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1．調査団ミニッツ

MINUTES OF MEETINGS BETWEEN JAPANESE MID-TERM EVALUATION TEAM AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE UNITED REPUBLIC OF TANZANIA ON JAPANESE TECHNICAL COOPERATION FOR THE PROJECT FOR STRENGTHENING OF DISTRICT HEALTH SERVICES IN MOROGORO REGION

The Japanese Mid-term Evaluation Team (hereinafter referred to as "the Team"), organized by Japan International Cooperation Agency and led by Prof. Ichiro OKUBO, visited the United Republic of Tanzania between 30th October and 11th November 2003 and held discussions concerning the Project for Strengthening of District Health Services in Morogoro Region (hereinafter referred to as "the Project").

During the stay in the United Republic of Tanzania, the Team exchanged views and had a series of discussions with the Japanese Expert Team dispatched for the Project (hereinafter referred to as "the JET") and the Tanzanian authorities concerned with activities of the Project.

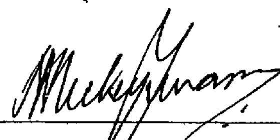
As a result of the discussions and in reference to Minutes of Meeting signed in the 2nd Joint Coordinating Committee meeting, both sides agreed upon the matters referred to in the document attached hereto.

Morogoro, 11th November, 2003

Prof. Ichiro OKUBO
Leader, Japanese Mid-term Evaluation Team
Japan International Cooperation Agency
Japan

Dr. Gabriel L.UPUNDA
Ag. Permanent Secretary
Ministry of Health
The United Republic of Tanzania

Mr. Paul A. M. CHIKIRA
Regional Administrative Secretary
Morogoro Region
The United Republic of Tanzania



Dr. Meshack M.Z.MASSI
Regional Medical Officer
Morogoro Region
The United Republic of Tanzania

ATTACHED DOCUMENT

Ⅰ. MID-TERM EVALUATION

The Team conducted Mid-term evaluation of the Project based on PCM Monitaring and Evaluation workshop, interviewed the Project implementers, reviewed the Project documents and reports, and approved the PDM Version 4 produced after the discussions in the workshop.

Ⅱ. PLELIMINARY RECOMMENDATIONS

The Team recommends the following points as a result of the aforementioned evaluation;

Communication

-Communication among stakeholders has improved, however, computers and facsimiles are to be recognized as tools for better communication

-Feedback needs to be further strengthened among each CHMT team members, the JET as well as technical experts dispatched by JICA

-Communication among related donors needs to be enhanced to ensure effective Project activities.

Team work

-Team work in each CHMTs and RHMT has been improved; however RHMT and most of CHMTs have some difficulties due to ad hoc assignments requested by Ministry of Health and other institutions.

Training

-Training for computer skills and training "Management Development & Operational Research", conducted at Mzumbe University, are highly appreciated by participants. Sustainable and effective use of computers installed in the project may deserve special attention.

-Various training courses in Tanzania may need to be introduced to meet diversified managerial capacity needs, for instance courses offered by PHC Institute and Public Health Institute

Lessons

-Training and Workshop by themselves are processes for learning and capacity building.

-As a tool for performance management, PDM is required to be utilized by RHMT and CHMTs at more regular base towards the end of the Project.

Future plan

-It is necessary to promote advocacy to general population and related organizations.

Remark

-Midterm evaluation report is to be finalized as soon as possible and feed back given to related institutions and stakeholders.

(End of the Minutes of Meeting)

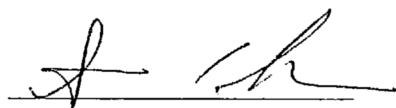
2. 第二回合同調整委員会ミニッツ（PDM　Version 4含む）

MINUTES OF MEETINGS
BETWEEN
THE JAPAN INTERNATIONAL COOPERATION AGENCY AND
THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE UNITED REPUBLIC OF TANZANIA
ON
JAPANESE TECHNICAL COOPERATION FOR THE PROJECT FOR
STRENGTHENING OF DISTRICT HEALTH SERVICES
IN MOROGORO REGION

Both Japanese and Tanzanian authorities related to Morogoro Health Project held a discussion concerning the Project for Strengthening of District Health Services in Morogoro Region (hereinafter referred to as "the Project").

As a result of these discussions of the 2nd Joint Coordinating Committee, both sides agreed upon matters referred to in the document attached hereto.

Morogoro, 11th November, 2003



Mr. Sumio AOKI
Resident Representative
Tanzania Office
Japan International Cooperation Agency

Dr. Gabriel L. UPUNDA
Ag. Permanent Secretary
Ministry of Health
The United Republic of Tanzania

Mr. Paul A. M. CHIKIRA
Regional Administrative Secretary
Morogoro Region
The United Republic of Tanzania

Dr. Meshack M. Z. MASSI
Regional Medical Officer
Morogoro Region
The United Republic of Tanzania

ATTACHED DOCUMENT

I. INTRODUCTION

The Project started on 1st April 2001 with a five-year cooperation period for the purpose of strengthening the managerial capability of the Regional and Council Health Management Teams in Morogoro Region.

In accordance with the Record of Discussions (hereinafter referred to as "R/D") dated on 14th March 2001, both Tanzanian and Japanese sides reviewed the achievement of activities, the progress of interventions and the plan with respect to the future implementation of the Project.

II. REVIEW OF ANNUAL OPERATIONS AFTER THE 1ST JOINT COORDINATING COMMITTEE

In the 1st Joint Coordinating Committee meeting held on 24th January 2003, the Project determined the Project Design Matrix (hereinafter referred to as "PDM") Version 3. Following that, the Plan of Operation (hereinafter referred to as the "PO") and the Annual Plan of Operation (hereinafter referred to as the "APO") for 2003 were mutually agreed upon by both Tanzanian and Japanese sides.

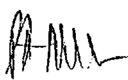
As a result both Tanzanian and Japanese sides reviewed the activities, which had been implemented based on the PO and the APO since the 1st Joint Coordinating Committee meeting, and made the following comments;

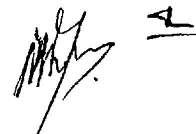
1) Computerization

The computerized processing of data files is not adopted by any of the other regions in the country other than Morogoro Region. HMIS is going to be reviewed and modified into data base sooner or later. Considering this situation, the Project is expected to develop computerized tools for processing data files to be rolled out to other regions after scrutiny by the Ministry of Health. However, Morogoro Health Newsletter can initially be utilized for the promotion on any computerizing activities to other regions.

2) Exit client satisfaction interview

- The high rate of user satisfaction, which was reported in the activity 3-6, seems to be ranked on the higher side. It was suggested hiring a neutral person to do the study could give more reliable results.





- A similar kind of such health surveillance on risky diseases can be suggested to be conducted in all other regions in Tanzania.

- RHMT/CHMTs are advised to make efforts of identifying people's health service seeking behaviors on the choice of health facilities of different ownerships.

III. MID-TERM EVALUATION OF THE PROJECT

In accordance to the Minutes of Meeting of the 1st Joint Coordinating Committee and two years and a half after the Project launch has passed, a mid-term evaluation for the project progress was conducted by the JICA mid-term evaluation team led by Prof. Ichiro OKUBO, Chairperson of the JICA Advisory Committee. The evaluation exercise was carried out from 30th October to 10th November, 2003.

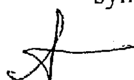
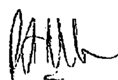
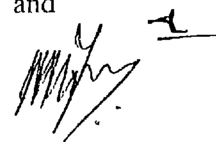
The process and outcomes of the Mid-term evaluation activities, as of 11th November 2003, were reported as follows;

1) The Mid-term evaluation was conducted based on the five criteria, (i) Relevance, (ii) Efficiency, (iii) Effectiveness, (iv) Impact, and (v) Sustainability, with the following procedures;
   a) Members of RHMT/CHMTs were interviewed on independent opinions about the Project between 31st October and 10th November, 2003.
   b) Members of RHMT/CHMTs, JICA Experts, members of the Mid-term evaluation team from Japan, and representatives of JICA Tanzania Office participated in the three-day PCM Monitoring and Evaluation workshop from 7th to 9th November 2003, reviewed the PDM version 3, and developed the draft PDM version 4 as shown in the attached ANNEX by recognizing the present situation of own managerial capacities chiefly from the view point of efficiency and effectiveness.
2) The outcomes of the Mid-term evaluation are as follows;
   a) Overview of the preliminary recommendations was presented by the Mid-term evaluation team. The finalized evaluation report will be issued later.
   b) The draft of PDM version 4 was developed to make indicators more objectively verifiable.

The comments for the Mid-term evaluation were raised as follows;

1) Team work

   CHMTs are being tasked by defferent reforms that are currently taking place in the country now. The roles of RHMT/CHMTs should be well outlined and synchronized to meet those demands.

2) Communication

Relating the communication between the Project and other donors, the question of coordination was raised; i.e. coordination of donors at different levels, national, regional and district levels.

