付　属　資　料

１．ミニッツ（合同評価レポートを含む）

２．プロジェクト成果品一覧

1．ミニッツ（合同評価レポートを含む）

Minutes of Discussions
between
Japan International Cooperation Agency
and
The Authorities Concerned of the Government of the United Republic of Tanzania
on
The Project for Strengthening of District Health Services in Morogoro Region
Final Evaluation

The Final Evaluation Team (hereinafter referred to as "the Team") organized by Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Ms. Harumi Kitabayashi, Group Director, Group III, Human Development Department, JICA, visited the The United Republic of Tanzania from October 1 to October 23, 2005, for the purpose of final evaluation of the Project for Strengthening of District Health Services in Morogoro Region (hereinafter referred to as "the Project").

During its visit, the Team assessed the achievements of the Project since its commencement in April 2001 and up to September 2005 by reviewing documents, interviewing relevant individuals and observing project activities. The Team also exchanged views with the concerned authorities of the United Republic of Tanzania.

Through these exercises, both Japanese and Tanzanian parties came to an agreement regarding the evaluation results including recommendations as described in the Final Evaluation Report and its Annexes, and the Summary of Discussions at the Consultative Meeting attached hereto, which will be submitted to the Joint Coordinating Committee of the Project.

Morogoro, Tanzania
October 20, 2005.

北林 春美

Ms. Harumi Kitabayashi
Team Leader
Final Evaluation Team
Japan International Cooperation Agency

Dr. Gilbert Ronald Mliga
Director, Human Resources Development
Ministry of Health
The United Republic of Tanzania

Mr. Daudi Mfwangavo
Regional Administrative Secretary
Morogoro Region
The United Republic of Tanzania

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

Summary of Discussions at the Consultative Meeting

The Consultative Meeting was held on October 19 at Hotel Oasis, with participation of the Joint Evaluation Team, representatives from the Ministry of Health, the Region of Morogoro and all the Districts in the region to review the draft Final Evaluation Report.

During the meeting, an advice was made jointly by the participants to extend cooperation period beyond the current term of the Project to consolidate those results to ensure self-reliance. The design of the Project shall be reviewed and revised for such extension period, to highlight the areas of concentration following the recommendations in the Final Evaluation Report with a clear roadmap for self-reliance.

Outcomes of the extended cooperation shall be properly evaluated and the results shall be utilized for the capacity building of local health managers in the United Republic of Tanzania.

JOINT EVALUATION REPORT
ON JAPANESE TECHNICAL COOPERATION
FOR
THE PROJECT FOR STRENGTHENING OF DISTRICT HEALTH SERVICES IN MOROGORO REGION

Japan International Cooperation Agency

And

The Government of the United Republic of Tanzania

20 October 2005

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ABBREVIATIONS

CCHP	Comprehensive Council Health Plan	JICA	Japan International Cooperation Agency
CHMT	Council Health Management Team	JPY	Japanese Yen
CPs (C/Ps)	Counterparts	LGR	Local Government Reform
DMO	District Medical Officer	MHP	Morogoro Health Project
FLHW	Front Line Health Worker	MOH	Ministry of Health
FY	Fiscal Year	PORALG	President's Office Regional Administration and Local Government
GoT	Government of the United Republic of Tanzania	PRSP	Poverty Reduction Strategy Paper 1
HMIS	Health Management Information System	RHMT	Regional Health Management Team
HSR	Health Sector Reform	RMO	Regional Medical Officer
HSPS	Health Sector Program Support	SFDDH	St. Francis District Designated Hospital
HSSP	Health Sector Strategic Plan	SWAp	Sector Wide Approach
HSWD	Hexagon-Spider-Web-Diagram	TEHIP	Tanzania Essential Health Interventions Project
IHRDC	Ifakara Health Research and Development Center	TSH	Tanzanian Shillings
IRC	Information Resource Center	UNICEF	United Nations Children's Fund
JCC	Joint Coordinating Committee	WHO	World Health Organization

1. INTRODUCTION

1.1 Background and Objective of the Evaluation Mission

Japan International Cooperation Agency (JICA) has collaborated with the Government of the United Republic of Tanzania (GoT) in implementing the Project for Strengthening of District Health Services in Morogoro Region (hereinafter referred to as "the Project") with the aim to improve the managerial capability of the Regional and Council Health Management Teams within the Region. The Project was initiated in April 1, 2001, and will be completed on March 31, 2006.

JICA dispatched the Final Evaluation Mission to Tanzania from October 1 to 23, 2005 to conduct a final evaluation on the Project, in view of its closure in March 2006. The evaluation was a joint undertaking by the Tanzanian and the Japanese Evaluation Team, with full cooperation from the Project Team.

The purpose of this mission is:

1. To evaluate the overall achievement of the Project since its commencement in 2001, using JICA's standard project evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability;
2. To summarize recommendations for the remaining period of the Project, and draw lessons learned for the benefit of both Tanzanian and Japanese Governments.

1.2 Evaluators

The following are the members of the Evaluation Mission.

(1) The Japanese side

	Name	Designation	Position, Organisation
1	Ms. Harumi KITABAYASHI	Leader	Group Director, Group III (Health I), Human Development Department, JICA
2	Dr. Ichiro OKUBO	Health Administration	Professor, Doctoral Program in Human-Care Sciences, Institute of Community Medicine, University of Tsukuba
3	Mr. Ikuo TAKIZAWA	Evaluation Planning	Staff, Health Administration Team, Group III (Health I), Human Development Department, JICA
4	Ms. Minako NAKATANI	Evaluation Analysis	Researcher, Social Development Department, Global Link Management, Inc.

(2) The Tanzanian Side

	Name	Designation	Position, Organisation
1	Dr. Rafael KALINGA	Evaluator	Acting Director, Directorate of Preventive Services, Ministry of Health
2	Dr. Gozibert MUTAHYABARAWA	Evaluator	Training Officer, Directorate of Human Resource Development, Ministry of Health

1.3 Mission Schedule

Date		AM	PM	Remarks
2005.10.2	SUN		Arrival in Dar Es Salaam (Ms. Nakatani)	
10.3	MON	Visit to JICA Office, Interview at the Ministry of Health	Interview with WHO, Japanese Expert in MOH (Ms. Tajima)	Ms. Nakatani
10.4	TUE	Ms. Nakatani transfer to Morogoro	Courtesy Call to RMO Meeting with MHP Team	Ms. Nakatani
10.5	WED	Project Evaluation Workshop		Organized by MHP
10.6	THU	Project Stakeholders Meeting		Organized by MHP
10.7	FRI	Visit to Morogoro CHMT	Visit to Mvomero CHMT	Ms. Nakatani
10.8	SAT	Visit to Municipal CHMT	Meeting with MHP team	Ms. Nakatani
10.9	SUN	Data Analysis	Transfer to Ulanga	Ms. Nakatani
10.10	MON	Visit to Ulanga CHMT	Visit to IHRDC	Ms. Nakatani
10.11	TUE	Visit to Kilombero CHMT	Transfer to Kilosa	Ms. Nakatani
10.12	WED	Visit to Kilosa CHMT	Visit to Mzumbe University	Ms. Nakatani
10.13	THU	Meeting with RHMT	Transfer to Dar Es Salaam	Ms. Nakatani
10.14	FRI	Drafting of the Final Evaluation Report	Arrival in Dar Es Salaam (Mr. Takizawa)	Mr. Takizawa, Ms. Nakatani
10.15	SAT	Drafting of the Final Evaluation Report		Mr. Takizawa, Ms. Nakatani
10.16	SUN	Arrival in Dar Es Salaam (Ms. Kitabayashi, Dr. Okubo)		
10.17	MON	Meeting with JICA Office, Curtesy Call to Embassy of Japan, MOH	Transfer to Morogoro	All members
10.18	TUE	Courtesy Call to Regional Administrative Officer, RMO	10:00~ JICA-Counterpart Meeting	All members
10.19	WED	Drafting of M/M and Joint Evaluation Report	14:00 Consultative Meeting on the Draft M/M and Joint Evaluation Report	All members
10.20	THU	11:30 Signing of the Minutes	Transfer to Dar Es Salaam	All members
10.21	FRI	De-briefing session to MOH, Embassy of Japan, JICA Office		All members
10.22	SAT	Departure from Dar Es Salaam		All members
10.23	SUN	Arrival in Japan		All members

1.4 Stakeholders Consulted/Interviewed

The stakeholders who were consulted or interviewed by the Evaluation Mission consisted mainly of the following:

- Counterparts of the Project
  - ✓ Members of the Regional Health Management Team (RHMT) of Morogoro Region
  - ✓ Members of the Council Health Management Teams (CHMTs) of 6 Councils in the

Morogoro Region (Morogoro Municipal, Morogoro, Mvomero, Kilosa, Kilombero, Ulanga)

- Japanese long-term experts assigned to the Project
- Ministry of Health Officials
- Regional Secretariat Officials
- District level health service providers
- Donors and other partner institutions

Detailed list of the parties consulted by the Evaluation Mission is included in **ANNEX 1.**

1.5 Methodology of Evaluation

In accordance with the JICA Project Evaluation Guideline of January 2004, the Final Evaluation of the Project was conducted in the following process.

Step 1: The latest Project Design Matrix[1] (PDM), version 4 was adopted as the framework of the evaluation exercise, and the Project achievements were assessed vis-à-vis the benchmarked levels of respective Objectively Verifiable Indicators.

Step 2: Analysis was conducted on the underlying causes that promoted or inhibited the achievement levels including both the project design and project implementation processes. Attention was given to find out whether the Project-related interventions may be attributed to the current situation.

Step 3: An examination of the Project was conducted based on the five evaluation criteria: "relevance", "effectiveness", "efficiency", "impact", and, "sustainability".

Step 4: Recommendations for the Project for the remaining 6 months, were formulated, as well as lessons learned for future projects to be implemented by both Tanzanian and Japanese Governments.

Definition[2] of the five evaluation criteria that were used as viewpoints in analysis for the Final Evaluation is given in Table 1-1 below.

Table 1-1 : Definition of the Five Evaluation Criteria for the Final Evaluation

Five Evaluation Criteria	Definitions as per the JICA Evaluation Guideline
1. Relevance	The question whether the "Overall Goal" and "Project Purpose," as stipulated in the PDM, are still in line, at the time of the evaluation, with the needs of the target group, the policy

[1] Within the latest JICA Evaluation Guideline of 2004, the term Logical Framework, or LogFrame has been introduced in place of Project Design Matrix (PDM). However since the Project continued referring to this tool as PDM throughout the Project Period, this Report will use the term PDM.

[2] "JICA Project Evaluation Guideline (revised: January 2004)," Office for Evaluation and Post-Project Monitoring, JICA.

	directions of Tanzania, as well as the adequacy of selected solutions to the issues concerned, of the strategy that the Project has taken, and of the nature of the Project as an official development assistance.
2. Effectiveness	The question as to what extent the Project has benefited or would benefit the target group or a segment of the society. More specifically, the question as to clarify the causal relationship between the Project Purpose and Outputs.
3. Efficiency	The question on the relationship between the cost and the effects obtained by the Project, whether the Inputs has been effectively utilized. More specifically, the question on the adequacy in terms of its timing, quality and quantity, as well as the degree to which Inputs have been converted into intended Outputs.
4. Impact	The question on what changes, whether positive/negative or anticipated/unanticipated, have been produced as a result of the implementation of the Project.
5. Sustainability	The question on self-reliance of the Project in terms of organizational, financial and technical aspects: whether the benefits of the Project will continue after the discontinuation of external assistance.

Both quantitative and qualitative data was gathered and utilized for analysis. Data collection methods used by the Team was as follows:

- Literature/Documentation Review;
- Questionnaires (Counterparts, Japanese Long-term Experts);
- Key Informant/Group Interviews (Counterparts, Japanese Long-term Experts, District level health service providers, relevant donor agencies);
- Participation in Evaluation Workshops (Project Stakeholders Meeting) organized by the Project
- Direct Observation

1.6 Background of the project

When the Government of Tanzania (GoT) introduced "New Public Management" in the 1990s, which aimed at administrative structural reforms to meet increasing public demands, the Ministry of Health (MOH) in Tanzania strived to decentralize its administrative system by empowering district level health management teams. However, problems remained, including shortages of well-trained and motivated staff, lack of management skills, and delay of fund disbursement as well as execution of planned activities. Inadequate information sharing and coordination among the different district-based initiatives created fragmentation and inequalities in regards to quality of health services. Planning in the sector was ad hoc, driven by the availability of funds for certain areas in the absence of integrated sector planning or prioritisation. Especially, lack of comprehensive management skills undermined equitable and quality health delivery to the community.

Hence, Health Sector Reform Policy and Guidelines (1994) was introduced and it emphasized that 1) improved service delivery required a shift in attitude of the Council Health Management Teams (CHMTs) towards service delivery; 2) a planning, budgeting, and reporting process that supports quality health service delivery need to be put in place; 3) demand-driven, regular and specific technical and managerial support to CHMTs from the Regional level (Regional Health Management Team, RHMT) is vital; 4) motivated human resources need to be assigned ; 5) appropriate and well maintained infrastructure is required; 6) sufficient financial resources should be secured; 7) greater

involvement of and accountability to facility based health staff and communities; and 8) a refocus of performance assessment tools and procedures on quality of service delivery. These reforms have been gradually promoted according to the Health Sector Strategic Plan (HSSP) 1999-2002, then subsequently HSSP 2003-2008. Currently, the introduction and execution of Health Sector Common Basket Funds through Sector Wide Approaches, implemented since 1999, enabled the local government to plan and exercise district health services with sufficient funds.

Since these Health Sector Reform and Local Government Reform agenda were rapidly developed, more demands emerged for technical assistance to strengthen managerial skills and knowledge for CHMT and RHMT. Thus in 1999, the Government of Tanzania requested Japanese Government for a technical cooperation project aimed to support improvements in district health management and service delivery. Based on the request, the Project for Strengthening of District Health Services in Morogoro Region (Morogoro Health Project) was launched in April 2001 for a period of five years.

1.7 Description of the Project (from PDM Version 4)

Overall Goal

Description	Verifiable measures	Means of verification	Important Assumptions
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

Description	Verifiable measures	Means of verification	Important Assumptions
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[3] are improved for all RHMT and CHMTs from 2003 scores to 4.5 points 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.

[3] Hexagon-Spider Web-Diagram is a self-assessment tool introduced by the Project to quantify the level of managerial capabilities of RHMT and CHMTs. The six fields of management assessed in the HSWD exercise are: schedule, knowledge, resource (human and material), financial, coordination, and project.

