4. 中間評価ワークショップ実施概要（実施後）

事業実施報告書

プロジェクト合同中間評価ワークショップ

実施概要

（平成１５年１１月７日～９日、タンザニア・モロゴロ）

報告者：JICA モロゴロ州保健行政強化プロジェクト
保健行政計画　　杉下　智彦

平成 15 年 11 月 20 日

MHP
Morogoro Health Project

2003年11月20日

事業実施報告書

報告者：モロゴロ州保健行政強化プロジェクト
保健行政計画　　杉下　智彦

プロジェクト合同中間評価ワークショップ
実施概要

表記の活動を実施いたしましたので御報告いたします。

1．中間評価調査団について

平成13年4月1日にタンザニア政府と日本政府との技術協力プロジェクトとして実施開始された当該プロジェクト（モロゴロ州保健行政強化プロジェクト、以下MHP－モロゴロ・ヘルス・プロジェクト）は、平成15年10月に5年間のプロジェクト実施期間の中間点を向かえました。

今回、プロジェクト実施内容の評価検討、今後の運営方針の確認、合同運営委員会の開催などを目的とし、平成15年10月29日～11月12日の間に大久保国内支援委員長を団長とするJICA中間評価調査団をモロゴロにお迎えし、タンザニア側カウンターパートへの聞き取り調査、合同評価ワークショップの開催、第2回合同運営委員会(Joint Coordinating Committee, JCC)が実施されました。

この報告書では、評価調査の一環として行われた合同中間評価ワークショップについて御報告いたします。

調査団構成

氏名	所属先	評価分担	期間
大久保　一郎	筑波大学	団長	11月5日～11月12日
兵井　伸行	国立保健医療科学院	保健行政	11月5日～11月12日
福士　恵里香	コンサルタント	評価分析	10月29日～11月12日
笛吹　弦	国際協力機構	保健協力	11月5日～11月12日
菊地　太郎	国際協力機構	評価計画	11月5日～11月13日

2．合同中間評価ワークショップについて

合同中間評価ワークショップは、平成15年11月7日～9日の3日間、モロゴロ市内のタネスコ研修センター会議場にて行われた。

会議の出席者は、タンザニア側48名、日本人側14名の合計62名が参集し、週末にもかかわらず活発な討議が行われた。タンザニア側はプロジェクトのカウンターパートである州・県保健マネージメントチームからほぼ全員の出席があり、日本人側は、プロジェクト実施専門家、中間評価団をはじめ、JICAタンザニア事務所、保健関係のJICA専門家が参加して行われた。(参加者の詳細はリポート参照)

今回の合同中間評価ワークショップでは、JICAのプロジェクト評価で重要視される評価5項目（妥当性、効率性、有効性、インパクト、自立発展性）のうち、効率性ならびに有効性の評価に重点が置かれ、グループ討論および全体討議を交えた参加型評価手法を用いて行われた。グループ討論では、日本人側参加者はタンザニア側の自由で活発な意見をできるだけ引き出すために、介入を極力避け、自由な討論ができる環境作りに努めた。また議事の進行も、タンザニア側のオーナーシップを尊重し、カウンターパートの中から議長を選出した。

3．ワークショップにおける成果

今回のワークショップにおいては以下の3点で大きな成果が上げられた。(内容の詳細はリポート参照)

（1）PDM Version 4 の作成

プロジェクト評価の基礎となる Project Design Matrix に関して、既存の PDM Version 3 を参加者全員でレビューしたうえで、特に指標の設定に関し、より具体性を持ち、評価可能な指標に設定しなおす作業を行った。参加者からは、指標の意義やその背景となる現状および展望などの意見も活発に出され、州・県で共有される問題点と地域によって異なる個別の事情などが浮き彫りにされ、大変有意義な参加型評価となった。

今回設定された PDM Version4 は引き続いて 11 月 11 日に行われた第 2 回合同運営委員会（Joint Coordinating Committee, JCC）にて州・県の地方行政官に承認され、今後のプロジェクト運営に実施活用されることが決定された。

（2）プロジェクトの効率性の参加型評価

先に決定された PDM Version 4 の新指標を基に、1～3の各プロジェクト成果に関して、州・県保健マネージメント・チーム各々が基礎データー、達成度、達成目標を設定し、成果・投入の効率性をチームごとに話し合い、最終的に全体発表を行って意見・経験を共有した。

特に活動の進捗に関してのそれぞれのチームがかかえる問題点や外部条件の重要性、問題解決のためのチームワークの必要性などが討議され、多様な条件下にある各マネージメント・チームの現状と問題点を他のチームと経験を共有することで大変有意義な参加型評価となった。

（3）プロジェクトの有効性の参加型評価

プロジェクトの有効性の評価に関して、平成１５年３月～５月プロジェクトで実施した総合マネージメント能力ワークショップの結果（各マネージメント・チームで設定した Hexagon-Spider-Web-Diagram）を利用して、各保健マネージメント・チームごとに、プロジェクト開始前のマネージメント能力、現在の位置、プロジェクト終了時の目標値が決定された。

特にグループ討論の中で、マネージメント能力の発展のために、

どのリソースを利用して伸ばしていけば良いのか、つまりＭＨＰに限定されない有効性の高い戦略的行動計画も話し合われたことは、自立発展性やオーナーシップにも関する重要な意見交換の機会が持てたと思われた。

４．考察

今回の合同中間評価ワークショップでは、州・保健行政官をはじめ、本邦研修者、主要活動担当者を中心として、州・県の区別なく活発な議論が持ちえたことは大変有意義であった。

また州と各県がそれぞれの抱える問題点を共有し、今後のプロジェクトに関わる運営姿勢を確認できたことは、このワークショップが単なる評価のための評価に終わることなく、On the Job Training としてキャパシティ・ビルディングの一環であり、プロジェクトの主要な活動の一つであることが、参加者全員に明確に了解されたように思われた。

しかし、意見をあまり発言できなかった参加者がいたことも確かであり、プロジェクト実施側は、そのような参加者からも活発な討論を引き出すことで、さらに豊かな人材育成が成しえるよう、今回のワークショップから学んだことを経験に、今後の活動につなげていきたいと考えている。

６２名という参加型評価では異例の多人数ではあったが、グループ討論、全体発表・意見交換の機会を配分し、非常に活発な討議が成しえたことは、タンザニア側参加者全員の熱意あふれる協力、ファシリテーターの豊かな経験と卓越したリード、中間評価団からの的確で明快なコメント、日本人参加者のタンザニア側へのオーナーシップの尊重の姿勢などがあって達成されえたものと信じている。プロジェクトとしては、今回のワークショップに御協力いただいた皆様方に、心から感謝の意を表したい。

