

Summary of Terminal Evaluation

1. Outline of the Project		
Country : The United Republic of Tanzania		Project title : The Project for Capacity Development in Regional Health Management Phase 2
Issue / Sector : Health Systems Strengthening		Cooperation scheme : Technical cooperation project
Division in charge : JICA Tanzania		Total cost: 354,885,000 Japanese Yen
Period of Cooperation	(R/D): September, 2011 ~ October, 2014	Partner Country's Implementing Organization : Ministry of Health, and Social Welfare, Prime Minister's Office, Regional Administration and Local Government
		Supporting Organization in Japan : —
<p>1-1 Background of the Project</p> <p>In the United Republic of Tanzania, hereinafter referred to as Tanzania, the transfer of authority for health sector from central to regional government, has been devolved under the decentralization policy and the health sector reform programme since the late 1990s. It has been recognized among health sector stakeholders, including the Ministry of Health and Social Welfare (MoHSW) and the Prime Minister's Office, Regional Administration and Local Government (PMO-RALG), that capacity enhancement of the Regional Health Management Teams (RHMTs), which oversee the Regional Referral Hospital Management Teams (RRHMTs) and Council Health Management Teams (CHMTs), is important to ensure the quality of health service delivery at the regional level as well as the council level. In particular, it is essential that the RHMTs disseminate health policy and implement supportive supervision for the CHMTs and Regional Referral Hospitals (RRH). Empowerment at the regional administrative structure is clearly stated as being one of the priorities within the Health Sector Strategic Plan (HSSP) III: 2009-2015.</p> <p>The Project for Capacity Development in Regional Health Management Phase 2, hereinafter referred to as the Project, began operation in November 2011 with a proposed duration of three years. The phase one project, known as TC-RRHM (Technical Cooperation for Regional Referral Health Management), aimed at strengthening the capacity of RHMT in the Tanzanian Health System through the articulation of its roles and functions and the development of Central Management Supportive Supervision (CMSS) and was implemented from April 2008 to March 2011. The Project has built on the outputs and experience from the phase one project, and has been expected to further develop the RHMTs' managerial capacity and has been demanded to support improving managerial capability of the CHMTs and Regional Referral Hospital Management Teams (RRHMTs) through continuous assistance from the RHMT, including Supportive Supervision (SS) and other means of management practices. Through these efforts, the Project aims, in due course, to contribute to strengthening health systems and ultimately to enhance overall health service delivery in Tanzania.</p>		
<p>1-2 Project Overview</p> <p>(1) Overall Goal</p> <p style="padding-left: 20px;">Managerial performance of RRHMTs and CHMTs is improved.</p>		

<p>(2) Project purpose Performance of all RHMTs in supporting CHMTs and RRHMTs is improved.</p> <p>(3) Outputs</p> <ol style="list-style-type: none"> 1. Management skills of RHMTs in supporting CHMTs and RRHMTs are improved. 2. Roles and functions of RHMT to support CHMTs and RRHMTs are institutionalized and consolidated 3. Guidelines and tools for RHMTs to perform their functions are improved. <p>(4) Inputs (as of the time of terminal evaluation)</p> <p>Japanese side :</p> <ul style="list-style-type: none"> Dispatch of experts: 6 experts Equipment and materials: 1 vehicle, office equipment and stationaries Trainees received in Japan: 10 trainees Trainees in Tanzania: 901 trainees in total <p>Tanzanian side :</p> <ul style="list-style-type: none"> Counterpart: 10 C/Ps Land and facilities: 1 project office Local cost: Running expenses for project office, salaries for the Tanzanian C/Ps 		
2. Evaluation Team		
Members of Evaluation Team	Tanzanian Side Evaluation Analysis	Eliudi ELIAKIMU (Dr.) Acting Assistant Director, Health Services Inspectorate and Quality Assurance Section, Division of Health Quality Assurance, MoHSW
	Japanese Side Team Leader	Tomohiko SUGISHITA (Dr.) Senior Advisor, Japan International Cooperation Agency (JICA)
	Local Governance	Yoichiro KIMATA Senior Representative, JICA Tanzania office
	Cooperation Planning	Kimio ABE Representative, JICA Tanzania office
	Cooperation Planning	Catherine SHIRIMA Assistant Program Officer, JICA Tanzania office
	Evaluation Analysis	Kaori SAITO Consultant, System Science Consultants. Inc
Period of Evaluation	5 - 17 April, 2014	Type of Evaluation : Terminal Evaluation
3. Results of Evaluation		
3-1 Achievements		
<p>Overall Goal : Managerial performance of RRHMTs and CHMTs is improved.</p> <p>The prospect of achieving the Overall Goal within three to five years after the completion of the Project is</p>		

