

Country Name	<b>Strengthening Development of Human Resource for Health</b>
United Republic of Tanzania	

**I. Project Outline**

Background	<p>In Tanzania, there had been challenges of human resources for health, which included the shortage of funds for recruitment, human resources planning at both national and regional levels and insufficient capacity of training institutions, etc. Facing such situations, the Ministry of Health and Social Welfare (MOHSW) formulated “Strategic Plan for the Development of Human Resources for Health (2008-2013)” with supports from WHO and JICA. JICA dispatched the expert from 2008 to support the implementation of this strategic plan focusing on “Strategic Objective 1: Strengthening capacity of human resource for health planning and policy development” through establishment of Human Resource for Health Information System (HRHIS), and Training Institution Information System (TIIS), and “Strategic Objective 3: Provision of training and development for human resource for health” through introduction of 5S-KAIZEN-TQM approach<sup>(1)</sup> to health facilities for better quality of services. This project was implemented to expand and strengthen the achievements in those Strategic Objectives.</p> <p>(1)5S-KAIZEN-TQM approach: A method of quality control and organizational innovation in order to improve the quality of hospital services by promoting reforms in awareness of staff.</p>												
Objectives of the Project	<p>Through introducing/strengthening HRHIS/TIIS and the 5S-KAIZEN-TQM approach at health facilities at the national, regional and council levels, the project aimed at strengthening of Human Resource for Health (HRH) planning and development of health workforce in Tanzania, thereby improving the quality of health care services.</p> <ol style="list-style-type: none"> <li>Overall Goal: Quality of health care services is improved.</li> <li>Project Purpose: Human Resource for Health (HRH) planning and development of health workforces for quality health care is strengthened.</li> </ol>												
Activities of the Project	<ol style="list-style-type: none"> <li>Project Site: Tanzania mainland (For HRHIS and TIIS) All health service delivery facilities and all health training institutions were targeted respectively. (For 5S-KAIZEN-TQM approach) 67 hospitals and 30 training institutions were targeted.</li> <li>Main Activities: (For HRHIS/TIIS) (1) Roll out HRHIS at the national, regional and council levels; (2) Introduce TIIS to training institutions; (3) Develop the system operating procedure (SOP) and guidelines; (4) Train related personnel; (5) develop Human Resource for Health Strategic Plan 2014-2019; etc. (For 5S-KAIZEN-TQM approach) (1) Train hospitals, training institutions, MOHSW, and the private hospital association; (2) Conduct training of trainers (TOT) for hospitals, National Facilitators selected from MOHSW, and other African countries; (3) Receive study tour from other African countries; etc.</li> <li>Inputs (to carry out above activities) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Japanese Side</td> <td style="width: 50%;">Tanzanian Side</td> </tr> <tr> <td>1) Experts: 4 persons</td> <td>1) Staff allocated: 13 persons</td> </tr> <tr> <td>2) Trainees received: 11 persons</td> <td>2) Office space and utility expenses, vehicles and drivers for the project activities</td> </tr> <tr> <td>3) Equipment: vehicles, computers, projectors, etc.</td> <td></td> </tr> <tr> <td>4) Local expenses</td> <td></td> </tr> </table> </li> </ol>			Japanese Side	Tanzanian Side	1) Experts: 4 persons	1) Staff allocated: 13 persons	2) Trainees received: 11 persons	2) Office space and utility expenses, vehicles and drivers for the project activities	3) Equipment: vehicles, computers, projectors, etc.		4) Local expenses	
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Project Period	November 2010 – November 2014	Project Cost	(ex-ante) 390 million yen, (actual) 660 million yen										
Implementing Agency	Ministry of Health and Social Welfare (MOHSW)* *Currently known as “Ministry of Health Community Development, Gender, Elderly and Children (MOHCDGEC)”												
Cooperation Agency in Japan	None												

**II. Result of the Evaluation**

## &lt;Constraints on Evaluation&gt;

• Since the targeted health facilities were widely spread, the evaluator could visit the limited number of health facilities in each level for data collection and site observation within the given timeframe.