Project Outputs

Description	Verifiable measures	Means of verification	Important Assumptions
1) Health Management Information System (HMIS) is improved.	Rate of collecting, processing and utilizing quality HMIS data on time is increased by the end of 2005.	District Processing File	(Output level) - Condition of human resources at all levels will not worsen. - Coordination among vertical programs will not worsen. (Activity Level) - 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.
2) Experience and health inofrmation among CHMTs and 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 center - Register book of information resource centers	
3) Planning, implementation, monitoring and evaluation by CHMTs and RHMT are improved.	1. The number of improved evidence-based plan is increased by the end of 2005. 2. The implementation rate of the planned activities is improved by the end of 2005.	- CCHPs - Progress report	

2. RECORD OF PROJECT IMPLEMENTATION

2.1 Inputs

2.1.1 Japanese Side

a) Experts Dispatched

Long-term Experts: A total of 11 Long-term Experts in five areas of expertise, totalling 268.4 man months, were assigned. The positions for the experts are: Chief Advisor, Health Administration Management, Health Information Management, Health Administration Planning, and Coordinator.

Short-term Experts: A total of 12 short-term experts in 13 visits, totalling 18.8 man months, have been dispatched at the time of the Final Evaluation. The fields of expertise included the following five areas: Health Administration, Public Health, Community Participation, Health Information, Health Planning, Health Information System (Radio Calls), and Resource Center Management.

Detailed list of long term and short term experts is shown in **ANNEX 3.**

b) Trainees Accepted

A total of 21 counterparts were trained under the Counterpart Training Scheme in Japan. The following are the training courses and the number of CPs accepted in the respective courses.

Name of the Training Course	Number of CPs
Local Government Administration	1
District Health Management Course	9
Community Based maternal and Child Health Course	10
Hospital Administration and Management Course	1

To date, only one out of 21 participants trained in Japan had transferred to a post outside of Morogoro Region. One additional trainee is currently on sabbatical and is studying for a Master's degree in Public Administration. It is expected that he will resume his former post after graduation.

The detailed list of Trainees is shown in **ANNEX 4.**

c) Equipment Provided

Machinery and equipment worth **129,767,009 TSH** or **JPY 15,260,600** [4] in total were provided at the time of the Final Evaluation. In addition, for the FY2005, the Project is in the process of procuring additional 93,582,000 TSH or JPY 9,358,200 worth of equipment.

The detailed list of equipment is shown in **ANNEX 5.**

d) Operational Expenses Support

A total of **523,999,435 Tsh** or **59,221,704 JPY** was disbursed as direct operational costs for project activities at the time of the Final Evaluation from the Japanese side.

The details of the Operational Expenses is shown in **ANNEX 6.**

2.1.2 Tanzanian Side

a) Appointment of Counterpart Personnel

Total of 63 health managers of the RHMT and CHMTs were assigned as the counterpart personnel by the Tanzanian side. As of September 2005, due to some vacancies in the CHMT positions, 56 personnel serve as Counterparts.

The list of counterpart personnel as of September 1, 2005 is shown in **ANNEX 7.**

b) Cost-sharing of Operational Expenses

Operational Cost-sharing with GoT has been promoted since the beginning of the Project. As of September 2005, the Tanzanian side contributed a total of **14,508,710 TSH** or **1,706,224 JPY**[5] as direct operational costs for project activities. However, this figure excludes the amount proposed by the CHMTs for JFY2005, which was internalised in their annual Comprehensive Council Health Plans (CCHP). Final allocated amount is currently under negotiation. Furthermore, it is

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4 This figure does not include the equipment accompanied by the Expert upon dispatch, amounting to JPY 10,399, 105. Calculation was made with the exchange rate of 1Tsh=0.1176 JPY (average rate April 1, 2001~September 28, 2005)

5 Calculation was made with the exchange rate of 1Tsh=0.1176 JPY (average rate April 1, 2001~September 28, 2005)

worthy to note that in the District Councils, the annual proportion of cost-sharing of direct operational expenses increased from 2002 to 2004 (1.5% to 6% per annum), revealing the gradual enhancement of the ownership of the Project by the Tanzanian Side. For example, substantial contribution for Newsletter publications was made in FY 2004-05 from Regional Secretariat and respective District Councils.

However, GoT's contribution was not limited to the sharing of direct operational costs for projet activities. GoT provided human resources, infrastructure and other relevant cost incurred during the Project implementation period.

Details on cost sharing in direct operational expensesby GoT during the Project Period is shown in **ANNEX 8.**

2.2 Activities Implemented

Project Activities consist of 26 areas as shown in the PDM_4. Activities and the achievements attained were presented by the Counterparts and jointly reviewed by all stakeholders at the Project Final Evaluation Workshop and Project Stakeholders Meeting held respectively on 5th and 6th October 2005. Completed and ongoing activities at the time of evaluation are summarised in **ANNEX 9.**

2.3 Achievement of Outputs

The Project adopted a new set of operational monitoring indicators through a participatory workshop which was conducted in July 2005. The level of achievement of the project outputs were summarized as follows using those indicators, together with the information collected through questionnaire surveys, interviews, and participatory workshop.

2.3.1 Achievement of Output 1

Output 1: HMIS is improved

There was a general improvement in the reporting of HMIS-related information from the health facilities to the CHMTs. The timely collection of annual reports increased from 70% in 2002 to 80% in 2004, though a slight variation was observed among the districts. There was an improvement in data management and utilization also. However, it was observed that there was inadequate function of reporting from CHMTs to the central MOH via RHMT. This problem was due to the transition from old to new system of reporting. The Project provided necessary training and equipment to ensure smooth transition. Following management tools were produced under Output 1:

- Integrated Supervision Checklist;
- Radio-call operation and maintenance manual.

Internet homepage was launched as a tool to facilitate feedback of health information collected by RHMT through HMIS and other sources. However, lack of internet access in two of the six CHMTs may hinder its utilization. There is also a plan to produce health resource maps using GIS by the end of the Project.

Based on the questionnaire survey, 87% of the counterparts answered that Output 1 was achieved by a 'good amount or above[6].'

Table 2-1 Verifiable Indicators for Output 1

Indicators	Source	2001	2002	2003	2004	2005
Number of HMIS annual reports received by CHMTs on time	District Processing Files	77/111	200/287	197/285	231/287	n.a.
.% of HMIS annual reports received by CHMTs on time	District Processing Files	69	70	69	80	n.a.
Number of CHMTs that entered the HMIS data into database	HMIS contact person	0	0	2	5	5
Number of updated tables of HMIS data shown in CCHP (average of all CHMTs)	CCHP	15	17	17	18	21

Source: Morogoro Health Project, July 2005. Breakdown by CHMTs is provided in ANNEX 10.
Note: n.a. signifies that the data was not available

2.3.2 Achievement of Output 2

Output 2: Experience among CHMTs and RHMT and other regions is adequately shared.

The Project supported experience sharing among CHMTs and RHMT through the production and distribution of periodic newsletters, technical assistance for the establishment of information resource centers (IRCs), exchange visits between CHMTs and organization of joint RHMT/CHMTs meetings. Four issues of the Newsletter were published so far with subscription doubling from 1,200 of the first issue to 2,570 of the fourth, which were distributed to all health facilities, educational institutions project partners, and RMOs of all other Regions. Three exchange visits were conducted leading to hands on mutual learning among CHMTs. Joint RHMT/CHMTs meetings were held biannually since 2003. Following management tools were produced under Output 2:

- Newsletters and its editorial guideline/manual;
- IRCs and its management guideline and manual

IRCs were established in all CHMTs but still in temporary locations due to physical constraints, with an exception of Kilosa CHMT which secured a permanent building. Therefore, the utilization of the IRCs is still limited at the time of the evaluation.

Based on the questionnaire survey, 71% of the counterparts answered that Output 2 was achieved by a 'good amount or above[7].'

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[6] The questionnaire was designed so that the respondents could answer in regard to the achievement of outputs according to a four point scale (rarely, more or less, good amount, very much). In this case, 87% of the Counterparts answered that the Output 1 was achieved either a good amount or very much.

[7] The questionnaire was designed so that the respondents could answer in regard to the achievement of outputs according to a four point scale (rarely, more or less, good amount, very much). In this case, 71% of the Counterparts answered that the Output 2 was achieved either good amount or very much.

Table 2-2 Verifiable Indicators for Output 2

Indicators	Source	2001	2002	2003	2004	2005
Amount spent by CHMTs and RHMT for cost sharing of newsletter production	Account record of Editorial Board	0	0	57,000	3,421,000	1,469,000
Number of newsletter subscription	Account record of Editorial Board	0	0	2,681	2,500	2,570
Number of organizations which received newsletters	Distribution list of Editorial Board	0	0	662	640	n.a.
Number of reports produced after exchange visits/studies that are utilized for decision making	Reports of exchange visits	0	0	0	0	7
Number of users of the information resource centers	Registration book of the centers	59	65	41	22	n.a.
Number of joint RHMT/CHMTs meetings verified by minutes	Minutes of joint meetings	n.a.	n.a.	2	3	0
Number of participants of the joint RHMT/CHMTs meetings	Minutes of joint meetings	n.a.	n.a.	60	90	0

*Source: Morogoro Health Project, July 2005. Breakdown by CHMTs is provided in **ANNEX 10.***
Note: n.a. signifies that the data was not available

2.3.3 Achievement of Output 3

Output 3: Planning, implementation, monitoring and evaluation by CHMTs and RHMT is improved.

The planning process for CCHP has become more participatory through the Project duration. CCHP has become more evidence-based, or at least evidence-oriented, as displayed in the increased use of analytical tables and charts, even though there is room for improvement in light of the CCHP assessment criteria of the central MOH. Introduction of operational researches, or action-based researches by the CHMT members, significantly improved their motivation and attitude in collection and utilization of health information. No specific management tool was produced under Output 3 except for operational research reports and the latest CCHP of each CHMTs. However, Integrated Supervision Checklist developed under Output 1 can be considered as one of M&E tools to monitor performance of individual health facilities, which is complementary to the existing HMIS or other sources of routinely collected information.

Based on the questionnaire survey, 86% of the counterparts answered that the output was achieved by 'good amount or above[8].'

[8] The questionnaire was designed so that the respondents could answer in regard to the achievement of outputs according to a four point scale (rarely, more or less, good amount, very much). In this case, 86% of the Counterparts answered that the Output 3 was achieved either a good amount or very much.

Table 2-3 Verifiable Indicators for Output 3

Indicators	Source	2001	2002	2003	2004	2005
Number of other stakeholders participated in CCHP pre-planning or planning session (average of CHMTs)	CCHP reports, Minutes of session	15	18	21	22	30
Number of graphical presentations (i.e., tables, charts and maps) in CCHP (average of CHMTs)	CCHP reports	18	26	23	27	34
Number of statistical tables with original analytical calculation in CCHP (average of CHMTs)	CCHP reports	10	16	15	16	19
Number of activities planned in CCHP based on the results of operational research supported by the Project	CCHP reports	0	0	0	0	16

Source: Morogoro Health Project, July 2005. Breakdown by CHMTs is provided in ANNEX 10.

2.4 Achievement of the Project Purpose

The purpose of the Project is stated as "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 verifiable indicator included in the latest PDM (ver. 4) for this is described that all RHMT and CHMTs need to improve there scores, and that the average score of Hexagon-Spider-Web-Diagram (HSWD) reach 4.5 by the end of 2005. According to this indicator, the project purpose was not yet met as of September 2005, since the average score was measured 3.42, even though it was an improvement from 3.12 in March 2003. However, this may be partly explained by the fact that out of the six management skills self-evaluated in the HSWD, two were not addressed directly by the project intervention. Another factor is a variation among CHMTs. There was a decrease in score in two CHMTs while the rest showed an improvement. The summary of results with a breakdown by Districts and managerial areas are shown in **ANNEX 11**.

Alternative indicators (i.e., changes in percentage of planned activities in CCHP actually implemented, changes in percentage of planned budget in CCHP actually executed) suggested that there was an improvement in management capabilities of CHMTs through out the project period.

Table 2-4 Percentage of planned activities in CCHP actually achieved

Team	2001 (Jan-Dec)	2002 (Jan-Dec)	2003 (Jan-Dec)	2004 (Jan-Jun)	Jul 2004-Jun 2005
Municipal	75	75	82	85	90
Morogoro/Mvomero	N.A.	99.9	99.9	100	100
Kilosa	N.A.	64	79	82	83
Kilombero	N.A.	N.A.	95.6	93.6	96.2

Source: M&E Working Group (Originally taken from CCHP reports, CCHP Financial and Technical Quarterly Reports)

Note1: The calculation formula is (number of achievement rate of activities from all funding sources) divided by (total number of planned activities).

Note 2: Data for Ulanga is being consolidated.

Note 3: N.A. signifies that the data was not available

Table 2-5 Percentage of planned budget in CCHP actually executed

Team	2001 (Jan-Dec)	2002 (Jan-Dec)	2003 (Jan-Dec)	2004 (Jan-Jun)	Jul 2004-Jun 2005
Municipal	75	75	82	85	90
Morogoro/Mvomero	N.A.	94	84.3	85	98
Kilosa	62.5	68	82	90	94
Kilombero	N.A.	N.A.	97	94	95.6

Source: M&E Working Group (Originally taken from CCHP reports, CCHP Financial and Technical Quarterly Reports)

Note 1: The calculation formula is (annual expenditure) divided by (annual budget) x100.

Note 2: Data for Ulanga is being consolidated.

Note 3: N.A. signifies that the data was not available

Based on the questionnaire survey, over 90 % of the counterparts responded that they have observed an improvement in managerial capacities of both RHMT and CHMTs and 71% were optimistic about achieving the project purpose by March 2006.

3. Evaluation by Five Criteria

3.1 Relevance

Relevance of the Project is considered to be very high as Project's strategy addresses the needs of the target group, and are coherent with the policy priorities of GoT under the Health Sector Reform and Local Government Reform, as well as the Poverty Reduction Strategy Paper 1. It also complies with the JICA Country Programme. As for its relevance to the needs of the final beneficiaries in the Morogoro Region, which is an increase in the quality of health services, the Project strived to increase the capacities of the RHMT and CHMTs so that they in turn would be able to effectively address the needs of the people.