high. The Project capacitated RHMTs to support CHMT on Comprehensive Council Health Plan (CCHP) planning and RRHMT on Comprehensive Hospital Operation Plan (CHOP) planning. With regard to CCHP, CCHP was obligated to be submitted in the last three years through PlanRep software with system errors and frequent updates, which contributes the low percentage of the approval in the first submission. RHMTs have been officially involved in the CCHP assessment process recently. Therefore, it is expected that the percentage of CCHPs to be approved in the first submission in the basket fund committee would be increased. As for CHOP, most of RRHMTs had made and submitted their CHOP to MoHSW even though they were somehow demotivated since they didn't receive the allocation from the basket fund. Good managerial practices have been broadly shared at the national level as well as at the regional level. By networking among RHMTs established through the Project activities, RHMTs have been visiting other RHMTs to learn their good practices at the ground.

Project Purpose : Performance of all RHMTs in supporting CHMTs and RRHMTs is improved.

The Project Purpose would be accomplished by the termination of the Project. Most of the project activities have been conducted as planned and the output 1 and output 3 are already achieved and the output 2 is also expected to be achieved by the time the Project ends. The Project developed the RMSS-C/H tools to conduct SS to CHMT and RRHMT in a standardized and quality way. The indicator set for SS to RRHMT using this tool is achieved. Although one of the indicators has not yet been achieved at the time of the terminal evaluation due to some challenges of delay of the basket fund disbursement, the percentage of the RHMTs implementing SS to CHMTs had increased. As for the support to CHMTs, MoHSW officials, RHMT members and CHMTs members interviewed expressed that RHMTs had improved their supports in CCHP planning and assessment, and SS.

The Project conducted the training on Annual Planning and Reporting and then the percentage of on-time submission of the Annual Plans and Quarter Progress Report had increased as well as the quality of the Annual Plans had improved.

However, RRHMT members interviewed said that the support from RHMT was not adequate against the needs of RRHMT. There is some gap between actual support from RHMT to RRHMT and needs of RRHMTs.

Output 1 : Management skills of RHMTs in supporting CHMTs and RRHMTs are improved.

Output 1 is achieved. Training packages for RHMTs on CCHP Guideline, RHMT Plan and Report, and RMSS have been developed and implemented to all RHMTs. The training contents had been shared by the participants with those who didn't attend the training, within a month after the training in the following ways; 1) sharing in the regular RHMT meeting, 2) organizing a half day workshop, and 3) organizing 3 day training.

Output 2 : Roles and functions of RHMT to support CHMTs and RRHMTs are institutionalized and consolidated.

Output 2 would be achieved by the completion of the Project. The Project supported the revision of the document "Functions of Regional Health Management System" which determined the roles and functions of RHMTs, RRHMT and Hospital Advisory Board. The document is currently in the process of the official approval in PMO-RALG (MoHSW has already signed). Since the Project has been disseminated the updates of the documents widely by various means and on various occasions, RHMTs have been adopting these changes in their regions and are willing to adopt them for further improvement.

Output 3 : Guidelines and tools for RHMTs to perform their functions are improved.

Output 3 has been achieved. Due to lack of basic policy document regarding RRHMT and uncertainty about the future orientation of the CHOP, the progress of developing Regional Management Supportive Supervision (RMSS) -H tools for RHMT to supervise RRHMT was delayed and the Project disseminated the RMSS-H tools recently. With regard to RMSS-C tools for RHMT to supervise CHMT, the Project disseminated it in February 2013 and it has been in use for more than one year. According to the result of “RMSS-C User Feedback Survey”, 96% of the respondents (60 out of 63 RHMT members from 21 regions) were satisfied with RMSS-C, feeling some benefits such as promoting understanding of CHMT and communication with CHMT, and improving the quality of support to CHMT and relationship with CHMT. CHMT members expressed that the style of supervision by RHMT had changed from inspection style to a more supportive manner by trying to find out and address the problems together.

3-2 Summary of Evaluation Results

(1) Relevance

The relevance of the Project is high.

The devolution in health sector from central to regional government has been progressing under the decentralization policy and the health sector reform programme since the late 1990s. Strengthening health systems in the region is stated as being one of the priorities within the HSSP III. RHMT is considered situated in the core to strengthen health systems in the region.

