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1. ミニッツ及び合同評価報告書

(ANNEXES : Implementation of Inputs, Achievement of the Plan, Questionnaire to the Counterparts, Participants at the Each Workshop)

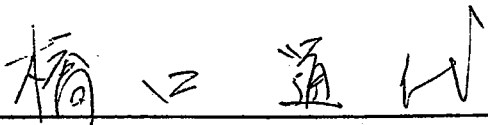
MINUTES OF MEETING
BETWEEN THE JAPANESE EVALUATION TEAM
AND
THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE UNITED REPUBLIC OF TANZANIA
ON THE JAPANESE TECHNICAL COOPERATION
FOR THE FOLLOW-UP PROGRAMME OF
THE MATERNAL AND CHILD HEALTH SERVICES PROJECT

The Japanese Evaluation Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Ms. Michiyo Hashiguchi visited the United Republic of Tanzania from July 27 to August 9, 2001 in order to evaluate the implementation and achievements of the Follow-up Programme of the Maternal and Child Health Services Project (hereinafter referred to as "the Project"), based on the Record of Discussions signed on October 19, 1999.

During its stay in the United Republic of Tanzania, the Team held a series of discussions and observations, and exchanged views with the authorities concerned of the government of the United Republic of Tanzania.

As a result of the discussions, both parties agreed upon the matters referred to in the document attached hereto.

Dar es Salaam, August 9, 2001



Ms. Michiyo Hashiguchi
Leader, Japanese Evaluation Team
Japan International Cooperation Agency
Japan



Dr. G.L. Upunda
Chief Medical Officer
Ministry of Health
The United Republic of Tanzania

JOINT EVALUATION REPORT
ON
THE JAPANESE TECHNICAL COOPERATION
FOR
THE FOLLOW-UP PROGRAMME OF
THE MATERNAL AND CHILD HEALTH SERVICES PROJECT

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)
JAPAN

MINISTRY OF HEALTH
THE UNITED REPUBLIC OF TANZANIA

AUGUST 9, 2001

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1. INTRODUCTION

1-1. The Evaluation Team

The Japanese Evaluation Team organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA"), headed by Ms. Michiyo Hashiguchi, visited the United Republic of Tanzania from July 27 to August 9, 2001 for the purpose of the joint final evaluation on the Japanese technical cooperation for the Follow-up Programme of the Maternal and Child Health Services (hereinafter referred to as "the Project"), which is scheduled to terminate on November 30, 2001, according to the Record of Discussions (hereinafter referred to as "R/D") signed on October 19, 1999.

To jointly evaluate, the Joint Evaluation Team was organized, which consists of two Tanzanian members from Ministry of Health (MOH) and the Japanese Team. Members of the Joint Evaluation Team are as follows.

Mrs. R. Ndono	Senior Nursing Officer, Preventive Health Service, MOH
Mr. V. Y. Mgaya	Principal Lab Technician, Department of Hospital Services, MOH
Ms. M. Hashiguchi	Director, Medical Cooperation Dept., JICA: Team Leader
Prof. Y. Komada, MD., Ph.D.	Chairperson of Paediatric Dept., Mie University, Japan
Prof. Y. Chinzei, Ph.D.	Chairperson of Medical Zoology Dept., Mie University, Japan
Ms. R. Sakamoto	Medical Cooperation Dept., JICA
Ms. M. Komazawa	Consultant

1-2. Methodology of Evaluation

The Project was evaluated by the Joint Evaluation Team using the Project Cycle Management (PCM) method. The team examined the Project Design Matrix for evaluation (PDMe), which was made by the team. PDMe is a summary table of the overall description of the Project, its objectives and objectively verifiable indicators for monitoring.

The team examined the achievement of the Project in terms of its objectives, outputs, activities and inputs stated in the PDMe. Then, the evaluation was conducted based on five criteria, namely Efficiency, Effectiveness, Impact, Relevance and Sustainability, the descriptions of which are stated below.

1-3. Five Criteria of Evaluation

The evaluation was conducted based on the following five criteria, which are the major points of consideration when assessing JICA-supported development projects.

- 1) Efficiency: The efficiency is the measure for assessing the productivity of the implementation process: how efficiently the various inputs are converted into outputs.
- 2) Effectiveness: The effectiveness is concerned with the extent to which the project purpose has been achieved, or is expected to be achieved, in relation to the outputs produced by a project.
- 3) Impact: The impact is intended or unintended, direct or indirect, positive or negative changes that occur as a result of a project.

- 4) Relevance: The relevance is the measure for determining whether the outputs, the project purpose and the overall goal are still in keeping with the priority needs and concerns at the time of evaluation.
- 5) Sustainability: The sustainability is the measure for determining whether or not the project benefits are likely to continue after the completion of the Project.

1-4. Sources of Information Used for Evaluation

The following sources of information were used for this evaluation study.

- The Record of Discussions (R/D) signed on October 19, 1999
- Records of inputs, outputs and activities of the Project
- Information obtained through interviews and questionnaires (Counterpart survey)
- Results of the three evaluation workshops

2. BACKGROUND AND SUMMARY OF THE PROJECT

2-1. Brief Background of the Project

In the United Republic of Tanzania, maternal and child morbidity and mortality are still serious problems despite such efforts as expansion of vaccination coverage and health education for pregnant women. This is caused by a shortage of medical facilities and equipment, as well as medical and health workers. These problems led to the necessity to improve maternal and child health services through the rehabilitation of medical and health facilities, and human resource development.

Furthermore, the Government of Tanzania is attempting to eradicate poliomyelitis in accordance with the aim adopted at the 41st World Health Organization (WHO) general assembly in 1988. However, capabilities in virological diagnosis of poliovirus were limited due to lack of virology laboratories, and stool specimen from AFP patients had been sent to neighboring countries, such as Kenya and Zambia, for isolation and identification of virus.

Based on the situation mentioned above, the Government of Tanzania requested the Government of Japan to implement the technical cooperation project to improve the maternal and child health services in Tanzania. The requested project set out the following three objectives.

- 1) To improve maternal and child health services in Tanga and Korogwe,
- 2) To strengthen virological diagnostic capabilities of EPI diseases (especially poliomyelitis) at the Microbiology Department of Muhimbili Medical Center (MMC), and
- 3) To improve the maternal and child health services at the Paediatric Department of MMC

In order to achieve these objectives, "The Maternal and Child Health Services Project in Tanzania" was launched on December 1, 1994. The period of cooperation was five years from 1994 to 1999.

In June 1999 the evaluation study was conducted for the five-year project period. Based on the Joint Evaluation Report on the Maternal and Child Health Services Project signed on June 21, 1999, it was decided to implement the Follow-up Programme of the Maternal and Child Health Services for two years.

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2-2. Duration of Technical Cooperation for the Follow-up Programme

Two years from December 1, 1999 to November 30, 2001

2-3. Objectives and Outputs of the Project

The initially expected outputs of the Project stated in the Master Plan of R/D were as follows:

- (1)-1 Capabilities of TBAs in the pilot areas are improved,
- (1)-2 Referral system of high-risk pregnancy is established in the pilot areas,
- (1)-3 Revolving system of TBA's services is applied throughout the pilot areas,
- (2)-1 Polio virus isolation and identification are improved,
- (2)-2 Equipment installed in Virological Laboratory is well maintained,
- (3)-1 Concept of "Laboratory Based Medicine" is further understood by doctors, nurses and laboratory technicians,
- (3)-2 Collaboration of medical personnel is improved,
- (3)-3 Revenue from cost sharing scheme at Paediatric Laboratory is increased.
- (3)-4 Paediatric Laboratory is efficiently managed by the Tanzanian personnel.

Based on the Master Plan above, PDMe for Tanga, Microbiology and Paediatrics shown in ANNEX 1 are prepared respectively.

2-4. Implementing Agencies

Ministry of Health (MOH)
Regional Health Administration in Tanga Region
Muhimbili Medical Center (MMC)

3. ACHIEVEMENT OF THE PLAN

Since the Project has three components, three evaluation workshops were held separately (ANNEX 5). Throughout the workshops, the Joint Evaluation Team assessed the Inputs and Achievement of The Plan.

3-1. Inputs

Details are shown in ANNEX 2.

1) Tanga

One long-term Japanese expert in the field of public health and one short-term expert who looked after revolving system of TBAs Kit were assigned. Total amount of equipment is Tsh.8,251,050 (JPY1,134,945). One counterpart (C/P) is scheduled to go to Japan for training. Total allocation of expenses born by Japan on Local activities is Tsh.43,169,172 (JPY5,959,923). Six C/Ps were assigned during the follow-up period.

2) Microbiology

One short-term Japanese expert in the field of microbiology was assigned. Four C/Ps were assigned.

3) Paediatrics

A chief advisor / paediatrics and a coordinator were assigned as long-term expert and five short-

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term experts in the fields of nursing management, hospital administration, and paediatrics were assigned. Two C/Ps were trained in Japan. One C/P is scheduled to be trained in Japan by the end of the Project. Total amount of machinery and equipment is Tsh.27,154,775 (JPY3,735,182). Total allocation of expenses by Japan on local activities is Tsh.106,915,116 (JPY14,760,669). Six C/Ps were assigned.

3-2. Activities

In each workshop, details of activities, difficulties encountered and efforts to solve them were self-reviewed by C/Ps. Details are shown in ANNEX 3.

3-3. Outputs

The outputs of the Project were assessed using indicators mentioned in PDMe. The results of assessment are as follows. Detail data are shown in ANNEX 6.

1) Tanga

Numbers of trained Traditional Birth Attendant (TBAs) are 112 in Pongwe division and 114 in Magoma division. However, 23 TBAs (21%) in Pongwe and 3 in Magoma (3%) already dropped out. At present, there are 89 active TBAs in Pongwe and 111 in Magoma. These active TBAs record each delivery in Delivery Register Books and report the supervisors at dispensary/health center monthly.

2) Microbiology

60% and 78% test results was obtained from the laboratory within 28 days in 2000 and 2001 respectively. Although collected Acute Flaccid Paralysis (AFP) stools specimens is very limited, percentage of Non-polio eutero virus isolation out of test samples is 14.4%, which is above the standard (5%) set by WHO.

3) Paediatrics

With the support of the Japanese paediatricians at the beginning of the initial phase of the Project, manuals for lab-data interpretation were published. They are well utilized by doctors, nurses, technicians, students, both in and out of MMC. There are several On the Job Training (OJT) opportunities, such as ward round, grand round, and journal club to promote further understanding of 'Laboratory Based Medicine.'

3-4. Project Purpose

1) Tanga

The Project purpose 'Mother and Child Health (MCH) services through the TBA activities in pilot areas (Pongwe and Magoma) are improved' has already been achieved. See detail data in 4-2 Effectiveness section.

2) Microbiology

The Project purpose 'Virological diagnostic capabilities of Expanded Programme on Immunization (EPI) diseases at MMC are strengthened' has been achieved in some particular tests.

3) Paediatrics

The Project purpose 'Laboratory Based Medicine by utilizing accurate lab-data for diagnosis is established.' has been achieved. However, degree of utilizing the results for diagnosis and treatment

varies by each medical staff.

4. EVALUATION BY FIVE CRITERIA

Throughout the evaluation workshops, the Joint Evaluation Team evaluated the Project using the five criteria and the following assessments were made.

4-1. Efficiency

1) Tanga

Overall

-Main focus during the follow-up period in Tanga are to educate trainers through Training of Trainers (TOT) in order to strengthen sustainability and to increase the number of high- risk cases to be referred.

-Long distance from the Project office at MMC in Dar es Salaam caused inconvenience in communication and management of logistic matters. Moreover, it was difficult to manage this situation by one Japanese expert.