• It should be well noted that the outcome of the project studied under this ex-post evaluation is the combined effects with the subsequent JICA project known as “Project for Strengthening Hospital Management of Regional Referral Hospitals (2015-2020)”. Therefore, it is not possible to assess the effect of the project alone because similar technical assistance has been continued by this subsequent JICA project.

## &lt; Special Perspectives Considered in the Ex-Post Evaluation &gt;

## [Assessing Continuation Status of Project Effects]

• To examine the degree to which the continuation status of Project Purpose Indicators (which can be attributed to other factors as well), this evaluation additionally assessed the status of continuation of the major Outputs.

## [Assessing Achievement Status of Overall Goal]

• Target Year for Overall Goal: The logical framework of the Project did not mention the target year for the Overall Goal. Based on this statement given in the Terminal Evaluation Report, such that the prospects for achieving the Overall Goal is in 3-5 years from the project completion, the target year was set at 2019, i.e., five (5) years after project completion in 2014.

**I Relevance**

## &lt;Consistency with the Development Policy of Tanzania at the Time of Ex-Ante Evaluation and Project Completion&gt;

At the time of ex-ante evaluation, this project was relevant to the national policies in “Tanzania Vision 2025”, which identified health as one of the priority sectors contributing to a higher quality livelihood for all Tanzanians. Improvement of Human Resource for Health was one of the priority areas in the “National Health Sector Strategic Plan (HSSP) III (2009-2015)”. In addition, the quality improvement of

health care was high priority in agendas of HSSP III (2009-2015) and 5S-KAIZEN-TQM was one of the approaches highlighted in “Tanzania Quality Improvement Framework in Health Care (2011-2016)”. At the time of project completion, HSSP III was still effective.

<Consistency with the Development Needs of Tanzania at the Time of Ex-Ante Evaluation and Project Completion >

This project was consistent with Tanzania’s development needs to improve human resources for health at the time of ex-ante evaluation as described in “Background” above. At the time of project completion, no available information sources reported on drastic changes in project context during the implementation period. Therefore, the needs to improve the human resources for health seems to have continued at the project completion.

<Consistency with Japan’s ODA Policy at the Time of Ex-Ante Evaluation>

In Country Assistance Programme for the United Republic of Tanzania (2008), “Strengthening the Health System” was the objective of assistance in the health sector which was a part of “Promotion of Social Development”, one of the three pillars.

<Evaluation Result>

In light of the above, the relevance of the project is high.

## 2 Effectiveness/Impact

<Status of Achievement of the Project Purpose at the time of Project Completion>

By the project completion, the project did not achieve its purpose of “Human Resource for Health (HRH) planning and development of health workforces for quality health care is strengthened.” As for the HRHIS/TIIS, “Percentage (%) of recruited health workers against permitted post is maintained over 80%.” was not achieved according to the data obtained at the terminal evaluation (Indicator 1). It was reported that it might have taken more time to realize the effect on the recruitment since the system was fully functional only 2 years before and it would have been too early to apply this indicator. It was reported, however, that the indicator might have been less relevant to examine the achievement level of the Project Purpose as there should be other external factors than HRH planning which would influence the recruitment process. As for the quality health care, “60 % of targeted hospitals exceed 70% in 5S Consultation Visit (CV) Result at the end of the Project” was not achieved as only 13% of targeted hospitals exceeded 70% of CV as of 2014 (Indicator 2). It was reported, however, that there was an increasing trend in the percentage of hospitals exceeding 60% of CV results, which might have been a more realistic cut-off as to measure the achievement of the Project Purpose. On the other hand, it was also confirmed that the data management for HRH was strengthened with HRHIS/TIIS and 5S-KAIZEN-TQM approach which were effectively implemented under Outputs by the project completion.