The design of the Project was especially relevant to the context of Health Sector Reform and Local Government Reform, which delegated the responsibility of basic social service delivery to the Districts with technical supervision from the Regions. The Project aimed at improving managerial capacity of RHMT and CHMTs under those policy frameworks, with a focus on evidence-based management (planning, implementation, monitoring and evaluation) at the local level. Assistance was provided to strengthen health information management capabilities of RHMT and CHMTs utilizing multiple tools, i.e., the existing HMIS, periodical health facility supervision and operational researches conducted by RHMT and CHMT counterparts themselves, since information will be a foundation for evidence-based decision making.

The Project adopted participatory and consultative approach. Various tools were introduced to promote information sharing and collaboration among RHMT and CHMTs, i.e., internet (project website), print material (Newsletters) and exchange visits between districts. Working groups were established in line with major project activities to ensure participation of RHMT and CHMTs while clearly designating persons in charge. The process was time consuming yet relevant in consolidating commitment of the counterpart members.

In the Health Sector Review of 2005, human resource development at the district level was identified as one of the priority areas that require more substantial progress. The Project's relevance to

Japanese assistance strategy to Tanzania is confirmed as it coincides with one of the five priority areas highlighted in JICA's Country Program for Tanzania.

3.2 Effectiveness

The Project did not achieve the project purpose to the level expected by RHMT and CHMTs which was measured by the designated verifiable indicator of the latest PDM. However, significant progress was observed in terms of evidence-based managerial capabilities of RHMT and CHMT counterparts. Various tools for the effective and efficient collection and analysis of health information were being tested. Positive attitude towards effective utilization of information in planning, implementation, monitoring and evaluation was noted among the counterparts.

It can safely be concluded that the Project was successful in developing core management skills and a sense of ownership and commitment among the counterparts. Participatory and consultative approach adopted by the Project was considered effective, even though it may not have been efficient as it was time-consuming. However, the application of improved core management skills in different tasks was still in an early stage making it difficult to assess its effectiveness. For example, capacities for the formulation, implementation and monitoring of CCHP were improved to some extent, yet further improvement is necessary to meet the higher standards.

Achievements of most of the working groups were commendable. However, uncertainty exists if those achievements were fully internalized by RHMT and individual CHMTs as some concerns were raised about lack of debriefing from the working group members to the rest of the team members. Some of the activities were negatively affected by external factors such as transfer of counterparts, and lack of cadres in some teams.

3.3 Efficiency

Overall level of efficiency of the Project was satisfactory. The quality, quantity and timing of the provision of most inputs was adequate and thus they were utilised to achieve project outputs. The expertise of the Japanese experts is considered to be high (87.2%) based on the response to questionnaire survey.

The Project was innovative in involving various local expertises such as Mzumbe University, Ifakara Health Research and Development Center and University College of Land and Architectural Studies in the designing and implementation of training programs that were catered to the specific needs of the RHMT and CHMT members. The training and community sensitization activities by the Project contributed to the efficient use of radio-call equipment which was originally provided by JICA in collaboration with UNICEF for the Safe Motherhood Initiative.

The Project had to run with a vacancy in the Chief Advisor's post for approximately 5 months, and the Health Administration Management Expert's post for over 7 months during the period from October 2001 through the first quarter of 2002. This slowed down the initial implementation of the Project activities. The Project was negatively affected also by the transfer of key personnel within RHMT and CHMTs. However, from 2004, the level of activities elevated significantly, especially after the introduction of the working groups arrangement where each working group is tasked with specific project activities and outputs.

Participatory and consultative approach adopted by the Project may not have been efficient since it is time-consuming. Nevertheless, it contributed to the various achievements of the Project as it created strong sense of ownership and commitment among RHMT and CHMT counterparts.

3.4 Impact

Impact of the Project is still very limited considering the fact that evidence-based management practices among the RHMT/CHMTs are in early stages. The Project's own client satisfaction survey is scheduled to be implemented in January 2006, which will determine whether the users of health services perceive an improvement in the quality of health care vis-à-vis its baseline in 2003. There was no prominent unexpected negative impact of the Project.

At the point of the evaluation, the effects of the Project have not systematically trickled down to the Front Line Health Workers (FLHW), who are directly responsible for providing quality health care services to the population. This is despite the gradual increase in the number of trainings implemented for the FLHWs and information sharing efforts using Newsletters and other forms.

3.5 Sustainability

In view of the current national policies, organizational aspects, financial aspects, and technical aspects, it could be deduced that the potential of the Project's sustainability is high, if some additional measures are taken to address some issues stated below.

3.5.1 Policy Environment

Both Local Government Reforms and Health Sector Reforms designate the District Councils as the main providers of quality, accessible and equitable social services to its population. In light of this, policy support is expected to continue for the CHMTs to enhance further their capacities to respond to the needs of the local communities. On the other hand, due attention was made to the function of RHMTs only after the 2003 Health Sector Review which recommended greater role for RHMTs in providing technical and managerial backstopping vis-à-vis CHMTs. To date, this ambiguity of the tasks and composition of RHMT persist. However, a comprehensive restructuring of the Regional Secretariat, including RHMT, was included as one of the HSR Milestones for 2005-2006, thus it is expected that the policy environment surrounding RHMT will become more favourable in the near future.

3.5.2 Organizational and Financial aspects

One of the major achievements of the Project has been creation of a sense of ownership among RHMT and CHMTs. This achievement was made because the Project took various measures to involve the counterparts in the major decision-making process. The Project also succeeded in facilitating vertical and horizontal linkages between RHMT and CHMT, among CHMTs, and CHMTs and other sectors in the Local Government. Such linkages shall be the foundation for effective and efficient local health administration in the future beyond the Project term.

One of the organizational concerns may be in regard to the working group arrangement, which was the

driving force of all the project activities. Working group arrangement allows only limited number of representatives from the RHMT/CHMTs to be trained on a given topic. Although this raises the efficiency of project implementation, it requires further steps for the RHMT and CHMTs to institutionalise the skills and knowledge personally acquired by the working group representatives. It was reported by some counterparts that the results from the working group activities were not adequately shared among the team.

From the financial perspective, the Project succeeded in soliciting cost-sharing measures from the CHMTs, such as in the Newsletter publication and exchange visits. In FY2005, some Project related activities were already incorporated into the CCHPs and district budgets. Since the availability of financial resources for CHMTs appears to be stable through the various funding sources, these are promising signs that the effects of the Project can be sustained. For RHMT, the financial picture is very different as their income comes only from the limited budget of the Regional Secretariat which is shared with the Regional Hospital, and the limited allocation from the Health Sector Program Support (HSPS). It was reported that for the last fiscal year HSPS allocation was insufficient, leaving RHMT with limited funding to conduct supervisions and other activities.

3.5.3 Technical aspects

In terms of technical aspects, most of the activities introduced by the Project were not technically demanding beyond the capacity of the counterparts, which then ensures technical sustainability. However, one of the challenges is to institutionalize knowledge and skills. Some CHMTs experienced frequent transfers of staff, which undermined their capabilities gained from the Project.

4. Conclusions

During the Evaluation mission, various behavioural changes toward evidence-based management among RHMT and CHMT members were recognized. Such changes are invaluable in supporting the decentralization processes under the Local Government Reform and Health Sector Reform, and essential for ensuring the improvement of district health services in the Morogoro Region. Further efforts are necessary by all stakeholders to consolidate such changes in the managerial capacities of RHMT and CHMT members, for the benefit of the FLHWs and ultimately the health service users of the Morogoro Region.

5. Recommendations

1) All CHMTs and RHMT members participating in MHP Working Groups need to provide more systematic feedback to other members of the teams on the various activities. Individual health management teams, based on such feedback should integrate the new skills, knowledge, and management tools to their routine operations in view of the local context and resource availability.

2) The Integrated Supervision Checklist adapted from the National Supervision Checklist, was introduced by the Project, and is currently being revised based on the recent feedback obtained from CHMTs. The revised Checklist should be designed to ensure that it could function as a tool for performance monitoring and standardization of health facilities, while

minimizing the workload for information collection and analysis.

3) The Project should well document and disseminate the tangible products/managerial tools introduced and tested, and the lessons learned based on its implementation in the Morogoro Region. The target of the dissemination should include, Regional and Districts Health Teams from other Regions and high level authorities both at Central and Local level. The lessons learned should capture implications for both policy-makers, and for operational health service managers. Through conferences and publications, the Project should disseminate such outputs by the end of March 2006. Further dissemination efforts by other stakeholders should be sustained beyond March 2006.

4) Through the Project experiences, the critical role of the Regional level in managing district health systems was revealed. Higher expectations, both at the Central level and District level, exist for the Regional level to provide stronger technical and managerial backstopping vis-à-vis CHMTs. However, despite such situation, concrete steps have yet to be taken to clarify the RHMT's composition and position in the Regional Secretariat. This ambiguity has affected RHMT's overall performance; therefore it is recommended that PORALG and MOH reach a consensus and address this situation as soon as possible.

6. Lessons Learned

Lesson 1: Development of managerial capacities may be classified into the development of 'core' competencies and 'applied' competencies. Both competencies need to be addressed for effective capacity development. The core competencies, such as leadership, teamwork, computer literacy, monitoring and evaluation, and coordination act as the foundation for all other management capacities, and can be applicable to any other related projects. On the other hand, applied competencies are Project-specific, determined by the special demands or requirements in the context of changing policy environment and social settings.

Lessons 2: Among the tools introduced to strengthen application competencies, introduction of the Operational Research conducted by the CHMT proved especially effective, in reinforcing evidence-based management practices which complements analysis and utilization of data collected through HMIS and the other routine information sources.

Lesson 3: When working with multiple target groups, introduction of cross-cutting working groups composed of representatives could be an efficient arrangement to implement activities. However, special considerations need to be taken to avoid a risk in which, only individual representatives are empowered at the personal level with exposure to new skills and knowledge without appropriate feedback to respective target groups.

Lesson 4: Establishment of networks with local partners and resources is highly effective for the sustainability of Project effects. Development of partnerships with local resources such as Universities and Research Centers, is in fact a process to procure a technical safety net of Project effects after its termination. The more active the partners are involved in the Project, the greater the chance is that they could provide sustainable backstopping services consistent with the Project Purpose and Goal.

Annex 1 List of Stakeholders Consulted by the Evaluation Mission

(1) The Japanese side

1	Dr. Tomohiko Sugishita	Chief Advisor, MHP Project
2	Mr. Nobuyuki Goto	Expert (Health Information)
3.	Ms. Mari Tsuda	Expert (Health Administration Management)
4.	Ms. Erika Fukushi	Expert (Health Administration Planning)
5.	Mr. Katsuya Suzuki	Project Coordinator
6.	Ms. Michiko Tajima	Health Co-operation Planning Advisor, Ministry of Health

(2) The Tanzanian side

<Ministry of Health>

1.	Dr. Gabriel L. Upunda	Chief Medical Officer
2.	Ms. Regina Kikuli	Director Policy and Planning
3.	Mr. Josibert J. Rubona	Head, Health Information and Research Section
4.	Dr. Ahmed Hingora	Programme Coordinator, Health Sector Programme Support, Health Sector Reform Secretariat,

<Morogoro Regional Secretariat>

1	Mr. Grayson W. Kikwesha	Acting Regional Administrative Secretary

<Morogoro Regional Health Management Team Members>

1	Dr. M.M.Z. Massi	Regional Medical Officer
2.	Mr. John C.D. Mankambila	Regional Health Secretary
3.	Mr. Nicholas John Masaoe	Regional Health Officer
4.	Ms. Anna Gutapaka	Regional Nursing Officer
5.	Mr. Edward W. Mwanga	Regional Laboratory Technologist
6.	Ms. Margareth Wapalila	Regional Reproductive and Child Health Coordinator
7.	Mr. Jackson Minja	Regional Cold Chain Officer

<Morogoro District Council Health Management Team Members >

1	Dr. Harun M. Machibya	District Medical Officer
2	Mr. Aloys A. Mwihumbo	Acting District Pharmacist
3.	Dr. W. A. K. Ngalula	District Dentist Officer
5.	Mr. Philbert Magwassa	District Cold Chain Officer
4.	Mr. Amony Talalamu	CHMT, Co-opted Member

<Mvomero District Council Health Management Team Members >

1	Dr. Nicholas Chiduo	District Medical Officer
2	Mr. Ramson Fue	Acting District Health Officer
3.	Mr. Jumanne Teggo	Acting District Nursing Officer
4.	Dr. Hussein Sewando	AMO

<Morogoro Municipal Council Health Management Team Members >

1	Dr. Godfrey J.B. Mtey	Municipal Medical Officer
2	Mr. William N.P. Lema	Municipal Health Officer
3.	Mr. Rogatus Mbena	Acting Municipal Pharmacist
4.	Ms. Imakulata T. Mhagama	Municipal Reprouductive Child Health Coordinator
5.	Ms. Nuru Ahmed	Nursing Officer (HMIS, IEC)
6.	Mr. Bonaventusa Moshi	Acting Municipal Health Secretary
7.	Dr. Daphrose Nhanga	Municipal Dentist Officer
8.	Mr. Ernest Rugiga	Malaria/IMCI Coordinator
9.	Dr. P.J. Mbena	Medical Officer in charge
10.	Mr. Richard Mnyenyelwa	Health Officer
11.	Mr. L.N. Kinigu	Health Officer

<Ulanga District Council Health Management Team Members >

1	Dr. A Kudunda	Acting District Medical Officer
2	Mr. Mkessey Ws.	Acting District Health Officer
3.	Ms. Patricia Haule	Acting District Nursing Officer
4.	Ms. Foibe Sumari	District Laboratory Technologist
5.	Ms. Simon K. Nkakula	Acting District Pharmacist
6.	Mr. Chief Mwakilasa	Acting District Dentist Officer
7.	Ms. Rose Mjema	Acting District Reproductive Child Health Coordinator
8.	Mr. Samson Mweta	District Cold Chain Officer

<Kilombero Distrcit Council Health Management Team Members >

1	Dr. W. P. G. Munisi	District Medical Officer
2	Mr. Dia M. Ally	District Health Secretary
3.	Mr. Theonest Mlolere	HOVC
4.	Mr. Godfrey Ndauka	District TB/Leprocy Coordinator
5.	Mr. Jerome H. Jerome	District Laboratory Technologist
6.	Ms. Agnes Kanyopa	Acting District Nursing Officer

7.	Ms. Yonas T. Kimbunga	SHO-Comm
8.	Dr. Goodluck Mwakitestis	PINTLT Coordinator
9.	Mrs. Niidaely Malugu	Acting District Cold Chain Officer
10.	Mr. Richard Kibele	Resource Center Presenter
11.	Ms. Christine Sikana	Acting District Reproductive, Child Health Coordinator