3) PDM VERSION 4

Following the preliminary recommendations from the Mid-term evaluation, various local training courses are recommended.

Regarding the Hexagon-Spider-Web-Diagram, all members of RHMT/CHMTs were encouraged to utilize this tool for measuring capacities.

IV. ANNUAL PLAN OF OPERATION FOR 2004

The proposal of APO for 2004 was presented, although Joint Coordinating Committee requested the budget estimation for the year to be prepared and submitted before the start of 2004 with particular emphasis on transparency and accountability.

V. ANY OTHER BUSINESS

1) Radio-communication system

Morogoro/Mvomero requested for technical advice from JICA expert on improving the existing radio-communication system.

2) Secretariat of Joint Coordinating Committee

Secretariat of the Joint Coordinating Committee was proposed, discussed and endorced to be RHMT under RMO.

ANNEX Project Design Matrix (Draft of Version 4, as of 11th November 2003)

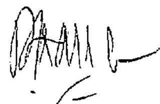
Project Design Matrix (PDM) Version 4 (DRAFT)

Project Name: The Project for Strengthening of District Health Services in Morogoro Region Date: November 9, 2003

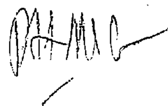
Duration: April 1, 2001 – March 31, 2006 Target Area: Morogoro Region

Target Group: Regional Health Management Team (RHMT) / Council Health Management Teams (CHMTs) of Morogoro Region.

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal Quality of health services in Morogoro Region is improved.	Client's and community satisfaction of health services is improved.	Mini survey reports (Client exit interview/Community Dialogue)	
Project Purpose Managerial capability of RHMT and CHMTs in Morogoro Region is improved under the consensus of Health Sector Reform (HSR) and Local Government Reform (LGR) agenda.	The average scores of Hexagon-Spider-Web-Diagram are improved for all RHMT and CHMTs from 2003 scores to 4.5 by the end of 2005.	Participatory qualitative assessment by joint internal and external comprehensive evaluation.	· All reforms (HSR, LGR etc.) are implemented harmoniously. · Other components of HSR are implemented accordingly.



Outputs			
1. HMIS (Health Management Information System) is improved.	Rate of collecting, processing and utilizing Quality HMIS data on time is increased by the end of 2005.	District Processing File.	• Condition of human resources at all levels will not worsen. • Coordination among vertical programs will not worsen.
2. Experience and Health Information among CHMTs, RHMT and other regions are adequately shared.	Rate of dissemination of health information and skills within RHMT/CHMTs and other regions is increased by the end of 2005.	Official report Minutes of disseminated/shared activities Working schedule/working plan of resource centre Register book of information resource centres	
3. Planning, implementation, monitoring and evaluation by CHMTs and RHMT are improved.	3-1. The number of improved evidence-based plans is increased by the end of 2005. 3-2. The implementation rate of the planned activities is improved by the end of 2005.	CCHPs Progress report	



<table>
<tr><th>Activities</th><th colspan="2">Inputs</th><th></th></tr>
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1. HMIS (Health management Information System) is improved.

1-1. Equip with the computer equipment.
1-2. Train RHMT/CHMTs for computer skills.
1-3. Train RHMT/CHMTs for data collection, processing, storage and use.
1-4. Train RHMT/CHMTs for"on the job training skills of health workers" for data collection.
1-5. Establish mechanism for distribution/ feedback system of HMIS data.
1-6. Structure communication network system.
1-7. Equip communication gears.
1-8. Link to other radios.
1-9. Train RHMT/CHMTs for communication skills.

2. Experience and Health Information among CHMTs, RHMT and other regions are adequately shared.

2-1. Establish mechanism for information dissemination.
2-2. Train RHMT/CHMTs for information dissemination skills.
2-3. Publish news letter for health services.
2-4. Conduct exchange visits, study visits and workshops.
2-5. Conduct RHMT/CHMTs' regular joint meeting.
2-6. Equip materials for information resource center.
2-7. Train RHMT/CHMTs for management skills of information resource center.
2-8. Promote utilization of information resource center.
2-9. Establish mechanism for schedule management.
2-10. Establish mechanism for take over the job.
2-11. Develop, rectify and share of the work-plan for RHMT/CHMTs.

</td><td>

TANZANIA

Allocation of Tanzanian Counterparts.

Running Expenses necessary for the implementation of the Project.

Provision of necessary facilities.

Other measures defined in R/D of March 2001.

</td><td>

JAPAN

Dispatch of Long & Short Term Experts.

Acceptance of Tanzanian Trainees in Japan.

Provision of Machinery & Equipment.

Other measures defined in R/D of March 2001.

</td><td>

- Other donors continue to support the health sector.
- Appropriate HMIS tools are available.
- Present Health Policy remains unchanged.
- Political support at all levels is available.
- Other developing partners continue supporting RHMT/CHMTs.
- Trained RHMT/CHMTs continue to work.
- Political climate remains stable.

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3. Planning, implementation, monitoring and evaluation by CHMTs and RHMT are improved. 3-1. Train RHMT/CHMTs on planning, monitoring, and evaluation skills. 3-2. Train RHMT/CHMTs for operational research methodology. 3-3. Improve monitoring and evaluation tools for annual plan implementation. 3-4. RHMT/CHMTs develop jointly annual plan for monitoring and evaluation. 3-5. RHMT participate in CHMTs planning session regularly. 3-6. Conduct exit questionnaires to clients / patients.		**Preconditions** ・ Sufficient financial resources for monitoring visit are available. (e.g. fuel) ・ RHMT and CHMTs can spend their time adequately for the implementation of the Project.

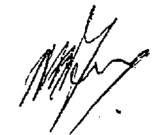
Abbreviations:

RHMT: Regional Health Management Team CHMTs: Council Health Management Teams

HMIS: Health Management Information System CCHPs: Comprehensive Council Health Plans

HSR: Health Sector Reform LGR: Local Government Reform

R/D: Record of Discussions



Joint Mid-term Evaluation Workshop

RHMT/CHMTs in Morogoro Region

with

JICA Mid-term Project Evaluation Team

7th November – 9 November 2003

TANESCO Training Center

Tanzania – Japan Morogoro Health Project

MHP

Morogoro Health Project

JICA Mid-term Project Evaluation Team

- **Prof. Okubo (Tsukuba Univ.)**
- **Dr. Hyoi (NIPH)**
- **Ms. Fukushi (Independent consultant)**
- **Mr. Usui (JICA Headquarter)**
- **Mr. Kikuchi (JICA Headquarter)**

Delegation Schedule

Date		Activity	
31 October	Fri	Preliminary data collection Visit for healing with **RHMT**	RHMT Consultant with Dr. Sugishita
1 November	Sat	Preliminary data collection Visit for healing with **Municipal / Rural**	CHMT Municipal / Rural Consultant with Dr. Sugishita
3 November	Mon	Preliminary data collection Visit for healing with **Kilosa**	CHMT Kilosa Consultant with Dr. Sugishita
4 November	Tue	Preliminary data collection Visit for healing with **Kilombero**	CHMT Kilombero Consultant with Dr. Sugishita
5 November	Wed	Preliminary data collection Visitation for healing with **Ulanga**	CHMT Ulanga Consultant with Dr. Sugishita
7 November	Fri	**Join Mid-term Evaluation Workshop** (TANESCO, Morogoro)	**All RHMT/CHMTs members in Morogoro Region**
8 November	Sat		
11 November	Tue	**2nd Joint Coordinating Committee** (OASIS Hotel)	**RAS/DEDs RMO/DMOs** MOH / PROLAG JICA Tanzania Office JICA Mid-term Evaluation Team MHP

The Joint Mid-Term Evaluation Workshop for The Project for Strengthening of District Health Services in Morogoro Region (Morogoro Health Project)

Venue: TANESCO Training Center, Morogoro

Participant: All Members of Health Management Teams in Morogoro
MHP Japanese Expert Team and Counterpart Advisor
JICA Mid-Term Evaluation Team

WORKSHOP TIMETABLE

	Day 1 November 7 (Friday)		Day 2 November 8 (Saturday)		Day 3 November 9 (Sunday)	
A.M. **9 : 00** **~12: 00**	-Opening Address -Self Introduction -Workshop Objectives -Concept of PDM* & Evaluation Factors -Review of PDM Version 3 **Objectively Verifiable Indicators	Plenary session Facilitator Plenary & Group work	-Evaluation based on the revised PDM 1)Relevance 2)Project Achievement and Efficiency 3) Effectiveness 4) Impact 5) Sustainability	Plenary Group work Group work	-Confirmation of PDM Version 4 -Wrap-up: Future orientation of the Project -Closing Remarks	Plenary session
Lunch Break						
P.M. **13:00** **~16:00**	-Review of PDM Version 3 (continued) **Objectively Verifiable Indicators -Presentation & Sharing of group work	Group work Plenary session	- Evaluation based on the revised PDM (continued) -Presentation & Sharing of group work	Group work Plenary		