<Continuation Status of Project Effects at the time of Ex-post Evaluation>

After the project completion, the project effects have continued. It may well be that ongoing JICA project, namely “Project for Strengthening Hospital Management of Regional Referral Hospitals (2015-2020)” have partly contributed to sustaining the effects of this project. As for HRHIS/TIIS, the percentage (%) of recruited health workers against permitted post has maintained 100 % since the project completion according to the data obtained at the time of ex-post evaluation. The major Outputs of the project have also continued. It was found by this evaluation study that the HRHIS/TIIS have been continuously carried out and the data from HRHIS /TIIS have been used for planning for health workforce at each level, such as Annual Health Plan as well as the Comprehensive Hospital Operational Plans. Furthermore, HRHIS/TIIS was incorporated into the health secretary programme of its pre-service training at Mzumbe University. As for the quality health care, though the data to cover all of 67 targeted hospitals is not available, it was found by the study that the CV for 5S-KAIZEN-TQM approach has currently been conducted on about quarterly basis at health facilities of each level. Furthermore, the approach has been incorporated into the curriculum of other training institutions upon the encouragement by the MOHCDGEC.

<Status of Achievement for Overall Goal at the time of Ex-post Evaluation>

It is observed that the Overall Goal, “Quality of health care services is improved.” has been achieved. Though the data to cover all of 67 targeted hospitals is not available, the MOHCDGEC reported that all 67 target hospitals and beyond, where 5S-KAIZEN-TQM approach practiced, confirmed the improvement of client’s satisfactions. This was confirmed by the questionnaire survey and interviews with some health facilities which reported that 5S-Kaizen-TQM approach made big revolution on improving service delivery to both clients and staff working environment at most of health facilities studied.

<Other Impacts at the time of Ex-post Evaluation>

Some ripple effects have been identified during the study. It was reported that at the District Designated Hospital (DDH), health staff at first had felt burden to carry out extra duties by following 5S-KAIZEN-TQM approach while implementing the project, but later they had realized the importance and benefits of such duties, and had accepted them as positive experiences. The project started training/receiving study tours on 5S-KAIZEN-TQM approach for participants from other African countries. Such activities have been succeeded by the subsequent JICA project, and 137 participants from 11 countries learned the approach in Tanzania by September 2017. The trained staff becomes very instrumental in the expansion of this quality improvement through 5S-KAIZEN-TQM approach to other hospitals among African countries.

<Evaluation Result>

Therefore, the effectiveness/impact of the project is fair.