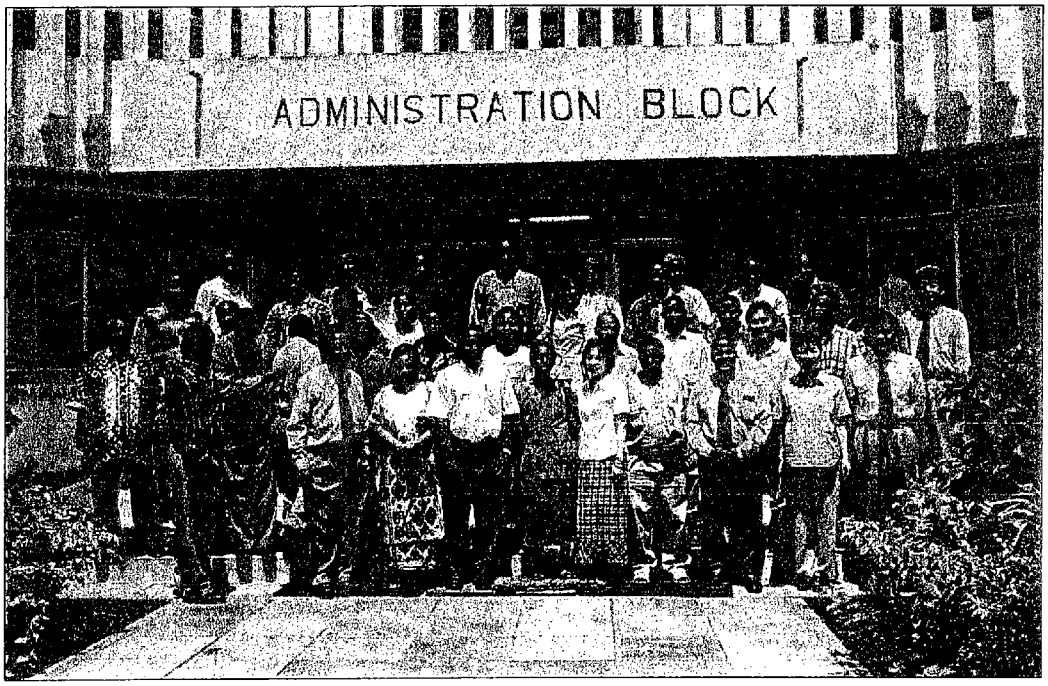
（評価内容の結果・詳細はリポート参照のこと）

Report on

The Joint Evaluation Workshop

for the mid-term period of

Tanzania – Japan Morogoro Health Project



TANESCO Training Center
7 November – 9 November, 2003

Tanzania – Japan Morogoro Health Project
2001-2006

MHP
Morogoro Health Project

A Table of Content

1. Objective

Morogoro Health Project (the project for strengthening district health services in Morogoro region) was launched since April 2001. The project has been making efforts on building managerial capacities for health management teams in Morgoro region by various means of training activities. Since the project has reached at the mid-term period of the five-year span of the project implementation, this is an optimal occasion to conduct a comprehensive evaluation for the project progress and future orientation. In this moment, the project designed a joint peer-type evaluation between the Tanzanian counterparts and the Japan International Cooperation Agency (JICA) evaluation team.

The joint evaluation has been actually implemented by several approaches such as document review, stakeholder analysis, policy analysis, independent interviews, workshop and focus group discussion. However several measurements have been programmed, this joint evaluation workshop, which invites all members of health management teams and JICA evaluation team, should be a considerable part of the project review for taking team opinions on the project progress and future orientation.

The workshop would be expected to be conducted by following five evaluation factors such as relevance, efficiency, effectiveness, impact and sustainability. However as far as the time constraints, it has been conducted by the manner of independent analysis for project implementations according to the Project Design Matrix(PDM), in which proper outcomes could be accomplished effectively and efficiently by the efforts of both health management teams in Morogoro region and Japanese technical advisors in the project composition.

In fact, the joint evaluation workshop has been conducted successfully by all the efforts of Regional Health Management Team (RHMT), Council Health Management Teams (Municipal, Rural, Kilosa, Kilombero, Ulanga CHMTs), JICA evaluation team, JICA Tanzania office, JICA Headquarter and Morogoro Regional Administrative Office and the Project. More than 60 participants have been gathered together at TANESCO training center and intensive discussions have been productively performed for three days, even in weekends.

The project would be sincerely appreciated all those efforts and collaborations from Tanzania and Japan sides and promises to work harder to reach maximum outcomes for the people in Morogoro region by reflecting evaluation results from the Joint Evaluation Workshop.

Joint Evaluation Workshop

2. Participant

Total number of workshop participant: **62 (Tanzania 48, Japan 14)**

List of participants

Name	Affiliation	Job title	Note
Mr. Chikira	Morogoro Region	RAS	Observer
Dr. Massi	RHMT	RMO	Project manager
Ms. Gutapaka	RHMT	RNO	Chairperson
Mr. Mankambila	RHMT	RHS	
Dr. Mrema	RHMT	RDO	
Mr. Malisa	RHMT	RPharm	
Mr. Mwanga	RHMT	RLT	
Mr. Minja	RHMT	RCCO	
Ms. Wapalila	RHMT	RRCHCO	
Dr. Mtey	CHMT Municipal	MMOH	
Mr. Lema	CHMT Municipal	MHO	
Mr. Moshi	CHMT Municipal	Ag. MHS	
Ms. Mhagama	CHMT Municipal	MRCHCO	
Dr. Daphoi	CHMT Municipal	MDO	
Mr. Mbena	CHMT Municipal	Ag. MPharm	
Dr. Machibya	CHMT Rural	DMO	
Mr. Matee	CHMT Rural	DNO	
Dr. Sencodri	CHMT Rural	Ag. DHS	
Mr. Mombwe	CHMT Rural	DHO	
Dr. Mbena	CHMT Rural	DDO	
Mr. Mfaume	CHMT Rural	DLT	
Mr. Dengha	CHMT Rural(Mvomero)	HO	
Mr. Mwihumbo	CHMT Rural	DPharm	
Ms. Mwihumbo	CHMT Rural(Mvomero)	DRCHCO	
Mr. Sulley	CHMT Rural	DCCO	
Mr. Mtimbange	CHMT Rural	DTLC	
Mr. Sebe	CHMT Rural (Mvomero)	DTLC	

List of participants

Name	Affiliation	Job title	Note
Dr. Chiduo	CHMT Kilosa	DMO	
Mr. Mkunda	CHMT Kilosa	DNO	
Mr. Bundu	CHMT Kilosa	DHO	
Mr. Msigala	CHMT Kilosa	DHS	
Ms. Msigala	CHMT Kilosa	DRCHCO	
Dr. Maufi	CHMT Kilosa	Ag. DDO	
Dr. Munisi	CHMT Kilombero	DMO	
Dr. Mkony	CHMT Kilombero	Ag. DMO	
Ms. Ntyangiri	CHMT Kilombero	DNO	
Mr. Kasembwa	CHMT Kilombero	DHO	
Mr. Kakwaya	CHMT Kilombero	DHS	
Dr. Mlaponi	CHMT Kilombero	DDO	
Mr. Mlolere	CHMT Kilombero	HO	
Dr. Mbena	CHMT Ulanga	DMO	
Mr. Mbumbumbu	CHMT Ulanga	DHO	
Mr. Msowoya	CHMT Ulanga	Ag. DNO	
Mr. Mwiliko	CHMT Ulanga	DHS	
Dr. Mwakilasa	CHMT Ulanga	DDO	
Ms. Sumari	CHMT Ulanga	DLT	
Mr. Nkakula	CHMT Ulanga	Ag. DPharm	

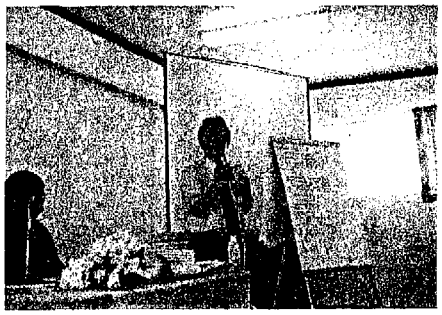
Ms. Gutapaka (Chairperson)
& Dr. Massi (Project manager)