Japanese Side

According to the C/P survey for the evaluation (see ANNEX 4), the following findings can be extracted.

-Input of Japanese long-term experts was satisfactory in terms of specialties and abilities to teach/coordinate/communicate.

-Input of equipment was also satisfactory in terms of selection and quantity.

-Acceptance of training in Japan is not satisfactory in terms of number of trainees and length.

Tanzanian Side

According to the C/P survey;

-Input of C/P was not satisfactory in terms of aptitude,

-Expected future budget through the local government is significantly low.

According to the Japanese expert;

-Generally severe shortage of local government budget caused delay in achieving the Project outputs.

Others

-A member of Japanese Overseas Cooperation Volunteers (JOCV) in Tanga is supporting Village Health Workers (VHWs), which means the programme that was established in the initial stage of MCH project continues.

2) Microbiology

Overall

-Main focus during the follow-up period at the Microbiology Department is to strengthen the technique of isolation/identification of Poliovirus and to meet the standard for WHO accredited laboratory.

Japanese Side

According to the C/P survey;

-Input of Japanese short-term expert was quite satisfactory with his specialties,

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-Input of equipment in terms of kinds and quantity was mostly satisfactory. However, timing of input was delayed. The C/P explained that this might have been caused by the delay of setting up the laboratory.

Tanzanian Side

-Input of Tanzanian C/Ps was evaluated very high in terms of aptitude and timing but not in number.

-Personnel education cost for Tanzanian C/Ps was not satisfactory. They felt that they need more education/trainings on general virology.

3) Paediatrics

Overall

Main focus during the follow-up period at the Paediatric Department is to strengthen 'Laboratory Based Medicine and improve the management function of the Specialized Paediatric Laboratory (SPL).'

-Overall, the laboratory has been well equipped during the seven-year project period. However, cost for maintaining and updating equipment burdens Tanzanian side.

-Regarding the timing of dispatches of Japanese experts, it may be ideal to put paediatricians now that the SPL is well functioning.

Japanese Side

According to the C/P survey, the following findings are made;

-Input of Japanese long-term experts was satisfactory in terms of numbers, ability to coordinate / communicate. Input of Japanese short-term experts was satisfactory in terms of numbers and communication abilities,

-Input of equipment was not satisfactory in terms of quantity,

-Acceptance of training in Japan is not satisfactory in terms of number of trainees.

Tanzanian Side

According to the C/P survey, the following findings are made;

-Input of C/P is not highly satisfactory in terms of personnel cost, activity cost and expected future budget.

According to the Japanese expert;

-Allocation of an administrator was delayed. He was assigned in December 2000 and fully started working in May 2001 after his training in Japan. This caused delay in smooth transfer of management techniques from Japanese expert to the administrator.

4-2. Effectiveness

1) Tanga

The Project purpose 'MCH services through the TBA activities in pilot areas (Pongwe, Magoma) are improved' has been achieved.

Analysis Based on Indicators

-Number of safe deliveries by trained TBAs in the pilot areas increased until 1999. On the other hand, number of deliveries per TBA decreased since 1999.

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- Number of referred cases by trained TBAs constantly increased in both areas.
- Conducting TOTs, refresh training courses and TBA quarterly meetings contributed to the achievement of the Project purpose.

2) Microbiology

The Project purpose 'Virological diagnostic capabilities of EPI diseases at MMC are strengthened' has been achieved.

Analysis Based on Indicators

- Virology laboratory was set up in June 1999, at last stage of the initial Project, soon after that the laboratory was considered to have met the conditions for accredited polio laboratory of WHO.
- In terms of other EPI diseases, the laboratory constantly tested Measles, Rubella, AFP, as figure shows in ANNEX 6.
- Ratio of Non-polio enterovirus isolation from stool specimens was over 5%, which meets the standard of WHO.

3) Paediatrics

The Project purpose 'Laboratory Based Medicine by utilizing lab-data for accurate diagnosis is established.' has been achieved. The modern and well equipped laboratory with advanced equipment enables to do the advanced tests like immunology, biochemistry, haematology, bacteriology, ECG and ultrasonography. The test results from the laboratory have contributed much to the improvement in Laboratory Based Medicine and treatment of patients. The laboratory also improved capabilities of medical staff (doctors, nurses, technicians and medical students) on Laboratory Based Medicine skills. However, understanding and practicing of utilization of lab-data varies by each medical staff.

4-3. Impact

It is not easy to analyze project's impact on Super Goal. With regards to the indicators to verify impacts on the Super Goal. Infant Mortality Rate (IMR) reduced from 102/1000 in 1990 to 85 /1000 in 1998, and Under Five Mortality Rate (U5MR) reduced from 170/1000 in 1990 to 136/1000 in 1998. However, Maternal Mortality Rate (MMR) has increased in 1990s, from 340/100,000 between 1980-1990 to 530/100,000 between 1990-1998 (all statistics from World Development Indicators 2000, WB).

1) Tanga

Achievement of Overall Goal

- MMR in Korogwe District has reduced from 254/100,000 in 1999 to 139/100,000 in 2001.
- MMR in Tanga Municipality has reduced from 392/100,000 in 1999 to 350/100,000 in 2001.

Others

- GTZ and World Vision (NGO) adopted the same method of revolving TBA kits in Tanga region.
- Regional government is willing to expand the project method such as distribution of Delivery Register Books and TBA Kits revolving system outside the project areas.
- Some advanced strategies, such as TBA Kits revolving system, community participation in renovating the dispensaries and TOT worked well.
- Through the trainings and certain rewards, TBAs were empowered.

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2) Microbiology

- This is the first advanced laboratory for virology in Tanzania.
- WHO designated the laboratory as "the National Measles Laboratory" in Tanzania.
- The laboratory is preparing samples for assessing other laboratories on the accuracy of HIV testing.

3) Paediatrics

- Three manuals for lab-data interpretation published at the initial phase are widely used by health personnel and students both in and out of the Paediatric Department (Dental Departments of MMC, Muhimbili Orthopedics Institutes), and other hospitals and clinics.
- Project activities for Laboratory Based Medicine contributed to the education of the students.
- Cost-sharing system and improving quality of services by the Project can be a good model for others since they are to shift to self-financing.

4-4. Relevance

1) Tanga

- The Super Goal and the Overall Goal are still in agreement with Tanzanian health policy at the time of evaluation.
- The Project purpose is consistent with the needs of health workers, such as MCH coordinators, Nurse-Midwives, Public Health Nurses (PHN) / Maternal Child Health Aids (MCHA), and TBAs at the time of evaluation.
- The Project prioritized needs of TBAs and mothers in the local communities. Especially, the strategy of utilizing TBAs agreed with the needs of local community in the remote areas.
- The Project purpose and the goals are in agreement with Japanese government policy regarding the cooperation in Tanzania, especially in the field of Basic Human Needs.

2) Microbiology

- The Super Goal and the Overall Goal are still in agreement with Tanzanian health policy at the time of evaluation.
- The Project purpose and the goals are in agreement with Japanese government policy regarding the cooperation in Tanzania, especially in the field of Basic Human Needs.

3) Paediatrics

- The Super Goal and the Overall Goal are still in agreement with Tanzanian health policy regarding the reduction of Child Mortality Rate as top-priority.
- The Project purpose is consistent with the needs of medical workers, such as doctors, nurses, technicians and medical students.
- The Project purpose and the goals are in agreement with Japanese government policy regarding the cooperation in Tanzania, especially in the field of Basic Human Needs.

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4-5. Sustainability

1) Tanga

Policy aspect

-The local government will support to sustain the project activities.

Technical aspects

-The C/Ps became capable to preserve and disseminate the transferred knowledge and technology.

Institutional and financial aspects

-If the regional and district governments find other financing resources, such as Common Basket Funds, activities can be maintained in the future.

2) Microbiology

Policy aspects

-The Tanzanian government will support the laboratory since it is the only advanced and well-equipped national laboratory.

Technical aspects

-According to the C/P, although they are capable of doing most laboratory work, further assistance will be needed for accreditation.

Institutional aspects

-Since the Microbiology Department will support the laboratory, the institutional sustainability is ensured.

Financial aspects

-Financial sustainability is comparatively low. If the MOH allocates budget to the virology laboratory, the sustainability will be ensured.

3) Paediatrics

Policy aspects

-The government will support the Paediatric Department of MNH to sustain the laboratory.

Technical aspects

-Understanding of Laboratory Based Medicine is quite high among most medical staff. However, capability to practice varies by medical staff. Some supports will be needed in terms of clinical aspect.

Institutional aspects

-As a part of Muhimbili University College of Health Science (MUCHS), the department is sustainable even after restructuring of MMC. At present, quality of investigation and services of the SPL is quite high.

Financial aspects

-Financial sustainability is not still satisfactory. Cost of maintaining in the laboratory outweighs the income. Therefore, the government needs to find other sources like cost-sharing and other donors.

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5. RECOMMENDATIONS

1) MCH Activities in Tanga Region

The Project found the effectiveness of community based MCH activities by trained TBAs in contributing to safe delivery in local areas in Tanzania. Training of Trainers (TOT) for Public Health Nurses (PHN) /Maternal Child Health Aids (MCHA), the TBA-kit revolving system and utilization of Delivery Register Books are the most effective methods adopted throughout the Project activities. Moreover, villagers contributed to the renovation of dispensaries in the form of labour and donation for TBA training. This significant experience implies that the community can more actively participate in MCH activities with ownership.

It is recommended that these methodologies and outputs should be documented by the end of the Project and will be applied to other local areas in Tanga, and other regions.

It is recommended that Tanga Municipality and Korogwe District continuously improve TBAs' capability through monitoring, evaluation and conducting TOTs and TBA trainings with full utilization of the output of the Project.

2) Microbiology Department in MMC

It is essential to maintain present level of Polio isolation and identification skills.

It is strongly recommended that MOH continues to request WHO for accreditation as National Virology Laboratory in Polio-Network of WHO.

It is also recommended that MOH provides further financial support and necessary materials to the virology laboratory to maintain its quality.

3) Paediatric Department in MMC

Continuous in-service training is necessary in order to ensure Laboratory Based Medicine. In particular, awareness of medical staff in wards should be improved for better utilization of lab-data. Documentation in medical files should be indispensable to promote better lab-data interpretation.

It is necessary to improve the management of the SPL for self-reliant operation. To ensure sustainability, the present level of services, quality, and management of the SPL should be improved.

It is essential to strengthen the monitoring system for maintaining the services, quality, and management in the SPL, and further promotion of lab-data utilization in the Paediatric Department. Monitoring results with accurate data should be reported regularly to those concerned.

It is recommended that MOH provides financial support and necessary materials to the SPL to improve Paediatric services.

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6. LESSONS LEARNT

1) Importance of Community Initiatives

For the sustainability of the Project benefits, community initiatives play a crucial role and should be promoted. As we observed the community participation in the process of the Project activities in Tanga, these experiences are worthy to be noted.

2) Importance of Timely Input

In order to pursue Laboratory Based Medicine, the number of long-term experts for Paediatrics at early stage of the Project period was comparatively big when the lab-data was not fully available at the SPL. Timing of input should have been carefully examined along with the progress of the Project.

3) Possibility of Cost-sharing

The successful experience of cost-sharing in the SPL can be a module to develop the sustainability of a project in terms of self-reliance.

4) Appropriate Designing of Projects

The Project experienced various difficulties since three different types of components were combined in one project. This complexity of the Project design sometime affected the efficient implementation of the Project. Project design should be carefully examined at the planning stage.

5) Ownership

It is important to foster ownership of counterpart organization in international cooperation. At the designing stage of the Project, measures to enhance the ownership should be considered and included in the project design.