* PDM: Project Design Matrix

DETAILED TIMETABLE

DAY 1

Time	Contents	Commitments	Tools / Outcomes
9:00~9:30	Registration Opening Remarks Self-Introduction	All participants	Registration sheet
9:30~10:30	Workshop Objectives Concept of PDM & Evaluation Factors	Facilitator	Presentation material
10:30~10:45	**Tea Break**		
10:45~11:45	Review of PDM Version 3 **Objectively Verifiable Indicators	All participants	PDM Ver. 3
10:45~11:15	1) Overall Goal	Plenary discussion	*Report of Client exit interview
11:15~11:45	2) Project Purpose	Plenary discussion	*Hexagon-Spider-Web-Diagram *Revised indicators with baseline data & target
11:45~12:00	Introduction of group work - Groping by dividing each team members into three groups - Elect chair person/ presenter from each group	Facilitator	
12:00~13:00	**LUNCH BREAK**		
13:00~14:00	Review of PDM Version 3 **Modification of Indicators 3) Outputs	Group work-1	Instruction of group work
14:10~14:40	Presentation of Group 1 Q&A/ Setting an evaluable indicator	Plenary discussion	*Revised indicator with baseline data & target
14:40~15:10	Presentation of Group 2 Q&A/ Setting an evaluable indicator	Plenary discussion	*Revised indicator with baseline data & target
15:10~15:40	Presentation of Group 3 Q&A/ Setting an evaluable indicator	Plenary discussion	*Revised indicator with baseline data & target
15:40~16:00	Conclusion		Plenary discussion
16:10~16:15	**Tea Break**		

DETAILED TIMETABLE

DAY 2

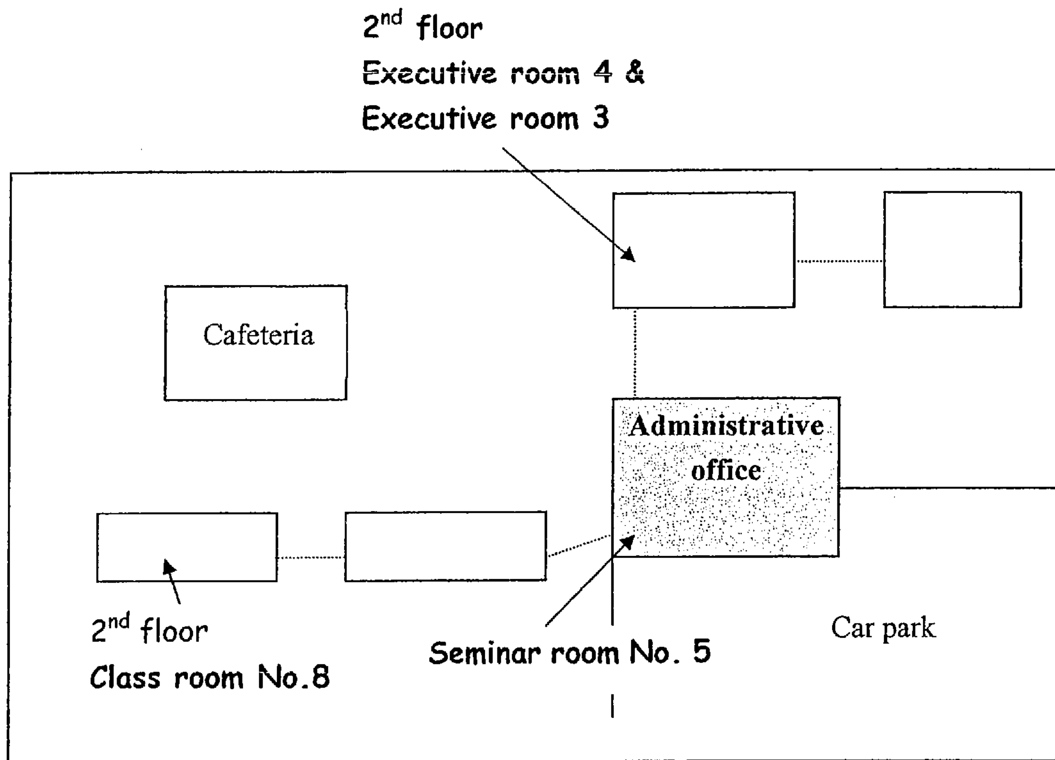
Time	Contents	Commitments	Tools / Outcomes
9:00~9:30	Evaluation based on the revised indicators & 5 Evaluation criteria	Facilitator	
	1) Relevance	Plenary discussion	PDM & the revised indicators
9:30~10:45	Evaluating "Efficiency" - Dividing by each RHMT/CHMTs	Group work-2	Instructions for Group work Chart for "Efficiency"
10:45~11:00	**Tea Break**		
11:00~12:00	Presentation of group work-2 Q&A	Plenary discussion	Chart for "Efficiency"
12:00~13:00	**LUNCH BREAK**		
13:00~14:30	Evaluating "Effectiveness" - Dividing by each RHMT/CHMTs	Group work-3	Instructions for Group work Chart for "Effectiveness"
14:30~14:45	**Tea Break**		
14:45~15:45	Presentation of Group work-3 Q&A	Plenary discussion	Instructions for Group work Chart for "Effectiveness"
15:45~16:00	Conclusion	Plenary discussion	

DETAILED TIMETABLE

DAY 3

Time	Contents	Commitments	Tools / Outcomes
9:00~10:00	Evaluating "Impact" based on the revised indicators	Plenary discussion	PDM & the revised indicators
10:00~11:00	Evaluating "Sustainability" based on the revised indicators	Plenary discussion	PDM & the revised indicators
11:00~11:15	**Tea Break**		
11:15~11:45	Wrap-up of the workshop	Plenary discussion	
11:45~12:00	Closing Remarks		

TANESCO training center



Venue

Date	Activity	Executive No. 4	Executive No.3	Class room No.8	Seminar room No.5
7 Nov	AM	Plenary			
	PM	Group 1	Group 2	Group 3	JICA/JET
8 Nov	AM	RHMT/Municipal	Rural/Kilosa	Kilombero	Ulanga
	PM	RHMT/Municipal	Rural/Kilosa	Kilombero	Ulanga
9 Nov	AM	Plenary			

Presentation

by Ms. Erika Fukushi (workshop facilitator)

7 November 2003

TANESCO

The Mid-term Evaluation Workshop
for
"The Project for Strengthening of District Health Services in Morogoro Region"

Presented by Erika Fukushi
JICA Mid-Term Evaluation Team

November 7-9, 2003

1

Workshop Objectives

- 1) To review the current PDM (PDM Ver.3) and examine its evaluability.
- 2) To evaluate the Project with the appropriate PDM.
- 3) To enhance the managerial skills in Monitoring and Evaluation (M&E) of a project through above practice.

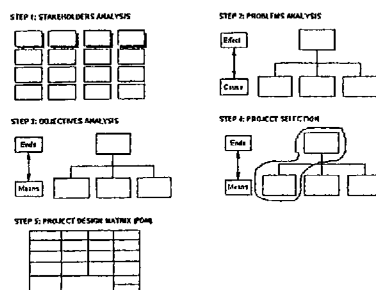
2

Workshop Schedule

- Please see handouts for detailed timetable.
- We have total 15 hours in 2.5 days.
- Time management is required.
- Constructive discussions by visualisation.

3

Main Steps in Participatory Planning (PP) in PCM



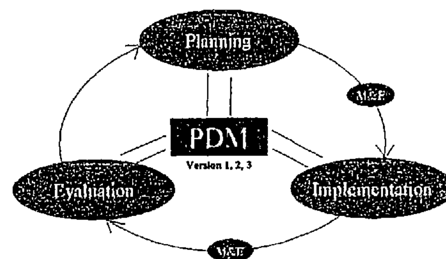
4

Logical Framework or PDM

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal			
Project Purpose			
Outputs			
Activities	Inputs		
			Pre-conditions

5

Project Cycle & Project Design Matrix (PDM)



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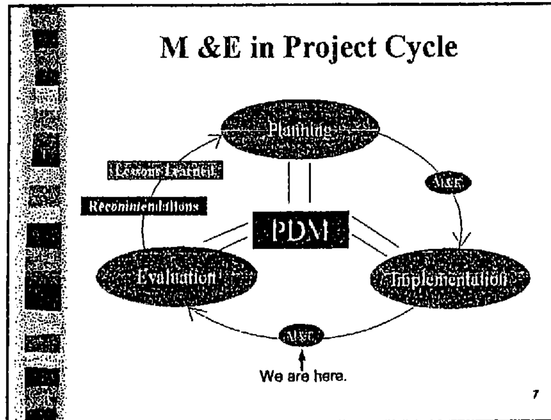


What is Monitoring?