Group work

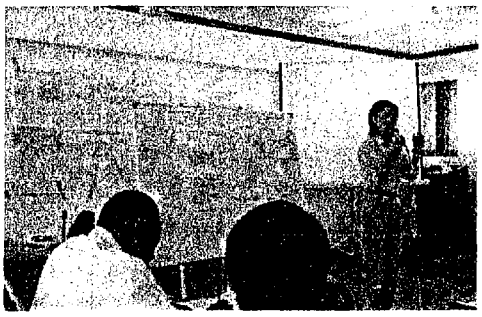
Joint Evaluation Workshop

List of participants

Name	Affiliation	Job title	Note
Prof. Okubo	JICA Midterm Evaluation Team	Team leader	
Dr. Hyoi	JICA Midterm Evaluation Team		
Ms. Fukushi	JICA Midterm Evaluation Team	Consultant	Facilitator
Mr. Usui	JICA Midterm Evaluation Team	JICA HQ	
Mr. Kikuchi	JICA Midterm Evaluation Team	JICA HQ	
Mr. Kinomoto	JICA Tanzania Office	Vice representative	Observer
Mr. Moriya	JICA Tanzania Office	Associate representative	Observer
Ms. Tajima	JICA Tanzania Office	Expert (MOH)	Observer
Dr. Hosoi	JICA Tanzania Office	Expert (Muhimbili)	Observer
Mr. Taguchi	MHP	Chief advisor	
Dr. Tanaka	MHP	Expert	
Ms. Kitayama	MHP	Expert	
Dr. Sugishita	MHP	Expert	
Ms. Chitose	MHP	Coordinator	
Dr. Fupi	MHP	Counterpart Advisor	



Team leader (Prof. Okubo)



Facilitator (Ms. Fukushi)

Joint Evaluation Workshop

3. Schedule

Venue; TANESCO Training Center

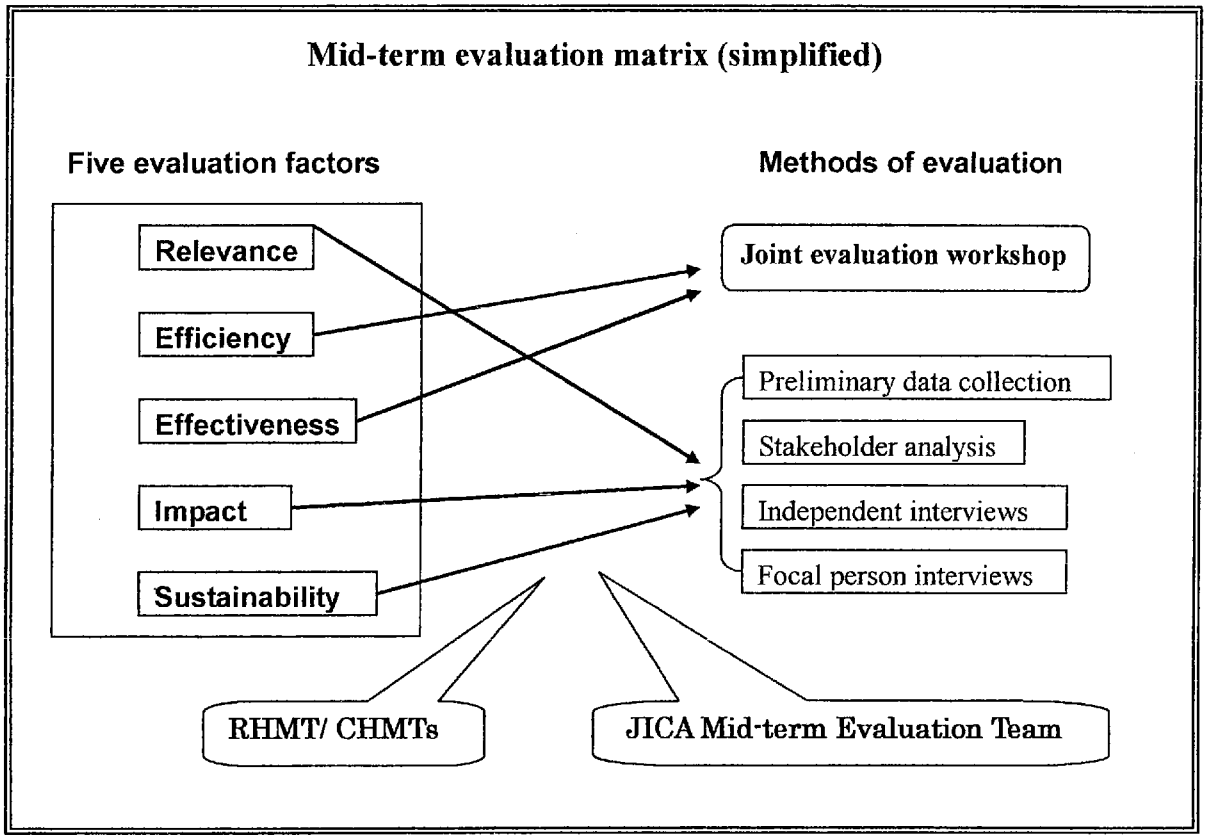
	DAY 1 (7 Nov.)	DAY 2 (8 Nov.)	DAY 3 (9 Nov.)
AM 9:00 – 12:00	Opening Self introduction Concept of PCM Concept of PDM Concept of indicators	Setting up new Indicators (Group) Presentation	Effectiveness based on Hexagon-Spider-Web-Diagram (Group) Presentation
PM 13:00 – 17:00	Review PDM V.3 Setting up new Indicators (Group) Presentation	Efficiency based on new indicators (Group) Presentation	PDM Version 4 Conclusion

4. Evaluation method

There are many ways to evaluate a project in a certain period of lifespan. In this occasion, JICA is strengthening on 5 essential factors, which could affect overall progress of the project implementation.

At the period of mid-term project evaluation, the importance could be put on three components such as relevance, efficiency and effectiveness by regarding with strategic project implementation.

The summary of the process of project evaluation can be shown by a figure in the next page.



In the joint evaluation workshop, there are three main components in the process of project evaluation.

Joint Evaluation Workshop (objectives)

1. Review PDM Version 3 and modification into more feasible and practical PDM Version 4 by setting up more available and feasible indicators.

2. In terms of the project efficiency, each health management team assesses each project activity by means of newly determined indicators.

3. In terms of the project effectiveness, each health management team evaluates its management capacity by using Hexagon-Spider-Web-Diagram and considers effectives strategies to achieve optimal outcomes.

Joint Evaluation Workshop

5. Outcome

(1) PDM Version 4

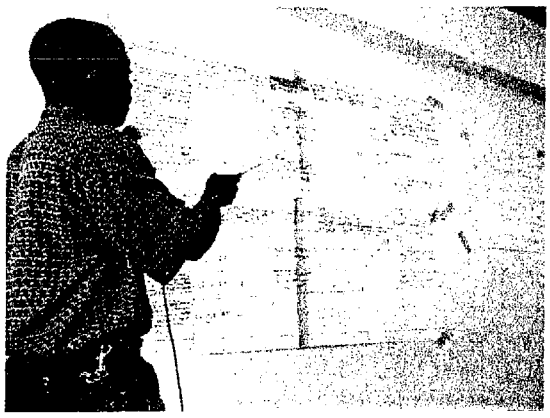
After the review of current **Project Design Matrix (PDM) Version 3**, there are several considerations arose by the participants.

Firstly, the narrative summary on **Overall Goal** is obscure and incompatible to the project activities due to changing local demands. While it is very important to articulate the project component, the narrative summary on **Overall Goal** can be modified and improved into more relevant one.

Secondly, the verifiable indicator and means of verification for **Overall Goal** and **Project Purpose** need to be modified into simpler and more comprehensive forms because of project efficiency and effectiveness.

Thirdly, the verifiable indicator and means of verification for **Outputs** contain 13 indicators in PDM V.3. They should be improved into fewer, simpler and more feasible ones based on the availability, reasonability, smartness and priority.

After both plenary and group discussions, new **PDM Version 4** has been produced and agreed by all participants. *(see next page)*



Group presentation

Joint Evaluation Workshop

Morogoro Health Project

PDM Version 4.

(9 November 2003)

The Project Design Matrix (PDM) is a logical framework, in which the project progress could be oriented, monitored and evaluated by the structural logical steps effectively and efficiently.

The PDM Version 4 for Morogoro Health Project has been produced by the Joint Evaluation Workshop in the process of the mid-term project evaluation.