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LIST OF ANNEXES

- ANNEX-1 Project Design Matrix for Evaluation (PDMe)
- ANNEX-2 Implementation of Inputs
- ANNEX-3 Achievement of the Plan
- ANNEX-4 Questionnaire to the Counterparts and Quick Results
- ANNEX-5 Participants and Program of Evaluation Workshop
- ANNEX-6 Assessment of Indicators for Achievement of the Project

PDMe for The Follow-up Programme on Japanese Technical Cooperation for the Maternal and Child Health Services Project (Tanga Part)

Duration of the Project: December 1999- November 2001 Target Area: Korogwe and Magoma divisions in Tanga region

Target Group: Parents and children under 5 years old Date of Preparation: Aug. 1, 2001

Project Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
SUPPER GOAL Maternal and child mortality and morbidity are reduced in the United Republic of Tanzania.	-Maternal, Infant, Under 5 Mortality Rate in Tanzania are reduced -Maternal, Infant, Under 5 Morbidity Rate in Tanzania are reduced	DHS 1996, RCHS 1999 DHS 1996, RCHS 1999 WB in 1998	Economy is stable Agriculture Production is Stable No Epidemic Diseases are Prevalent
OVERALL GOAL 1. Maternal mortality rate and infant mortality rate in the pilot areas (Tanga and Korogwe Division) are decreased.	-Maternal Mortality Rate in pilot area is reduced -Neonatal and Infant Mortality Rate in pilot area are reduced	Statistics by Tanga Municipal	Economy is stable Agriculture Production is Stable No Epidemic Diseases are Prevalent
PROJECT PURPOSE 1. Maternal and child health services through TBAs activities in pilot areas (Pongwe and Magoma Division) are improved.	-Number of safe delivery by trained TBA in the pilot areas is increased -Vaccination rate for neonate is increased	Project Statistics	General hygiene is stable Nutritive status is stable Economy is stable Agriculture Production is Stable No Epidemic Diseases are Prevalent
OUTPUTS 1-1 TBAs and MCHA in pilot areas are educated. 1-2 Referral system of high risk pregnancy are established in the pilot areas. 1-3 Revolving system of TBA's services is applied throughout the pilot areas. 1-4 Implementation system for the activities in pilot areas is established.	-Number of trained TBAs and its dropped out rate -Number of trained TBAs who fill out delivery book -Number of trained TBAs who implement monthly report to the supervisors -Number of Referred Cases by Trained TBA -Rate of collection of consumable cost by trained TBAs -Renovated dispensaries satisfy health workers	Project Statistics Interview to supervisors Interview to supervisors Project Statistics CP Interview Health worker Interview	
ACTIVITIES Under output 1 (MMC) 1-1-1. To train District MCH Aid to undertake refresh-training of TBAs. 1-1-2. To conduct refresh-training of	INPUT (TANZANIAN SIDE) 1. Project Office in Tanga 2. Counterparts: Project implementation	(JAPANESE SIDE) For entire project 1. Personnel (up to the end of the project)	

<p>TBAs, organized by District MCH Coordinator and District MCH Aid.</p> <p>1-1-3. To supervise TBA's activities through regular meeting.</p> <p>1-2-1. To train District MCH Coordinator and District MCH Aid to monitor referred cases.</p> <p>1-3-1. To support and monitor revolving system of TAB's kit.</p> <p>1-4-1. To conduct baseline survey in the pilot areas.</p> <p>1-4-2. To renovate and built necessary core facilities for MCH activities.</p>	<p>cost</p> <ul style="list-style-type: none"> • Long-term experts (in person) Chief Advisor 1 Coordinator 2 MCH 1 • Short-term experts (in person, as of June 30, 2001) Total 9 2. Training in Japan (in person, by the end of project) Total 4 3. Equipment provision Total JPY5,00,000 4. Necessary expenses for the project implementation Total JPY19,30,000 	<p style="text-align: center;">PRE-CONDITIONS</p> <ul style="list-style-type: none"> -Supports by MOH can be provided -The plan is agreement with C/P's needs
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PDMe for The Follow-up Programme on Japanese Technical Cooperation for the Maternal and Child Health Services Project (Microbiology Part)

Duration of the Project: December 1999- November 2001 Target Area: The whole country of Tanzania

Target Group: Parents and children under 5 years old Date of Preparation: Aug. 6, 2001

Project Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
SUPER GOAL Maternal and child mortality and morbidity are reduced in the United Republic of Tanzania.	-Maternal, Infant, Under 5 Mortality Rate in Tanzania are reduced -Maternal, Infant, Under 5 Morbidity Rate in Tanzania are reduced	DHS 1996, RCHS 1999 DHS 1996, RCHS 1999	Economy is stable Agriculture Production is Stable No Epidemic Diseases are Prevalent
OVERALL GOAL EPI diseases are reduced and Polio should be eradicated in the United Republic of Tanzania.	Polio cases in Tanzania are reduced	Statistics by MOH	Economy is stable Agriculture Production is Stable No Epidemic Diseases are Prevalent
PROJECT PURPOSE Virology diagnosis capabilities of EPI diseases at MMC are strengthened.	Virology Laboratory fulfills the conditioning for Polio Accredited Laboratory by WHO	CP Interview, Expert Interview WHO Reference Project Statistics	Economy is stable
OUTPUTS 1 Poliovirus isolation and identification are improved. 2 Equipment installed in virology laboratory is well maintained.	-% of samples received in the Lab with results sent within 28 days. -% of Non-Polio enterovirus isolation from stool specimens. -Utilization / Maintenance / Frequency of Utilization of Donated Equipment -To Assign Personnel for Controlling the Equipment	Virology Lab Record, Monthly Report, CP Interview, Expert Interview Inventory in Virology Lab CP Interview, Expert Interview Virology Lab Record	Function of MMC facilities is maintained Polio Eradication Policy will be pursued
ACTIVITIES 1-1. To conduct refresh-training of laboratory technicians. 2-1. To establish maintenance system for facilities and equipment installed in the virological laboratory.	INPUT (TANZNIAN SIDE) 1. Counterparts: 2. Space for renovated the laboratory 3. Quarter of cost for lab construction 4. Parts of running cost from the Department (detail is not available at the evaluation)	(JAPANESE SIDE) See the PDMe for Tanga	PRE-CONDITIONS Ministry of Health will support the Project Policy Project activities will meet C/P's needs

PDMe for The Follow-up Programme on Japanese Technical Cooperation for the Maternal and Child Health Services Project (Paediatrics Part)

Duration of the Project: December 1999- November 2001 Target Area: MMC
 Target Group: Parents and children under 5 years old Date of Preparation: Aug. 3, 2001

Project Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
SUPPER GOAL Maternal and child mortality and morbidity are reduced in the United Republic of Tanzania.	-Maternal, Infant, Under 5 Mortality Rate in Tanzania are reduced -Maternal, Infant, Under 5 Morbidity Rate in Tanzania are reduced	DHS 1996, RCHS 1999 DHS 1996, RCHS 1999	Economy is stable Agriculture Production is Stable No Epidemic Diseases are Prevalent
OVERALL GOAL Pediatric services at Muhimbili Medical Center (MMC) are improved.	Case Fatality Rate in Pediatric Wards, Muhimbili Medical Centre, decrease	Paediatrics Survey 1999, 2001	Economy is stable Agriculture Production is Stable No Epidemic Diseases are Prevalent
PROJECT PURPOSE Laboratory Based Medicine by utilizing accurate lab-data for diagnosis is established.	The appropriate utilization of Lab-Test results to diagnosis and treatment increases The reliability of lab-results increase (Internal / External quality control)	Paediatrics Survey 1999, 2001 File, CP Interview, Expert Interview SPL Record	
OUTPUTS 1 Concept of "Laboratory Based Medicine" is further understood by doctors, nurses and laboratory technicians.	-Appropriate Diagnosis by Utilizing Lab-Results -The Degree How Much Doctors depends on the Lab-data When They Diagnose -How Often Doctors use "Lab-Test Manual", Number of Manuals Delivered -Number of Lab-Tests Performed (sorted out by the types of tests) -Number of Grand Round Held, Number of Attendants, Type of Attendants -Number of Panic Data Utilized	Paediatrics Survey 1999, 2001 File, CP Interview File, CP Interview, Expert Interview CP Interview, SPL, FGD SPL-Statistics, Monthly Report, Paediatrics Survey 1999, 2001, Paed Record, CP Interview SPL Record, CP Interview	
2 Collaboration of medical personnel is improved.	-Lab-Order Forms are Utilized Stably and Perfectly (Stable Sample Collection and Result Return in time, Testing Rate, Actual Testing Rate out of Ordered Sample, Result-Returning- Rate out of Tested Sample, Utilization Rate of the Results, Control of Sample Container) -Utilization of Internal Communication System (Inter-com, Internal Memo)	SPL Record, Reports by Experts, Paediatrics Survey 1999, 2001, CP Interview, Expert Interview	Inspection, MCH Project Record, CP Interview, Expert Interview

<p>3 Revenue from cost sharing scheme at Pediatric Laboratory is increased.</p> <p>4 Pediatric Laboratory is efficiently managed by the Tanzanian personnel.</p>	<p>-Number of exempted / paying Patient -Increase of income from paying patient -To accept Research-Sample (Research Fund) -To assign Appropriate Personnel in order to manage SPL (number of Personnel, Position, and Organization) -Personnel Management is to be well performed -Office Work is to be properly performed -Finance is properly controlled -Necessary Meetings are set up efficiently within SPL or with others -Security System in SPL is to be managed</p>	<p>SPL Monthly Report, SPL Statistics SPL Monthly Report, SPL Statistics CP Interview SPL File , CP Interview, Expert Interview SPL File , CP Interview, Expert Interview SPL File , CP Interview, Expert Interview SPL File , CP Interview, Expert Interview SPL File , CP Interview, Expert Interview SPL File , CP Interview, Expert Interview</p>	<p>PRE-CONDITIONS Ministry of Health will support the Project Policy Project activities will meet C/P's needs</p>
<p>ACTIVITIES</p> <p>1-1. To support Grand Round (case conference) 1-2. To support Journal Club 1-3. To promote utilization of Lab-Test-Manual. 2-1. To conduct seminar on communication among doctors, nurses and laboratory technicians. 3-1. To conduct the marketing of laboratory services. 4-1. To assign and train administrative staff to manage the laboratory. 4-2. To establish maintenance system for facilities and equipment installed in the Pediatric Department. 4-3. To ensure the supply of reagents.</p>	<p>INPUT (TANZNIAN SIDE) 1. Space for Project Office 2. Counterparts: see the attached document 3. Part of consumables, such as reagents, tubes, and gloves.</p>	<p>(JAPANESE SIDE) See PDMe for Tanga</p>	<p>PRE-CONDITIONS Ministry of Health will support the Project Policy Project activities will meet C/P's needs</p>

Implementation of Inputs

JAPANESE SIDE

1. List of experts dispatched by Japan

<u>Name of Experts</u>	<u>Field</u>	<u>Period</u>
Long-term		
Dr. Nobuyuki MATUBAYASHI	Chief Adviser, Pediatrics	97.04.23 – 01.11.30
Ms. Tamae YAMAMOTO	Public Health	97.06.22 – 01.11.30
Mr. Munehito HAYAKAWA	Coordinator	99.03.21 – 00.08.31
Mr. Kiyomi SUZUKI	Coordinator	00.07.31 – 01.12.02
Short-term		
(as of July, 2001)		
Mr. Motoi ADACHI	Pediatrics	00.09.10 – 00.11.10
Ms. Noriko YAMAGUCHI	Laboratory Technician	00.08.02 – 00.10.31
Ms. Eriko NISHIJIMA	Hospital Administration	00.05.15 – 00.11.09
Ms. Sachiko ENDO	Nursing Management	00.08.02 – 00.09.28
Ms. Kazuko ONISHI	Nursing Management	00.08.16 – 00.09.10
Mr. Takao YOSHII	Microbiology	00.07.03 – 00.08.12
Ms. Sumiko OGAWA	Community Health	00.08.16 – 00.09.18
Ms. Eriko NISHIJIMA	Hospital Administration	01.06.10 – 01.07.31
Ms. Kazuko ONISHI	Nursing Management	01.09.01 – 01.09.30