<Kilosa District Council Health Management Team Members >

1	Dr. F. T. Mokiti	District Medical Officer
2	Dr. Wilbert Chuwa	District Dentist Officer
3.	Dr. Eliesikia Mupuni	AMO
4.	Mr. Justin Bundu	District Health Officer
5.	Ms. Rosemary F. Nguruwe	DMIFP
6.	Mr. Hamza I. Kaitaba	District Pharmacist
7.	Ms. Kagama Nkilaka	Ag District Nursing Officer
8.	Dr. Alfred Midaho	
9.	Dr. M. Mwamsanga	Medical Officer in Charge, Kilosa District Hospital
10.	Mr. A. S. Mseke	District Kilosa Hospital
11.	Ms. Epiphania A. A. Msigala	DRCHCO

(3) Health Facility Staff

<Mvomero District>

Mkambarani Dispensary,

Dr. Vulfrida Kyara, Ms. Halima Makunda, Ms. Fatuma Kisaiwo, Mr. Ally Mfaume, Ms. Aneth Kauzeni

<Morogoro District>

Mlali Dispensary

Ms. Miriam Paulo Ponda, Mr. Hussein Mudimu, Ms. Salama Saini, Mr. David Musim, Ms. Mwamini Fussi, Ms. Asmath Nasary

Melela Health Center

Mr. Ambrose Sanga, Ms. Christina Joohn Kanda, Ms. Theresia Mbekimamya

<Morogoro Municipality>

Mafiga Health Center

Dr. Vivian Hizza, Ms. Mariana Masabu, Ms. Nikupalia Lutengano, Ms. Elizabeth Iddi, Ms. Saada Srya, Ms. Engetrauda Msemwa, Ms. Majuto Atuwamani

Kingolwira Dispensary

Mr. Chukia Haijuti, Ms. Hilda K. Mwawsoize, Ms. Sabia R. Sultani

<Ulanga District>

Chironbola Dispensary

Mr. Francis T. Ndwangira, Ms. Enester Njijango, Silveryus Msanganeruo

Mwaya Health Center

Mr. David Maziku, Ms. Adolfina Ngambi, Ms. Suda Kasisi, Mr. Julius N. Mtafngwa, Mr. Charles Titus Kafuka, Mr. Titus Lucau Mihulambu, Mr. Gallus Cosmas Likombili, Mr. Yaazia Kataku

<Kilombero District>

Michenga Dispensary

Mr. Stephen Mandia, Ms. Elizabeth Masimba, Ms. Asia S. Moanbungu, Ms. Angela Makwasinga, Ms. Damis Seleman

<Kilosa District>

Magomeni Dispensary

Ms. Rhoda O.S. Mbwilo, Ms. Ashura M. Micapila, Ms. Mwatanga M. Ngwgga

Kimamba Health Center

Dr. Charles Chamuhulo, Dr. A.J. Chiponda, Juliana G. Rufulence

(4) Development Partners

1	Mr. Maximillian Mapunda,	WHO, National Professional Officer
2	Dr. Harun A. Kasale	former National Project Director for TEHIP
3.	Dr. Graham	IDRC
4.	Mr. Katsuhiko Takeda	World Vision Japan/Tanzania, Project Manager
5.	Dr. Steven Bredford	Berega Hospital
6.	Mr. Steven Chimile	Plan Morogoro, Health Coordinator
7.	Mr. Steven Peter	Regional Youth Coordinator, Umati (Family Planning Association of Tanzania)
8.	Ms. Mary Yagella	Solidar Med, Coordinator
9.	Mr. Honorathy Urassa	Ifakara Health Research and Development Center, Deputy Director
10.	Mr. Abdallah Mkopi	Ifakara Health Research and Development Center, Research Scientist
11.	Mr. Jullu Boniphace	Ifakara Health Research and Development Center, Research Scientist
12.	Dr. Pascience Kibatala	Saint Francis District Designated Hospital, Medical Director
13.	Mr. Cletus Uhinga	Saint Francis District Designated Hospital, Ag. Administrator

14.	Mr. Killian C. Magwira	Saint Francis District Designated Hospital, Medical Director
15.	Dr. Aristarch Kunda Kiwango	Mzumbe University, Director of Strategic Business Development
16.	Mr. Simon Njovu	Mzumbe University, Director
17.	Mr. Harold M.L. Utouh	Mzumbe University, Associate Director

ANNEX 2: PDM$_1$ through PDM $_4$

Project Name: The Project for Strengthening of District Health Services in Morogoro Region

Duration: April 1, 2001 - March 31, 2006

Target Area: Morogoro Region

Target Group (Beneficiaries): Families

Ver. No. 1 (R/D version)

Date: March 14, 2001

Super Goal: To improve health stautes of people in Morogoro Region.

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal People in Morogoro Region have access to proper health and medical services.	To be defined in the future	HMIS registers and reports (Annual/Quarterly) Mini survey reports (Client exit interview/Community Dialogue)	
Project Purpose The managerial capability of the Regional and District Health Management teams in Morogoro Region is improved.	To be defined in the future	Operational research on activities of RHMT and CHMTs	-Situation and access to health facilities would not worsen -Supply of medicine and medical equipment would not worsen - Governments financial Situation would not worsen - Decentralisation contines to progress - Health Sector Reform contineues to progress - Health partners (stakeholders) continuously give support etc.
Outputs: 1. The Regional and District Health Management Teams would be able to analyse and solve health problems of the Region.	To be defined in the future	District Processing File	Trained health personnel continue to work in the Region, etc.
2. Skills in health planning, monitoring, and evaluation of implementation of the Regional and District Health Management Teams are improved.	To be defined in the future	Reports and Minutes of Meetings Attendance registers	
3. The Regional and District Health Management Teams would be able to gather, tabulate and utilise the health information properly.	To be defined in the future	Annual CCHPs	
Activities: 1-a) Situation anaysis of the Region, conducted by the Regional and District Health Management Teams, supported by Japanese experts. 1-b) Discussions among the Regional and District Health Management Team Members to prioritize health problems and find out how to sole them. 2- Project activities will be identified through the situation analysis and discussions mentioned (1) a.b. above.	**Inputs:** To be defined in the future.		**Preconditions:** To be defined in future.

Project Name: The Project for Strengthening of District Health Services in Morogoro Region

Target Group RHMT/CHMTs of Morogoro Region

Duration: April 1, 2001 - March 31, 2006

Ver. No. 2

Target Area: Morogoro Region

Date December 15, 2001

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal People in Morogoro Region have access to proper health and medical services.	1. Increased number of client utilizing health service in Morogoro Region. 2. Increased client's satisfaction of health care	HMIS registers and reports (Annual/Quarterly) Mini survey reports (Client exit interview/Community Dialogue)	
Project Purpose Managerial capability of the Regional and Council Health management teams in Morogoro Region is improved.	To be determined.	Operational research on activities of RHMT and CHMTs	-All reforms (Health Sector Reform, Local Government Reform etc.) are implemented harmoniously. -Other components of Health Sector Reform are
Outputs: 1. HMIS is improved.	1-1 Rate of misinput of HMIS data is decreased by X% by the end of 2004. 1-2 Utilisation of HMIS data in managerial process is fully incorporated by March 2005.	District Processing File	-Condition of human resources at all levels does not worsen -Co-ordination among vertical programs do not worsen.
2. Experience among CHMTs, RHMT and other regions is adequately shared.	2-1 Number of exchange meeting records by RHMT and CHMTs is increased. 2-2 Number of people utilising the resource centres is increased.	Reports and Minutes of Meetings Attendance registers	
3. Planning, implementation, monitoring and evaluation by CHMTs and RHMT is improved.	3-1 RHMT monitors, evaluates, advises and co-ordinates the activities of CHMTs. 3-2 CHMTs identify health problems, develops and monitors the CCHPs.	Annual CCHPs	
Activities: 1-1Procure and install communication gears (e.g. fax, radio, calls, etc.) 1-2 Conduct training to RHMT and CHMTs on communication skills 1-3 Procure and install computer sets 1-4 Training RHMT and CHMTs on computer skills 1-5 Train RHMT and CHMTs on data collection processing, storage and use. 1-6 RHMT consolidates HMIS data timely.	Inputs: TANZANIA: Allocation of Tanzanian Counterparts Running expenses necessary for the implementation of the Project Provision of necessary facilities Other measures defined in R/D of March 2001	JAPAN: Dispatch of Long and Short term experts Acceptance of Tanzanian Trainees in Japan Provision of Machinery and Equipment Other measures defined in R/D of March 2001	-Other donors continue to support the health sector. -Appropriate HMIS tools are available. -Present Health Policy remains unchanged. -Political support at all levels is available -Other developing partners continue supporting RHMT/CHMTs -Trained RHMT/CHMTs continue to work -Political climate remains stable

2-1 Develop and disseminate working schedule of RHMT and CHMTs 2-2 Identify and train key people on disseminating information 2-3 Establish mechanism for information dissemination 2-4 RHMT and CHMTs co-ordinate information dissemination and management at all levels 2-5 Establish information resource centres 2-6 RHMT and CHMTs identify type of information to be disseminated. 2-7 Collect and display relevant information and data. 2-8 RHMT and CHMTs sensitize health workers and community on the methodology. 2-9 Conduct training to RHMT and CHMTs on Operational research methodology. 2-10 RHMT and CHMTs conduct regular joint meeting among CHMTs and RHMT 2-11 RHMT and CHMTs conducts exchange visits and workshops. 2-12 Organise study visits in RHMT/CHMTs inside and outside the region			
3-1 RHMT co-ordinates training of CHMTs on planning, monitoring and evaluation skills 3-2 RHMT participates in CHMTs planning sessions regularly 3-3 RHMT conducts monitoring and evaluation of CHMTs regularly 3-4 CHMTs conduct monitoring of health service planning activities regularly 3-5 CHMTs conduct follow-up on the use of monitoring tools 3-6 CHMTs conduct evaluation of their activities regularly. 3-7 RHMT and CHMTs improve monitoring and evaluation tools of annual plan implementation 3-8 RHMT and CHMTs develop jointly annual plan for monitoring and evaluation 3-9 Conduct exit question or interview to people.			**Preconditions:** - Necessary financial resources for monitoring visit are available (e.g. fuel) - RHMT and CHMTs can spend their time sufficiently for the implementation of the Project.

Project Name: The Project for Strengthening of District Health Services in Morogoro Region

Duration: April 1, 2001 - March 31, 2006

Target Area: Morogoro Region

Target Group: RHMT/CHMTs of Morogoro Region

Ver. No. 3 (Approved by the 1st Joint C Jinating Committee)

Date: January 24, 2003

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal People in Morogoro Region have access to proper health and medical services.	1. The number of client utilizing health service in Morogoro Region will be increased. 2. Client's satisfaction of health care delivery will be improved.	HMIS registers and reports (Annual/Quarterly) Mini survey reports (Client exit interview/Community Dialogue)	
Project Purpose Managerial capability of RHMT and CHMTs in Morogoro Region is improved under the consensus of Health Sector Reform (HSR) and Local Self Government Reform (LGR).	1. Comprehensive self/internal-evaluation for managerial capacity will be improved. 2. Comprehensive external-evaluation for managerial capacity will be improved. (1&2 are described by Hexagon-Spider Web-Diagram)	Participatory qualitative assessment by each RHMT/CHMTs and MOH/Donors/NGOs	-All reforms (Health Sector Reform, Local Government Reform etc.) are implemented harmoniously. -Other components of Health Sector Reform are implemented accordingly.
Outputs: 1. HMIS (Health Management Information System) will be improved.	1-1 The HMIS data, which is required by graphed outputs will be managed by the end of 2004.	Regional and Council Annual Health Report.	-Condition of human resources at all levels does not worsen -Co-ordination among vertical programs do not worsen.
	1-2 Rate of mis-inputs of HMIS data will be decreased by the end of 2004.	District processing File	
	1-3 Utilisation of HMIS data in managerial process will be fully incorporated by March 2005.	Comprehensive Council Health Plans (CCHPs)	
	1-4 Rate of HMIS data feed-back to health centers will be increased by March 2005.	Council Annual Health Report.	
	1-5 Rate of collecting HMIS data on schedule/time will be increased by end of 2004.	District processing File	
2. Experience and Health Information among CHMTs, RHMT and other regions will be adequately shared.	2-1Rate of imparting information and skill to other members of RHMT/CHMTs will be increased by the end of 2005.	Reports and Minutes of the imparting activities	
	2-2 Rate of sharing work plan for RHTM/CHMTs will be increased by the end of 2004.	Work plan for RHMT/CHMTs	
	2-3 Sharing working schedule of each member of RHMT/CHMTs will be increased by the end of 2004.	Working Schedule for each member of RHMT/CHMTs	
	2-4 The utilization of the material for the information resource centre will be increased by the end of 2004.	Register book of information resource centre	
3. Planning, implementation, monitoring and evaluation by CHMTs and RHMT is improved.	3-1 The number of evidence-based planning will be increased by the end of 2005.	Regional and Council Annual Health Report and Health Plans.	
	3-2 The implementation rate of the planned monitoring and evaluation will be increased by the end of 2004.	Quarterly Report of CCHPs	
	3-3 All council health activities will be integrated in CCHPs by the end of 2005.	Comprehensive Council Health Plans (CCHPs)	

	3-4 The rate of attainment of the planned activities in CCHPs will be increased by the end of 2004.	Quarterly Report of CCHPs	
Activities: 1-1 Equip with computer equipment 1-2 Train RHMT/CHMTs for computer skills 1-3 Train RHMT/CHMTs for data collection, processing, storage and use. 1-4 Train RHMT/CHMTs for "on the job training skills of health workers" for data collection 1-5 Establish mechanism for distribution/feedback system for HMIS data 1-6 Structure communication network system 1-7 Equip communication gears 1-8 Link to other radios 1-9 Train RHMT/CHMTs for communication skills	**Inputs:** TANZANIA: Allocation of Tanzanian Counterparts Running expenses necessary for the implementation of the Project Provision of necessary facilities Other measures defined in R/D of March 2001	JAPAN: Dispatch of Long and Short term experts Acceptance of Tanzanian Trainees in Japan Provision of Machinery and Equipment Other measures defined in R/D of March 2001	-Other donors continue to support the health sector. -Appropriate HMIS tools are available. -Present Health Policy remains unchanged. -Other developing partners continue supporting RHMT/CHMTs -Trained RHMT/CHMTs continue to work -Political climate remains
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 centre. 2-9 Establish mechanism for schedule management. 2-10 Establish mechanism for take over the job. 2-11 Develop, rectify and share of the work plan for [illegible]			
3-1 Training RHMT/CHMTs on planning, monitoring, and evaluation skills. 3-2 Train RHMT/CHMTs for operational research methodology. 3-3 Improve monitoring and evaluation tools for annual plan implementation. 3-4 RHMT/CHMTs develop jointly annual plan for monitoring and evaluation. 3-5 RHMT participate in CHMTs planning session regularly. 3-6 Conduct exit questionnaires to clients/patients.			**Preconditions:** - Sufficient financial resources for monitoring visit are available (e.g. fuel) - RHMT and CHMTs can spend their time adequately for the implementation of the Project.