The version 4 has been modified and improved from the version 3 by several points of views such as simplicity, feasibility and availability.

The Project should promise to achieve certain objectives by means of the PDM Version 4 along intensive collaborations with RHMT/CHMTs, Local Governments, MOH, JICA offices, donor agencies and other related stakeholders.

Joint Evaluation Workshop

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			Assumptions
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.	CCHPs	
	3-2. The implementation rate of the planned activities is improved by the end of 2005.	Progress report	

Activities	Inputs		Assumptions
1. HMIS (Health management Information System) is improved.	**TANZANIA**	**JAPAN**	• 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. •
1-1. Equip with the computer equipment.	Allocation of Tanzanian Counterparts.	Dispatch of Long & Short Term Experts.	
1-2. Train RHMT/CHMTs for computer skills.			
1-3. Train RHMT/CHMTs for data collection, processing, storage and use.	Running Expenses necessary for the implementation of the Project.	Acceptance of Tanzanian Trainees in Japan.	
1-4. Train RHMT/CHMTs for"on the job training skills of health workers" for data collection.	Provision of necessary facilities.	Provision of Machinery & Equipment.	
1-5. Establish mechanism for distribution/ feedback system of HMIS data.	Other measures defined in R/D of March 2001.	Other measures defined in R/D of March 2001.	
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.			

Activities		
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.		
3-1. 2-11. Develop, rectify and share of the work-plan for RHMT/CHMTs.		

Activities		Preconditions
3. Planning, implementation, monitoring and evaluation by CHMTs and RHMT are improved. 3-2. Train RHMT/CHMTs on planning, monitoring, and evaluation skills. 3-3. Train RHMT/CHMTs for operational research methodology. 3-4. Improve monitoring and evaluation tools for annual plan implementation. 3-5. RHMT/CHMTs develop jointly annual plan for monitoring and evaluation. 3-6. RHMT participate in CHMTs planning session regularly. 3-7. Conduct exit questionnaires to clients / patients.		• 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

(2) Efficiency

In the workshop, project efficiency has been evaluated by using "Efficiency Chart", which was originally designed for a purpose of the mid-term evaluation of Morogoro Health Project.

Basic concept here is that each health management team should analyze their project activities according to the newly determined indicators in PDM Version 4. The project activities are collated with Output 1, 2 and 3 and each indicator can be analyzed independently and collectively by teamwork efforts of all management members.

The indicators should be determined by steps of baseline, current achievement and final target respectively. Here, achievements can be assessed by available data by using % of attainments.

Following the above rating procedures, the project efficiency should be evaluated by the timing and resource utilization described by four continuum scales (++, +, -, --). Addition to that, "action to be taken" should be assessed to utilize time and resource efficiently to reach their objectives.

The results from the joint evaluation workshop are shown in next pages.

Presentation

Joint Evaluation Workshop

Morogoro Health Project

Project efficiency

RHMT,

CHMTs (Municipal, Rural, Kilosa, Kilombero, Ulanga)

The project efficiency has been evaluated independently and respectively by all health management teams.

The newly determined indicators in PDM Version 4 are applied for the analysis with current available data.

The target indicators can be different by corresponding to the local demands and objectives in each health management team.

A part of [ ] indicates the analysis of project efficiency, although a part of shows [ ] incomplete blanks during the workshop.

This "Efficiency Chart" is quite compatible and applicable to evaluate detailed project achievements according to the progress of project activities and implantations.

Joint Evaluation Workshop

Tanzania – Japan Morogoro Health Project 2001-2006

Evaluating "Efficiency"

Morogoro RHMT

Date: 8 Nov. 2003

Narrative summary	Indicators for OUTPUTS	Baseline Indicator		Target Indicator		Achievement up to Oct. 2003 (%)	Inputs	Efficiency* 1.Outputs/ Inputs (productivity) 2.Timing of procurement of Inputs 3.Practical use of Inputs	Action to be taken
		When	Status with figure	By when	Status with figure				
OUTPUT 1 **Health Management Information System (HMIS) is improved.**	Rate of collecting, processing, processing and utilizing quality HMIS data on schedule/time is increased by the end of 2004	**2001**	**46%**	**By the end of 2004**	**95%**	**79%**	Human resources Transport Financial resources Communication (Fax, Telephone) Computers Stationeries	**1. Outputs/Inputs +** **Basis:** **2.Timing +** **Basis:** **3.Practical use –** **Basis:**	Communication skills training Installation of E-mail Purchase of computers Purchase of photo copier Binding machine
OUTPUT 2 **Experience and health information among RHMT, CHMTs and other regions is adequately shared**	Rate of dissemination/sharing of health information and skills within RHMT, CHMTs and other regions is increased by the end of 2005	**2001**	**Once annualy External- 0 Resource centre- 0 No news letter**	**By the end of 2005**	**Internally 4 Externally 3 per annum One fully equipped resource centre 2 publications per annum**	**25%**	Human resources Financial resources	**1. Outputs/Inputs –** **Basis:** **2.Timing +** **Basis:** **3.Practical use +** **Basis:**	Establish resource centre Equip resource centre fully Implement visitations
OUTPUT 3 **Planning, implementation, monitoring and evaluation skills and knowledge of RHMT/CHMT are improved**	3-1. Number of improved evidence based plans is increased by the end of 2005			**By the end of 2005**				**1. Outputs/Inputs** **Basis:** **2.Timing** **Basis:** **3.Practical use** **Basis:**	
	3-2. Implementation rate of planned activities is improved by the end of 2005			**By the end of 2005**					

*Efficiency 1 : ++ Very high + High – Low – – Very low

*Efficiency 2 : ++ All inputs were procured in good timing + Most inputs were procured in good timing – Some inputs were procured in bad timing – – Most inputs were procured in bad timing

*Efficiency 3 : ++ All inputs are utilized fully + Most inputs are utilized fully – Some inputs are not utilized fully – – Most inputs are not utilized fully

Tanzania – Japan Morogoro Health Project 2001-2006

Evaluating "Efficiency" — Municipal CHMT

Date: 8 Nov. 2003

Narrative summary	Indicators for OUTPUTS	Baseline Indicator		Target Indicator		Achievement up to Oct. 2003 (%)	Inputs	Efficiency* 1.Outputs/ Inputs (productivity) 2.Timing of procurement of Inputs 3.Practical use of Inputs	Action to be taken
		When	Status with figure	By when	Status with figure				
OUTPUT 1 **Health Management Information System (HMIS) is improved.**	Rate of collecting, processing, processing and utilizing quality HMIS data on schedule/time is increased by the end of 2004	**2001**	**45%**	**By the end of 2004**	**90%**	**70%**	R/C Members Transport Training in Tanzania Operating costs	**1. Outputs/Inputs** + **Basis:** **2.Timing** + **Basis:** **3.Practical use** + **Basis:**	Training & retraining on HMIS Utilisation of data at source (HFC) Feedback (improve SS-Cascaides)
OUTPUT 2 **Experience and health information among RHMT, CHMTs and other regions is adequately shared**	Rate of dissemination/sharing of health information and skills within RHMT, CHMTs and other regions is increased by the end of 2005	**2001**	**40%**	**By the end of 2005**	**80%**	**65%**	R/C Members Japanese long-term experts-time Travel costs Training in Tanzania & Japan Operating costs	**1. Outputs/Inputs** + **Basis:** **2.Timing** + **Basis:** **3.Practical use** ++ **Basis:**	Follow up Inter-CHMT meeting News letter establishment
OUTPUT 3 **Planning, implementation, monitoring and evaluation skills and knowledge of RHMT/CHMT are improved**	3-1. Number of improved evidence based plans is increased by the end of 2005	**2001**	**50%**	**By the end of 2005**	**90%**	**70%**	R/C Members Health stakeholders Operating costs Release of allocated fund	**1. Outputs/Inputs** + **Basis:** **2.Timing** + **Basis:** **3.Practical use** + **Basis:**	Improve HMIS PP (Stakeholders Conf.) Implement SSS Release of allocated funds LGRP Reorganising of staffing levels CHSB
	3-2. Implementation rate of planned activities is improved by the end of 2005	**2001**	**50%**	**By the end of 2005**	**90%**	**70%**			