2. List of Machinery and Equipment

(in US\$)

	JFY 2000	JFY 2001	Total
Total	43,946	0	43,946

3. List of Counterpart Personnel trained in Japan

(as of July, 2001)

Ms. Anne F. NGALAMBE	Nursing Management	00.06.01 – 00.07.27 (2 months)
Mr. Bashiri Salum TAMIM	Laboratory Management	01.02.27 – 01.04.30 (2 months)

4. Allocation of Expenses on Local Activities

(US\$)

	Tanga Site	Paediatrics Dept.	Total
General Budget	18,493	38,499	56,992
LLDC Special Budget	22,500	73,655	96,155
Other Special Budget	12,705	20,825	33,530
Total	53,693	132,979	186,677

TANZANIAN SIDE

1. Counterparts (in person)

	2000	2001
Ministry of Health	4	4
Microbiology Department of MMC	4	4
Pediatrics Department of MMC	11	11
Tanga	6	6
Total	25	25

2. Sharing of expenses for project implementation

(Tanzanian Shilling)

	Expenses for Laboratory
October, 2000	168,000
November, 2000	339,600
December, 2000	260,000
January, 2001	273,000
February, 2001	245,500
March, 2001	182,710
Total	1,468,810 (US\$ 1,654)

As of July, 2001 (Exchange Rate: 1US\$=888T.sh.)

LIST OF C/Ps FOR JICA MCH PROJECT

Follow-up Cooperation Period: Dec. 1999 – Nov. 2001)

	Name	Position	2000	2001
MOH	Dr. Mzige	Director, Preventive Services Dept.	○	○
	Dr. Sanga	Head, Reproductive & Child Health Unit	○	○
	Dr. Berege	Director, Hospital Services Dept.	○	○
	Dr. Ipuge	Head, Diagnosis Services Dept.	○	○
Department of Microbiology	Dr. Lyamuya	Head, Microbiology and Immunology	○	○
	Dr. Mwakagile	Coordinator of Microbiology	○	○
	Mr. Kagoma	Lab. Technician, Microbiology	○	○
	Mr. Sufi	Lab. Technician, Microbiology	○	○
Department of Pediatrics	Dr. Kalokola	Head, Paediatrics Dept.	○	○
	Dr. Kazimoto	Acting Head, Paediatrics Dept.	○	○
	Dr. Fataki	Paediatrician	○	○
	Dr. Kitundu	In-charge of SPL	○	○
	Dr. Tamim	Administrator of SPL	▲	○
	Dr. Msomekela	Deputy In-charge of SPL	○	○
	Mr. Mbirigenda	Lab. Technician In-charge of SPL	○	○
	Mr. Malima	Lab. Technician, SPL	○	○
	Mr. Pambamaji	General Affair In-charge of SPL	○	○
	Sr. Ngalambe	Assistant Matron, Paediatrics Ward	○	○
	Sr. Kowero	Floor In-charge, Paediatrics Ward	○	○
	Dr. Kalim	Paediatrician	○	○
	Dr. Massawe	Chief of Neonatology	○	○
	Dr. Massawe	Paediatrician	○	○
	Mr. Chavula	Sec. C In-charge of SPL	○	○
Mr. Senga	Service Sec. In-charge of SPL	▲	○	
MCH in Tanga	Dr. Mwengee	Regional Medical Officer, Tanga	○	○
	Dr. Ikamba	District Medical Officer, Tanga	○	○
	Dr. Kimey	District Medical Officer, Korogwe	○	○
	Ms. Muro	Regional MCH Coordinator, Tanga	○	○
	Ms. Fubusa	MCH Coordinator, Tanga	○	○
	Ms. Moshi	MCH Coordinator, Korogwe	○	○

▲: Assigned from Dec. 2000.

The List of Provided Equipment for JICA MCH Project (F/U Period:Dec./99~Nov./01)

No	I t e m	Quantity	Supplier	T.sh	U.S.\$	Place
1	Hospital beds, others	1 lot	Palray	1,770,000		Ward A/B
2	Internal Telephone System	1 lot	K.J.Telecomm	1,396,000		Ward in MMC
3	Photocopy Machine	1	Comtech	1,700,000		Tanga site
4	Refrigerator	2	Aquatech	283,334		Ward, Annex
5	Computer set	1 set	Salama Computer		4,510	SPL
6	Network Installation	1 set	MUCHS Unit	460,000		SPL
7	Soft Programming	1 set	Exact Soft.		1,000	SPL
8	Notice Board with glasses	1	Palray	350,000		Near the gate
9	Office Furniture	1 lot	Palray	6,551,050		Tanga site
10	Wooden benches for patients	5	Palray	375,000		SPL
11	Medical Equipments	1 lot	Achelis		11,432.90	Paediatrics dept.
12	Weighing scale for baby	1	Survet		384.95	Ward
13	Bedside lockers	50	Palray	1,750,000		Ward
14	Reagents (Salmonella/Hepatitis)	1 lot	Kas Medics	109,000		SPL
15	Reagents for 3 analyzers	1 lot each	MSD	5,193,800		SPL
16	Test tube 4.5ml (10,000)	10,000	Biocare		1,500	SPL
17	Test tube 3ml (3,000)	3,000	Kas Medics	330,000		SPL
		Dec. 2000	Total	T.sh.	US\$	Grand Total
		JICA Office, ExchangeRate	IYen=7.27T.sh IUS\$=111J.¥/804T.sh	<u>20,268,184</u> <u>2,788 (Th. J¥)</u>	<u>18,827.85</u> <u>2,090 (Th. J¥)</u>	<u>4,878 (Th. J¥)</u> <u>= US\$ 43,946</u>

T.sh.:Tanzania shilling, US\$:U.S.Dollar, Th.J¥:Thousand Japanese Yen

Outputs	Activities	Process and Results of Activities (Indicator for Activities)	Findings, Lessons Learnt	Inputs
1-1 TBAs and PHN/MCHA in pilot areas are educated.	1-1-1 To train PHN/MCHA to undertake refresh training of TBAs.	<ul style="list-style-type: none"> • Training of Trainers (2 weeks) <Pongwe> -Oct.23 – Nov. 4, 2000 INMW, 3PHN, 3MCHA <Magoma> -Jul. 31 – Aug. 12, 2000 1 PHN, 7 MCHA 	<ul style="list-style-type: none"> -This TOT approach is an advanced approach for the divisions. Communication between health workers and the community is improved. -Health worker were very happy to have a opportunities to learn, which almost the first time to them. -After the course, the health worker made the action plan, then conducted the refresh-course for the ATBs. 	<ul style="list-style-type: none"> -Expenses 1,859,900 Tsh
	1-1-2 To conduct refresh-training of TBAs, organized by the local governments	<ul style="list-style-type: none"> -DHMT conducted TBA Refresh training courses Nov. 28 – Dec. 16, 2000 - Pongwe division: 73 TBAs out of 86 - Magoma division: 90 TBAs 	<ul style="list-style-type: none"> -It is noteworthy that TBA refresh training was covered by the local govt. -For further training, lack of budget is difficult for the district government. -Tongoni village in Pongwe, villagers donated to support holding the refresh training courses. It is an evidence for people's awareness of importance of TBAs in the community. 	<ul style="list-style-type: none"> 2,111,600 Tsh -Funded by the local government
	1-1-3 To supervise TBA's activities through regular meeting.	<ul style="list-style-type: none"> -TBA Quarterly Meeting at each dispensary and H/C -Pongwe: 7 sites*3-4 times -Magoma: 8 sites * 3 times -Monthly reports by TBAs -Average number of delivery per year In Pongwe 239, 3 per year/TBA In Magoma 451, 4 per year/TBA 	<ul style="list-style-type: none"> -Total attendant of meetings is 149 in Magoma, 201 in Pongwe. -Coverage of attendant are, 87%, 81%, 87% at each meeting in Magoma, 81%, 51%, 75%, 45% in Pongwe. The tendency of the coverage comes from the geographical reasons. Those reasons indicates TBA activities can be a model of PHC in remote areas. -Reporting system, TBA to MCH coordinators, the coordinators to DMO and then RMO, has been established. 	<ul style="list-style-type: none"> Printed TBA register books (800 copies) 700,000 Tsh
1-3 Referral system of high-risk pregnancy is established in the pilot areas.	1-2-1 To monitor referred cases through TBA meetings.	<ul style="list-style-type: none"> -Number of referred cases by trained TBA In Pongwe, 2 in 1996, 6 in 1997, 33 in 1998, 56 in 1999, 63 in 2000 In Magoma, 2 in 1996, 16 in 1997, 57 in 1998, 89 in 1999, 89 in 2000 	<ul style="list-style-type: none"> -There is no figures to grasp overall frequency of high-risk cases. This might be attributed the culture of people in the community. 	
1-4 Revolving system of TBA's services is applied throughout the pilot areas.	1-4-1 To support and monitor revolving system of TBA's kit.	<ul style="list-style-type: none"> -Number of Regular TBA meetings as mentioned above -Rate of collection of consumable cost by trained TBAs -TBAs collect 500 Tsh. for consumables and 1000 Tsh. in Pongwe, 500 Tsh. in Magoma for their reward. 	<ul style="list-style-type: none"> -TBAs are quite satisfied with revolving system of TBA's kit, which also contributed to enhance their self-esteem by getting certain reward by cash. -GTZ and World vision (NGO) adopted a similar approach to their activities. It is significant evidence for success of this system -The district government is seeking to apply Common Basket to sustain the revolving system. 	