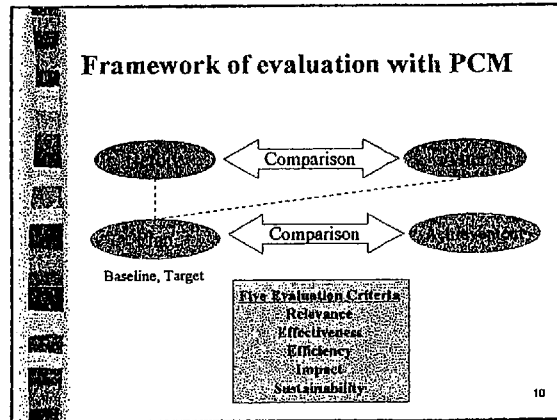
- Project implementers do.
- Generally it means **"the checking of the progress** of an ongoing project".
- The plan is modified if necessary.

8

What is Evaluation?

- Often outside evaluators do (systematically and objectively).
- It is designed to judge the results of a completed or ongoing project in terms of **the five evaluation criteria.**
- It extracts recommendation and lessons learned **to help improve the ongoing and other projects.**

9



Appropriate Indicators

- Availability (Baseline data, target)
- Validity
- Reliability
- Reasonable cost (inc. human resources)
- Minimum necessary (one or two)

11

Five Evaluation Criteria

1. Relevance

- Examine whether the "Project Purpose" and "Overall Goal" are meaningful as project objectives.
- In light of....
  - Tanzanian Gov.'s policy (e.g. HSR, LGR)
  - Japanese Gov.'s policy
  - Needs of Target Group
  - Needs of Ultimate Beneficiaries

12

Five Evaluation Criteria

2. Efficiency

- Productivity of implementation process
- Outputs divided by Inputs
- Appropriateness of quantities and qualities of resources put in
- Timing
- Used effectively or not

13

Five Evaluation Criteria

3. Effectiveness

- Ascertainment of the extent to which the project purpose has been achieved or is expected to be achieved
- Are the outputs effective means to achieve the project purpose?

14

Five Evaluation Criteria

4. Impact

- Positive and negative effects of the implementation of the project
- Overall Goal is an expected positive impact of project.
- The effects that were not foreseen at the time of planning are included.

15

Five Evaluation Criteria

5. Sustainability

- Whether the benefits of the implementation of a project will continue after the termination of the project
- Policy aspects
- Technological aspects
- Organisational management aspects
- Financial aspects

16

Five Evaluation Criteria and PDM

Narrative Summary	Relevance	Efficiency	Effectiveness	Impact	Sustainability
Overall Goal					
Project Purpose					
Outputs					
Inputs (Activities)					

17

Be aware of Important Assumptions!

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal		Then	
Project Purpose If		Then	and (+)
Outputs If		Then	and (+)
Activities If	Inputs		and (+)
			Pre-conditions

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Workshop Rules

- 1. Team-work oriented
  - Obtain ***consensus*** as a team in group and plenary discussions
- 2. Visualisation
  - Constructive discussions with visual tools (cards & markers)
- 3. Time management

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References

- PDM Version 3
- Indicator;
  - (1) Overall Goal (Exit interview)
  - (2) Project purpose (Hexagon-Spider-Web-Diagram)

Project Design Matrix (PDM) Version 3 (1st Joint Coordinating Committee)

Project Name: The Project for Strengthening of District Health Services in Morogoro Region   Date: January 24th, 2003

Duration: April 1, 2001 – March 31, 2006   Target Area: Morogoro Region

Target Group: Regional Health Management Team (RHMT) / Council Health Management Teams (CHMTs) of Morogoro Region.

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal **People in Morogoro Region have access to proper health and medical services**	1. The number of client utilising health services in Morogoro Region will be increased. 2. Client's satisfaction of health care delivery will be improved.	Health Management Information System (HMIS) registers and reports (Annual/Quarterly) Mini survey reports (Client exit interview/Community Dialogue)	
Project Purpose **Managerial capability of RHMT and CHMTs in Morogoro Region will be improved under the consensus of Health Sector Reform (HSR) and Local Government Reform (LGR) agenda.**	1. Comprehensive self / internal-evaluation for managerial capacity will be improved. 2. Comprehensive external-evaluation for managerial capacity will be improved. (1&2 are described by Hexagon-Spider-Web-Diagram *)	Participatory qualitative assessment by each RHMT/CHMTs and MOH/Donors / NGOs.	• All reforms (HSR, LGR etc.) are implemented harmoniously. • Other components of HSR are implemented accordingly.

* Reference to *Note*.

Outputs			
1. HMIS (Health Management Information System) will be improved.	1-1. The HMIS data, which is required by graphed outputs will be managed by the end of 2004. 1-2. Rate of mis-inputs of HMIS data will be decreased by the end of 2004. 1-3. Utilisation of HMIS data in managerial process will be fully incorporated by March 2005. 1-4. Rate of HMIS data feed-back to health centers will be increased by March 2005. 1-5. Rate of collecting HMIS data on schedule/time will be increased by end of 2004.	Regional and Council Annual Health Report. District Processing File. Comprehensive Council Health Plans (CCHPs). Council Annual Health Report. District Processing File.	· Condition of human resources at all levels will not worsen. · Coordination among vertical programs will not worsen.
2. Experience and Health Information among CHMTs, RHMT and other regions will be adequately shared.	2-1. Rate of imparting information and skill to other members of RHMT/CHMTs will be increased by the end of 2005. 2-2. Rate of sharing work plan for RHTM/CHMTs will be increased by the end of 2004. 2-3. Sharing working schedule of each member of RHMT/CHMTs will be increased by the end of 2004. 2-4. The utilization of the material for the information resource center will be increased by the end of 2004.	Reports and Minutes of the imparting activities. Work plan for RHMT/CHMTs. Working schedule for each member of RHMT/CHMTs. Register book of information resource center.	
3. Planning, implementation, monitoring and evaluation by CHMTs and RHMT will be improved.	3-1. The number of evidence-based planning will be increased by the end of 2005. 3-2. The implementation rate of the planned monitoring and evaluation will be increased by the end of 2004. 3-3. All council health activities will be integrated in CCHPs by the end of 2005. 3-4. The rate of attainment of the planned activities in CCHPs will be increased by the end of 2004.	Regional and Council Annual Health Report and Health Plans. Quarterly Report of CCHPs. Comprehensive Council Health Plans (CCHPs). Quarterly Report of CCHPs.	

Activities	Inputs		
1. HMIS (Health management Information System) will be improved. 1-1. Equip with the computer equipment. 1-2. Train RHMT/CHMTs for computer skills. 1-3. Train RHMT/CHMTs for data collection, processing, storage and use. 1-4. Train RHMT/CHMTs for "on the job training skills of health workers" for data collection. 1-5. Establish mechanism for distribution/ feedback system of HMIS data. 1-6. Structure communication network system. 1-7. Equip communication gears. 1-8. Link to other radios. 1-9. Train RHMT/CHMTs for communication skills. **2. Experience and Health Information among CHMTs, RHMT and other regions will be adequately shared.** 2-1. Establish mechanism for information dissemination. 2-2. Train RHMT/CHMTs for information dissemination skills. 2-3. Publish news letter for health services. 2-4. Conduct exchange visits, study visits and workshops. 2-5. Conduct RHMT/CHMTs' regular joint meeting. 2-6. Equip materials for information resource center. 2-7. Train RHMT/CHMTs for management skills of information resource center. 2-8. Promote utilization of information resource center. 2-9. Establish mechanism for schedule management. 2-10. Establish mechanism for take over the job. 2-11. Develop, rectify and share of the work-plan for RHMT/CHMTs.	TANZANIA **Allocation of Tanzanian Counterparts.** **Running Expenses necessary for the implementation of the Project.** **Provision of necessary facilities.** **Other measures defined in R/D of March 2001.**	JAPAN **Dispatch of Long & Short Term Experts.** **Acceptance of Tanzanian Trainees in Japan.** **Provision of Machinery & Equipment.** **Other measures defined in R/D of March 2001.**	· Other donors continue to support the health sector. · Appropriate HMIS tools are available. · Present Health Policy remains unchanged. · Political support at all levels is available. · Other developing partners continue supporting RHMT/CHMTs. · Trained RHMT/CHMTs continue to work. · Political climate remains stable.

3. Planning, implementation, monitoring and evaluation by CHMTs and RHMT will be improved. 3-1. Train RHMT/CHMTs on planning, monitoring, and evaluation skills. 3-2. Train RHMT/CHMTs for operational research methodology. 3-3. Improve monitoring and evaluation tools for annual plan implementation. 3-4. RHMT/CHMTs develop jointly annual plan for monitoring and evaluation. 3-5. RHMT participate in CHMTs planning session regularly. 3-6. Conduct exit questionnaires to clients / patients.		<u>Preconditions</u> ・ Sufficient financial resources for monitoring visit are available. (e.g. fuel) ・ RHMT and CHMTs can spend their time adequately for the implementation of the Project.