*Efficiency 1 : ++ Very high + High − Low −− Very low
*Efficiency 2 : ++ All inputs were procured in good timing + Most inputs were procured in good timing − Some inputs were procured in bad timing −− Most inputs were procured in bad timing
*Efficiency 3 : ++ All inputs are utilized fully + Most inputs are utilized fully − Some inputs are not utilized fully −− Most inputs are not utilized fully

Tanzania – Japan Morogoro Health Project 2001-2006

Evaluating "Efficiency"

Rural/Mvomero CHMT

Date: 8 Nov. 2003

Narrative summary	Indicators for OUTPUTS	Baseline Indicator		Target Indicator		Achievement up to Oct. 2003 (%)	Inputs	Efficiency* 1.Outputs/ Inputs (productivity) 2.Timing of procurement of Inputs 3.Practical use of Inputs	Action to be taken
		When	Status with figure	By when	Status with figure				
OUTPUT 1 **Health Management Information System (HMIS) is improved.**	Rate of collecting, processing, processing and utilizing quality HMIS data on schedule/time is increased by the end of 2004	**April. 2001**	**60%**	**By the end of 2004**	**90%**	**80%**	Personnel Transport Equipment/Supplies Funds	**1. Outputs/Inputs +** **Basis:** **2.Timing +** **Basis:** **3.Practical use +** **Basis:**	Provision of HMIS tools in time Encourage full utilisation of data processing tool, e.g. computers
OUTPUT 2 **Experience and health information among RHMT, CHMTs and other regions is adequately shared**	Rate of dissemination/sharing of health information and skills within RHMT, CHMTs and other regions is increased by the end of 2005	**2000**	**Once a year**	**By the end of 2005**	**Twice a year**	**Once**		**1. Outputs/Inputs** **Basis:** **2.Timing** **Basis:** **3.Practical use** **Basis:**	
OUTPUT 3 **Planning, implementation, monitoring and evaluation skills and knowledge of RHMT/CHMT are improved**	3-1. Number of improved evidence based plans is increased by the end of 2005			**By the end of 2005**				**1. Outputs/Inputs** **Basis:** **2.Timing** **Basis:** **3.Practical use** **Basis:**	
	3-2. Implementation rate of planned activities is improved by the end of 2005			**By the end of 2005**					

*Efficiency 1 : ++ Very high + High − Low −− Very low
*Efficiency 2 : ++ All inputs were procured in good timing + Most inputs were procured in good timing − Some inputs were procured in bad timing −− Most inputs were procured in bad timing
*Efficiency 3 : ++ All inputs are utilized fully + Most inputs are utilized fully − Some inputs are not utilized fully −− Most inputs are not utilized fully

Tanzania – Japan Morogoro Health Project 2001-2006

Evaluating "Efficiency"

Kilosa CHMT

Date: 8 Nov. 2003

Narrative summary	Indicators for OUTPUTS	Baseline Indicator		Target Indicator		Achievement up to Oct. 2003 (%)	Inputs	Efficiency* 1.Outputs/ Inputs (productivity) 2.Timing of procurement of Inputs 3.Practical use of Inputs	Action to be taken
		When	Status with figure	By when	Status with figure				
OUTPUT 1 **Health Management Information System (HMIS) is improved.**	Rate of collecting, processing, processing and utilizing quality HMIS data on schedule/time is increased by the end of 2004	**2002**	**40%**	**By the end of 2004**	**75%**	**60%**	Time Human resources Finance Equipment	**1. Outputs/Inputs** + **Basis:** **2.Timing** – **Basis:** **3.Practical use** + **Basis:**	Increase follow-up and on the job training 1.Outputs/ Inputs 2.Timing 3.Practical use
OUTPUT 2 **Experience and health information among RHMT, CHMTs and other regions is adequately shared**	Rate of dissemination/sharing of health information and skills within RHMT, CHMTs and other regions is increased by the end of 2005	**2002**	**10%**	**By the end of 2005**	**70%**	**45%**	Time Human resources Finance Equipment	**1. Outputs/Inputs** – **Basis:** **2.Timing** – **Basis:** **3.Practical use** + **Basis:**	Improve through supportive supervision Increase number of radio calls Exchange visits
OUTPUT 3 **Planning, implementation, monitoring and evaluation skills and knowledge of RHMT/CHMT are improved**	3-1. Number of improved evidence based plans is increased by the end of 2005	**2002**	**30%**	**By the end of 2005**	**85%**	**65%**	Time Human resources Finance Equipment	**1. Outputs/Inputs** + **Basis:** **2.Timing** + **Basis:** **3.Practical use** + **Basis:**	Improve data collection and use
	3-2. Implementation rate of planned activities is improved by the end of 2005	**2002**	**50%**	**By the end of 2005**	**90%**	**70%**			

*Efficiency 1 : ++ Very high + High – Low – – Very low
*Efficiency 2 : ++ All inputs were procured in good timing + Most inputs were procured in good timing – Some inputs were procured in bad timing – – Most inputs were procured in bad timing
*Efficiency 3 : ++ All inputs are utilized fully + Most inputs are utilized fully – Some inputs are not utilized fully – – Most inputs are not utilized fully

Tanzania – Japan Morogoro Health Project 2001-2006

Evaluating "Efficiency"

Kilombero CHMT

Date: 8 Nov. 2003

Narrative summary	Indicators for OUTPUTS	Baseline Indicator		Target Indicator		Achievement up to Oct. 2003 (%)	Inputs	Efficiency* 1.Outputs/ Inputs (productivity) 2.Timing of procurement of Inputs 3.Practical use of Inputs	Action to be taken
		When	Status with figure	By when	Status with figure				
OUTPUT 1 **Health Management Information System (HMIS) is improved.**	Rate of collecting, processing, processing and utilizing quality HMIS data on schedule/time is increased by the end of 2004	**2nd quarter, 2003**	**66%**	**By the end of 2004**	**91%**	**79%**	**Tanzania:** Human resources Time Finance Transport **Japan:** Human resources Time Equipment Training	**1. Outputs/Inputs +** **Basis:** **2.Timing +** **Basis:** **3.Practical use +** **Basis:**	To accomplish the remaining planned activities i.e. 1.3-1.9
OUTPUT 2 **Experience and health information among RHMT, CHMTs and other regions is adequately shared**	Rate of dissemination/sharing of health information and skills within RHMT, CHMTs and other regions is increased by the end of 2005	**2001**	**25%**	**By the end of 2005**		**50%**		**1. Outputs/Inputs** **Basis:** **2.Timing** **Basis:** **3.Practical use** **Basis:**	
OUTPUT 3 **Planning, implementation, monitoring and evaluation skills and knowledge of RHMT/CHMT are improved**	3-1. Number of improved evidence based plans is increased by the end of 2005			**By the end of 2005**				**1. Outputs/Inputs** **Basis:** **2.Timing** **Basis:** **3.Practical use** **Basis:**	
	3-2. Implementation rate of planned activities is improved by the end of 2005			**By the end of 2005**					

*Efficiency 1 : ++ Very high + High – Low – – Very low

*Efficiency 2 : ++ All inputs were procured in good timing + Most inputs were procured in good timing – Some inputs were procured in bad timing – – Most inputs were procured in bad timing

*Efficiency 3 : ++ All inputs are utilized fully + Most inputs are utilized fully – Some inputs are not utilized fully – – Most inputs are not utilized fully