Project Name: The Project for Strengthening of District Health Services in Morogoro Region

Duration: April 1, 2001 - March 31, 2006

Target Area: Morogoro Region

Target Group RHMT/CHMTs of Morogoro Region

Ver. No. 4

Date: November 9, 2003

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 Self Government Reform (LGR).	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 (Health Sector Reform, Local Government Reform etc.) are implemented harmoniously. -Other components of Health Sector Reform are implemented accordingly.
Outputs: 1. HMIS (Health Management Information System) is improved.	1-1 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 does not worsen -Co-ordination among vertical programs do not worsen.
2. Experience and Health Information among CHMTs, RHMT and other regions are adequately shared.	2-1 Rate of dissemination of health information and skills within RHMT/CHMTs and other regions is increased by the end of 2005.	Official report Minutes of disseminated/shared activities Working schedule/working plan of resource centre Register book of information resource centres	
3. Planning, implementation, monitoring and evaluation by CHMTs and RHMT are improved.	3-1 The number of improved evidence-based plans is increased by the end of 2005. 3-2 The implementation rate of the planned activities is improved by the end of 2005.	Annual CCHPs Progress report	
Activities: 1-1 Equip with computer equipment 1-2 Train RHMT/CHMTs for computer skills 1-3 Train RHMT/CHMTs for data collection, processing, storage and use. 1-4 Train RHMT/CHMTs for "on the job training skills of health workers" for data collection 1-5 Establish mechanism for distribution/feedback system for HMIS data 1-6 Structure communication network system 1-7 Equip communication gears 1-8 Link to other radios	Inputs: TANZANIA: Allocation of Tanzanian Counterparts Running expenses necessary for the implementation of the Project Provision of necessary facilities Other measures defined in R/D of March 2001	JAPAN: Dispatch of Long and Short term experts Acceptance of Tanzanian Trainees in Japan Provision of Machinery and Equipment Other measures defined in R/D of March 2001	-Other donors continue to support the health sector. -Appropriate HMIS tools are available. -Present Health Policy remains unchanged. -Other developing partners continue supporting RHMT/CHMTs -Trained RHMT/CHMTs continue to work -Political climate remains

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 centre. 2-7 Train RHMT/CHMTs for management skills of information resource centre 2-8 Promote utilization of information resource centre 2-9 Establish mechanism for schedule management 2-10 Establish mechanism for take over the job 2-11 Develop, rectify and share the work-plan for RHMT/CHMTs			
3-1 Training RHMT/CHMTs on planning, monitoring, and evaluation skills. 3-2 Train RHMT/CHMTs for operational research methodology. 3-3 Improve monitoring and evaluation tools for annual plan implementation. 3-4 RHMT/CHMTs develop jointly annual plan for monitoring and evaluation 3-5 RHMT participate in CHMTs planning session regularly. 3-6 Conduct exit questionnaires to clients/patients.			**Preconditions:** - Sufficient financial resources for monitoring visit are available (e.g. fuel) - RHMT and CHMTs can spend their time adequately for the implementation of the Project.

Abbreviations:
RHMT: Regional Health management Team
CHMTs: Council Health Management Teams
HMIS: Health Management Information System
CCHPs: Comprehensive Council Health Plans
HSR: Health Sector Reform
LGR: Local Government Reform

ANNEX 3 List of Japanese Experts Dispatched

Long-term experts dispatched: Total 11 long-term experts involved.

Area of specialty	Name of expert	Affiliation in Japan	Period dispatched (MM/DD/YY - MM/DD/YY)
Chief Advisor	Yoshiko SATO	TAC International	2001.4.1 - 2001.8.31
Health Administration Management	Tetsuo YAMAGATA	Shiga Prefecture Government	2001.4.1 - 2001.9.10
Health Information Management	Ayuko TANAKA	TAC International	2001.4.10 - 2004.4.9
Coordinator	Mari CHITOSE	TAC International	2001.4.10 - 2004.4.9
Chief Advisor	Akio TAGUCHI	TAC International	2002.1.24 - 2004.3.7
Health Administration Management	Yukiko KITAYAMA	Lifework Co.	2002.4.9 – 2004.4.8
Health Administration Planning	Tomohiko SUGISHITA	None	2002.11.1 – 2004.3.11
Chief Advisor			2004.3.12 – 2006.3.31
Coordinator	Katsuya SUZUKI	Lifework Co.	2004.3.16 – 2006.3.31
Health Information Management	Nobuyuki GOTO	Lifework Co.	2004.3.16 – 2006.3.31
Health Administration Planning	Erika FUKUSHI	MOE Consulting	2004.3.23 – 2006.3.31
Health Administration Management	Mari Tsuda	JICA Junior Expert	2004.5.24 – 2006.3.31

Short-term experts dispatched: Total 13 short-term experts dispatched.

Area of specialty	Name of expert	Affiliation in Japan	Period dispatched (MM/DD/YY - MM/DD/YY)
Health Administration	Ichiro OKUBO	Tsukuba Univ.	2001.7.9 - 2001.7.29
Health Administration	Yasuhide NAKAMURA	Osaka Univ.	2001.8.20 - 2001.8.28
Public Health	Yukiko KITAYAMA	Lifework Co.	2001.8.22 - 2002.2.21
Community Participation	Megumi HIRAYAMA	Tsukuba Univ.	2001.11.2 - 2001.11.21
Health Administration	Ichiro OKUBO	Tsukuba Univ.	2002.8.4 - 2002.8.16
Health Information	Kiyo ITO	None	2003.1.6 - 2003.4.7
Health Information	Nobuyuki HYOI	NIPH	2003.2.15 - 2003.3.2
Health Planning	Yuzuru TANABE	Kinjyo Women's College	2003.3.16 - 2003.4.12

Radio Calls	Masami KOMIYA	NTT	2003.10.30 - 2003.12.26
Health Planning	Masami NAGASHIMA	ACHMEC	2005.1.23 - 2005.2.3
Radio Calls	Ueda MASAKI	Ueda Radio Consulting	2005.1.25 - 2005.3.25
Resource Center	Risako IMAI	KOEI Co.	2005.3.9 - 2005.3.25
Radio Calls	Shimpei KOBAYASHI	BHN	2005.6.18 - 2005.7.26

ANNEX 4 List of Counterpart Trainees

2001-2005: Total 21 counterpart members dispatched.

Training course/title	Name of participant	Affiliation in Tanzania	Period dispatched
Local Government Administration	Mr. Paul A. M. CHIKIRA	Regional Administrative Secretary	2001.10.24 - 2001.12.11
Community MCH	Ms. Anna N. GUTAPAKA	Regional Nursing Officer	2002.1.14 - 2002.2.25
Community MCH	Mrs. Magreth L. WAPALILA	Regional Reproductive and Child Health Coordinator	2002.1.14 - 2002.2.25
District Health Management	Dr. Pascal J. MBENA	Ulanga District Medical Officer	2002.5.7 - 2002.7.14
District Health Management	Mr. Nicholas J. MASAOE	Regional Health Officer	2002.5.7 - 2002.7.14
Community MCH	Ms. Mary C. NZOWA	Municipal Nursing Officer	2002.10.15 - 2002.11.27
Community MCH	Ms. Grace K. LUBOMBA	Kilombero District Reproductive and Child Health Coordinator	2002.10.15 - 2002.11.27
District Health Management (South Africa)	Dr. Ferdinad Msofe FUPI	MHP Counterpart Adviser	2002.10.22 - 2002.11.30
District Health Management	Dr. Harun M. S. MACHIBYA	Morogoro District Medical Officer	2003.5.6 - 2003.7.13
District Health Management	Dr. Godfrey J. B. MTEY	Municipal Medical Officer of Health	2003.5.6 - 2003.7.13
Community MCH	Ms. Maro C. BAYO	Morogoro District Reproductive and Child Health Coordinator	2003.9.20 - 2003.11.12
Community MCH	Mr. Edwin P. BISAKALA	Ulanga District Nursing Officer	2003.9.20 - 2003.11.12
District Health Management (South Africa)	Dr. Willbert J. CHUWA	Kilosa District Dental Officer	2003.10.28 - 2003.11.29
District Health Management	Dr. M.M.Z. MASSI	Regional Medical Officer	2004.5.10 - 2004.7.9
District Health Management	Dr. W.P.G.MUNISI	Kilombero District Medical Officer	2004.5.10 - 2004.7.9

Training course/title	Name of participant	Affiliation in Tanzania	Period (dispatch)
Community MCH	Mr. Angelbert Fabian MUKUNDA	Kilosa District Nursing Officer	2004.9.26 - 2004.11.16
Community MCH	Ms. Esther Hailary Ruanda NTANGIRI	Kilombero District Nursing Officer	2004.9.26 - 2004.11.16
Hospital Management	Dr. Nicholas Philip CHIDUO	Kilosa District Medical Officer	2005.1.10 - 2005.2.24
District Health Management	Mr.J.C.D.Mankanbila	Regional Health Secrtary	2005.5.8 - 2005.7.8
Community MCH	Mr. Wilfred MATEE	Morogoro District Nursing Officer	2005.9.4 – 2005.10.25
Community MCH	Dr. Samuel LIKASI	Ulanga Ag. District Medical Officer	2005.9.4 – 2005.10.25

Venue of Group Training:

- ✓ *Local Government Administration Course:*
  JICA Osaka International Training Center
- ✓ District Health Management Course:
  National Institute of Public Health (NIPH)
- ✓ Community Based Maternal and Child Health Course:
  Aichi Children's Health and Medical Center (ACHMEC)
- ✓ District Health Management Course (South Africa)
  National Institute of Public Health (NIPH)
- ✓ Hospital Administration and Management Course
  National Institute of Public Health (NIPH)

ANNEX 5 List of Equipment Provided by the Project (FY 2001-2005)

Equipment provided JFY 2001: MHP Office Equipments and Equipments Handed to Counterparts.

JFY	Equipment	Place of installation	Unit Price (\$ or Tsh)	Quantity	Exchange rate	Total Cost (JPY/AN)	Working condition
2001	Vehicle	MHPoffice	\$30,362	1	122	3,704,164	Good
2001	Vehicle	MHPoffice	\$30,362	1	122	3,704,164	Good
2001	Vehicle	RMOoffice	\$30,362	1	122	3,704,164	Good
2001	DesktopComputer	MHPoffice	\$1,827	1	119	217,413	Good
2001	DesktopComputer	MHPoffice	\$1,827	1	119	217,413	Good
2001	Laser printer	MHPoffice	\$1,600	1	119	190,400	Good
2001	UPS	MHPoffice	\$208	1	119	24,752	Good
2001	UPS	RMO	\$208	1	119	24,752	Good
2001	Software	MHPoffice	\$607	1	119	72,233	Good
2001	DesktopComputer	MHPoffice	\$1,275	1	119	151,725	Good
2001	Laser printer	MHPoffice	\$1,566	1	119	186,354	Good
2001	UPS	MHPoffice	\$200	1	119	23,800	Good
2001	Generator	MHPoffice	\$12,825	1	134	1,718,550	Good
2001	Wind Screen	MHPoffice	278,000	1	0.14	38,920	Good
2001	Head Lamp Assy	MHPoffice	186,500	1	0.14	26,110	Good
2001	Head Lamp Assy	MHPoffice	186,500	1	0.14	26,110	Good
2001	Condenser	MHPoffice	723,600	1	0.14	101,304	Good
2001	Drum Assy	RMO	566,400	1	0.14	79,296	Good
2001	Drum Assy	RMO	566,400	1	0.14	79,296	Good
2001	Drum Assy	MHPoffice	566,400	1	0.14	79,296	Good
2001	Drum Assy	MHPoffice	566,400	1	0.14	79,296	Good
2001	Drum Assy	MHPoffice	566,400	1	0.14	79,296	Good
2001	Drum Assy	MHPoffice	566,400	1	0.14	79,296	Good
2001	DesktopComputer	RMO	1,250,000	1	0.13	162,500	Good
2001	DesktopComputer	Municipal	1,250,000	1	0.13	162,500	Good
2001	DesktopComputer	Rural	1,250,000	1	0.13	162,500	Good
2001	Software	RAS	530,000	1	0.13	68,900	Good
2001	Software	RMO	530,000	1	0.13	68,900	Good
2001	Software	Municipal	530,000	1	0.13	68,900	Good
2001	Software	Municipal	530,000	1	0.13	68,900	Good
2001	Software	Rural	530,000	1	0.13	68,900	Good
2001	Software	Rural	530,000	1	0.13	68,900	Good
2001	Software	Kilosa	530,000	1	0.13	68,900	Good

2001	Software	Ulanga	530,000	1	0.13	68,900	Good
2001	Software	Kilombero	530,000	1	0.13	68,900	Good

Equipment provided JFY 2002-2004:

JFY	Equipment	Place of Installation	Unit Price (Tsh)	Quantity	Exchange rate	Total Cost (JPYen)	Working condition
2002	Leaser Printer	RAS	480,000	1	0.13	62,400	Good
2002	Leaser Printer	Municipal	480,000	1	0.13	62,400	Good
2002	Leaser Printer	Rural	480,000	1	0.13	62,400	Good
2002	UPS	RAS	350,000	1	0.13	45,500	Good
2002	UPS	Municipal	350,000	1	0.13	45,500	Good
2002	UPS	Rural	350,000	1	0.13	45,500	Good
2002	Computer(Note)	RMO	2,600,000	1	0.13	338,000	Good
2002	Computer(Note)	Municipal	2,600,000	1	0.13	338,000	Good
2002	Computer(Note)	Rural	2,600,000	1	0.13	338,000	Good
2002	Computer(Note)	Kilosa	2,600,000	1	0.13	338,000	Good
2002	Computer(Note)	Kilombero	2,600,000	1	0.13	338,000	Good
2002	Computer(Note)	Ulanga	2,600,000	1	0.13	338,000	Good
2002	Printer	RMO	350,000	1	0.13	45.500	Good
2002	Printer	Municipal	350,000	1	0.13	45.500	Good
2002	Printer	Rural	350,000	1	0.13	45.500	Good
2002	Printer	Kilosa	350,000	1	0.13	45.500	Good
2002	Printer	Kilombero	350,000	1	0.13	45.500	Good
2002	Printer	Ulanga	350,000	1	0.13	45.500	Good
2002	Projector	RMO	4,500,000	1	0.13	585,000	Good
2002	FAX Machine	RMO	954,000	1	0.13	124,020	Good
2002	FAX Machine	Municipal	954,000	1	0.13	124,020	Good
2002	FAX Machine	Rural	954,000	1	0.13	124,020	Good
2002	FAX Machine	Kilombero	954,000	1	0.13	124,020	Good
2002	FAX Machine	Ulanga	954,000	1	0.13	124,020	Good
2002	Laser Printer	MHP	480,000	1	0.13	62,400	Good
2003	Copy Machine	MHP	538,000	1	0.11	59,202	Good
2003	Generator	MHP	708,333	1	0.11	77,917	Good
2004	DesktopComputer	RHMT	1,200,000	1	0.095	114,000	Good
2004	DesktopComputer	Municipal	1,200,000	1	0.095	114,000	Good
2004	DesktopComputer	Rural	1,200,000	1	0.095	114,000	Good
2004	DesktopComputer	Kilosa	1,350,000	1	0.095	128,250	Good

2004	DesktopComputer	Kilombero	1,350,000	1	0.095	128,250	Good
2004	DesktopComputer	Ulanga	1,350,000	1	0.095	128,250	Good
2004	Software	RHMT	315,000	1	0.095	29,925	Good

Equipment provided JFY 2004:

JFY	Equipment	Place of installation	Unit Price (US$)	Quantity	Exchange rate	Total Cost (JPY)	Working condition
2004	Software	Municipal	315,000	1	0.095	29,925	Good
2004	Software	Rural	315,000	1	0.095	29,925	Good
2004	Software	Kilosa	315,000	1	0.095	29,925	Good
2004	Software	Kilombero	315,000	1	0.095	29,925	Good
2004	Software	Ulanga	315,000	1	0.095	29,925	Good
2004	Printer	RHMT	350,000	1	0.095	33,250	Good
2004	Printer	Municipal	350,000	1	0.095	33,250	Good
2004	Printer	Rural	350,000	1	0.095	33,250	Good
2004	Printer	Kilosa	385,000	1	0.095	36,575	Good
2004	Printer	Kilombero	385,000	1	0.095	36,575	Good
2004	Printer	Ulanga	385,000	1	0.095	36,575	Good
2004	Digital Camera	RHMT	366,667	1	0.095	34,833	Good
2004	Digital Camera	Municipal	366,667	1	0.095	34,833	Good
2004	Digital Camera	Rural	310,000	2	0.095	58,900	Good
2004	Digital Camera	Kilosa	366,667	1	0.095	34,833	Good
2004	Digital Camera	Kilombero	366,667	1	0.095	34,833	Good
2004	Digital Camera	Ulanga	366,667	1	0.095	34,833	Good
2004	Adobe Acrobat	RHMT	450,000	1	0.095	42,750	Good
2004	Adobe Acrobat	Municipal	450,000	1	0.095	42,750	Good
2004	Adobe Acrobat	Rural	450,000	1	0.095	42,750	Good
2004	Adobe Acrobat	Kilosa	450,000	1	0.095	42,750	Good
2004	Adobe Acrobat	Kilombero	450,000	1	0.095	42,750	Good
2004	Adobe Acrobat	Ulanga	450,000	1	0.095	42,750	Good
2004	Screen	Municipal	298,000	1	0.095	28,310	Good
2004	Screen	Rural	298,000	1	0.095	28,310	Good
2004	Screen	Kilosa	298,000	1	0.095	28,310	Good
2004	Screen	Kilombero	298,000	1	0.095	28,310	Good
2004	Screen	Ulanga	298,000	1	0.095	28,310	Good
2004	Projector	RHMT	1,250,000	1	0.095	118,750	Good
2004	Projector	Municipal	1,250,000	1	0.095	118,750	Good

2004	Projector	Rural	1,250,000	1	0.095	118,750	Good
2004	Projector	Kilosa	1,250,000	1	0.095	118,750	Good

Equipment provided JFY 2004-5:

JFY	Equipment	Place of installation	Unit Price (\$ or Tsh)	Quantity	Exchange rate	Total Cost (JP Yen)	Working condition
2004	Projector	Kilombero	1,250,000	1	0.095	118,750	Good
2004	Projector	Ulanga	1,250,000	1	0.095	118,750	Good
2004	Copy Machine	RAS	585,058	1	0.095	55,580	Good
2004	Copy Machine	RHMT	3,304,000	1	0.095	313,880	Good
2004	Copy Machine	Municipal	3,304,000	1	0.095	313,880	Good
2004	Copy Machine	Rural	3,304,000	1	0.095	313,880	Good
2004	Copy Machine	Kilosa	3,304,000	1	0.095	313,880	Good
2004	Copy Machine	Kilombero	3,304,000	1	0.095	313,880	Good
2004	Copy Machine	Ulanga	3,304,000	1	0.095	313,880	Good
2004	Public Address System	RHMT	1,054,167	1	0.095	100,145	Good
2004	Vehicle Public Address System	Kilombero	350,000	1	0.095	33,250	Good

※Unit Price Tsh(Tanzania shilling) besides the \$ US dollor.

Total Expenses (2001-2005) for Equipments Handed to RHMT/CHMTs (Tanzania Schilling)

OFFICE	SUB TOTAL (Tsh)
REGIONAL SECRETARIAT	3,295,058
RHMT OFFICE	54,231,883
MUNICIPAL CHMT OFFICE	16,366,067
MOROGORO CHMT OFFICE	16,624,800
KILOSA CHMT OFFICE	12,390,267
KILOMBERO CHMT OFFICE	13,604,467
ULANGA CHMT OFFICE	13,254,467
GRAND TOTAL (Tsh)	129,767,009

ANNEX 6 Operational Expenses on Local Activities

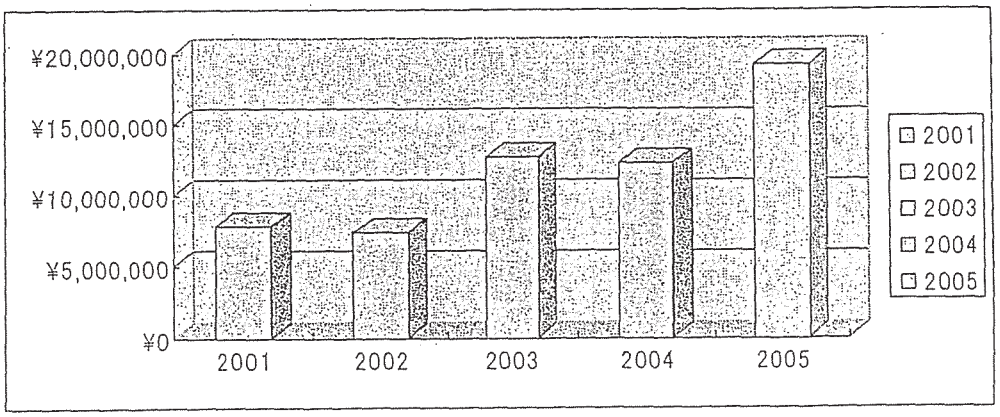
Project Budget JFY 2001-2005:

JFY	Total Budget (Tsh)	Exchange rate	Total Budget (JP Yen)
2001	52,226,352	0.15 (2001.4)	7,833,952
2002	52,598,916	0.14 (2002.4)	7,363,848
2003	105,324,465	0.12 (2003.4)	12,638,935
2004	122,150,555	0.10 (2004.4)	12,215,055
2005	191,699,144	0.10 (2005.4)	19,169,914
Total	523,999,435		59,221,704

Budget by Fiscal Quarter JFY 2001-2005 (Tanzania Schilling)

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total (Tsh)
2001	5,989,996.09	6,703,920.90	12,094,224.70	27,438,211.07	52,226,352.76
2002	8,763,164.44	6,890,543.01	4,161,957.12	32,783,251.60	52,598,916.17
2003	8,609,796.87	35,756,918.88	47,076,875.00	13,880,875.00	105,324,465.75
2004	19,454,000.00	26,355,680.00	44,136,411.72	32,204,464.00	122,150,555.72
2005	46,351,360.00	61,943,775.95	44,820,990.99	38,583,018.01	191,699,144.95
Total	89,168,317.40	137,650,838.74	152,290,459.53	144,889,819.68	523,999,435.35

Budget Trend JFY 2001-2005.



ANNEX 7 List of Counterpart Personnel (as of September 1, 2005)

REGIONAL HEALTH MANAGEMENT TEAM (RHMT) 9

Dr. Meshak M. Z. MASSI	Regional Medical Officer (RMO): Project Manager
Mr. John C. D. MANKAMBILA	Regional Health Secretary (RHS)
Mr. Nicholas J. MASAOE	Regional Health Officer (RHO)
Ms. Anna Gutapaka MANYAMA	Regional Nursing Officer (RNO)
Mr. Allen M. MALISA	Regional Pharmacist (RP)
Dr. Frank G. MREMA	Regional Dental Officer (RDO)
Mr. Edward W. MWANGA	Regional Laboratory Technologist (RLT)
Ms. Margareth L. WAPALILA	Regional Reproductive and Child Health Coordinator (RRCHCO)
Mr. Jackson T. MINJA	Regional Cold Chain Officer (RCCO)

COUNCIL HEALTH MANAGEMENT TEAMS (CHMTs)

Morogoro Municipal CHMT 8

Dr. Godfrey J. B. MTEY	Municipal Medical Officer of Health (MMOH)
Mr.Bonaventusa MOSHI	.Ag.Municipal Health Secretary(MHS)
Mr. W. N. P. LEMA	Municipal Health Officer (MHO)
Mrs. Mary C. NZOWA	Municipal Nursing Officer (MNO)
Mr. R. MBENA	Ag. Municipal Pharmacist (MP)
Dr. Daphrose NHANGA	Municipal Dental Officer (MDO)
Vacant	Municipal Laboratory Technologist (MLT)
Ms. Imakulata T. MHAGAMA	Municipal Reproductive Child Health Coordinator (MRCHCO)
Ms.Hiday.OMARI	Municipal Cold Chain Officer (MCCO)

Morogoro District CHMT 9

Dr. Harun M. MACHIBYA	District Medical Officer (DMO)
Dr.S.NJAU	Ag.District Health Secretary (DHS)
Mr. Licius MBOMBWE	District Health Officer (DHO)
Mr. Wilfred MATEE	District Nursing Officer (DNO)
Mr. Aloys. A. MWIHUMBO	Ag.District Pharmacist (DP)
Dr. W. A. K. NGALULA	District Dental Officer (DDO)
Mrs. Zainabu MFAUME	District Laboratory Technologist (DLT)
Ms. Catherine MARO	District Reproductive Child Health Coordinator (DRCHCO)
Mr. Philbert MGWASA	District Cold Chain Officer (DCCO)

Mvomero District CHMT 6

Dr. Nicholas P. CHIDUO	District Medical Officer (DMO)
Vacant	District Health Secretary (DHS)
Mr.Ramson FUE	Ag.District Health Officer (DHO)
Mr.Jumanne TEGGO	Ag District Nursing Officer (DNO)
Vacant	District Pharmacist (DP)
Dr. Mbena OMARI	District Dental Officer (DDO)
Vacant	District Laboratory Technologist (DLT)
Ms. Bertha MWIHUMBO	Ag.District Reproductive Child Health Coordinator (DRCHCO)
Mr.Yohana SULLEY	Ag.District Cold Chain Officer (DCCO)

Kilosa District CHMT 9

Dr. F.T.MOKITI	District Medical Officer (DMO)
Mr. Jakob J. MSIGALA	District Health Secretary (DHS)
Mr. Justin BUNDU	District Health Officer (DHO)
Mr. Angelbert MKUNDA	District Nursing Officer (DNO)
Mr. Hamza I. KAITABA	District Pharmacist (DP)
Dr. Wilbert M. J. CHUWA	District Dental Officer (DDO)
Mrs. Catharine MWEGOHA	Ag.District Laboratory Technologist (DLT)
Mrs. Epiphania A. MSIGALA	District Reproductive Child Health Coordinator (DRCHCO)
Mr. John NGANYA	District Cold Chain Officer (DCCO)

Kilombero District CHMT 7

Dr. W. P. G. MUNISI	District Medical Officer (DMO)
Mr.Dia M. ALLY	District Health Secretary (DHS)
Mr. Mbonja M. KASEMBWA	District Health Officer (DHO)
Mrs. Ester NTYANGIRI	District Nursing Officer (DNO)
Vacant	District Pharmacist (DP)
Dr.C.MASSAWE	District Dental Officer (DDO)
Mr. Jerome H. JEROME	District Laboratory Technologist (DLT)
Ms. Grace LUBOMBA	District Reproductive Child Health Coordinator (DRCHCO)
Vacant	District Cold Chain Officer (DCCO)

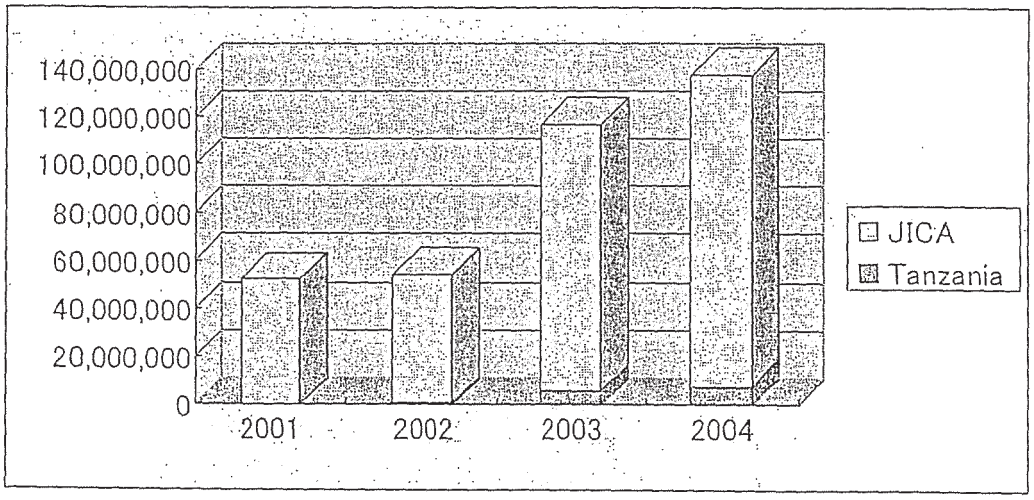
Ulanga District CHMT 8

Dr. SAMUEL D. LIKASI	Ag.District Medical Officer (DMO)
Vacant	District Health Secretary (DHS)
Mr. Bernard MBUMBUMBU	District Health Officer (DHO)
Mr. Edwin BISAKALA	District Nursing Officer (DNO)
Mr. S. K. NKAKULA	Ag..District Pharmacist (DP)
Mr Chief MWAKILASA	Ag.District Dental Officer (DDO)
Ms. Foibe M. SUMARI	District Laboratory Technologist (DLT)
Ms.Rose MJEMA	Ag.District Reproductive Child Health Coordinator (DRCHCO)
Mr. Samson MWETA	District Cold Chain Officer (DCCO)