ANNEX 3

<p>1-4 Implementation system for the activities in pilot areas is established.</p>	<p>1-3-1 To conduct baseline survey in the pilot areas. (only in the previous project period)</p> <p>1-4-2 To renovate and built necessary core facilities for MCH activities.</p>	<p>-Baseline survey in 1996</p> <ul style="list-style-type: none"> • Survey on Vital Statistics in Pongwe division, Tanga municipal was conducted in Jan. 1998 through VHWs <p>-Renovation</p> <ul style="list-style-type: none"> • -1 dispensary in Pongwe Tongoni Disp. • -3 dispensaries in Magoma • Kerenge Disp. • Makumba Disp. • Kwemazandu Disp. <p>-Construction burdened by the Project / labor burdened by the community</p>	<p>-From the surveys the project has conducted, the local government got valuable data to grasp health situation.</p> <p>-An End-line survey is required before the project termination</p>	<p>-Renovation 320,000 Tsh. (800,000 Tsh * 4)</p> <p>-Office equipment 3 sets of meeting equipment 1 copy machine 10,101,900 Tsh</p>
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ACHIEVEMENT OF THE PLAN for Microbiology Activities **Duration of Focus: Dec. 1999 -- the present**

Outputs	Activities	Detailed Activities	Difficulties Encountered	Efforts to Solve the Difficulties / Future Approaches	Inputs
2-1 Poliovirus isolation and identification are improved.	2-1-1. To conduct refresh-training of laboratory technicians.	-Review of Poliovirus Isolation Skills	-Lack of Motivation because not accredited by WHO	-Promote to join Polio-network at MOH, WHO Country Office	Short-Term Expert
2-2 Equipment installed in virological laboratory is well maintained.	2-2-1. To establish maintenance system for facilities and equipment installed in the virological laboratory.	-Making Inventory and Utilize it	-Lack of fund for buying consumables (Toner, Ink, Liquid Nitrogen)	-From General Expense of the MCH Project -Trial for Revolving	Consumables (G) US\$ 4425 CP, Short-term Expert

ACHIEVEMENT OF THE PLAN for Paediatrics Activities **Duration of Focus: Dec. 1999 – the present**

Outputs	Objectively Verifiable Indicators (Indicator for Output)	Activities	Process and Results off Activities (Indicator for Activities)	Difficulties Encountered	Efforts to Solve the Difficulties / Future Approaches	Inputs
3-1 Concept of "Laboratory Based Medicine" is further understood by doctors, nurses and laboratory technicians.	<ul style="list-style-type: none"> -Appropriate Diagnosis by Utilizing Lab-Results -The Degree How Much Doctors depends on the Lab-data When They Diagnose -How Often Doctors use Lab-Test Manual, Number of Manuals Delivered -Number of Lab-Tests Performed (sorted out by the types of tests) -Number of Grand Round Held, Number of Attendants, Type of Attendants -Number of Panic Data Utilized 	<ul style="list-style-type: none"> 3-1-1. To support Grand Round (case conference) 3-1-2. To support Journal Club 3-1-3. To promote utilization of Lab-Test Manual 	<ul style="list-style-type: none"> -Renovate the Entrance of the Data Room for Grand Round every week (Feb, Mar-01) -Lab-technicians / Nurses attend to the Grand Round (Weekly) -Medical Reference Book and Journals (Monthly) 			<ul style="list-style-type: none"> Entrance Renovation (A) US\$ 277 Medical Journal (O) US\$ 1200 Chief advisor, Coordinator, Short-term Expert, CP,
3-2 Collaboration of medical personnel is improved.	<ul style="list-style-type: none"> -Lab-Order Forms are Utilized Stably and Perfectly (Stable Sample Collection and Result Return in time, Testing Rate, Actual Testing Rate out of Ordered Sample, Result-Returning-Rate out of Tested Sample, Utilization Rate of the Results(Control of Sample Container) -Utilization of Internal Communication System (Inter-com, Internal Memo) 	<ul style="list-style-type: none"> 3-2-1. To conduct seminar on communication among doctors, nurses and laboratory technicians. 	<ul style="list-style-type: none"> -Joint Workshop between SPL and Wards, Number of Participants (Aug-00, 3 days, Nurses, Messengers, Lab-Technicians) -Joint Meeting following the above (Sep 00-May 01, Nearly monthly, SPL Administration, Representative from each ward) -Installed Inter-com (Sep-00) -Introduced Internal-Memo (May-00) 	<ul style="list-style-type: none"> -Not much improvement of Utilization Rate -Delay of Sample Collection -Missing Results -Not enough Preparation of Sample Bottles, Missing - Disconnection Troubles 	<ul style="list-style-type: none"> -Morning Briefing, Joint Meeting SPL- Wards -Instruction to Cleaners -Controlled by SPL-Service Section 	<ul style="list-style-type: none"> Workshop (A) US\$ 1,158 Chief Advisor, Short-term Expert, CP, SPL-In-Charge, Administrator Inter-com(E)US\$ 1,745 Chief Advisor, Short-term Expert, CP
3-3 Revenue from cost sharing scheme at Pediatric Laboratory is increased.	<ul style="list-style-type: none"> -Number of exempted / paying Patient -Increase of income from paying patient -To accept Research-Sample 	<ul style="list-style-type: none"> 3-3-1. To conduct the marketing of laboratory services. 	<ul style="list-style-type: none"> - Opened Fee-Paying Wards (Mar-01) -Started accepting Fee-Paying (Dec 00) Patient at night / weekend/ Holiday -Service Staff started visiting and explaining to clinics / hospital 	<ul style="list-style-type: none"> -Delay of Opening (1 Year) -Lack of Service Staff -Out-Samples have not much increased 	<ul style="list-style-type: none"> Additional Support for Beds -Tentative Employment by the Project 	<ul style="list-style-type: none"> Beds Cost (E) US\$ 2,213 Service Staff Service Staff Lab-Tech In-Charge Service Staff

<p>3-4 Pediatric Laboratory is efficiently managed by the Tanzanian personnel.</p>	<p>-To assign Appropriate Personnel in order to manage SPL (number of Personnel, Position, and Organization)</p>	<p>3-4-1. To assign and train administrative staff to manage the laboratory.</p>	<p>out of MMC (Apr-01) -Service Section started regular visit to clinics / hospital out of MMC (Apr-01) -Have been accepting Health Check Samples (JOCV) (98-) -Completed Renovation of Waiting Room (Feb-01) -Meeting with Researchers (July-01) -Started seeking for Financial Support out of JICA (May-00---) Others</p>	<p>-Trouble in Quality Control of the results, Delay of Returning</p> <p>-Unstable Reagent Supply and Analyzers Troubles Has Stopped Increasing Fee- Paying-Patients</p>	<p>-Explanation by Lab-Tech In-Charge Service Staff</p> <p>-Weekly Meeting with Reagent Supplier Agent</p>	<p>Service Staff</p> <p>Service Staff</p> <p><u>Cost for Waiting Room Renovation (L)</u> <u>US\$ 3,179</u> Lab-Tech Service Staff</p> <p>Chief Advisor, Short-term Expert, CP,</p>
<p>3-4 Pediatric Laboratory is efficiently managed by the Tanzanian personnel.</p>	<p>-To assign Appropriate Personnel in order to manage SPL (number of Personnel, Position, and Organization)</p>	<p>3-4-1. To assign and train administrative staff to manage the laboratory.</p>	<p>Started Negotiation for Assignment of Administrator (1999---) (MMC, MOH, Paed. Dept)</p> <p>Started training Administrator (OJT May-01---, CP Training Mar, Apr-01)</p> <p>Project employed Service Staff (5) and Train Them (Aug-00)</p>	<p>-Delay of Assignment (Could not assign for 2 years)</p> <p>Limited time for the administrator to stay in SPL</p> <p>-Budget for MCH General Expense was compressed -Difficulty to Educate Bureaucratic MMC Staff</p>	<p>-Continuous negotiation with MMC-DG, MOH -Assigned by Paediatric at last</p> <p>-Staying up late -Detailed appointment</p> <p>-Instruct Repeatedly -Motivation by Honoraria</p>	<p>Chief Advisor, Coordinator, CP,</p> <p>Administrator, Chief Advisor, Short-term Expert(Hosp Administration)</p> <p><u>Cost for Service Staff Employment</u> <u>(G)US\$ 4,420</u> Chief Advisor, Coordinator, CP In-Charge,</p>

	<p>-Personnel Management is to be well performed</p> <p>-Office Work is to be properly performed</p> <p>-Finance is properly controlled</p>	<p>-Started Negotiation to shift Employment from MCH to SPL (Mar-00-----)</p> <p>-Have been reviewing Job-Description for Personnel in Middle Managerial Position and train them (May 99-----)</p> <p>-Started recording Attendant Days / Hours (Introduction of Time-Recorder and its proper Use, To record Meantime Absence)</p> <p>-Started new Honoraria Related to Attendance Days / Hours (May-00)</p> <p>-Have been improving Registration Format (Registration book / Computer) and to instruct how to use them at Reception</p> <p>-Have been improving Statistic Format for Patient / Sample Number, and Instruct how to use them to Issue Monthly Report at Administration</p> <p>-Have been improving Cashing System by introducing new way of distinguishing Paying, Exempted, Bill Patients, and Cashing Register at the Cashier</p> <p>-Have been improving Administrative Management in Finance (Accuracy and Punctual</p>	<p>-Delay of Employment Sift</p> <p>-Difficulty to Educate Bureaucratic MMC Staff</p> <p>-Incorrect Record</p> <p>-Took too much time to draw the money</p> <p>-Incorrect data sometimes and delay of compiling</p> <p>-Mistakes occasionally</p> <p>-Mistakes occasionally</p>	<p>-Negotiation with MMC-DG, MOH, Paediatrics (4-for March 00, 3-for July 01)</p> <p>-Instruct Repeatedly Motivation by Honoraria</p> <p>-Negotiation with MMC Chief Accountant to shorten the time</p> <p>-To improve Format Instruct Repeatedly</p> <p>-To improve Format Instruct</p> <p>-To improve Format Instruct Repeatedly</p>	<p>Administrator Chief Advisor,</p> <p>Chief Advisor, Short-term Expert, CP,</p> <p>Cost of Time-recorder (E) US\$ 358 Chief Advisor, CP</p> <p>Administrator, Chief Advisor, CP,</p> <p>Cost for 2 Computers (E) US\$ 6,085 Chief Advisor, Coordinator, CP</p> <p>Cash Register Cost US\$(E) 400 Administrator, Chief Advisor, Coordinator, CP</p> <p>Chief Advisor,</p>
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			<ul style="list-style-type: none"> -Necessary Meetings are set up efficiently within SPL or with others -Security System in SPL is to be managed -Facilities and Stock of consumables / instrument in SPL Store are recorded and well controlled -Condition of Lab-Analyzer / Lab-equipment are well recorded and maintained 		<ul style="list-style-type: none"> in Calculating Income / Expense Balance and should be controlled) which will result in Monthly Report Issuing on time -Morning Briefing every morning SPL Steering Committee almost quarterly -MMC-DG Meeting occasionally -Business Meeting with Supplier weekly in principle -Key Control System was instructed (May-01) 	<ul style="list-style-type: none"> -Irregular Attendance -Members are occasionally not punctual -Supplier has been Absent without Apology -Members are occasionally not punctual 		Instruct Repeatedly To Improve Monthly Report Format	Coordinator, CP -Administrator, Chief Advisor, Coordinator, CP	
		3-4-2 To establish maintenance system for facilities and equipment installed in the Pediatric Department.	<ul style="list-style-type: none"> -Assignment for Water/ Electricity/ Air Conditioning maintenance (May-00) - Assignment for Stock Check System, and instructed how to record it regularly (May-00) -Assignment for record and replace the lacking quantity (May-00) - Log Books has been introduced and instructed how to fill (May-00) (Lab-technician in-charge) -Have had Service Maintenance Contract with Supplier and request them to keep the contact (1998--- 	<ul style="list-style-type: none"> -Not enough be aware of the abnormal condition -Not fulfilling the necessary information -Delay of Record -Not fulfilling the necessary information -Not fulfilling the necessary information -Often Violation against the contract by the Agent 	<ul style="list-style-type: none"> -OJT, Instruct Repeatedly -OJT, Instruct Repeatedly -OJT, Instruct Repeatedly -OJT, Instruct Repeatedly -Tough Meeting -Repeated Meeting 	<ul style="list-style-type: none"> -Not enough be aware of the abnormal condition -Not fulfilling the necessary information -Delay of Record -Not fulfilling the necessary information -Not fulfilling the necessary information -Often Violation against the contract by the Agent 		<ul style="list-style-type: none"> -OJT, Instruct Repeatedly -OJT, Instruct Repeatedly -OJT, Instruct Repeatedly -OJT, Instruct Repeatedly -Tough Meeting -Repeated Meeting 	<ul style="list-style-type: none"> Cost for Water Tank Building (L) US \$ 45,000 Chief Advisor, Short-term Expert, CP, Chief Advisor, Short-term Expert, CP, Chief Advisor, Short-term Expert, CP, SPL In-Charge, Administrator, Chief Advisor, Short-term Expert, 	
		3-4-3 To ensure the supply of reagents.								Short-term Expert, CP

THE FOLLOW-UP PROGRAMME OF
THE MATERNAL AND CHILD HEALTH SERVICES PROJECT
Questionnaire to the Counterparts

The evaluation team would like to ask auto-evaluation of Tanzanian counterparts on the Maternal and Child Health Services Project. Please answer by either placing a circle or describing and send it back to the Project office by July 31, 2001.