Tanzania – Japan Morogoro Health Project 2001-2006

Evaluating "Efficiency" — Ulanga CHMT — Date: 8 Nov. 2003

Narrative summary	Indicators for OUTPUTS	Baseline Indicator		Target Indicator		Achievement up to Oct. 2003 (%)	Inputs	Efficiency* 1.Outputs/ Inputs (productivity) 2.Timing of procurement of Inputs 3.Practical use of Inputs	Action to be taken
		When	Status with figure	By when	Status with figure				
OUTPUT 1 **Health Management Information System (HMIS) is improved.**	Rate of collecting, processing, processing and utilizing quality HMIS data on schedule/time is increased by the end of 2004	**Jan. 2002**	**70%**	**By the end of 2004**	**95%**	**75%**	CHMTs/ RHMT CSPD MHP IHRDC Funds Transport	**1. Outputs/Inputs** ++ **Basis:** **2.Timing** + **Basis:** **3.Practical use** ++ **Basis:**	To advise early provision of Inputs.
OUTPUT 2 **Experience and health information among RHMT, CHMTs and other regions is adequately shared**	Rate of dissemination/sharing of health information and skills within RHMT, CHMTs and other regions is increased by the end of 2005	**2002**	**40%**	**By the end of 2005**	**70%**	**50%**	CHMTs/ RHMT CSPD TEHIP MHP Funds Transport	**1. Outputs/Inputs** – **Basis:** **2.Timing** – **Basis:** **3.Practical use** + **Basis:**	1. Regular schedule meeting 2. Early reporting 3. Visit to other regions
OUTPUT 3 **Planning, implementation, monitoring and evaluation skills and knowledge of RHMT/CHMT are improved**	3-1. Number of improved evidence based plans is increased by the end of 2005	**2001**	**40%**	**By the end of 2005**	**95%**	**75%**	CHMTs/ RHMT TEHIP Funds Transport	**1. Outputs/Inputs** +/+ **Basis:** **2.Timing** –/+ **Basis:** **3.Practical use** ++/+ **Basis:**	Early provision of Inputs. Collaboration with other sectors, e.g. Public works
	3-2. Implementation rate of planned activities is improved by the end of 2005	**2001**	**60%**	**By the end of 2005**	**90%**	**80%**			

*Efficiency 1 : ++ Very high + High – Low – – Very low
*Efficiency 2 : ++ All inputs were procured in good timing + Most inputs were procured in good timing – Some inputs were procured in bad timing – – Most inputs were procured in bad timing
*Efficiency 3 : ++ All inputs are utilized fully + Most inputs are utilized fully – Some inputs are not utilized fully – – Most inputs are not utilized fully

(3) Effectiveness

In the workshop, project effectiveness has been evaluated by using "Effectiveness Chart", which was originally designed for a purpose of the mid-term evaluation of Morogoro Health Project.

Basic concept here is that each health management team should analyze their comprehensive health management capacity according to the project purpose in PDM Version 4. Here, the results from "Comprehensive Health Management Capacity Workshops", which were conducted in March – May 2003, have been applied and utilized to evaluate the project effectiveness.

The indicators are also transferred from the Hexagon-Spider-Web-Diagram (HSWD), which was determined in the "Comprehensive Health Management Capacity Workshops" by assessing independent managerial capacities according to the local demands and needs. In this workshop, only top two priorities in each management capacity are applied and analyzed by the team efforts of discussion.

Each rating on HSWD should be assessed by steps of retrospective baseline at the period before the project implementation, current status (due to the correspondent workshop, March-May 2003) and target achievement (March 2006) respectively.

The most important analysis is that each management team should assess their capacity building by strategic utilizations of related resources not only from Morogoro Health Project but also from other relevant agencies or by own efforts. Here, the project effectiveness can be assessed independently and respectively to take strategic actions by taking care of any available resources and by reaching their objectives effectively.

The results from the joint evaluation workshop are shown in next pages.

Morogoro Health Project

Project effectiveness

RHMT,

CHMTs (Municipal, Rural, Kilosa, Kilombero, Ulanga)

The project effectiveness has been evaluated independently and respectively by all health management teams.

The Hexagon-Spider-Web-Diagrams from "Comprehensive Health management Workshops, March-May 2003" are applied for the analysis retrospectively and prospectively.

The target achievement can be different by corresponding to the local demands and objectives in each health management team.

A part of [ ] indicates the analysis of project effectiveness, although a part of [ ] shows incomplete blanks during the workshop.

This "Effectiveness Chart" is quite useful and applicable to evaluate detailed project effectiveness according to strategic utilizations on available and possible local resources.

Tanzania – Japan Morogoro Health Project 2001-2006

"Effectiveness" from Hexagon-Spider-Web-Diagram **Morogoro RHMT** Date: 9 Nov. 2003

Area of Managerial Capacity	Priority	The First and Second Priority	Score in your team			Output (No.) related to this capacity	Activities (No.) related to this capacity	Additional action to be taken	Strategy to improve capacity with relevant resources				Related Important Assumptions
			Apr. 2001	Mar. 2003	Target by Mar. 2006				Own resources	With MHP	With other supporting agencies	Others	
Schedule Management	1	To spend time efficiently and effectively by planning ahead together.	2.0	**2.4**	5.0	2, 3	2-9, 3-1, 3-3	Training on time mgt. Procure hand sets, radio calls/phones		✓		TEHIP	External support continues
	2	To satisfy the need for the training of Planned Management.	1.0	**1.2**	5.0	3	3-1, 3-2	Provision of lap top computers	✓	✓	✓		
Knowledge Management	1	To promote computer skills for accurate data collection, easy data access, data storage and data delivery at all levels.	0.6	**1.0**	5.0	1	1-2, 1-3	Future training on computer skills		✓			Existence of MHP
	2	To exchange experience and information for feedback to the community.	2.0	**3.6**	5.0	2	2-1~2-4	Ensure establishment of resource centres		✓			Donor support continues
Human Resources Management	1	To prepare job description and improve work environment in order to promote self motivation.	3.0	**3.4**	5.0	1, 3	1-4, 3-1	Training & retraining on HMIS		✓			No transfers
	2	To ensure updating inventory and sufficient delivery / logistics for storage in health facilities	2.0	**2.2**	5.0	1	1-3, 1-5	Training on materials management		✓			Deployment of quality staff
Financial Management	1	To ensure effective, clear, transparent and skilled budgeting / financing to promote financial accountability to the public.	1.0	**2.2**	5.0	3	3-1, 3-5	Training and provision of reference materials		✓			Availability of funds
	2	To activate financial resource mobilization and income generation by promoting partnerships and cost-sharing scheme.	2.0	**3.0**	5.0	2, 3	2-4, 2-5, 3-1	Enhance study visit		✓			Donor support continues
Coordination Management	1	To show clear purposes and common goals among team members and other colleagues.	2.5	**4.2**	5.0	2	2-3~2-5						
	2	To integrate for effective teamwork by sharing information and experience.	3.0	**4.4**	5.0	2	2-3~2-5						
Project Management	1	To promote training for project formulation, proposal writing, monitoring & evaluation skills and project financial management.	0	**0.8**	5.0								
	2	To promote evidence-based health project planning and policy making by clear understanding of specific objectives.	1.0	**2.0**	5.0								

"Effectiveness" from Hexagon-Spider-Web-Diagram **Morogoro Municipal CHMT** **Date: 9 Nov. 2003**