**Achievement of Project Purpose and Overall Goal**

Aim	Indicators	Results																																								
(Project Purpose) Human Resource for Health (HRH) planning and development of health workforces for quality health care is strengthened.	Indicator 1: Percentage (%) of recruited health workers against permitted post is maintained over 80%.*  <i>*The judgment criteria followed that of the terminal evaluation. The indicator shall be judged as "not achieved" if the ratio of posted against granted positions (%) did not reach 80%.</i>	<p>Status of the Achievement: Not achieved (Continued) (Project Completion)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>New Positions granted by President's Office Public Service Management/Treasury</th> <th>Number of graduates posted by MOHCDGEC</th> <th>Ratio of posted against granted positions (%)</th> <th>Over 80%</th> </tr> </thead> <tbody> <tr> <td>2009/2010</td> <td>6,257</td> <td>4,090</td> <td>65%</td> <td>No</td> </tr> <tr> <td>2010/2011</td> <td>7,471</td> <td>5,704</td> <td>76%</td> <td>No</td> </tr> <tr> <td>2011/2012</td> <td>9,391</td> <td>6,400</td> <td>68%</td> <td>No</td> </tr> <tr> <td>2012/2013</td> <td>8,602</td> <td>5,702</td> <td>66%</td> <td>No</td> </tr> <tr> <td>2013/2014</td> <td>10,940</td> <td>10,014</td> <td>92%</td> <td>Yes</td> </tr> <tr> <td>2014/2015</td> <td>8,345</td> <td>8,345</td> <td>100%</td> <td>Yes</td> </tr> <tr> <td>2016/2017</td> <td>3,152</td> <td>3,152</td> <td>100%</td> <td>Yes</td> </tr> </tbody> </table> <p>Note: Evaluation judgment is made based on the data obtained at the terminal evaluation (2009/2010 through 2012/2013) as well as the data obtained at the time of ex-post evaluation from MOHCDGEC (2013/2014 onward). (Ex-post Evaluation)</p> <ul style="list-style-type: none"> <li>It was confirmed by the questionnaire survey and interviews with the Regional Health Management Teams (RHMTs), the Council Health Management Teams (CHMTs) and hospitals that the HRHIS databases are still functional at all levels to serve as main source of HRH information and used for HRH planning, management and development of HRH sector. They are using them not only for annual plan, but also for day to day demands, e.g. generation of data for Tange Reports (seniority list), Staffing level, Emolument Budget.</li> <li>Public training institutions have continued using TIIS data for their budget plan.</li> <li>As for the data by the MOHCDGEC, some hospitals interviewed have raised questions about its reliability as it may not reflect the conditions of all health facilities, especially those in regional levels.</li> </ul>	Period	New Positions granted by President's Office Public Service Management/Treasury	Number of graduates posted by MOHCDGEC	Ratio of posted against granted positions (%)	Over 80%	2009/2010	6,257	4,090	65%	No	2010/2011	7,471	5,704	76%	No	2011/2012	9,391	6,400	68%	No	2012/2013	8,602	5,702	66%	No	2013/2014	10,940	10,014	92%	Yes	2014/2015	8,345	8,345	100%	Yes	2016/2017	3,152	3,152	100%	Yes
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(Overall Goal) Quality of health care services is improved.	Indicator 1: External client satisfaction survey results are improved in target hospitals.	<p>(Ex-post Evaluation) Achieved</p> <ul style="list-style-type: none"> <li>According to MOHCDGEC, all 67 target hospitals and beyond, where 5S-KAIZEN-TQM approach practiced, confirmed the improvement of client's satisfactions. This was also confirmed by questionnaire survey and interviews conducted at the time of ex-post evaluation with, Muhimbili National Hospital Kilimanjaro Christian Centre (KCMC), Dodoma Mawenzi, Singida, Amana &amp; Mwananyamala Referral Hospitals and Kibosho Hospital.</li> </ul> <table border="1"> <thead> <tr> <th colspan="2">Some comments received as reasons for improvement of client satisfaction</th> </tr> </thead> <tbody> <tr> <td>MOHCDGEC</td> <td>The system users' satisfactions are also improved by the amount of time required to find information sought and the less time spent searching by user-friendly interfaces.</td> </tr> <tr> <td>Regional Referral Hospitals (RRH)</td> <td>Specific office with staff who deal with clients complains is established so as to meet client satisfaction. The major factors affecting client satisfaction is the shortage of staff due to the lack of government budget.</td> </tr> <tr> <td>CHMT</td> <td>5S approach brought changes that affect the accuracy and efficiency in the provision of health services, such as the construction of shelves in the pharmacy, etc.</td> </tr> <tr> <td>DDH</td> <td>Waiting time has shortened; client's safety was improved; logical sequence of attending patients was monitored by properly recording their medical histories and keeping them for their future visits, suggestion box was displayed and phone numbers of hospitals as provided to patients, etc.</td> </tr> </tbody> </table>	Some comments received as reasons for improvement of client satisfaction		MOHCDGEC	The system users' satisfactions are also improved by the amount of time required to find information sought and the less time spent searching by user-friendly interfaces.	Regional Referral Hospitals (RRH)	Specific office with staff who deal with clients complains is established so as to meet client satisfaction. The major factors affecting client satisfaction is the shortage of staff due to the lack of government budget.	CHMT	5S approach brought changes that affect the accuracy and efficiency in the provision of health services, such as the construction of shelves in the pharmacy, etc.	DDH	Waiting time has shortened; client's safety was improved; logical sequence of attending patients was monitored by properly recording their medical histories and keeping them for their future visits, suggestion box was displayed and phone numbers of hospitals as provided to patients, etc.																														
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Source : Project Completion Report, Questionnaire Survey and Interviews with those concerned at MOHCDGEC, RHMTs, CHMTs and other health facilities.