Abbreviations:

RHMT: Regional Health Management Team　CHMTs: Council Health Management Teams

HMIS: Health Management Information System　CCHPs: Comprehensive Council Health Plans

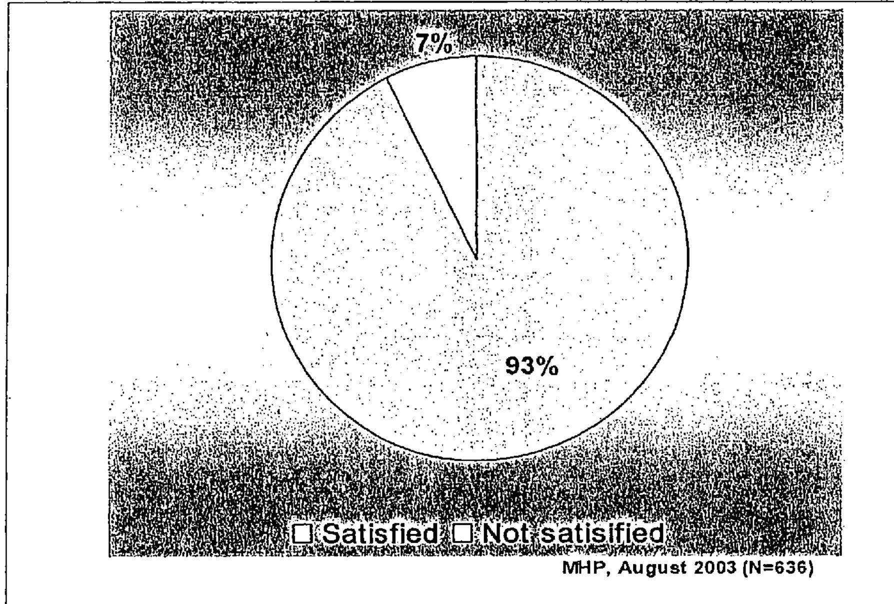
HSR: Health Sector Reform　LGR: Local Government Reform

R/D: Record of Discussions

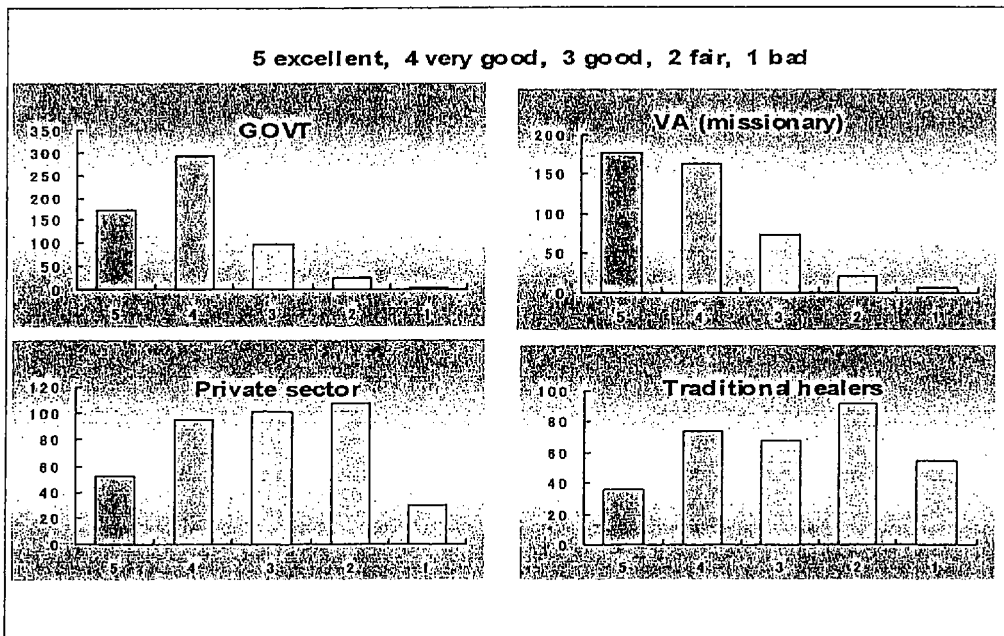
1. "Overall Goal" indicator

(Exit interview results; July-August 2003, MHP)

1. *Are you satisfied with your health facility?*

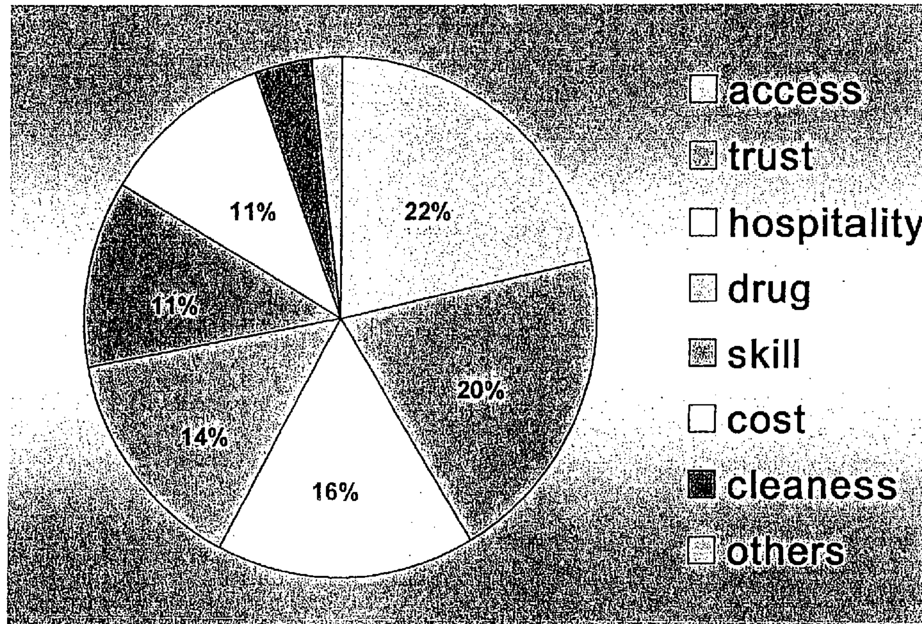


2. *Satisfaction by ownership?*



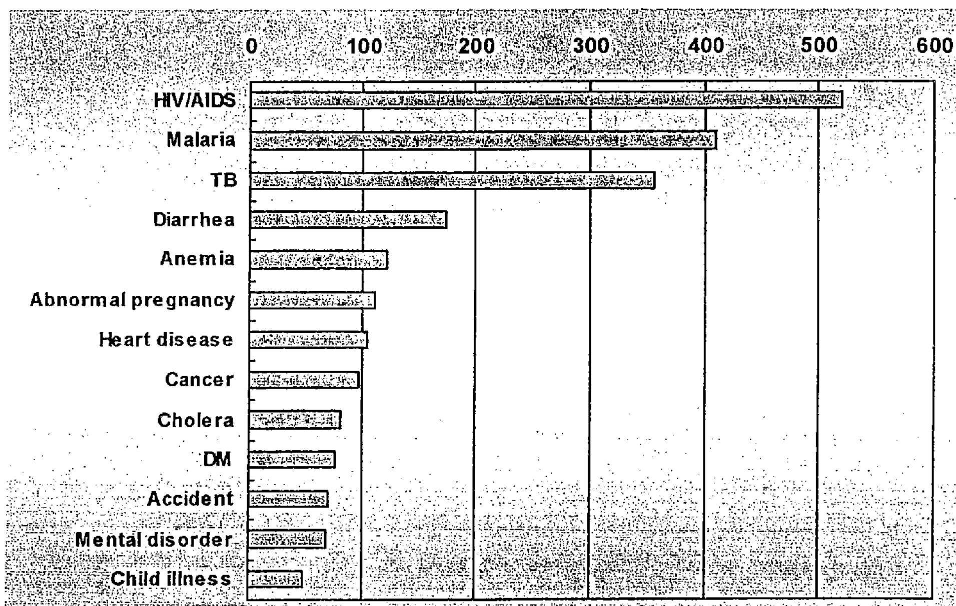
Tanzania-Japan Morogoro Health Project 2001-2006

3. *What is the most important factor, which affects your choice of health facility?*



Morogoro Health Project 2003 (N=636)