The bottleneck of the health systems in Tanzania was articulated by the managerial weakness of RHMTs, which were not well supported by other partners since the year of 2000 and JICA was only a considerable organization to support capacity development of RHMT and has significantly impacted to strengthen health system in Tanzania.

The Project is consistent with Japan’s Country Assistance Policy for Tanzania, one of which articulates “Improvement of Governmental Services for the Whole Nations”. JICA aims at strengthening systems in each sector by enhancing decentralization and the Project is a part of “Health Systems Management Strengthening Program” in the JICA’s health sector support.

(2) Effectiveness

The effectiveness of the Project is medium.

All three Outputs are designed to achieve the Project Purpose “Performance of all RHMTs in supporting CHMTs and RRHMTs is improved”. Although two out of five indicators are not yet achieved due to high target, it is expected the percentages of the indicators would be increased, close to the targets. The Team confirmed that the RHMT support to CHMTs had improved a lot in terms of CCHP planning and assessment, and SS and CHMT members appreciated the support from RHMTs. However, the support to RRHMT was not satisfactory against the needs of RRHMT. This is because the situation regarding CHOP and general hospital management was affected by withdrawal of DANIDA in the end of 2012 and MoHSW couldn’t deal with the increased demand from the hospitals by itself. Therefore, there is a room for further improvement in RHMT supports to RRHMT.

(3) Efficiency

The efficiency of the Project is high.

All the Outputs have been produced adequately even though it was observed at the time of Midterm Review that the RRHMT related activities were delayed. Most inputs were appropriate in quantity, quality, and timing, and transformed appropriately to ensure that activities were conducted as planned. When CMSS by MoHSW to RHMTs was not implemented in the second year due to lack of the budget allocation in MoHSW, the Project reformed zonal residential training to on-site training in each region, which provided MoHSW similar opportunity with CMSS to visit regions, grasp the actual situations of RHMTs and mentor them at their working places.

The Project had organized RHMT forum on a bi-annual basis where all the RHMTs attended and good practices were shared, which promoted the networking and horizontal learning among them. Furthermore, The Project was actively engaged with Technical Working Group-1 (TWG-1, District and Regional Health Services) under Sector Wide Approach for effective and efficient coordination and harmonization of the activities among concerned partners. The Project shared the progress of the Project activities got the technical inputs to develop the better documents or tools. In sum, the Project has tried their best to produce maximum outputs against the limited resources in these efficient manners.

(4) Impact

The impact of the Project is high.

The prospect of achieving Overall Goal is high due to the expected achievement of the Project Goal, therefore the impact of the Project is considered as high. Although CCHPs planning process still has challenges to be tackled.

There were no negative impacts observed in the Project while there are many positive impacts confirmed. Relationship especially between RHMTs and CHMTs has been strengthened. CHMTs are now more satisfied with RHMT's support for their further improvement. RHMT members are now more confident in supporting the CHMTs and RRHMTs. Some RHMTs have started to voluntarily visit other regions to learn the lessons learnt practically and promoted sharing good practices and supporting taking up the innovative approaches at the regional level. A team spirit among RHMT members irrespective of their status, core or co-opted, is now strengthened and they are working as a team. The Project also invited the representatives from RRHMT and Regional Secretary (RS) from some regions to the RHMT meeting. It promoted the better understanding and relationship between RHMT, and RRHMT, RS.

(5) Sustainability

Sustainability is high in terms of policy and technical aspects, while organizational and financial sustainability need to be more explored.

Strengthening the capacity of RHMTs and regional health management system is given high priority in the current government policy. The Project has capacitated the MoHSW officials and RHMT members and the SS tools have been developed to enable RHMT to implement better SS. The capacity of RHMTs has been gradually enhanced and they are now confident in their ability to continue activities for further improvement.

On the other hand, as for organizational aspect, Regional Health Services unit should be more

organizationally capacitated to function effectively and efficiently to coordinate with other departments in MoHSW. Although PMO-RALG tries to collaborate with MoHSW, it would be difficult only for Health Sector Coordination Unit in PMO-RALG to streamline the Project outputs and experiences into RS. Therefore, it is expected for Deputy Permanent Secretary on Health to involve both Directorate for Regional Administration and Directorate for Local Government. Financial sustainability needs to be elaborated by the joint actions with Tanzania and other partners, by improving the financial efficiency, and securing sufficient and stable financial resources to support RHMT related activities.