**3 Efficiency**

While the project period was within the plan, the project cost significantly exceeded the plan (ratio against plan: 100%, 170%). The excess of project cost was partly attributable to activities that were not originally planned but added later to secure the sustainability of project effects. They were the additional trainings done on 5S-Kaisen & HRHIS/TIIS for tutors from training institutions, MOHCDGEC officials and Mzumbe University, the additional data collection for HRHIS/TIIS, the development of staffing level guideline and HRH performance profile and translation and printings of 5S-Kaizen-TQM National Guidelines. As a result, the outputs were produced, but not as planned.

Therefore, the efficiency of the project is fair.

#### 4 Sustainability

##### <Policy Aspect>

A number of strategies and guidelines aiming at improvement of health services delivery, including HSSP IV (2015-2020), “Human Resources for Health Strategic Plan (2014-2019)”, and “Health Workforce Requirement and Recruitment Plan (2018-2022)”, have contributed to sustaining the project effects in the policy aspect.

##### <Institutional Aspect>

The organization structures for HRHIS and TIIS are well defined from the central level down to the dispensary / health center levels and for 5S-KAIZEN-TQM approach to the hospital levels as well as the health training institutions.

For HRHIS and TIIS, at the central level, the Directorate of Human Resource Development (DHR) together with Information Communication Technology (ICT) Unit under the MOHCDGEC has committed to the enhancement of operation and utilization of HRHIS and TIIS. At the regional level, the RHMTs are responsible to compile and analyze data from all councils in order to generate reports including status of health workers. They also supervise and orient CHMTs being responsible for data compilation and analysis in the district level and below. Training Institutions are responsible for HRH data collection to forward into the TIIS. They use the data for planning, management and development of institutions. Hospitals use the data for planning, management and development of hospital’s employees. According to the questionnaires by the study, it was reported that the manpower at each level has been sufficient partly due to that MOHCDGEC uses its staff together with outsourced professionals who disseminate HRHIS and TIIS at national and regional level.

For 5S-KAIZEN-TQM approach, the Department of Health Quality Assurance (HQA) is in charge at the central level. This approach has been well accepted and recognized by the Ministry of Health, being incorporated into the overall accreditation standards. At the regional level, the approach is considered as one of the duties for the staff as 5S-KAIZEN-TQM is included in the checklist of the supportive supervision (SS) from RHMTs to CHMTs and hospitals. According to the questionnaires by the study, it was identified that at hospitals, the professional teams, such as the Quality Improvement Team and Work Improvement Team have been organized to supervise and monitor the progress of implementation of 5S-Kaizen-TQM approach as well as HRHIS and TIIS. It was confirmed that there is sufficiency in manpower to disseminate and conduct 5S-KAIZEN-TQM approach nationwide.

##### <Technical Aspect>

It was identified by the study that some institutions have sufficient skilled staff to perform both the HRHIS/TIIS and 5S-Kaizen-TQM activities, but others have not partly due to that those personnel who received technical transfer under the project had retired or transferred to other position, etc.

For HRHIS and TIIS, currently, the trainings on HRHIS/TIIS are offered by the University of Dar es Salaam as per MoHCDGEC directives (by Human Resource Development Staff) at different sites, while Mzumbe University and the Entersoft Company provides refreshers training on TIIS. The SS have been provided by the Mzumbe University and private company at the central level. At regional level, the RHMTs provide the related trainings to the CHMTs. However, some health facilities at lower levels have not or rarely received such trainings. The SOP for HRHIS and Data Utilization Guideline developed under the project have been used by most of institutions accessed by the study.