4. *What is the most serious disease for your health?*

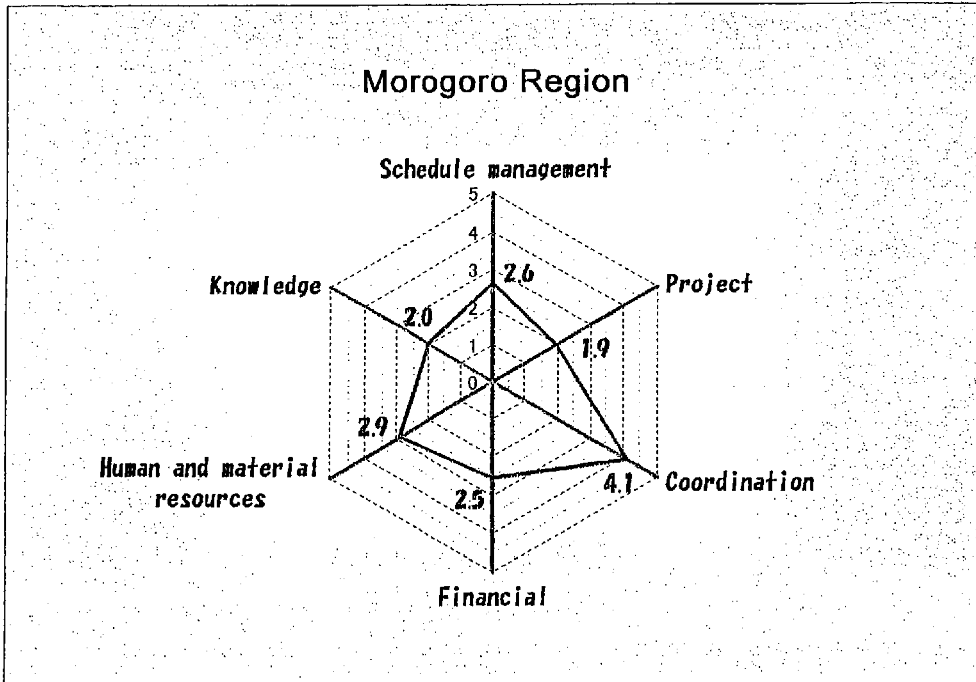


Tanzania-Japan Morogoro Health Project 2001-2006

1. "Project purpose" indicator

(Comprehensive health management capacity workshop; March – May 2003, MHP)

Morogoro Region 25 March 2003



1. Schedule Management		
Priority	Rating	Desirable Management Capacity
1	2.4	To spend time efficiently and effectively by planning ahead together.
2	1.2	To satisfy the need for the training of Planned Management.
3	4	To support each other for scheduled tasks to promote teamwork.
4	4.6	To promote regular meeting and notice board to share schedule information among team members, juniors and seniors.

2. Knowledge Management		
Priority	Rating	Desirable Management Capacity
1	1	To promote computer skills for accurate data collection, easy data access, data storage and data delivery at all levels.
2	3.6	To exchange experience and information for feedback to the community.
3	2.2	To promote communication methods and skills.
4	1	To promote special knowledge on research methodology.

HSWD of Morogoro Region

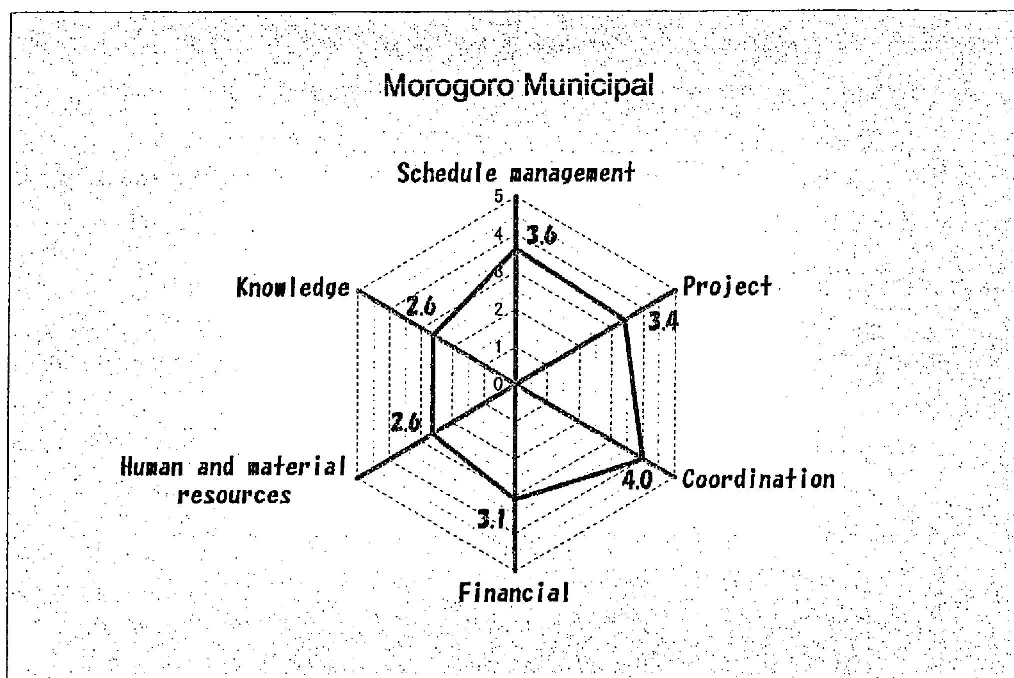
3. Human and Material Resource Management		
Priority	Rating	Desirable Management Capacity
1	3.4	To prepare job description and improve work environment in order to promote self motivation.
2	2.2	To ensure updating inventory and sufficient delivery / logistics for storage in health facilities.
3	3.2	To promote sufficient qualified human resources in recruitment / transfer / replacement.
4	2.2	To promote continuing education and training for career development.

4. Financial Management		
Priority	Rating	Desirable Management Capacity
1	2.2	To ensure effective, clear, transparent and skilled budgeting / financing to promote financial accountability to the public.
2	3	To activate financial resource mobilization and income generation by promoting partnerships and cost-sharing scheme.
3	1.8	To conduct and promote cost-effectiveness analysis for financial management.
4	3.8	To promote private / public mix financing to improve the quality of health services.

5. Coordination Management		
Priority	Rating	Desirable Management Capacity
1	4.2	To show clear purposes and common goals among team members and other colleagues.
2	4.4	To integrate for effective teamwork by sharing information and experience.
3	3.8	To organize prioritization and coordinate direction for activities by leadership.
4	3.8	To ensure influencing others and responding to any inquiries through activities and information dissemination.

6. Project Management		
Priority	Rating	Desirable Management Capacity
1	0.8	To promote training for project formulation, proposal writing, monitoring & evaluation skills and project financial management.
2	2	To promote evidence-based health project planning and policy making by clear understanding of specific objectives.
3	3.2	To promote monitoring and evaluation methods and skills in project management.
4	3	To promote community involvement in planning, implementation, monitoring and evaluation.

Morogoro Municipal 12 March 2003



1. Schedule Management		
Priority	Rating	Desirable Management Capacity
1	4.2	To control schedule and share information by planning ahead continuously.
2	3.5	To make effective and efficient time management to take proper actions.
3	2.7	To improve communication including regular meeting, transport, communication tools to share schedule.
4	3.3	To organize workplace for daily activities and professional services to improve quality and quantity.

2. Knowledge Management		
Priority	Rating	Desirable Management Capacity
1	1.8	Data collection, processing and storage by improving computer skills.
2	2.8	To maximize knowledge utilization by improving work environment and performance tools.
3	3.5	To feedback available knowledge to the community.
4	3.0	To allocate human resource according to competency and training needs to fill the knowledge gap.

HSWD of Morogoro Municipal

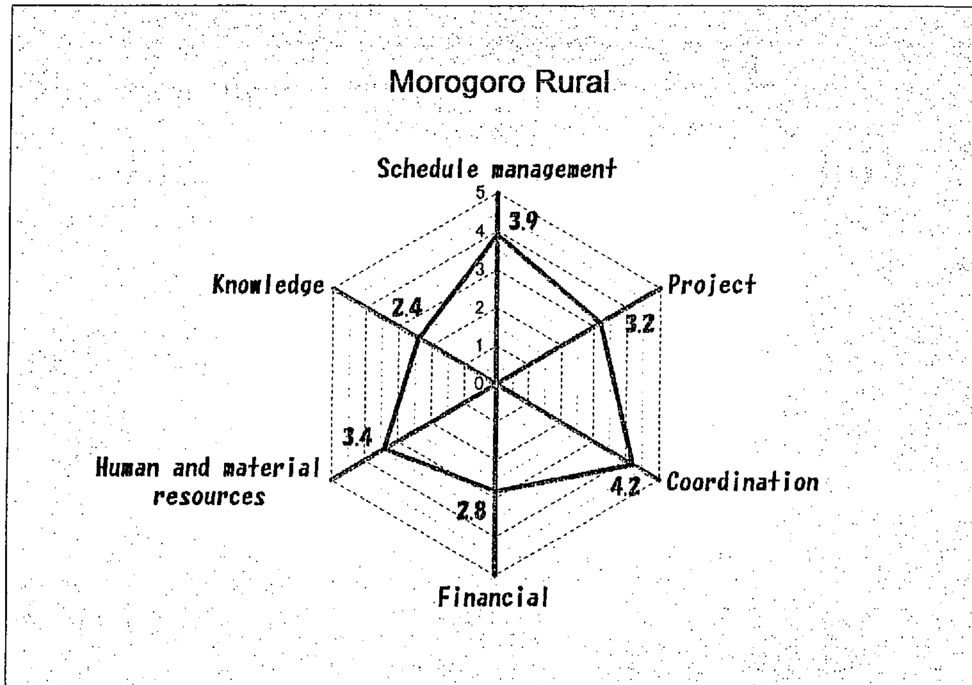
3. Human and Material Resource Management		
Priority	Rating	Desirable Management Capacity
1	1.7	To fill gaps among health personnel, skills and qualifications as required establishment.
2	3.5	To assure equal opportunity for professional training and continuing education.
3	3.8	To improve motivation and discipline by fairness and transparency in workplace.
4	1.3	To organize effective and efficient logistics for transport, communication gears and other materials.