3-3 Factors that promoted the achievement of the Project Purpose

- Committed C/Ps ;
Core C/Ps assigned to the Project are very committed to the Project activities. They gave the priority to the Project activities because the period of the Japanese experts to work in Tanzania was limited.
- Strong Motivation of RHMTs with confidence for their improvement ;
With strong motivation for further improvement on their management, they have been trying to put into practice what they had learnt from the training or meeting, and come up with good practices to tackle the issue and improve the situation.
- Active engagement with TWG-1;
The Project is actively engaged with TWG-1. The Project shared the progress of the Project activities, which promoted the coordination of the activities, and shared the draft documents or tools and requested the technical inputs from other partners, which contributed to development of the better quality documents or tools.
- Accumulation of the experiences of JICA project from “Morogoro Health Project”;
JICA started the technical cooperation on strengthening health management at regional level in Morogoro region in 2001, known as “Morogoro Health Project”, followed by the Phase one of the Project. The experiences of these JICA projects accumulated and enriched the Project for more effective and efficient implementation of the Project activities.
- Cooperation from PMO-RALG and RS
PMO-RALG cooperated with MoHSW to revise the document of “Functions of Regional Health Management System” and to clarify the demarcation between PMO-RALG and MoHSW. In addition, PMO-RALG tried to create the environment for RHMT to work more comfortably at the regions.

3-4 Factors that inhibited from the achievement of the Project Purpose

- Lack of a sufficient and timely budget;
The major part of the budget of RHMTs comes from the Basket Fund. However, this budget has been delayed in the disbursement, which clearly affects the smooth implementation of planned activities of RHMTs. In addition, The budget allocated to the Regional Health Services Unit was radically cut during the second year of the Project, and CMSS could not be implemented during the second year of the Project although this is out of the Project scope. This has indirectly affected the Project.

- Lack of partner's engagement in supporting regional level;

A lot of partners pay attention to the councils which are responsible for the health services delivery while only JICA is supporting RHMTs. The Project was designed based on the demarcation with DANIDA, supporting Hospital Reform Team. However, in the end of 2012, DANIDA withdrew the support to the Hospital Reform Team. This affected the Project in terms of RRH related components.

3-5 Conclusion

The Project has strengthened the performance of RHMT in supporting CHMT and RRHMT especially in terms of CCHP or CHOP planning and SS in the following ways ; 1) individual capacity development by the training and orientation, 2) organizational capacity development by revision of the document “Functions of Regional Health Management System”, CMSS, on-site training and awarding the performance of RHMT, 3) institutional capacity development by developing the SS tools, planning and reporting manuals, organizing the national meeting and sharing good practices. Although the support to CHMTs has improved a lot, there are some gaps between the actual support from RHTM and the needs of RRHMT, which need to be addressed.

In conclusion, the Team concluded that the overall performance of the Project is satisfactory, as of the terminal evaluation juncture, six months before termination of the Project. The Project, MoHSW and PMO-RALG need to take up the recommendations listed below in order to ensure the achievement of the Project Purpose and sustainability of the Project.

3-6 Recommendations

- (1) The Project needs to elaborate exit strategies of the project activities especially central and regional supportive supervision both CHMT and RRHMT and in-service training mechanism. Regarding to the smooth operation of RMSS-H, RHMT can be identically defined by self-recognition tool such as badges or other simple identification. It is possible that the Project can prepare a list of resource persons of managerial training as mentorship and champions of best practices to demonstrate optimal functions of RHMT in a competitive and proactive manner.
- (2) The Project needs to summarize lessons and recommendations on RHMT's optimal functions and enabling environment to support CHMT and RRHMT regarding to CCHP, CHOP and other administrative tools. Addition to that, good practices should be compiled and published to attract wider audience to sustain and scale up RHMT managerial practices. Thus, the Team strongly recommends that final dissemination forum should be conducted with MoHSW, PMO-RALG and partners to discuss about the significance of RHMT, which is an integral part of the decentralized health systems.
- (3) MoHSW, together with PMO-RALG, needs to take serious considerations to review and explore sufficient and stable financial resources such as the Health Sector Basket Fund, which has still low execution rate by PMO-RALG, or other source of revenues to support activities by RHMT. Addition to that, MoHSW should make serious efforts to strengthen and sustain the functions of Regional Health Services Unit by coordinating activities with other Units such as District Health Services, Hospital Reform Team, and Health Quality

Assurance and so on. There is a possible implication that Health Sector Resource Secretary and Hospital Reform Team can be merged into one coordination unit, which supports health equity in the decentralized health systems.

