations mentioned above, the project design was reviewed (so as to add factors such as gradual handover to the partner country and external transmission of outputs as major activities), and the cooperation period was extended for one year. In addition, based on the experiences in Morogoro, the project is now developing into a project to support the capacity building of RHMTs throughout the country (Technical Cooperation in Capacity Development for Regional Referral Health Management).