4. Financial Management		
Priority	Rating	Desirable Management Capacity
1	3.3	To budget by the people through cost-effectiveness and the guidance of Health Sector Reform agenda.
2	3.2	To improve financial resource mobilization.
3	2.2	To promote effective budget utilization through financial decentralization.
4	3.5	To improve financial performance monitoring and evaluation to promote accountability and transparency.

5. Coordination Management		
Priority	Rating	Desirable Management Capacity
1	4.3	To take leadership to show the same direction and clear goals.
2	4.2	To promote teamwork at all management levels.
3	3.3	To promote horizontal coordination up to the community level.
4	4.0	To build good relationship and influence others by listening, learning, making decisions and quick responses.

6. Project Management		
Priority	Rating	Desirable Management Capacity
1	3.2	To improve evidence-based health project planning to meet the community demands through cost-effective analysis.
2	3.3	To improve transparent and effective implementation and progress monitoring by involving the community.
3	3.5	To improve capacity to cope with social dynamics related to urban issues.
4	4.0	To improve adherence to the project processing and reporting through laid down procedures.

Morogoro Rural 5 April 2003



1. Schedule Management		
Priority	Rating	Desirable Management Capacity
1	4.2	To organize regular CHMT meeting to promote efficient planned activities.
2	3.5	To manage daily activities efficiently by helping each other on the job and conducive workplace.
3	4.1	To promote punctuality by time consciousness and committed tasks.
4	3.6	To avoid time conflict by improving of two-persons communication and managing planned schedule.

2. Knowledge Management		
Priority	Rating	Desirable Management Capacity
1	1.6	To improve data collection, processing, storage and feedback by database management on computer skills.
2	2.5	To promote full-use of information sources including HMIS, research findings and any other data sources.
3	3.6	To promote accurate and proper data management through on the job training and supervision.
4	3.1	To promote two-direction communication among colleagues and feedback to peripheral community.

HSWD of Morogoro Rural

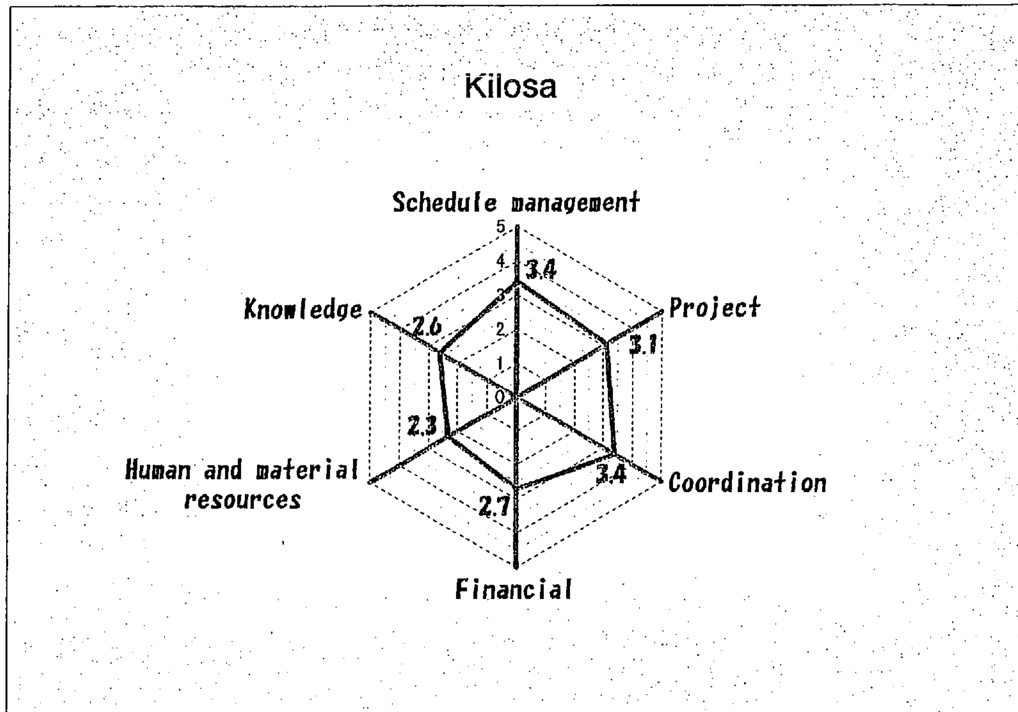
3. Human and Material Resource Management		
Priority	Rating	Desirable Management Capacity
1	3.9	To show clear understanding of objectives, roles and responsibilities to all health workers.
2	2.6	To improve needs assessment and resource allocation for inventory management and effective logistics.
3	3.6	To ensure equal opportunity on the job training and continuous education to fulfill skill gaps.
4	3.3	To conduct job performance monitoring during regular supervision to promote activities through motivations and incentives.

4. Financial Management		
Priority	Rating	Desirable Management Capacity
1	3.7	To improve transparent and clear budgeting and financial mobilization according to the priority in the burden of diseases in CCHP.
2	2.9	To promote cost-effectiveness analysis and financial performance monitoring to assure sustainable budgeting and financing.
3	1.3	To establish effective and efficient account by promoting a qualified personnel.
4	2.2	To strengthen autonomous funding mechanism with financial partnership and public/private mix.

5. Coordination Management		
Priority	Rating	Desirable Management Capacity
1	4.2	To build relationships between other stakeholders, sectors and the public for achieve betterment of district health services.
2	4.2	To promote teamwork spirits to ensure efficient workload and influence subordinate colleagues.
3	4.1	To assure effective leadership to colleagues by showing clear purposes and common goals.
4	3.9	To respond and make decisions on any critical issues from the public and the colleague promptly and properly.

6. Project Management		
Priority	Rating	Desirable Management Capacity
1	3.9	To promote evidence-based health planning by making use of any information of HMIS, research evidences and results from situational analysis.
2	3.4	To promote community participation and commitment for ensuring sustainable health projects and programs.
3	1.8	To improve research methodology and cost-effectiveness analysis to meet community real demands before project planning and implementation.
4	3.0	To establish in-built mechanism of monitoring / evaluation on any health interventions.

Kilosa 1 April 2003



1. Schedule Management		
Priority	Rating	Desirable Management Capacity
1	2.9	We can manage schedule information by planning ahead together.
2	3.5	To organized time management and daily activities efficiently and effectively.
3	3.6	We can manage schedule discipline through regular meeting.
4	4.3	To set up monthly schedule chart on a notice board.

2. Knowledge Management		
Priority	Rating	Desirable Management Capacity
1	1.5	To improve competence for data accuracy, processing and storage by computer skill.
2	3.5	To improve effective utilization for HMIS and other information resources.
3	3.0	To show clear goals to information implementers through any occasions like meeting and training.
4	3.6	To share ideas and experience by information dissemination.

HSWD of Kilosa

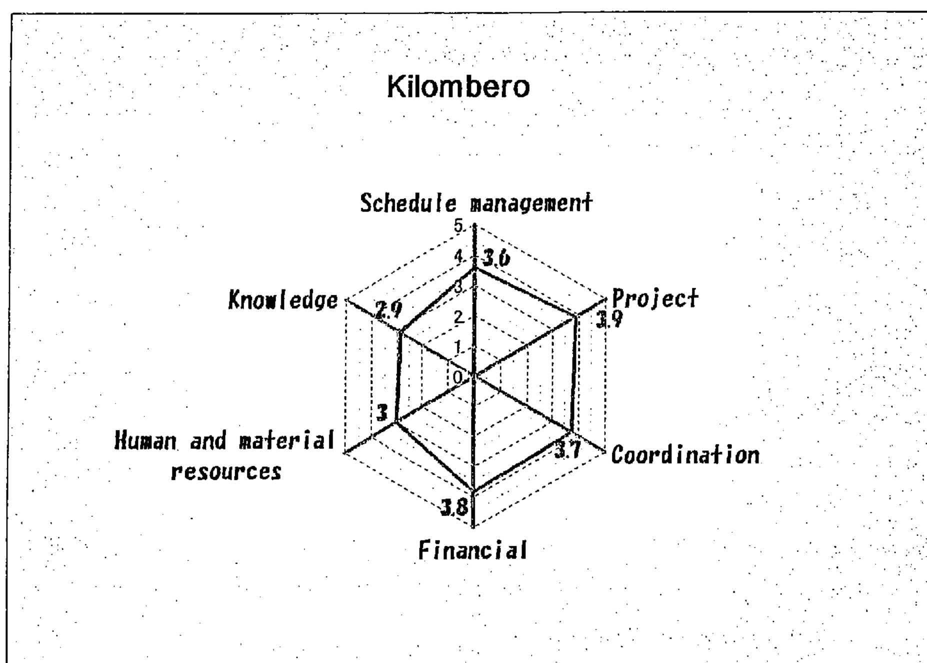
3. Human and Material Resource Management		
Priority	Rating	Desirable Management Capacity
1	1.8	To recruit qualified and new killed workers to strengthen the management team.
2	2.9	To promote resource mobilization and integration at all levels.
3	2.6	To promote teamwork supervision and performance monitoring at all levels.
4	1.9	To assure equal opportunity for continuing education and special training.