- (4) MoHSW, together with PMO-RALG needs to review the conceptual framework of CCHP and CHOP may need to be transformed from input-basis to demand-basis and result orientation according to the burden of diseases faced by the target populations. This transformation of planning modality enables more effective and smooth operation of supportive supervision and resource tracking linking with health service coverage and health status.
- (5) MoHSW, together with PMO-RALG needs to simplify the reporting and verification process of CCHP and CHOP, which are really labour intensive and not utilized thoroughly. Also budget verification tools such PlanRep and Epicor should be stable and reliable to avoid confusion on the ground despite of changing continuously.
- (6) The Team acknowledged the active Hospital Advisory Board well guided by RHMT affects RRHMT much to functionalize the hospital management overall. However there are reported that misconducts and low motivation among Hospital Advisory Board members are observed. Therefore, MoHSW and any authorities should ensure Standard Operating Procedures of the Hospital Advisory Board and possibly introduce more feasible protocol including selection criteria, term of references and honorarium to enable smooth implementation of the Board with social accountability.
- (7) RHMTs comments on CCHPs are not fully endorsed by the centralized approval system by District Health Services Unit. Thus, MoHSW and Health Sector Basket Fund Committee might consider that the decentralization of the mandates of Health Sector Basket Fund Committee approval and resource tracking from central level to RHMT level can be more efficient and realistic.
- (8) MoHSW needs to ensure that CHOP has to be liked with sufficient resource envelope, which motivates RRHMT and enables hospital to improve their managerial functions and entire services in an autonomous manner. It can also ensure the effective implementation of RMSS-H guided by the plan and progress.
- (9) RHMT became conversant to policy dissemination as a proximal arm of central government however knowledge of vertical programs and resource options can be strengthened because some programs are still operationalized directly linking with CHMT or Community without RHMT's involvement. MoHSW should mainstream Standard Operating Procedures, in which RHMT has a mandate to supervise CHMT and their service deliveries, need to be acknowledged and fully endorsed by programs and partners.

3-7 Lessons learned

- (1) As a lesson learned from the experience of JICA in the Health sector reform along with the Decentralizaion

by Devolution (D by D), the long-term achievement in Tanzania that have been accomplished by JICA together with other development partners with the strong political will, and visionalry leadership of the Governemnt of Tanzania is considered as one of the best examples of health systems strengthening of the global audience. In general, D by D is not an easy job and requires strong political will, visionary leadership, national goals and objectives, legal amendment, institutional arrangement, organizational reform, and ultimately commitment from people, partners and all the stakeholders. Government of Tanzania strives this transformation strategically to utilize Region as a proximal arm of central government to show stewardship for the development of local government. In the context of Health Sector Reform, the MoHSW has been working on the D by D supported by PMO-RALG with robust partners' engagement of technical assistance and financial modality under Sector Wide Approach and implicated by Health Sector Basket Fund. Since 2001, JICA has been supporting this D by D through technical cooperation to support RHMT from pilot phase to national scale up as an integral part of service delivery and administrative management for efficient and effective performance of decentralized health systems. The Team acknowledged that the efforts of D by D made by MoHSW and PMO-RALG are realized to strengthen the entire health systems unified by the substantial capacity of RHMT in a tangible, standardized and even innovative manner through the consecutive process of JICA's Technical Cooperation's for twelve years.

- (2) The achievement of the project that increased managerial capacity development of RHMT influences to strengthen heath systems as a whole, especially under the decentralized setting. It impacts not only to standardize the managerial practices but also to stimulate behavioural changes from prevailing to supportive, which encourage CHMT and RRHMT to promote innovative ideas and strategic thinking to improve service deliveries at the frontline. This achievement is led by the ministerial venture with continuous dialogue between MoHSW and PMO-RALG and between RHMT and RAS impacted significantly to improve RHMT's functions and hence CHMT's function to strengthen the whole health systems in Tanzania.
- (3) There are several lessons at the activity level. Good teamwork sprits and servant leadership among RHMT member promotes mutual commitments and managerial performance to support CHMT and RRHMT. Good supportive supervision cannot be achieved without well documented plans such as CCHP and CHOP, which have to be liked with resource envelope. Good governance structure such as Hospital Advisory Board is essential to have better results in the hospital management. All in all the Project identified collections of those good practices and share those champions to promote horizontal learning through regular meetings, publications and even social media. This is a transformative learning process to inspire paradigm shift of the entire administrative culture with courage, confidence and joy.

3-8 Follow-up Situation

N/A