Area of Managerial Capacity	Priority	The First and Second Priority	Score in your team			Output (No.) related to this capacity	Activities (No.) related to this capacity	Additional action to be taken	Strategy to improve capacity with relevant resources				Related Important Assumptions
			Apr. 2001	Mar. 2003	Target by Mar. 2006				Own resources	With MHP	With other supporting agencies	Others	
Schedule management	1	To control schedule and share information by planning ahead continuously.	1.5	**4.2**	4.5	1	1-4		✓	✓			Condition of human resources at all levles will not worsen.
	2	To make effective and efficient time management to take proper actions.	2.0	**3.5**	4.6	1	1-5		✓				Coordination among vertical programs will not worsen.
Knowledge management	1	Data collection, processing and storage by improving computer skills.	1.0	**1.8**	4.5				✓	✓			
	2	To maximize knowledge utilization by improving work environment and performance tools.	2.0	**2.8**	4.6				✓	✓			
Human Resources Management	1	To fill gaps among health personnel, skills and qualifications as required establishment.	1.5	**1.7**	2.0							MOH	1. Other donors to support the health sector. 2. Appropriate HMIS tools are available. 3. Present health policy remains unchanged.
	2	To assure equal opportunity for professional training and continuing education.	2.5	**3.5**	4.4				✓				1. Political support at all levels is available. 2. Other developing partners continue supporting R/CHMTs. 3. Trained R/C continue to work. 4. Political climate remains stable.
Financial Management	1	To budget by the people through cost-effectiveness and the guidance of Health Sector Reform agenda.	2.0	**3.3**	4.5				✓				
	2	To improve financial resource mobilization.	2.8	**3.2**	4.5				✓	✓			
Coordination Management	1	To take leadership to show the same direction and clear goals.	3.5	**4.3**	4.5				✓				
	2	To promote teamwork at all management levels	3.8	**4.2**	4.5								
Project Management	1	To improve evidence-based health project planning to meet the community demands through cost-effective analysis.	2.5	**3.2**	4.5				✓	✓			1. Sufficient financial resources for monitoring visit are available. 2. R/CHMTS can spend their timr adequately for the implementation of the project.
	2	To improve transparent and effective implementation and progress monitoring by involving the community.	2.9	**3.3**	4.5				✓	✓			

Tanzania – Japan Morogoro Health Project 2001-2006

"Effectiveness" from Hexagon-Spider-Web-Diagram **Morogoro Rural/Mvomero CHMT**

Date: 9, Nov. 2003

Area of Managerial Capacity	Priority	The First and Second Priority	Score in your team			Output (No.) related to this capacity	Activities (No.) related to this capacity	Additional action to be taken	Strategy to improve capacity with relevant resources				Related Important Assumptions
			Apr. 2001	Mar. 2003	Target by Mar. 2006				Own resources	With MHP	With other supporting agencies	Others	
Schedule Management	1	To organize regular CHMT meeting to promote efficient planned activities.	3.3	**4.2**	4.5	2, 3	2-5, 2-9, 3-1		✓	✓			1. Trained CHMT continued to work. 2. resent health policy remain unchanged.
	2	To manage daily activities efficiently by helping each other on the job and conducive workplace	2.9	**3.5**	4.5	1, 2, 3	1-1, 1-3, 1-6, 1-7, 2-8, 3-3	Extensive supportive supervision, Conducive working place	✓	✓	MOH	World vision Tanzania	Other developing partners continue supporting CHMT.
Knowledge Management	1	To improve data collection, processing, storage and feedback by database management on computer skills.	1.6	**1.6**	4.5	1	1-1~1-5	Train CHMT members on data base	✓	✓	MOH	DSS, UMOST	Appropriate HMIS tools are available.
	2	To promote full-use of information sources including HMIS, research findings and any other data sources.	2.0	**2.5**	4.5	1,2, 3	2-1, 2-2, 2-4, 2-6, 2-7, 2-9, 3-2	To promote power point projector to assist dissemination of information	✓	✓	MOH, L.G	DSS	Other donors will continue to support the health sector.
Human Resources Management	1	To show clear understanding or objectives, roles and responsibilities to all health workers.	2.0	**3.9**	4.5	1, 2	1-4, 1-5, 2-1, 2-2, 2-4, 2-5, 2-7, 2-10		✓	✓	MOH, L.G	NGOs	Human resources will not worsen.
	2	To improve needs assessment and resource allocation for inventory management and effective logistics.	1.5	**2.6**	4.5	3	3-1, 3-3, 3-4, 3-6	Train CHMT/frontline health workers on stores management.	✓				Sufficient financial resources for maintain visit.
Financial Management	1	To improve transparent and clear budgeting and financial mobilization according to the priority in the burden of diseases in CCHP.	3.7	**3.7**	4.5	3	3-1	Identify accountants specific for health department	✓	✓			Sufficient financial resources and human resources will be available.
	2	To promote cost-effectiveness analysis and financial performance monitoring to assure sustainable budgeting and financing.	2.9	**2.9**	4.5	3	3-1, 3-3						
Coordination Management	1	To build relationships between other stakeholders, sectors and the public for achieve betterment of district health services.		**4.2**	4.5								
	2	To promote teamwork spirits to ensure efficient workload and influence subordinate colleagues.		**4.2**	4.5								
Project Management	1	To promote evidence-based health planning by making use of any information of HMIS, research evidences and results from situational analysis.		**3.9**									
	2	To promote community participation and commitment for ensuring sustainable health projects and programs.		**3.4**									

"Effectiveness" from Hexagon-Spider-Web-Diagram **Kilosa CHMT**

Date: 9 Nov. 2003

Area of Managerial Capacity	Priority	The First and Second Priority	Score in your team			Output (No.) related to this capacity	Activities (No.) related to this capacity	Additional action to be taken	Strategy to improve capacity with relevant resources				Related Important Assumptions
			Apr. 2001	Mar. 2003	Target by Mar. 2006				Own resources	With MHP	With other supporting agencies	Others	
Schedule Management	1	We can manage schedule information by planning ahead together.	2.0	**2.9**	4.5	2	2-7, 2-9						
	2	To organized time management and daily activities efficiently and effectively.	2.8	**3.5**	4.5	2	2-10, 2-11						
Knowledge Management	1	To improve competence for data accuracy, processing and storage by computer skill.	0.5	**1.5**	4.5	1	1-1, 1-2, 1-3						
	2	To improve effective utilization for HMIS and other information resources.	3.0	**3.0**	4.5	1	1-4~1-9						
Human Resources Management	1	To recruit qualified and new killed workers to strengthen the management team.	1.0	**1.8**	4.5								
	2	To promote resource mobilization and integration at all levels.	2.0	**2.6**	4.5	3	3-1, 3-3, 3-4						
Financial Management	1	To promote effective budget allocation according to the priority.	2.5	**2.9**	4.5	3	3-1, 3-3~3-5						
	2	To promote transparent financial mobilization to improve accountability and prevent corruption.	3.0	**2.9**	4.5								
Coordination Management	1	To promote effective teamwork and stability at all levels.	3.2	**3.4**	4.5	2	2-1, 2-2, 2-4, 2-5						
	2	To promote relationships between leaders and subordinates by sharing clear objectives and common goals.	2.8	**3.5**	4.5	1	1-4, 1-5, 1-9						
Project Management	1	To promote evidence-based health planning though community involvement to assure real community demands and public accountability.	3.0	**3.4**	4.5	3	3.1~3-6						
	2	To promote progress monitoring and effective evaluation for planned activities.	2.0	**2.3**	4.5	3	3-1, 3-3, 3-4						

"Effectiveness" from Hexagon-Spider-Web-Diagram **Kilombero CHMT** **Date: 9 Nov. 2003**