ANNEX 8 Cost-Sharing of Operational Expenses by Tanzanian Side

JFY	Total JICA Budget (Tsh)	Tanzania Budget Contribution	Total Budget (Tsh)	Cost-sharing (%)
2001	52,226,352	0	52,226,352	0 %
2002	52,598,916	790,610	53,389,526	1.5 %
2003	105,324,465	5,860,550	111,185,015	5.3 %
2004	122,150,555	7,857,550	130,008,105	6.0 %
2005	191,699,144	not determined	not determined	not determined
Total	523,999,435	not determined	not determined	not determined

Increasing Trends in Operational Cost-sharing with Tanzanian Government (Tsh) (2001~2004)



ANNEX 9 List of Activities Implemented

Activities as per PDM_4	Achievements
Output 1: HMIS (Health Management Information System) is improved.	
1-1 Equip with computer equipment	■ 1 Computer, 1 Laser Jet Printer and computer accessories (software, UPS, etc.) were provided to the Regional Secretariat. ■ RHMT and each of the CHMTs are now equipped with approximately 2~3 computers, 2~3 printers, various computer accessories (UPS, USB memory, Multimedia Projector, Portable Screen, Digital Camera, etc.) It is also expected that database analysis software such as SPCC and GIS (database mapping software) will be procured and provided to each of the offices. ■ Local Area Network was installed in the office of RHMT in collaboration with AXIOS.
1-2. Train RHMT/CHMTs for computer skills	■ 1st Basic computer training (5 days) for 42 C/Ps in March 2002. ■ Basic and advanced computer trainings (4 days each) for 61 C/Ps were conducted at Mzumbe University in November and December 2004. ■ 5-days training for the HMIS Database management was conducted at Muzumbe University for 18 C/Ps in May 2005. ■ 10-days GIS health mapping training was conducted by UCLAS for 15 C/Ps in July-August 2005. ■ Project Internet Website was established in July 2005 by the Internet Homepage Working Group and is envisaged to facilitate access to various health related resources for the Morogoro Region.
1-3 Train RHMT/CHMTs for data collection, processing, storage and use.	■ Situation analysis of HMIS at health facility level was conducted by Japanese long and short-term expert. This was followed by PCM Problem Analysis and Orientation in February-March 2003. ■ Initially, Microsoft Excel based District Processing File (DFP) was developed and disseminated to all RHMT/CHMTs in 2003. After the introduction of Mutha ver.2.1 by the Government in 2004, which is a HMIS database software based on Microsoft Access, special training were conducted on the utilization of the software for RHMT and Morogoro Municipal in April 2005, since they were not able to receive training from the Government. ■ Monthly HMIS Working Group (WG) has started since December 2004. ■ Unified HMIS Supervision Checklists were drafted to support

Activities as per PDM4	Achievements
	supervision at health facility level. RHMT/CHMT conducted the first round of data collection based on the integrated supervision checklist in July-August 2005. A database specifically for the analysis of the information collected by HMIS Supervision Visits is currently under design.
1-4 Train RHMT/CHMTs for "on-the-job training skills for health workers" for data collection.	■ HMIS OJT training for data collection and supervision was conducted at health facilities in February 2004. (Kilombero and Kilosa Districts) ■ Further training will be conducted after the procurement of the database server in the provision for the fiscal year 2005/6.
1-5 Establish mechanism for distribution/feedback system for HMIS data.	■ Monthly-based regular HMIS Working Group (WG) has started since December 2004. Members have been participating from RHMT, 6 CHMT and St. Francis District Designated Hospital. ■ HMIS Reporting and Feedback System was designed and consensus was achieved among the Working Group members as the common vision in which HMIS should operate within the Region. Its was also acknowledged by MOH. ■ Focal Persons from each CHMT and RHMT were trained on GIS health mapping. By visualizing the data being collected at the Districts, it is envisioned that health maps could be produced, analysed, and be used as a feedback mechanism. GIS software is currently being procured, and will be distributed to all CHMTs and RHMT office.
1-6 Structure communication network system	■ Situation Analysis of the Radio Call Communication System was conducted by RHMT/CHMTs, Japanese Long-term and short-term experts since November 2003. ■ A revised communication network (Two-way Information Network System Concept) was designed and adopted by the Working Group members as the basic concept to operationalize in Morogoro Region.
1-7 Equip communication gears.	■ 13 Radio Calls (equipment under the Safe Motherhood Initiative of UNICEF/JICA) were installed in RMO Office, DMO Offices and 6 Health Facilities in Kilombero and 5 in Ulanga Districts. After community sensitization by the Project and RHMT/CHMTs, Radio Calls have been well maintained with the support from the communities and health facilities to strengthen security. ■ Similar Community Sensitization Programs were conducted in Morogoro Rural, Mvomero, Kilombero/Ulanga for the radio call installed areas. ■ Radio Call Operational and Maintenance Manuals, Radio Call

Activities as per PDM4	Achievements
	Directory, Logbook format, Plant Records were developed. ■ The WG members planned and proposed for future provision of radio calls in Morogoro Region (2 in each of the 6 Districts, in which 5 will be equipment from Safe Motherhood Initiative, and 7 will be procured directly by the Project.)
1-8 Link to other radios.	■ The Situation Analysis of the Radio Call Communication Systems, highlighted a situation in which there was no uniformity of radio channels, hindering the creation of an open system. Various measures are being discussed to address this problem,.
1-9 Training RHMT/CHMTs for communication skills.	■ The two short-term experts conducted a series of community sensitisation and on-the-job training (Feb, July-August 2005) on Radio Calls at health facility level with RHMT/CHMTs/ROKO. ■ Manual on Operation and Management of Radio Calls were developed and counterparts were subsequently trained.
■ Output 2: Experience and Health Information among CHMTs, RHMT and other regions are adequately shared.	
2-1 Establish mechanism for information dissemination.	■ The establishment of information dissemination has been conducted by other activities within Output 2 (i.e. Newsletters, Exchange Visits, Joint Meetings among RHMT/CHMTs, Information Resource Centers).
2-2 Train RHMT/CHMTs for information dissemination skills.	■ February 2003, Seminar on Information Dissemination was conducted. During this workshop, the initial idea of creating a MHP Newsletter was identified and proposed. ■ 3 day training on "The Editorial skill up training" was provided for Newsletter Editorial Board Members at Mzumbe University to enhance editorial skills in September 2005.
2-3 Publish newsletters for health services.	■ Editorial Board Meeting for Newsletter was launched to produce newsletters in which objectives are to: 1) Sensitize the general public on health related issues; 2) Exchange experience and skills among health service providers; 3) Receive opinions and suggestions on health care delivery system; 4) Publish health related events. ■ To date, 4 issues of Newsletters were published totalling 7,770 copies in both Swahili and English. It have been disseminated to all health facilities within Morogoro Region, RMOs of all other regions, MOH, partnership organizations, donor agencies, etc. ■ Cost for publication was gradually disbursed by the contribution form

Activities as per PDM4	Achievements
	the Local Government.
2-4 Conduct exchange visits, study visits and workshops.	■ Guideline for the execution of the exchange visit activity was revised and distributed to all RHMT/CHMTs. ■ Following exchange visits were successfully conducted: 1) Ulanga CHMT visited Morogoro/Mvonmero CHMT to study about the management of the Cascade System. 2) Morogoro/Mvonmero CHMT visited Kilosa and Kilombero CHMTs to study about the Community Health Fund and cost sharing. 3) Kilosa CHMT visited Morogoro/Mvomero CHMT to study about the management of the Cascade System.
2-5 Conduct RHMT/CHMTs' regular joint meeting.	■ Total of 5 RHMT/CHMT joint meetings were held; twice in 2003 and three times in 2004. ■ Budget contributions for RHMT/CHMTs Joint Meeting were considered and embraced in the respective CCHPs of TFY 2005/2006 for each districts.
2-6 Equip materials for information resource center.	■ As a result of collecting basic information of available health information resources in Tanzania, "Health Information Resources Directory" was compiled and distributed to the Counterpart Teams and other stakeholders in March 2005. ■ District Resource Centers were equipped with requested materials, e.g. photocopy machines, binding machines, multimedia projectors and other equipment, Health Learning Materials. ■ The CHMT Ulanga submitted the proposal for IRC construction to the grassroots grant scheme of Embassy of Japan coordinated by the Project.
2-7 Train RHMT/CHMTs for management skills of information resource center.	■ The Needs Assessment on Resource Center (RC) Management was conducted and analysed in each district and the Region by the joint effort between the Project (Long and short-term expert) and CEDHA (Center for Educational Development in Health, Arusha) in February 2005. ■ A workshop was conducted at RHMT/CHMT by short-term expert based on the newly developed Resource Center Manual by MHP, which includes matters such as criteria for selecting staff, creating space and, and Books classification and resource mobilization. ■ The 11 day Training and study visit workshop on IRC Management was conducted by Center for Educational Development in Health

Activities as per PDM4	Achievements
	(CEDHA-Arusha), with the participation from two C/Ps from each District and RHMT. Here, Action Plans developed earlier based on the Needs Assessment was reviewed. During the workshop, the tentative Action Plans were presented and proposed by RHMT/CHMTs in May-July 2005..
2-8 Promote utilization of information resource center.	■ This activity is envisaged to be conducted upon the official opening of new Resource Centers, to promote utilization of its materials. So far it expected that within the period up to March 2006, only Kilosa District would be able to open its new Resource Center. Due constraints in available space, other Districts continue operate their temporary Resource Centers.
2-9 Establish mechanism for schedule management.	■ Whiteboards were given out to all CHMTs and the RHMT so that schedule of each member may be visibly managed.
2-10 To establish mechanism for taking over the job.	■ It was considered and recognized by RHMT and CHMTs that such practices for taking over the job while implementing other activities.
2-11 To develop, rectify and share workplans for RHMT/CHMTs.	■ This workplan refers to the Regional Health Plan (MpangoKazi wa Mwaka Sekta Ya Afya Morogoro) which the Project initially aimed to develop through the consolidation of annual CCHPs of all Districts. For the FY2003, and FY2004 (JAN~JUNE), such plans were formulated. Nevertheless, through discussions with the Counterparts, it was agreed that this was not a priority area to continue activities.
■ Output 3: Planning, implementation, monitoring and evaluation by CHMTs and RHMT are improved.	
3-1 Training RHMT/CHMTs on planning, monitoring, and evaluation skills.	■ M&E Working Group officially launched in April 2005. ■ M&E Working Group is expected to conduct M&E Facilitator training and it develop M&E tools for CCHP in JFY 2005-2006. ■ M&E training (4 days) was conducted for all RHMT/CHMTs in June 2004. ■ M&E facilitator training (3 days) was conducted for WG members in June 2005.
3-2 Train RHMT/CHMTs for operational research methodology	■ The Project organized a 10 day "Strategic Management and Operational Research" at Mzumbe University for 24 C/P members (core members from each Team), 45 C/P members focusing on issues such as Leadership, Supervision techniques, team building, communication, customer care and decision making. Basic factors on Operational Research was also introduced.

Activities as per PDM4	Achievements
	■ The Project organized second round of 10 day "Strategic Management and Operational Research" course was Mzumbe University, IHRDC for 45 C/P members (all C/P members) in August-September 2004. ■ Basic OPR Training (5.5 days) for 49 RHMT/CHMT members in September 2004 with collaboration with Mzumber and IHRDC. ■ The Project provided RHMT/CHMTs with supportive supervision by MHP advisory team and supervisors by Mzumbe University and Ifakara Health Research and Development Center (IHRDC) in the process of finalising research proposals and implementation of the research. ■ Training (5 days) on "Data Analysis Training" for 15 Operational Research resource persons from RHMT/CHMTs was conducted in DEC 2004 with collaboration with Mzumbe University. ■ Assisted R/CHMTs producing "Preliminary Research Report". Organized and conducted "Preliminary Research Result Presentation Workshop" in January 2005, in which the Short-term Expert Dr. Nagashima participated and provided suggestions. ■ All RHMT/CHMTs to finalised respective reports for "Operational Research" in district health management. ■ Advanced OPR Training (10 days) for 14 OPR or M&E Working Group members in April 2005 with collaboration with Mzumbe University.
3-3 Improve monitoring and evaluation tools for annual plan implementation.	■ The Project sponsored a 2-day "Action Plan Development Workshop" for 14 OPR and M&E contact persons at MHP office in order to facilitate them to put the research results into action plan within their respective CCHPs in March 2005. ■ A common M&E tool to monitor such Performance lindicators for both Regional Level and District level is being designed.
3-4 RHMT/CHMTs develop jointly annual plan for monitoring and evaluation.	■ M&E Working Group are reviewing various performance indicators in the annual CCHPs, and discussing to improve M&E indicators, and M&E activities..
3-5 RHMT participate in CHMTs planning session regularly.	■ RHMT participated in CCHP Planning Session (Morogoro/Mvomero, Municipal, Kilosa, Kilombero, Ulanga) every year, for technical assistance and supervision. RHMT members and MHP Advisory team attended CCHP planning sessions for FY 2005-06 where better collaboration between MHP and respective councils were discussed. All the Councils in Morogoro Region agreed on allocating sufficient

Activities as per PDM_4	Achievements
	budget for MHP activities considering future sustainability.
3-6 Conduct exit questionnaires to clients / patients.	■ In August 2003, exit survey (interviews, and semi-structured questionnaire) was conducted at 41 health facilities in the Region, with at total sample size of 636. About 93% of the respondents answered that they were satisfied with the quality of health care services, irrelevant to the size of health facilties (hospital, health center, dispensary). ■ Second round of survey is scheduled to be conducted in January 2006.