For 5S-KAIZEN-TQM approach, though it may not be systematically structured, most of the institutions accessed by the study have received the trainings or on the job training (OJT) periodically. Especially those new comers receive OJT and orientation in terms of management of commodities using 5S-KAIZEN-TQM Model.

##### <Financial Aspect>

At the national level, the budget data is not available; however, it was identified by the study that the government does not allocate the budget specifically for HRHIS/TIIS and 5S-KAIZEN-TQM approach, but for its all budget items combined. At the regional levels, it was identified by the study that no specific funds have been received for implementation of HRHIS or 5S-KAIZEN-TQM approach, but they are included in general SS funds for RHMTs and CHMTs. One of RRs visited under the study has secured the total budget of 31,260,000 Tanzania Shilling in 2017 for the SS, CVs for 5S-KAIZEN-TQM approach and trainings and equipment for HRHIS combined. Some activities, such as CVs have depended on ongoing JICA project, namely “Project for Strengthening Hospital Management of Regional Referral Hospitals (2015-2020)”. Several attempts have been made by the DHR to improve the financial situation such that the MOHCDGEC has tried to receive fund for ICT from different sources including Global Funds (GF) since the HRHIS/TIIS is integrated with other ICT system and its function is well improved.

##### <Evaluation Result>

Therefore, the sustainability of the effects through the project is fair.

#### 5 Summary of the Evaluation

By the project completion, this project did not achieve the Project Purpose for “Human Resource for Health (HRH) planning and development of health workforces for quality health care is strengthened.” in light of the designated indicators, while it successfully introduced HRHIS/TIIS and the 5S-KAIZEN-TQM approach to the targeted hospitals as the Outputs. The effect of the project has continued after the project completion under the smooth takeover by subsequent JICA project and the Overall Goal, “Quality of health care services is improved.” has been achieved. As for sustainability, some problems have been observed in terms of technical aspect mainly due to the retirement and transfer of some skilled personnel. As for efficiency, the project cost exceeded the plan.

Considering all of the above points, this project is evaluated to be partially satisfactory.

### III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

To: Ministry of Health Community Development, Gender, Elderly and Children (MOHCDGEC)

- 1) It is necessary to recruit well-qualified persons, and it is important to provide them with continuous trainings or to strengthen the human resource development. For that purpose, enough budgets should be allocated and disbursed in a timely manner for recruiting new staff to cover the permitted posts and to conduct CVs etc., since there are some concerns of untimely disbursement or shortfall of the budget from the Central Government.
- 2) In order to proceed the HRHIS/TIIS and 5S-Kaizen-TQM activities further, more staff should be trained to acquire the necessary skills. In addition, it is expected that more effort to learn from one another within each department and mechanism to maintain motivation (ex; incentive from the Government) are introduced. Some institutions have lacked sufficiently skilled staff to perform both the HRHIS/TIIS and 5S-Kaizen-TQM activities partly due to that those personnel who received technical transfer under the project had retired or transferred to other position, etc.

Lessons Learned for JICA:

- 1) 5S-Kaizen-TQM approach is proven to be effective to improve the healthcare services at hospitals.

It was confirmed by the study that this approach has greatly contributed to increasing the client satisfaction in target hospitals which reported that patients' voices have been captured by locating suggestion boxes and the waiting time has been minimized, etc. This approach has also contributed to the accuracy and efficiency in the provision of health services, since less time has been spent for searching information sought after reorganizing the working environment such as by setting shelves in the pharmacy.

- 2) HRHIS and TIIS impacts to Ministry's plan for human resources and also budget plan.

It was confirmed by the study that HRHIS and TIIS have been utilized at a certain level. They could be more effectively and widely utilized on the health planning for the human resources and budget allocation, if the Ministry would instruct more to the related institutions to properly use these tools.



Muhimbili National Hospital, Laboratory room:  
All items are well arranged and labeled



Amana Regional Referral Hospital, Dispenser/Nursing room:  
Reports and each item are well arranged and labeled