Area of Managerial Capacity	Priority	The First and Second Priority	Score in your team			Output (No.) related to this capacity	Activities (No.) related to this capacity	Additional action to be taken	Strategy to improve capacity with relevant resources				Related Important Assumptions
			Apr. 2001	Mar. 2003	Target by Mar. 2006				Own resources	With MHP	With other supporting agencies	Others	
Schedule Management	1	To coordinate partners to take proper action and implementation according action plan to reduce instant schedule changes.	3.4	**3.6**	4.5	3	3-4		✓				All partners will attend meetings.
	2	To activate regular meetings and utilize them to share schedule tasks and information to plan / notice ahead together.	4.0	**4.3**	5.0	2	2-5	Establish timetable for meetings	✓				
Knowledge Management	1	To improve computer skills and to assure availability for computer utilization.	1.6	**2.2**	3.0	1	1-1, 1-2	Relevant computer programme skills to be taught	✓	✓			
	2	To improve data accuracy, analysis and organization to promote easy and timely accessibility	1.2	**2.8**	3.5	1	1-3, 1-4, 1-5	Refresher training for health workers on HMIS	✓		Basket fund		
Human Resources Management	1	To show clear understanding of roles, responsibility and functions to colleagues at all levels.	4.0	**4.0**	5.0	3			✓				
	2	To promote sufficient recruitment for qualified staffs and ensure equal opportunity for continuing education and training.	2.0	**2.0**	2.8	3	3-1	Make follow up to DED on requested staff	✓				Required staff will apply.
Financial Management	1	To promote effective budgeting according to priority.	4.0	**4.0**	4.8	3	3-1, 3-3, 3-4,		✓		Basket fund	TEHIP, RHMT	
	2	To assure clear and proper financing to promote transparency and accountability to all workers and public people.	3.5	**4.0**	4.5	3							
Coordination Management	1	To take leadership and initiative by showing a common direction, clear goal and transparent responsibility.	3.0	**3.6**	4.5	3							
	2	To promote teamwork for corporate planning and sharing experiences and tasks.	3.5	**3.7**	5.0	3							
Project Management	1	To respond to the real community demands by promoting community involvement and participation.	4.2	**4.7**	4.9	3							
	2	To improve evidence-based health planning and performance monitoring with proper documentations.	3.0	**3.6**	4.5	3							

Tanzania – Japan Morogoro Health Project 2001-2006

"Effectiveness" from Hexagon-Spider-Web-Diagram **Ulanga CHMT** **Date: 9 Nov. 2003**

Area of Managerial Capacity	Priority	The First and Second Priority	Score in your team			Output (No.) related to this capacity	Activities (No.) related to this capacity	Additional action to be taken	Strategy to improve capacity with relevant resources				Related Important Assumptions
			Apr. 2001	Mar. 2003	Target by Mar. 2006				Own resources	With MHP	With other supporting agencies	Others	
Schedule Management	1	To improve skills for time management and to take actions according to the planned schedule.	2.5	**3.7**	4.5	2, 3	2-1, 2-9		✓	✓		RHMT	Stakeholders willingness to support
	2	To share and help each other about any scheduled tasks.	2.7	**3.3**	4.5	2	2-5		✓	✓		RHMT	All reforms (HSR, LGR) are implemented harmoniously.
Knowledge Management	1	To develop accurate data collection, processing and storage.	2.0	**3.0**	4.5	1	1-3		✓	✓	UNICEF, IHRDC		
	2	To improve competence for data resource management by computer skills.	1.9	**2.1**	4.5	1	1-2		✓	✓			
Human Resources Management	1	To fulfill job gaps with on the job training and continuing education.	1.8	**2.3**	3.5	3	3-1, 3-2		✓	✓		MOH	Staff willingness to work in the district
	2	To improve material / transport logistics to assure job performances.	1.6	**2.2**	4.5	3	3-1		✓	✓	WHO	MOH	
Financial Management	1	To allocate proper budgeting and financing according to community needs and their priorities.	2.5	**3.9**	4.5	3	3-1		✓	✓	Irish, UNICEF, TEHIP, WHO	MOH	
	2	To mobilize stakeholders for financial resource partnerships.	2.0	**2.8**	4.5	3	3-4		✓	✓	Irish, UNICEF, TEHIP, WHO	MOH	
Coordination Management	1	To cerate teamwork spirits by initiating clear goals and sharing transparent experiences among team members.	2.7	**3.7**	4.5	2	2-1, 2-4, 2-5		✓	✓	TEHIP	MOH	
	2	To maintain flexibility for initial rearrangements to follow up new surrounding environment.	2.9	**3.1**	4.5	3	3-1, 3-2, 3-6		✓	✓		MOH	
Project Management	1	To ensure flexible health interventions by addressing real community demands to sensitize project ownership.	2.0	**3.3**	4.5	3	3-3, 3-6		✓	✓		MOH	
	2	To promote evidence-based health planning and implementation by utilizing research findings followed by cost-effectiveness analysis.	1.8	**2.1**	4.5	3	3-1, 3-2, 3-6		✓	✓		MOH	

6. Conclusion

The Joint Evaluation Workshop for the mid-term period of Tanzania-Japan Morogoro Health Project has been carried out successfully by the efforts of all members of health management teams in Morogoro region and JICA mid-term evaluation team.

In fact, the workshop was very intensive and strenuous to exchange ideas and experiences by demanding obstacles and expectations among team members. The Project would highly appreciate hearty cooperation with Tanzanian counterparts and the JICA mid-term evaluation team to yield several excellent outcomes such as "PDM Version 4", "Efficiency Chart" and "Effectiveness Chart".

There are several comments on the Joint Evaluation Workshop by the JICA mid-term evaluation team as shown below.

1. The team would greatly appreciate all kind of efforts from members of RHMT/CHMTs in Morogoro region. Moreover, the team was glad to be a witness that the workshop has been initiated and led by devoted contributions from all participants. Discussions and deliberations both in plenary and group discussions were quite energetic and productive to achieve several important outcomes for the project evaluation. This was an exceptional but excellent occasion, which the team has expected before.

2. The PDM Version 4 was very concise and compatible to the current situation for the project progress. It can be a final form or needed slight modifications in the near future, however newly determined indicators were much more practical and applicable than the former version.

3. Although all the evaluation factors such as relevance, efficiency, effectiveness, impact and sustainability could not be evaluated during this time constraint, the outcomes on efficiency and effectiveness charts derived from group discussions were precious that the project would reflect its future plans and activities according to respective achievements in the health management teams.

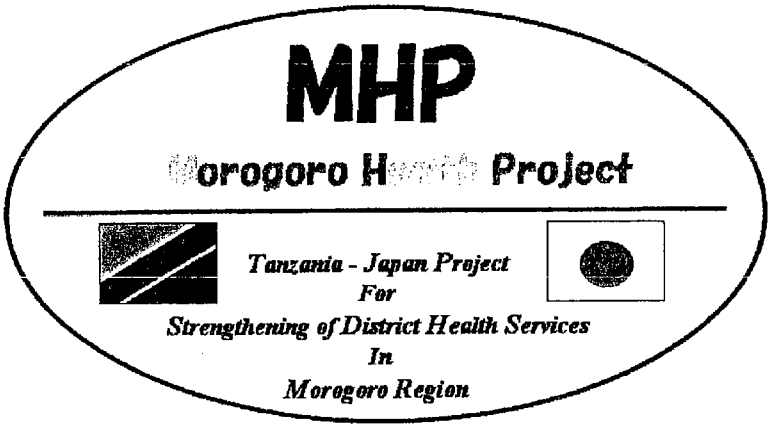
4. During the group discussion, the team recognized that the teamwork spirit has been highly attained by each management team. Such basic management capacity would yield more sustainable capacity building for the team as well as the individual in future.

Joint Evaluation Workshop

5. If possible, each health management team as well as the Project should strive to consider much about more practical and strategic action plans to achieve better outcomes on the project objectives.

6. After the team arrived in Japan, all the collected data would be organized and analyzed in the review process of the project evaluation. The final evaluation report including independent interviews, questionnaire and joint evaluation workshop will be available in the near future and will be feedback to all the health management teams as soon as possible.

This is the end of a report on the Joint Evaluation Workshop of Morogoro Health Project



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