ANNEX 10 Changes in Output Indicators, Disaggregated by District

(N/A refers to cases where there is no data available)

OUTPUT 1

Number of HMIS annual reports received by CHMTs on time in 2001-2005

Team	2001	2002	2003	2004	2005
Municipal	N/A	15	20	32	20
Morogoro/Mvomero	N/A	90	81	86	
Kilosa	56	56	46	58	
Kilombero	21	23	32	35	
Ulanga	N/A	16	18	20	
Total no. of reports	77	200	197	231	20
Total no. of facilities	111	287	285	287	48

Rate of CHMTs' receiving HMIS annual reports on time in 2001-2005(%)

Team	2001	2002	2003	2004	2005
Municipal	N/A	31%	43%	67%	42%
Morogoro/Mvomero	N/A	93%	83%	88%	
Kilosa	85%	85%	70%	88%	
Kilombero	47%	51%	73%	80%	
Ulanga	N/A	52%	58%	65%	
Total no. of reports	77	200	197	231	
Total no. of facilities	111	287	285	287	
Average	69%	70%	69%	80%	

Number of CHMTs that entered the HMIS data into database in 2001-2005

Team	2001	2002	2003	2004	2005
No. of minutes	0	0	2	5	5

Number of updated tables of HMIS data shown in CCHP in 2001-2005

Team	2001	2002	2003	2004	2005
Municipal	14	14	16	18	19
Morogoro/Mvomero	N/A	17	14	18	20
Kilosa	16	17	20	15	27
Kilombero	N/A	N/A	13	17	19
Ulanga	N/A	20	22	23	20
Total	30	68	85	91	105
Average	15	17	17	18	21

OUTPUT 2

Money spent by team for cost-sharing of Newsletter publication in 2001-2005

Team	2001	2002	2003	2004	2005
RHMT	0	0	0	468,000	0
Municipal	0	0	0	210,000	0
Morogoro/Mvomero	0	0	320,000	640,000	320,000
Kilosa	0	0	90,000	636,000	324,000
Kilombero	0	0	0	780,000	468,000
Ulanga	0	0	160,000	687,000	357,000
Total	0	0	570,000	3,421,000	1,469,000
Average	0	0	190,000	570,167	367,250

* Kilosa CHMT and Kilombero CHMT obtained the figures by adding the cost for printing and DSA

Number of newsletter subscription per year in 2001–2005

Team	2001	2002	2003	2004	2005
RHMT	0	0	627	1,300	1,300
Municipal	0	0	400	235	235
Morogoro/Mvomero	0	0	565	315	315
Kilosa	0	0	432	210	210
Kilombero	0	0	345	210	210
Ulanga	0	0	312	230	300
Total	0	0	2,681	2,500	2,570
Average	0	0	223	417	428

* Number of publication was twice in 2003 and once in 2004 and 2005
* 2003 average is the per issue

Number of organizations received newletters in 2001–2005

Team	2001	2002	2003	2004	2005
Municipal	0	0	165	233	
Morogoro/Mvomero	0	0	194	104	
Kilosa	0	0	146	146	
Kilombero	0	0	19	19	
Ulanga	0	0	138	138	
Total	0	0	662	640	
Average	0	0	132	128	

* Number of publication was twice in 2003 and once in 2004 and 2005

Cumulative users of the resource center in 2001–2005

Team	2001	2002	2003	2004	2005
Municipal	0	0	0	5	4
Morogoro/Mvomero	0	0	0	0	
Kilosa	59	65	41	17	
Kilombero	0	0	0	0	
Ulanga	0	0	0	0	
Total	59	65	41	22	

Source: Registration book of the resource center
As of August 2005

Number of reports produced after exchange visits/studys that are utilized for decision making in health management in 2001–2005

Team	2001	2002	2003	2004	2005
Municipal	N/A	N/A	N/A	N/A	1
Morogoro/Mvomero	N/A	N/A	N/A	N/A	4
Kilosa	N/A	N/A	N/A	N/A	1
Kilombero	N/A	N/A	N/A	N/A	0
Ulanga	N/A	N/A	N/A	N/A	1
Total	N/A	N/A	N/A	N/A	7

Number of joint RHMT/CHMTs meetings verified by minutes in 2001–2005

Team	2001	2002	2003	2004	2005
No. of minutes	0	0	2	3	0

Number of cumlative participants of the conducted Joint Meetings in 2001–2005

Team	2001	2002	2003	2004	2005
RHMT	N/A	N/A	12	18	
Municipal	N/A	N/A	8	12	

Morogoro/Mvomero	N/A	N/A	8	12	
Kilosa	N/A	N/A	8	12	
Kilombero	N/A	N/A	8	12	
Ulanga	N/A	N/A	8	12	
Others	N/A	N/A	8	12	
Total	N/A	N/A	60	90	

OUTPUT 3

Number of Stakeholders participated in CCHP Pre-planning or planning session in 2001-2005

Team	2001	2002	2003	2004	2005
Municipal	12	13	18	19	20
Morogoro/Mvomero	12	28	25	30	31
Kilosa	22	22	27	28	66
Kilombero	N/A	N/A	22	22	22
Ulanga	N/A	9	11	13	10
Total	46	72	103	112	149
Average	15	18	21	22	30

Number of graphical presentations in CCHP reports in 2001-2005

Team	2001	2002	2003	2004	2005
Municipal	21	21	24	27	30
Morogoro/Mvomero	10	25	19	27	31
Kilosa	22	22	23	25	46
Kilombero	N/A	N/A	16	20	21
Ulanga	N/A	34	33	38	40
Total	53	102	115	137	168
Average	18	26	23	27	34

*graphical presentations include tables, chatrs and maps.

Number of statistical tables in CCHP reports in 2001-2005

Team	2001	2002	2003	2004	2005
Municipal	14	14	16	18	19
Morogoro/Mvomero	0	17	14	18	20
Kilosa	16	16	16	14	21
Kilombero	N/A	N/A	9	11	14
Ulanga	N/A	18	22	21	23
Total	30	65	77	82	97
Average	10	16	15	16	19

* Statistical tables mean tables that have any kind of original analytical calculations (e.g. adding, dividing or %)

Number of activities which were planned based on the results of OPR supported by MHP in CCHP reports in 2001-2005

Team	2001	2002	2003	2004	2005
Municipal	0	0	0	0	1
Morogoro/Mvomero	0	0	0	0	3
Kilosa	0	0	0	0	4
Kilombero	0	0	0	0	4
Ulanga	0	0	0	0	4
Total	0	0	0	0	16
Average	0	0	0	0	3

ANNEX 11 Results of the Hexagon-Spider-Web-Diagram (HSWD) from Assessment in September 2005

HSWD Result Summary 2003

Health management Team	Schedule	Knowledge	Resource	Financial	Coordination	Project	Average
Region	2.6	2.0	2.9	2.5	4.1	1.9	2.67
Municipal	3.6	2.6	2.6	3.1	4.0	3.4	3.22
Rural	3.9	2.4	3.4	2.8	4.2	3.2	3.32
Kilosa	3.4	2.6	2.3	2.7	3.4	3.1	2.92
Kilombero	3.6	2.9	3.0	3.8	3.7	3.9	3.48
Ulanga	3.6	2.9	2.6	3.4	3.4	2.8	3.12
Average	3.45	2.57	2.80	3.05	3.80	3.05	3.12

HSWD Result Summary 2005

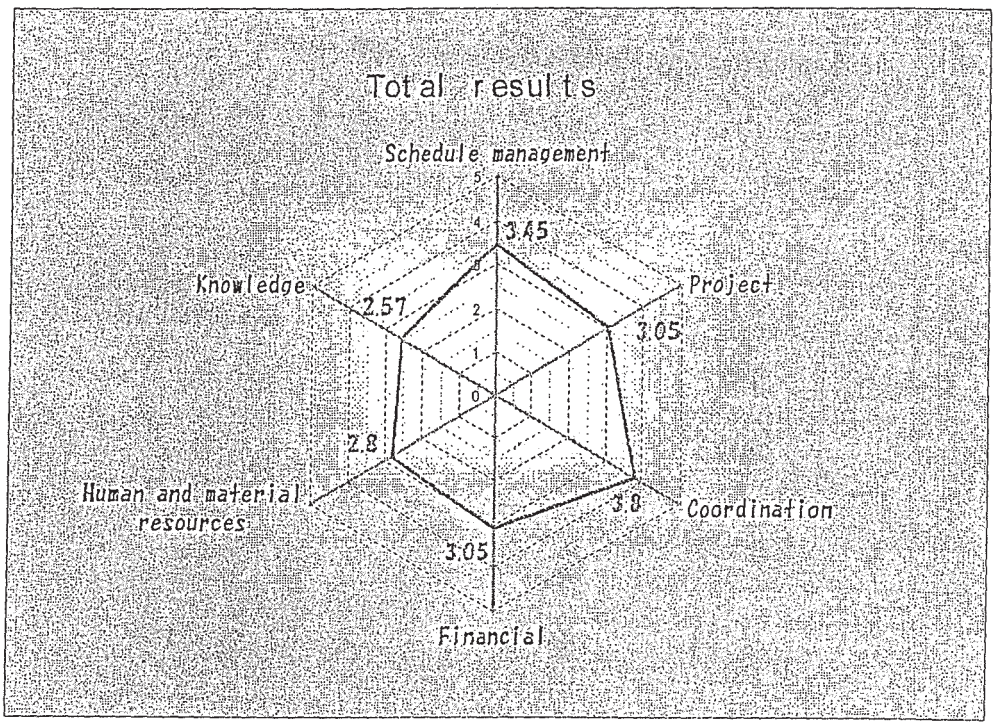
Health management Team	Schedule	Knowledge	Resource	Financial	Coordination	Project	Average
Region	3.9	3.3	4.0	3.5	4.2	3.3	3.70
Municipal	4.1	3.6	3.7	3.7	4.3	3.8	3.87
Morogoro/ Mvomero	4.5	3.5	4.0	3.5	4.4	3.7	3.93
Kilosa	3.6	3.0	2.9	3.4	3.7	3.6	3.37
Kilombero	3.4	2.9	3.0	2.6	3.2	2.8	2.98
Ulanga	2.7	2.6	3.0	1.5	3.1	3.1	2.67
Average	3.70	3.15	3.43	3.03	3.82	3.38	3.42

Evaluation by Health Management Team

Team	2003	2005	Evaluation	Possible Reason
RHMT	2.67	3.70	↑	High commitment
Municipal	3.22	3.87	↑	High teamwork spirits
Morogoro/Mvomero	3.32	3.93	↑	High motivation
Kilosa	2.92	3.37	↑	High teawork spirits
Kilombero	3.48	2.98	↓	Core members of CHMT were absent in HSWD WS 2005.
Ulanga	3.12	2.67	↓	6 out of 9 CHMT members were transferred, resigned and vacant.
Average	3.12	3.42	↑	Capacity development

Evaluation by Management Skills

Management	2003	2005	Evaluation	Possible Reason
Schedule	3.45	3.70	↑	Output 2
Knowledge	2.57	3.15	↑	Output 1
H&M Resource	2.80	3.43	↑	No project output
Financial	3.05	3.03	→	No project output
Coordination	3.80	3.82	→	Output 2
Project	3.05	3.38	↑	Output 3
Average	3.12	3.42	↑	Capacity development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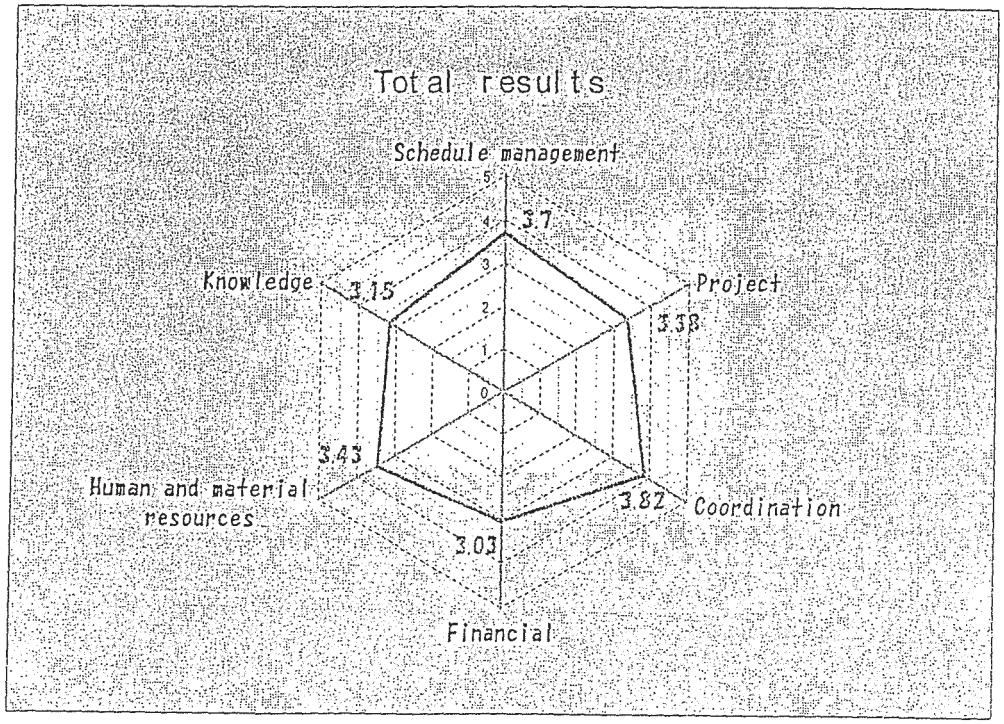
Project
3.05
Coordination
3.8
Financial
3.05
Human and material resources
2.8
Knowledge
2.57

2003


Total results
Schedule management
3.7
Project
3.38
Coordination
3.82
Financial
3.03
Human and material resources
3.43
Knowledge
3.15

2005

２．プロジェクトの主な成果品一覧

１．実証的保健行政マネジメントのためのツール

【情報収集・整理のためのツール】

（１）保健施設巡回指導用包括的チェックリスト

（２）モロゴロ州年次保健白書

【情報蓄積・共有のためのツール】

（１）ニュースレター編集ガイドライン・マニュアル

（２）保健リソースセンター運営ガイドライン・マニュアル

【情報分析・活用のためのツール】

（１）ディストリクト・ヘルス・マネジメント・ハンドブック

（２）オペレーション・リサーチ・マネジメント・ハンドブック

２．プロジェクト成果発信のためのマテリアル

（１）プロジェクト・サマリー・ブックレット

（２）マルチメディア教材（JICA-Net）