

## Summary of Terminal Evaluation

I. Outline of the Project		
Country : Tanzania		Project title : Capacity Development for Regional Referral Health Management
Issue/Sector : Health		Cooperation scheme : Technical Cooperation
Division in charge : JICA Tanzania Office		Total cost : 350 Million Japanese Yen
Period of Cooperation	(R/D): April 2008-March 2011 (Extension): n/a	Partner Country's Implementing Organization : Ministry of Health and Social Welfare (MOHSW) and Prime Minister's Office Regional Administration and Local Government (PMORALG)
		Supporting Organization in Japan : none
Related Cooperation : JICA Technical Cooperation "Strengthening of District Health Services in Morogoro Region, Tanzania" 2001-2007		
<b>1 Background of the Project</b> Under decentralization policy and health sector reforms in Tanzania, the regional level is expected to play a key role to ensure that quality health services are given by the districts to the community. The competency of Regional Health Management Teams (RHMTs) to interpret policies and conduct supportive supervision towards councils and regional referral hospitals is very important.  Based on the above background, the government of Tanzania requested the government of Japan through JICA for the technical assistance to strengthen the capacity of RHMTs in order to provide quality regional referral health services, and JICA commenced the Technical Cooperation in "Capacity Development for Regional Referral Health Management" (hereafter referred to as "the TC") from March 2008 to March 2011.		
<b>2 Project Overview</b> <b>(1) Overall Goal</b> Regional Referral Health Management (RRHM) is improved to provide sustainable health services <b>(2) Project Purpose</b> RHMTs are strengthened in order to provide quality regional referral health services.		

**(3) Outputs**

1. Management skills of RHMTs to respond to changing environment and new technologies are strengthened.
2. RHMT Supportive Supervision from RHMTs to Council Health Management Teams (CHMTs) are integrated and function.
3. Central Supportive Supervision from the central to RHMTs is institutionalized in MOHSW & PMORALG.
4. A coordination mechanism in responding to local issues among central and regional levels is strengthened.

**(4) Inputs**

Japanese side :

Long-term Expert 3

Short-term Expert 2

Trainees received 9

Equipment Approximately 4,815,000 Japanese Yen

Local cost 88,947,000 Japanese Yen (as of October 2010)

Tanzanian Side :

Counterpart 13

Office space and utility expenses

Local Cost 108,530,500 Tanzanian Shillings

**II. Evaluation Team**

Members of Evaluation Team	Dr. Yojiro Ishii	Team Leader Senior	Health Advisor/JICA HQ
	Ms. Tomomi Ito	Health Administration	Human Development Department/JICA HQ
	Ms. Emiko Nishimura	Evaluation Coordination Representative/JICA TZ	
	Ms. Akiko Hirano	Evaluation Analysis	Evaluation Consultant
Period of Evaluation	14 September 2010~8 October 2010		Type of Evaluation
			Evaluation : Terminal

**III. Results of Evaluation**

## **1 Summary of Evaluation Results**

### **(1) Relevance**

Strengthening the capacity of the RHMTs to improve regional health management system is one of the major priorities in the Health Sector Strategic Plan III (2009-2015), thus the TC is relevant to the Tanzanian national policies. Health system strengthening including the management capacity improvement is one of the priority areas of the Japanese ODA policy as stipulated in the country assistance policy to Tanzania. It is also inline with Japan's commitment in health system strengthening which has been announced at the TICAD IV and G8 Hokkaido Toyako Summit. In terms of the comparative advantage of the Japan's assistance, the experience from the previous JICA technical cooperation in "Strengthening of District Health Services in Morogoro Region, Tanzania" is invaluable advantage for the capacity development of the health sector in the Tanzanian context.

### **(2) Effectiveness**

The indicators set to measure the Project Purpose in the PDM did not meet the targets. However, in terms of the capacity of the RHMTs, the improvement of the planning skills of the strategic and annual plans could be seen as one of the evidences as a result of the TC support. Also it is observed that the motivation and commitment among the RHMTs members have been increased and they see themselves strengthened as a team. Four Outputs are regarded to be appropriate to achieve the Project Purpose.

### **(3) Efficiency**

The efficiency of the implementation can be said high overall from the viewpoint of achievement of outputs compared to the inputs. The TC takes flexible approach by incorporating unplanned activities based on the needs and demands arising in the course of implementation. The TC also tries to bring synergy between outputs and activities by making linkage each other, which increased the outcome with the limited inputs. Utilization of the Basket Funds for the RHMTs is an effective form of aid coordination. On the other hand, some of the pre-set indicators in the PDM were found to be inappropriate to verify the effect of the TC. It is expected to review and revise PDM on a timely manner to set the relevant project plan including appropriate indicators.

#### **(4) Impact**

Results at the point of the terminal evaluation indicated that the prospect of achieving the Overall Goal within 3-5 years is to some extent positive but require more efforts. Improvement of the enabling environment for the RHMTs at the central and regional level is instrumental in the promotion of the regional referral health management. The relationship and cooperation between RHMTs, Regional Secretariats (RSs) and Local Government Authorities (LGAs) are also reported to be much improved. According to the interview, the examples of improvement in the health service provisions in some councils such as increased human resources in the council health facilities by RHMT support are reported. However, there are still areas to be improved in the RHMT functions, and it is expected for the system developed by the TC to be standardized and institutionalized in order to further improve the enabling environment.