Name:

Position:

Section you belong to

1. Tanga pilot area

2. Microbiology

3. Pediatrics

For PART 1, please evaluate the follow-up programme from December 1999 to the present

PART 1: About Efficiency of Input

Please evaluate the efficiency of input of both Japanese and Tanzanian side in your responsible field. Please check a circle in four levels for each item.

Japanese Input

1. About Input of Japanese Long-term Experts

- 1) Numbers
- 2) Duration of dispatch
- 3) Specialities in your field
- 4) Ability to teach
- 5) Ability to coordinate
- 6) Timing of dispatches
- 7) Communication abilities

Very satisfied	Satisfied	Not applicable	Not satisfied
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. About Input of Japanese Short-term Experts

- 1) Numbers
- 2) Duration of dispatch
- 3) Specialities
- 4) Timing
- 5) Communication abilities

Very satisfied	Satisfied	Not applicable	Not satisfied
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. About Inputs of Equipment

- 1) Kinds of equipment
- 2) Quantity of equipment
- 3) Timing of input

Very satisfied	Satisfied	Not applicable	Not satisfied
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4. About Acceptance of Trainees in Japan
(interns of your colleagues)**

- 1) Selection of trainees
- 2) Numbers
- 3) Length of training
- 4) Timing

Very satisfied	Satisfied	Not applicable	Not satisfied
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Others	-Stable Supplying Channel is to be Established		<p>System (1997---)</p> <ul style="list-style-type: none"> - Have been improving reagent inquiry / order system (1997---, May 00----) - Have been having Regular Meeting with Supplier (1998---) 	<p>Although Order from SPL is stable, Supply form Supplier (Agency) against promise such as delayed supply, reagent with short expiry duration</p>	<p>-Repeated Meeting with the Supplier</p> <ul style="list-style-type: none"> -Alternative Supplying Channel -Improve Order / Delivery system 	<p>SPL-In-charge, SPL Administrator, Tech In-Charge, Chief Advisor</p>
Others	Others	Others	<ul style="list-style-type: none"> -Out-patient Clinic (MAKUTI) • Diarrhoea Ward (Wd17) were Renovated (Mar-00, Mar-01) -Provide reagent and sample containers (Mar-00, Mar-01) -Provide basic instrument for diagnosis (Mar-00, Mar-01) 			<p>Cost for Renovation (L) US\$34,731 Reagent (E) US\$ 6,628 Instrument for Diagnosis(Weighing Scale • Gluco-meter etc.) US\$ 11,813</p>

Tanzanian Input

5. About Input of Tanzanian Counterparts

- 1) Numbers
- 2) Aptitude
- 3) Timing

Very satisfied	Satisfied	Not applicable	Not satisfied
----- ----- ----- -----			
----- ----- ----- -----			
----- ----- ----- -----			

6. About Input of Expenses

- 1) Personnel cost
- 2) Administrative cost
- 3) Personnel education cost
- 4) Activity cost
- 5) Expected future budget

Very satisfied	Satisfied	Not applicable	Not satisfied
----- ----- ----- -----			
----- ----- ----- -----			
----- ----- ----- -----			
----- ----- ----- -----			
----- ----- ----- -----			

For PART 2-4, please evaluate the whole project from 1994 to the present

PART 2: About Achievement of the Project

7. Do you think you have obtained enough knowledge and techniques etc. through the Project? Please evaluate the followings by circling one level.

- 1) Knowledge
- 2) Techniques
- 3) Practices
- 4) Establishment of Systems

Very satisfied	Satisfied	Not applicable	Not satisfied
----- ----- ----- -----			
----- ----- ----- -----			
----- ----- ----- -----			
----- ----- ----- -----			

8. How are you utilizing the techniques and knowledge acquired through the Project?

9. Do you think the activities of the Project can effect to promote any other health services in Tanzanian, directly or indirectly?

- 1) Yes
 - 2) No
- If yes, please specify.

PART 3: About Planning of JICA's Cooperation

10. Do you think the project purpose and the planning were appropriate from the viewpoint of your demands and technical conditions in health services in Tanzania?

- 1) Yes
 - 2) No
- If no, please specify.

11. If you have any demands or ideas about further supports by foreign donors, please specify.

PART 4: About after Termination of JICA's Cooperation

12. Do you think you could sustain the activities as you do now after termination of JICA's cooperation?

13. Please describe how do you intend to utilize and develop your knowledge and techniques which you had obtained after termination of JICA's cooperation.

■ Please send back to the following by **July 31, 2001**:

Address:

Fax:

E-mail:

Contact person: Mr. Suzuki, JICA Project Coordinator
Phone

Results of C/P Survey at Tanga

(Sample: 6/6, % of Returned: 100%)

		Average
Japanese Long-term Experts	Numbers	1.8
	Duration	1.0
	Specialities	2.5
	Ability to teach	2.3
	Ability to coordinate	2.3
	Timing of dispatches	1.2
	Communication abilities	2.5
Japanese Short-term Experts	Numbers	2.0
	Duration	1.6
	Specialities	2.0
	Timing of dispatches	1.5
	Communication abilities	1.6
Equipment	Kinds of equipment	2.5
	Quantity of equipment	2.5
	Timing of input	2.0
Acceptance of Trainees	Selection of trainees	1.6
	Numbers	1.0
	Length	1.0
	Timing	1.2
Tanzanian C/P	Numbers	2.0
	Aptitude	1.8
	Timing	2.0
Tanzanian Expenses	Personnel cost	1.4
	Administrative cost	1.4
	Personnel education cost	1.4
	Activity cost	1.4
	Expected future budget	0.8
Self-assessment of Obtaining	Knowledge	2.0
	Techniques	2.3
	Practices	2.3
	Establishment of Systems	1.7

Results of C/P Survey at Microbiology Dep.

(Sample: 3/4, % of Returned: 75%)

Average

Japanese Long-term Experts	Numbers	N.A.
	Duration	N.A.
	Specialities	N.A.
	Ability to teach	N.A.
	Ability to coordinate	N.A.
	Timing of dispatches	N.A.
	Communication abilities	N.A.
Japanese Short-term Experts	Numbers	2.0
	Duration	2.0
	Specialities	3.0
	Timing of dispatches	2.0
	Communication abilities	2.0
Equipment	Kinds of equipment	3.0
	Quantity of equipment	3.0
	Timing of input	1.3
Acceptance of Trainees	Selection of trainees	2.0
	Numbers	2.0
	Length	2.0
	Timing	2.0
Tanzanian C/P	Numbers	2.0
	Aptitude	2.7
	Timing	2.7
Tanzanian Expenses	Personnel cost	1.3
	Administrative cost	1.7
	Personnel education cost	0.3
	Activity cost	1.3
	Expected future budget	1.7
Self-assessment of Obtaining	Knowledge	3.0
	Techniques	3.0
	Practices	2.7
	Establishment of Systems	3.0

Results of C/P Survey at Paediatrics

(Sample: 11/17, % of Returned: 65%)

Average

Japanese Long-term Experts	Numbers	2.2
	Duration	1.8
	Specialities	1.6
	Ability to teach	1.2
	Ability to coordinate	2.4
	Timing of dispatches	1.8
	Communication abilities	2.1
Japanese Short-term Experts	Numbers	2.4
	Duration	1.6
	Specialities	1.5
	Timing of dispatches	2.0
	Communication abilities	2.4
Equipment	Kinds of equipment	1.7
	Quantity of equipment	0.9
	Timing of input	1.9
Acceptance of Trainees	Selection of trainees	1.4
	Numbers	0.5
	Length	1.1
	Timing	1.5
Tanzanian C/P	Numbers	1.7
	Aptitude	1.6
	Timing	1.8
Tanzanian Expenses	Personnel cost	0.9
	Administrative cost	1.2
	Personnel education cost	0.7
	Activity cost	1.0
	Expected future budget	0.7
Self-assessment of Obtaining	Knowledge	2.0
	Techniques	1.8
	Practices	1.8
	Establishment of Systems	1.7

Participants in the each Workshops

Date	Name of Meeting	Tanzanian Side	M.O.H.	Japanese Side
2/Aug 10:00 ∫ 13:00	Evaluation Workshop in Tanga Project Site	Dr.W.Mwengee Dr.Ikamba Dr.Kimey Ms.Muro Ms.Fubusa Ms.Moshi	Mr. Mgaya (Eva.) Ms. Ndono (Eva.)	Eva.Team (5) Dr.Matsubayashi Ms. Yamamoto Mr.Suzuki Mr.Susaki
3/Aug 10:00 ∫ 17:00	Evaluation Workshop in Dept of Paediatrics (Data Room of SPL)	Dr.F.Kalokola Dr.T.Kazimoto Dr.J.Kitundu Dr.B.Tamim Dr.M.Msomekela Mr.M.Mbirigenda Sr.Ngalambe(Ass. Matron)	Mr. Mgaya (Eva.) Ms. Ndono (Eva.)	Eva.Team (5) Dr.Matsubayashi Mr.Suzuki Mr.Susaki
6/Aug 10:00 ∫ 14:00	Evaluation Workshop in Dept of Microbiology (Data Room of SPL)	Dr.E.F.Lyamuya Dr.DSM Mwakagile Mr.C.Kagoma	Mr. Mgaya (Eva.) Ms. Ndono (Eva.)	Eva.Team (5) Dr.Matsubayashi Mr.Suzuki Mr.Susaki

1. Ms. M. Hashiguchi (Director, 2nd Medical Cooperation Div. JICA): Team Leader
2. Prof. Y. Komada, MD.,Ph.D. (Head of Paediatrics Dept., Mie University, Japan)
3. Prof. Y. Chinzei, MD.,Ph.D. (Medical Zoology, Mie University, Japan)
4. Ms. R. Sakamoto (2nd Medical Cooperation, JICA)
5. Ms. M. Komasaawa (Consultant)

**The Follow-Up Programme on Japanese Technical Cooperation for
the Maternal and Child Health Services Project**

-At Tanga, August 2, 10:00 – 12:00 -

**PCM Monitoring and Evaluation Workshop
Agenda**

1. Opening	10 min.
2. Briefing on the Method of PCM Evaluation	20 min.
3. Discussion on PDMe (PDM for the Evaluation)	10 min.
4. Discussion on Monitoring	30 min.
● Presentation of Self-assessment on Activities and Outputs (30 min.)	
● Discussion	
COFFEE BREAK	
5. Discussion on Evaluation by 5 Criteria	40 min.
● Presentation of Efficiency, Effectiveness, Impact and Relevance and Sustainability by the evaluation team	
● Discussion	
6. Closing	10 min.