4. Financial Management		
Priority	Rating	Desirable Management Capacity
1	2.9	To promote effective budget allocation according to the priority.
2	2.5	To promote transparent financial mobilization to improve accountability and prevent corruption.
3	2.4	To reduce misconduct funds and costs by financial performance monitoring.
4	2.9	To promote community capacity and capability for proper collection and use of Community Health Fund (CHF).

5. Coordination Management		
Priority	Rating	Desirable Management Capacity
1	3.4	To promote effective teamwork and stability at all levels.
2	3.5	To promote relationships between leaders and subordinates by sharing clear objectives and common goals.
3	3.1	To promote corporate planning and activity coordination by teamwork discussion.
4	3.6	To resolve conflicts and problems by prioritization and mutual respects.

6. Project Management		
Priority	Rating	Desirable Management Capacity
1	3.4	To promote evidence-based health planning though community involvement to assure real community demands and public accountability.
2	3.3	To promote progress monitoring and effective evaluation for planned activities.
3	2.3	To strengthen the emergency preparedness (epidemics, accidents, conflicts) to assure coping mechanisms.
4	2.8	To promote acceptance of corporate health plan for both the health sector and the Council.

Kilombero 26 May 2003



1. Schedule Management		
Priority	Rating	Desirable Management Capacity
1	3.6	To coordinate partners to take proper action and implementation according action plan to reduce instant schedule changes.
2	4.3	To activate regular meetings and utilize them to share schedule tasks and information to plan / notice ahead together.
3	2.9	To improve two-person's communication and information equipments (notice board, computer) to share scheduled tasks and information.
4	3.2	To overcome complex tasks by competent personnel and helping each other through intensive discussions on meetings.

2. Knowledge Management		
Priority	Rating	Desirable Management Capacity
1	2.2	To improve computer skills and to assure availability for computer utilization.
2	2.8	To improve data accuracy, analysis and organization to promote easy and timely accessibility.
3	4.1	To share ideas and experiences between colleagues.
4	3.4	To promote proper and immediate feedback to the community.

HSWD of Kilombero

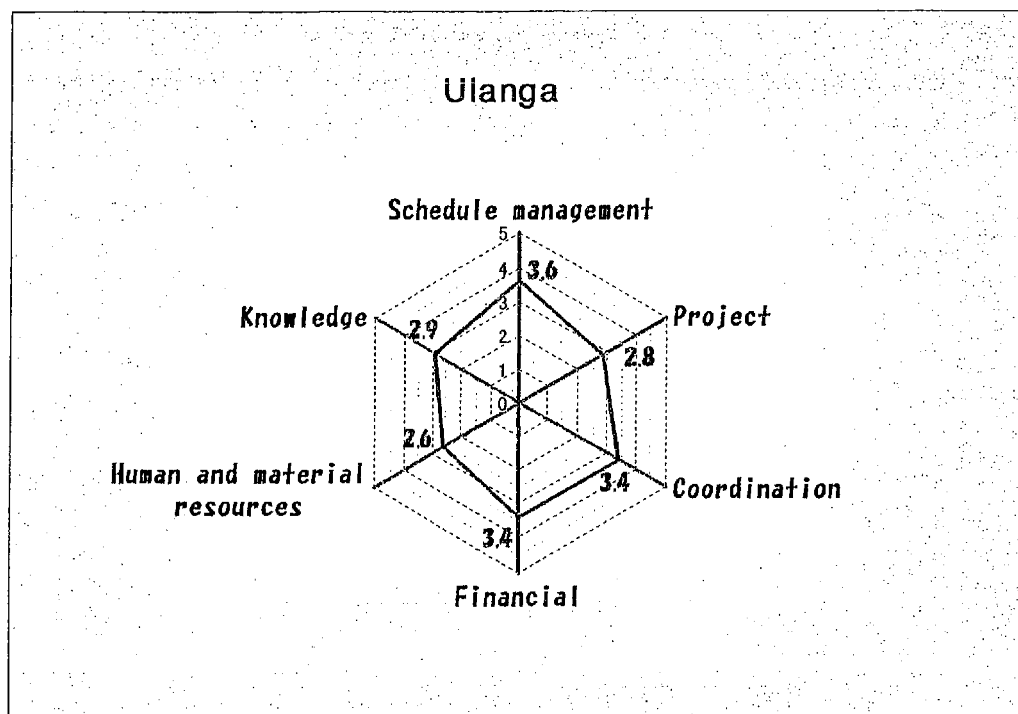
3. Human and Material Resource Management		
Priority	Rating	Desirable Management Capacity
1	4.0	To show clear understanding of roles, responsibility and functions to colleagues at all levels.
2	2.0	To promote sufficient recruitment for qualified staffs and ensure equal opportunity for continuing education and training.
3	2.4	To ensure sufficient and prompt logistics and maintenance for all material resources.
4	3.4	To conduct regular supervision and performance monitoring.

4. Financial Management		
Priority	Rating	Desirable Management Capacity
1	4.0	To promote effective budgeting according to priority.
2	4.0	To assure clear and proper financing to promote transparency and accountability to all workers and public people.
3	3.4	To introduce cost-effectiveness analysis for budgeting and financing.
4	2.9	To promote public-private mix in health activities and promotions.

5. Coordination Management		
Priority	Rating	Desirable Management Capacity
1	3.6	To take leadership and initiative by showing a common direction, clear goal and transparent responsibility.
2	3.7	To promote teamwork for corporate planning and sharing experiences and tasks.
3	4.2	To build intensive relationships between partners and colleagues.
4	3.3	To promote proper and prompt decision making skills based on priority.

6. Project Management		
Priority	Rating	Desirable Management Capacity
1	4.7	To respond to the real community demands by promoting community involvement and participation.
2	3.6	To improve evidence-based health planning and performance monitoring with proper documentations.
3	3.6	To ensure appropriate project budgeting and financing according to community priorities.
4	2.6	To ensure effective project implementation and M&E including emergency preparedness and triage.

Ulanga 3 April 2003



1. Schedule Management		
Priority	Rating	Desirable Management Capacity
1	3.7	To improve skills for time management and to take actions according to the planned schedule.
2	3.3	To share and help each other about any scheduled tasks.
3	3.4	To manage schedule for day to day activities by guiding individuals as specific time schedule.
4	4.1	To make sufficient and effective planned regular meetings.

2. Knowledge Management		
Priority	Rating	Desirable Management Capacity
1	3.0	To develop accurate data collection, processing and storage.
2	2.1	To improve competence for data resource management by computer skills.
3	3.4	To ensure data storage with supporting references and materials.
4	3.7	To improve efficient information sharing by promoting discussions at workplace.

HSWD of Ulanga

3. Human and Material Resource Management		
Priority	Rating	Desirable Management Capacity
1	2.3	To fulfill job gaps with on the job training and continuing education.
2	2.2	To improve material / transport logistics to assure job performances.
3	3.6	To promote motivated performances by ensuring objectives, roles and responsibilities.
4	2.7	To improve recruitment procedure and to assure continuing motivation for all recruited workers.

4. Financial Management		
Priority	Rating	Desirable Management Capacity
1	3.9	To allocate proper budgeting and financing according to community needs and their priorities.
2	2.8	To mobilize stakeholders for financial resource partnerships.
3	3.6	To promote transparency and accountability for financial and budget managements.
4	2.5	To promote financial performance monitoring.

5. Coordination Management		
Priority	Rating	Desirable Management Capacity
1	3.7	To cerate teamwork spirits by initiating clear goals and sharing transparent experiences among team members.
2	3.1	To maintain flexibility for initial rearrangements to follow up new surrounding environment.
3	3.2	To assure rapid and effective responses to critical issues by initiating leadership and proper decision making.
4	3.3	To show clear, proper and common directions to subordinate colleagues.

6. Project Management		
Priority	Rating	Desirable Management Capacity
1	3.3	To ensure flexible health interventions by addressing real community demands to sensitize project ownership.
2	2.1	To promote evidence-based health planning and implementation by utilizing research findings followed by cost-effectiveness analysis.
3	3.1	To initiate health projects by effective leadership and community involvement.
4	2.1	To establish proper emergency preparedness and coping mechanism at peripheral community level.