#### **(5) Sustainability**

The strengthening of the RHMTs and regional health management system is given high priority in the current health policy. In terms of organizational and financial aspect, while the newly establishment of the regular budget line from RS to RHMT in the system is expected, the prospect of the basket funds availability for RHMTs hereafter seems high. Thus, the sustainability at the regional level is relatively high. On the other hand, at the central level, while MOHSW is committed to strengthen Regional Health Service Coordinator (RHSC) unit, the prospect of the assignment of additional staff and obtaining adequate regular budget for RHSC unit to run the required activities is uncertain. In order to maintain the RHMT knowledge and skills obtained, the continuous support for RHMTs is necessary. Finalization and institutionalization of the training materials or Central Management Supportive Supervision (CMSS) procedure is essential to ensure the technical sustainability. The efforts to enhance the sustainability of the benefits of the Project after the TC completion have been observed at this point. In order to secure the overall sustainability, the organizational environment needs to be strengthened by the initiative of MOHSW.

## **2. Factors that promoted realization of effects**

### **(1) Factors concerning to Planning**

Covering all the regions by the TC is seen as one of the promoting factors, as working and sharing together with all the regions made the RHMTs understand their level and positioning with the views from outside and learn from each other.

**(2) Factors concerning to the Implementation Process**

One of the promoting factors is the appointment of the RHSC in MOHSW as an officer in charge of regional health management and his strong commitment.

**3. Factors that impeded realization of effects**

**(1) Factors concerning to Planning**

Covering all the regions in the vast country like Tanzania poses the challenge as well as being a promoting factor, as it is difficult to provide all RHMTs with close monitoring and support to ensure the unified quality of their performance.

**(2) Factors concerning to the Implementation Process**

Turnover of the officials is one of the constraining factors. Late disbursement of the basket funds to the RHMTs, particularly from the RSto the RHMT in some regions, also affects the RHMTs activities.

#### **4. Conclusion**

The evaluation team confirmed that the TC is currently on the right way to accomplish the objective of strengthening the management capacity of the RHMTs although pre-set indicators did not show clear evidences. The evaluation team concluded that the systems developed by the TC to strengthen the management capacity of the RHMT for supporting the CHMTs can be sustainable as long as the MOHSW exerts the firm leadership and initiatives.

#### **5. Recommendations**

Within the scope of the TC

1. Strengthening of Regional Health Services Unit (RHSU)
  - It is recommended to strengthen the RHSU of Health Sector Resource Secretariat, MOHSW with allocating enough budget and manpower for providing continuous support to RHMT.
2. Standardization of the CMSS
  - It is recommended that the CMSS manual should be finalized and ratified by MOHSW.
  - The 6<sup>th</sup> CMSS should be conducted between January to February 2011 as a part of planned activities of the MTEF for RHMT.
3. Finalization of the templates of the RHMT Annual Planning and Reporting
  - It is recommended to finalize the templates of the RHMT Annual Planning and Reporting with clarifications for detailed activities related to the ten functions of RHMTs and to conduct the related trainings as planned.
4. Alignment of RHMT SS Checklists with the National SS Guidelines
  - It is recommended that TC should collaborate with the Health Service Inspectorate Unit of MOHSW for aligning RHMTs SS checklists with the National SS Guidelines toward the forthcoming training in December 2010.

Beyond the scope of the TC

5. Strengthening of the Regional Health Services Unit (RHSU)

- It is recommended to strengthen the function of the RHSU with allocating enough budget and manpower for providing continuous support to the RHMTs including capacity building on human/financial resource management, quality assurance and data management.

6. Development of the National Guidelines on RHMT Annual Planning and Reporting

- MOHSW should take leadership to develop the National Guidelines for RHMT Annual Planning and Reporting.

7. Coordination between the RHSU and the District Health Services Unit (DHSU)

- MOHSW senior management should ensure that the RHSU and DHSU are well coordinated through DP P.

8. Improvement of the enabling environment for RHMTs

- MOHSW and PMORALG should make sure the adequate availability of transportation and timely disbursements of funds from Central to RS as well as RS to RHMTs for their necessary activities.
- Coordination should be strengthened between the Directorate of Policy and Planning of MOHSW and the Directorate of Regional Administration of PMORALG in order to effectively address the issues related with regional health management.
- It is recommended for PMORALG to create the budget lines for RHMTs with supports from MOHSW.
- MOHSW should ensure the functions of CMSS including mobilization of additional human resources from various institutions such as zonal resource centers.

Recommendations to the Government of Japan

9. Further support in the area of regional health system strengthening.

- The TC is establishing the basic framework for providing quality regional referral health services. Building on the achievement of the TC, further support is recommended to bring out the impact on health service delivery in the regions.