**The Follow-Up Programme on Japanese Technical Cooperation for
the Maternal and Child Health Services Project**

-Microbiology Laboratory-

August 6, 2001

PCM Monitoring and Evaluation Workshop

Agenda

10:00	1. Opening (Outline of Workshop)	5 min.
10:05	2. Briefing on PDMe (PDM for the Evaluation)	15 min.
10:20	3. Discussion on Activities	15 min.
10:35	4. Discussion on Outputs	15 min.
10:50	BREAK	10 min.
11:00	5. Discussion on Evaluation by 5 Criteria	60 min.
	● Presentation of Efficiency, Effectiveness, Relevance by the evaluation team	
	● Presentation of Impact, Sustainability by C/P	
	● Discussion	
12:00	6. Closing	10 min.
12:10	Lunch	

**The Follow-Up Programme on Japanese Technical Cooperation for
the Maternal and Child Health Services Project**

-At Paediatrics, August 3 -

**PCM Monitoring and Evaluation Workshop
Agenda**

10:00	1. Opening (Outline of workshop)	5 min.
10:05	2. Presentations by C/P Results of the Survey (Dr. Msomekela) History of SPL (Dr. Kitundu) Current Administrative Reform of SPL (Dr. Tamim)	15 min. 10 min. 10 min.
10:40	3. Discussion on Achievement of the Plan (Input, Activities)	80 min.
12:00	LUNCH (Lunch Box)	
13:30	Discussion on Achievement of the Plan (continues) (Output, Project Purpose) COFFEE BREAK	30 min.
14:10	3. Discussion on Evaluation by 5 Criteria	60 min.
15:10	4. Closing	

Monitoring of TBAs Achievement

Pongwe Division

	Trained TBA
1996	39
1997	39
1998	34
Total	112
2001 Active	89
Drop out	23

Pongwe Division

	# of Delivery	# of Delivery/ Trained TBA	# of Referred cases	Ratio of Delivery to Refer(%)
1996	42	1.1	2	4.8
1997	119	3.1	6	5.0
1998	322	9.5	33	10.2
1999	404	*4.5	56	13.9
2000	303	*3.4	63	20.8
Total	1190	-	160	13.4

* For calculation, 89 was used as number of trained TBAs, due to accurate number were not available.

Magoma Division

	Trained TBA
1996	43
1997	31
1998	40
Total	114
2001 Active	111
Drop out	3

Magoma Division

	# of Delivery	# of Delivery/ Trained TBA	# of Referred cases	Ratio of Delivery to Refer
1996	66	1.5	2	3.0
1997	169	5.5	16	9.5
1998	642	16.1	57	8.9
1999	839	*7.6	89	10.6
2000	541	*4.9	89	16.5
Total	2257	-	253	11.2

* For calculation, 89 was used as number of trained TBAs, due to accurate number were not available.

Summary of Activity Report of the National Virology Laboratory

July 2000 – July 2001

	Jul-00	Aug-00	Sep-00	Oct-00	Nov-00	Dec-00	Jan-01	Feb-01	Mar-01	Apr-01	May-01	Jun-01	Jul-01	Total
Viral Serology	Measles	84	0	122	66	72	5	20	15	55	41	10	25	548
	Rubella	56		67	33	25	4	17	8	41	19	4	14	312
	Positive anti-Rubella IgM	5		27	12	11	0	0	0	1	0	0	1	58
Virus isolation	AFP	33	13	14	5	13	4	3	5	0	7	8	10	128
	Positive for Poliovirus	0	0	1	0	0	0	0	0		0	0		1
	Positive for Non-Polio Enterovirus	6	3	1	1	2	1	0	1		1	0		17
	Measles	0	0	0	2	0	0	0	0	0	0	0	0	2
	Positive for Measlesvirus				0									
General	Samples Tested	0	0	0	0	0	0	0	0	0	0	0	0	0
	Positive for virus													
Vaccine Potency Testing	OPV	2	0	0	0	0	0	0	0	0	0	0	0	2
	Lots potent	2												2
	Measles	4	0	0	0	0	0	0	0	0	0	0	0	4
	Lots potent	4												4

Paediatrics Department

Table 1 : Utilization of Laboratory Investigations for All Wards (n=100)

Name of Inv.	Requested		Done		Resultes in file		Relevant Inv.		Utilization
	#	#	%	#	%	%	Utility (mean)	(mean)	
BS+Hb	144	144	100	141	98	94	63	76	
FBP	107	99	93	81	82	98	100	82	
ESR	101	92	91	77	83	99	77	85	
Biochem	65	55	85	49	89	81	38	79	
Sicking	8	6	75	5	83	100	3	50	
Immunol	44	39	89	19	49	90	21	64	
Others	82	73	89	55	71	81	48	85	

Table 2 : Total Admission and Mortality Rate for Paediatric Wards

	# Of Admission	# of Death	Mortality Rate
1996-1998	19,685	-	14.2-15.7 (Mean 15.0%)
1999	17,066	2,821	16.5
2000	16,847	2,842	16.9

Table 3: Budget of Paediatric Laboratory for FY2001

	Income				Deposit			
	Monthly Routine	MOI	Health check	Sub-total	Reagent	Imprest	MCH Project	Expense-subtotal
2000Jul	2,000,000	70,000		2,070,000	4,800,000	1,328,233	510,000	6,638,233
Aug	2,050,000	70,000		2,120,000	0	1,291,733	510,000	1,801,733
Sep	2,100,000	70,000		2,170,000	0	1,295,233	510,000	1,805,233
Oct	2,150,000	70,000		2,220,000	4,800,000	1,338,733	510,000	6,648,733
Nov	2,200,000	70,000		2,270,000	0	1,302,233	510,000	1,812,233
Dec	2,250,000	70,000	1,000,000	3,320,000	0	1,375,733	510,000	1,885,733
2001Jan	2,300,000	70,000		2,370,000	4,800,000	1,349,233	510,000	6,659,233
Feb	2,350,000	70,000		2,420,000	0	1,312,733	510,000	1,822,733
Mar	2,400,000	70,000		2,470,000	0	1,316,233	510,000	1,826,233
Apr	2,450,000	70,000		2,520,000	4,800,000	1,359,733	510,000	6,669,733
May	2,500,000	70,000		2,570,000	0	1,323,233	510,000	1,833,233
Jun	2,550,000	70,000	1,000,000	3,620,000	0	1,396,733	510,000	1,906,733
Total	27,300,000	840,000	2,000,000	30,140,000	19,200,000	15,989,796	6,120,000	41,309,796
%	90.6	2.8	6.6	100.0	46.5	38.7	14.8	100.0

2. C/P アンケート調査結果

Tanga pilot area

1. About Input of Japanese Long-term Experts

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Numbers	0 0%	5 83%	1 17%	0 0%	0 0%	6 100%	61.1
2) Duration of dispatch	0 0%	3 50%	0 0%	3 50%	0 0%	6 100%	33.3
3) Specialities in your field	3 50%	3 50%	0 0%	0 0%	0 0%	6 100%	83.3
4) Ability to teach	3 50%	2 33%	1 17%	0 0%	0 0%	6 100%	77.8
5) Ability to coordinate	3 50%	2 33%	1 17%	0 0%	0 0%	6 100%	77.8
6) Timing of dispatches	0 0%	3 50%	1 17%	1 17%	1 17%	6 100%	46.7
7) Communication abilities	3 50%	3 50%	0 0%	0 0%	0 0%	6 100%	83.3

2. About Input of Japanese Short-term Experts

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Numbers	0 0%	5 83%	0 0%	0 0%	1 17%	6 100%	66.7
2) Duration of dispatch	1 17%	2 33%	1 17%	1 17%	1 17%	6 100%	53.3
3) Specialities	2 33%	2 33%	0 0%	1 17%	1 17%	6 100%	66.7
4) Timing	0 0%	3 50%	0 0%	1 17%	2 33%	6 100%	50.0
5) Communication abilities	0 0%	4 67%	0 0%	1 17%	1 17%	6 100%	53.3

3. About Inputs of Equipment

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Kinds of equipment	3 50%	3 50%	0 0%	0 0%	0 0%	6 100%	83.3
2) Quantity of equipment	3 50%	3 50%	0 0%	0 0%	0 0%	6 100%	83.3
3) Timing of input	0 0%	6 100%	0 0%	0 0%	0 0%	6 100%	66.7

4. About Acceptance of Trainees in Japan (interns of your colleagues)

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Selection of trainees	1 17%	1 17%	3 50%	0 0%	1 17%	6 100%	53.3
2) Numbers	0 0%	1 17%	3 50%	1 17%	1 17%	6 100%	33.3
3) Length of training	0 0%	1 17%	3 50%	1 17%	1 17%	6 100%	33.3
4) Timing	0 0%	1 17%	4 67%	0 0%	1 17%	6 100%	40.0

5. About Input of Tanzanian Counterparts

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Numbers	0 0%	5 83%	0 0%	0 0%	1 17%	6 100%	66.7
2) Aptitude	0 0%	4 67%	1 17%	0 0%	1 17%	6 100%	60.0
3) Timing	0 0%	5 83%	0 0%	0 0%	1 17%	6 100%	66.7

6. About Input of Expenses

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Personnel cost	0 0%	2 33%	3 50%	0 0%	1 17%	6 100%	46.7
2) Administrative cost	0 0%	2 33%	3 50%	0 0%	1 17%	6 100%	46.7
3) Personnel education cost	0 0%	2 33%	3 50%	0 0%	1 17%	6 100%	46.7
4) Activity cost	0 0%	2 33%	3 50%	0 0%	1 17%	6 100%	46.7
5) Expected future budget	0 0%	0 0%	4 67%	1 17%	1 17%	6 100%	26.7

7. Do you think your have obtained enough knowledge and techniques etc. though the Project? Please evaluate the followings by circling one level.

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Knowledge	0 0%	6 100%	0 0%	0 0%	0 0%	6 100%	66.7
2) Techniques	2 33%	4 67%	0 0%	0 0%	0 0%	6 100%	77.8
3) Practices	2 33%	4 67%	0 0%	0 0%	0 0%	6 100%	77.8
4) Establishment of Systems	1 17%	3 50%	1 17%	1 17%	0 0%	6 100%	55.6

9. Do you think the activities of the Project can effect to promote any other health services in Tanzanian, directly or indirectly?

Yes	No	Total
6 100%	0 0%	6 100%

10. Do you think the project purpose and the planning were appropriate from the viewpoint of your demands and technical conditions in health services in Tanzania?

Yes	No	Total
5 83%	1 17%	6 100%

Microbiology

1. About Input of Japanese Long-term Experts

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Numbers	0 0%	0 0%	2 67%	0 0%	1 33%	3 100%	-
2) Duration of dispatch	0 0%	0 0%	0 0%	0 0%	3 100%	3 100%	-
3) Specialities in your field	0 0%	0 0%	0 0%	0 0%	3 100%	3 100%	-
4) Ability to teach	0 0%	0 0%	0 0%	0 0%	3 100%	3 100%	-
5) Ability to coordinate	0 0%	0 0%	0 0%	0 0%	3 100%	3 100%	-
6) Timing of dispatches	0 0%	0 0%	0 0%	0 0%	3 100%	3 100%	-
7) Communication abilities	0 0%	0 0%	0 0%	0 0%	3 100%	3 100%	-

2. About Input of Japanese Short-term Experts

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Numbers	0 0%	3 100%	0 0%	0 0%	0 0%	3 100%	66.7
2) Duration of dispatch	0 0%	3 100%	0 0%	0 0%	0 0%	3 100%	66.7
3) Specialities	3 100%	0 0%	0 0%	0 0%	0 0%	3 100%	100.0
4) Timing	0 0%	3 100%	0 0%	0 0%	0 0%	3 100%	66.7
5) Communication abilities	0 0%	3 100%	0 0%	0 0%	0 0%	3 100%	66.7

3. About Inputs of Equipment

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Kinds of equipment	3 100%	0 0%	0 0%	0 0%	0 0%	3 100%	100.0
2) Quantity of equipment	3 100%	0 0%	0 0%	0 0%	0 0%	3 100%	100.0
3) Timing of input	0 0%	2 67%	0 0%	1 33%	0 0%	3 100%	44.4

4. About Acceptance of Trainees in Japan (interns of your colleagues)

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Selection of trainees	0 0%	3 100%	0 0%	0 0%	0 0%	3 100%	66.7
2) Numbers	0 0%	3 100%	0 0%	0 0%	0 0%	3 100%	66.7
3) Length of training	0 0%	3 100%	0 0%	0 0%	0 0%	3 100%	66.7
4) Timing	0 0%	3 100%	0 0%	0 0%	0 0%	3 100%	66.7

5. About Input of Tanzanian Counterparts

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Numbers	0 0%	3 100%	0 0%	0 0%	0 0%	3 100%	66.7
2) Aptitude	2 67%	1 33%	0 0%	0 0%	0 0%	3 100%	88.9
3) Timing	2 67%	1 33%	0 0%	0 0%	0 0%	3 100%	88.9

6. About Input of Expenses

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Personnel cost	0 0%	1 33%	2 67%	0 0%	0 0%	3 100%	44.4
2) Administrative cost	0 0%	2 67%	1 33%	0 0%	0 0%	3 100%	55.6
3) Personnel education cost	0 0%	0 0%	1 33%	2 67%	0 0%	3 100%	11.1
4) Activity cost	0 0%	3 100%	0 0%	0 0%	0 0%	3 100%	66.7
5) Expected future budget	0 0%	2 67%	1 33%	0 0%	0 0%	3 100%	55.6

7. Do you think your have obtained enough knowledge and techniques etc. though the Project? Please evaluate the followings by circling one level.

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Knowledge	3 100%	0 0%	0 0%	0 0%	0 0%	3 100%	100.0
2) Techniques	3 100%	0 0%	0 0%	0 0%	0 0%	3 100%	100.0
3) Practices	2 67%	1 33%	0 0%	0 0%	0 0%	3 100%	88.9
4) Establishment of Systems	3 100%	0 0%	0 0%	0 0%	0 0%	3 100%	100.0

9. Do you think the activities of the Project can effect to promote any other health services in Tanzanian, directly or indirectly?

Yes	No	Total
3	0	3
100%	0%	100%

10. Do you think the project purpose and the planning were appropriate from the viewpoint of your demands and technical conditions in health services in Tanzania?

Yes	No	Total
3	0	3
100%	0%	100%

Pediatrics

1. About Input of Japanese Long-term Experts

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Numbers	2 18%	9 82%	0 0%	0 0%	0 0%	11 100%	72.7
2) Duration of dispatch	0 0%	10 91%	0 0%	1 9%	0 0%	11 100%	60.6
3) Specialities in your field	2 18%	4 36%	4 36%	1 9%	0 0%	11 100%	54.5
4) Ability to teach	0 0%	5 45%	3 27%	3 27%	0 0%	11 100%	39.4
5) Ability to coordinate	4 36%	7 64%	0 0%	0 0%	0 0%	11 100%	78.8
6) Timing of dispatches	0 0%	10 91%	0 0%	1 9%	0 0%	11 100%	60.6
7) Communication abilities	3 27%	6 55%	0 0%	1 9%	1 9%	11 100%	70.0

2. About Input of Japanese Short-term Experts

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Numbers	4 36%	7 64%	0 0%	0 0%	0 0%	11 100%	78.8
2) Duration of dispatch	0 0%	9 82%	0 0%	2 18%	0 0%	11 100%	54.5
3) Specialities	1 9%	7 64%	0 0%	3 27%	0 0%	11 100%	51.5
4) Timing	0 0%	11 100%	0 0%	0 0%	0 0%	11 100%	66.7
5) Communication abilities	4 36%	7 64%	0 0%	0 0%	0 0%	11 100%	78.8

3. About Inputs of Equipment

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Kinds of equipment	1 9%	8 73%	0 0%	2 18%	0 0%	11 100%	57.6
2) Quantity of equipment	2 18%	2 18%	0 0%	7 64%	0 0%	11 100%	30.3
3) Timing of input	1 9%	9 82%	0 0%	1 9%	0 0%	11 100%	63.6

4. About Acceptance of Trainees in Japan (interns of your colleagues)

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Selection of trainees	1 9%	6 55%	0 0%	4 36%	0 0%	11 100%	45.5
2) Numbers	0 0%	3 27%	0 0%	8 73%	0 0%	11 100%	18.2
3) Length of training	1 9%	4 36%	1 9%	5 45%	0 0%	11 100%	36.4
4) Timing	0 0%	7 64%	1 9%	2 18%	1 9%	11 100%	50.0

5. About Input of Tanzanian Counterparts

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Numbers	0 0%	9 82%	1 9%	1 9%	0 0%	11 100%	57.6
2) Aptitude	0 0%	7 64%	2 18%	1 9%	1 9%	11 100%	53.3
3) Timing	1 9%	8 73%	1 9%	1 9%	0 0%	11 100%	60.6

6. About Input of Expenses

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Personnel cost	0 0%	3 27%	2 18%	4 36%	2 18%	11 100%	29.6
2) Administrative cost	0 0%	3 27%	5 45%	1 9%	2 18%	11 100%	40.7
3) Personnel education cost	0 0%	2 18%	3 27%	5 45%	1 9%	11 100%	23.3
4) Activity cost	0 0%	4 36%	2 18%	4 36%	1 9%	11 100%	33.3
5) Expected future budget	0 0%	1 9%	4 36%	4 36%	2 18%	11 100%	22.2

7. Do you think your have obtained enough knowledge and techniques etc. though the Project? Please evaluate the followings by circling one level.

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Knowledge	1 9%	8 73%	1 9%	0 0%	1 9%	11 100%	66.7
2) Techniques	1 9%	6 55%	1 9%	1 9%	2 18%	11 100%	59.3
3) Practices	1 9%	8 73%	1 9%	1 9%	0 0%	11 100%	60.6
4) Establishment of Systems	1 9%	8 73%	0 0%	2 18%	0 0%	11 100%	57.6

9. Do you think the activities of the Project can effect to promote any other health services in Tanzanian, directly or indirectly?

Yes	No	Total
9	2	11
82%	18%	100%

10. Do you think the project purpose and the planning were appropriate from the viewpoint of your demands and technical conditions in health services in Tanzania?

Yes	No	Total
11	0	11
100%	0%	100%

Total

1. About Input of Japanese Long-term Experts

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Numbers	2 10%	14 70%	3 15%	0 0%	1 5%	20 100%	64.9
2) Duration of dispatch	0 0%	13 65%	0 0%	4 20%	3 15%	20 100%	51.0
3) Specialities in your field	5 25%	7 35%	4 20%	1 5%	3 15%	20 100%	64.7
4) Ability to teach	3 15%	7 35%	4 20%	3 15%	3 15%	20 100%	52.9
5) Ability to coordinate	7 35%	9 45%	1 5%	0 0%	3 15%	20 100%	78.4
6) Timing of dispatches	0 0%	13 65%	1 5%	2 10%	4 20%	20 100%	56.3
7) Communication abilities	6 30%	9 45%	0 0%	1 5%	4 20%	20 100%	75.0

2. About Input of Japanese Short-term Experts

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Numbers	4 20%	15 75%	0 0%	0 0%	1 5%	20 100%	73.7
2) Duration of dispatch	1 5%	14 70%	1 5%	3 15%	1 5%	20 100%	56.1
3) Specialities	6 30%	9 45%	0 0%	4 20%	1 5%	20 100%	63.2
4) Timing	0 0%	17 85%	0 0%	1 5%	2 10%	20 100%	63.0
5) Communication abilities	4 20%	14 70%	0 0%	1 5%	1 5%	20 100%	70.2

3. About Inputs of Equipment

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Kinds of equipment	7 35%	11 55%	0 0%	2 10%	0 0%	20 100%	71.7
2) Quantity of equipment	8 40%	5 25%	0 0%	7 35%	0 0%	20 100%	56.7
3) Timing of input	1 5%	17 85%	0 0%	2 10%	0 0%	20 100%	61.7

4. About Acceptance of Trainees in Japan (interns of your colleagues)

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Selection of trainees	2 10%	10 50%	3 15%	4 20%	1 5%	20 100%	50.9
2) Numbers	0 0%	7 35%	3 15%	9 45%	1 5%	20 100%	29.8
3) Length of training	1 5%	8 40%	4 20%	6 30%	1 5%	20 100%	40.4
4) Timing	0 0%	11 55%	5 25%	2 10%	2 10%	20 100%	50.0

5. About Input of Tanzanian Counterparts

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Numbers	0 0%	17 85%	1 5%	1 5%	1 5%	20 100%	61.4
2) Aptitude	2 10%	12 60%	3 15%	1 5%	2 10%	20 100%	61.1
3) Timing	3 15%	14 70%	1 5%	1 5%	1 5%	20 100%	66.7

6. About Input of Expenses

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Personnel cost	0 0%	6 30%	7 35%	4 20%	3 15%	20 100%	37.3
2) Administrative cost	0 0%	7 35%	9 45%	1 5%	3 15%	20 100%	45.1
3) Personnel education cost	0 0%	4 20%	7 35%	7 35%	2 10%	20 100%	27.8
4) Activity cost	0 0%	9 45%	5 25%	4 20%	2 10%	20 100%	42.6
5) Expected future budget	0 0%	3 15%	9 45%	5 25%	3 15%	20 100%	29.4

7. Do you think you have obtained enough knowledge and techniques etc. though the Project? Please evaluate the followings by circling one level.

	Very satisfied	Satisfied	Not applicable	Not satisfied	No answer	Total	Score
1) Knowledge	4 20%	14 70%	1 5%	0 0%	1 5%	20 100%	71.9
2) Techniques	6 30%	10 50%	1 5%	1 5%	2 10%	20 100%	72.2
3) Practices	5 25%	13 65%	1 5%	1 5%	0 0%	20 100%	70.0
4) Establishment of Systems	5 25%	11 55%	1 5%	3 15%	0 0%	20 100%	63.3

9. Do you think the activities of the Project can effect to promote any other health services in Tanzanian, directly or indirectly?

Yes	No	Total
18	2	20
90%	10%	100%

10. Do you think the project purpose and the planning were appropriate from the viewpoint of your demands and technical conditions in health services in Tanzania?

Yes	No	Total
19	1	20
95%	5%	100%

Pediatrics

Number of Respondents

Ward	7
SPL	4
Total	11

1. About Input of Japanese Long-term Experts

	1) Numbers	2) Duration of dispatch	3) Specialities in your field	4) Ability to teach	5) Ability to coordinate	6) Timing of dispatches	7) Communication abilities
Ward	71.4	66.7	42.9	23.8	76.2	66.7	61.1
SPL	75.0	58.3	75.0	66.7	83.3	50.0	83.3

2. About Input of Japanese Short-term Experts

	1) Numbers	2) Duration of dispatch	3) Specialities	4) Timing	5) Communication abilities
Ward	76.2	66.7	47.6	66.7	76.2
SPL	83.3	33.3	58.3	66.7	83.3

3. About Inputs of Equipment

	1) Kinds of equipment	2) Quantity of equipment	3) Timing of input
Ward	61.9	23.8	71.4
SPL	50.0	41.7	50.0

4. About Acceptance of Trainees in Japan (interns of your colleagues)

	1) Selection of trainees	2) Numbers	3) Length of training	4) Timing
Ward	52.4	19.0	52.4	66.7
SPL	33.3	16.7	8.3	25.0

5. About Input of Tanzanian Counterparts

	1) Numbers	2) Aptitude	3) Timing
Ward	52.4	61.1	61.9
SPL	66.7	41.7	58.3

6. About Input of Expenses

	1) Personnel cost	2) Administrative cost	3) Personnel education cost	4) Activity cost	5) Expected future budget
Ward	40.0	40.0	22.2	44.4	20.0
SPL	16.7	41.7	25.0	16.7	25.0

7. Do you think you have obtained enough knowledge and techniques etc. though the Project? Please evaluate the followings by circling one level.

	1) Knowledge	2) Techniques	3) Practices	4) Establishment of Systems
Ward	61.1	46.7	61.9	71.4
SPL	75.0	75.0	58.3	33.3