タンザニア国
保健・地域開発・ジェンダー・高齢者・子ども省

タンザニア国
地域中核病院マネジメント強化プロジェクト
第２年次

事業完了報告書
（別冊資料集）

令和２年５月
（2020 年）

独立行政法人
国際協力機構（JICA）

株式会社フジタプランニング

人間
JR
20-046

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Record of Discussions

On

The Project for Strengthening Hospital Management of Regional Referral Hospitals

In

The United Republic of Tanzania

Agreed Upon Between

Ministry of Health and Social Welfare, Tanzania

And

Japan International Cooperation Agency

Dar es Salaam, 20th November, 2014

Mr. Yasunori Onishi
Chief Representative
Tanzania Office
Japan International Cooperation Agency
Japan

Dr. Donan W. Mmbando
Permanent Secretary
Ministry of Health and Social Welfare
The United Republic of Tanzania

Based on the minutes of meetings on the Detailed Planning Survey on the Project for Strengthening Hospital Management of Regional Referral Hospitals (hereinafter referred to as "the Project") signed on 15th October, 2014 between the Ministry of Health and Social Welfare of Tanzania (hereinafter referred to as "MOHSW") and the Japan International Cooperation Agency (hereinafter referred to as "JICA"), JICA held a series of discussions with MOHSW and relevant organizations to develop a detailed plan of the Project.

Both parties agreed the details of the Project and the main points discussed as described in the Appendix 1 and the Appendix 2 respectively.

Both parties also agreed that MOHSW, the counterpart to JICA, will be responsible for the implementation of the Project in cooperation with JICA, coordinate with other relevant organizations and ensure that the self-reliant operation of the Project is sustained during and after the implementation period in order to contribute toward social and economic development of the United Republic of Tanzania (hereinafter referred to as "Tanzania").

The Project will be implemented within the framework of the Agreement on Technical Cooperation signed on 2 November, 2004 (hereinafter referred to as "the Agreement") and the Note Verbales exchanged on 2 September, 2014 (hereinafter referred to as "the Note Verbales") between the Government of Japan (hereinafter referred to as "GOJ") and the Government of the United Republic of Tanzania (hereinafter referred to as "GOT").

Appendix 1: Project Description
Appendix 2: Main Points Discussed

Appendix 1

PROJECT DESCRIPTION

Both parties confirmed that there is no change in the Project Description agreed on in the minutes of meetings on the Detailed Planning Survey on the Project signed on 15th, October, 2014.

I. BACKGROUND

Hospitals play a vital role in the health systems in providing health service to the population. Hospitals are often times the first point of contact by patients for diagnosis and care and a designation for patients to receive specialized and inpatient care. Despite their key role in the health system, and despite the fact that majority of national health expenditure is spent on hospitals, performance of hospitals have been neglected, with more attention being paid to the strengthening of primary health care as well as to disease specific programs. In Tanzania, 62% of total health expenditure was allocated to hospitals in 2005/6 (Tanzania National Health Accounts, 2005/6, WHO). With majority of health expenditure in Tanzania being disbursed to hospitals, hospital management and efficiency of hospitals need to be addressed to strengthen the country's health systems as a whole and to promote universal health coverage under resource constraints.

Regional Referral Hospitals (hereinafter referred to as "RRHs") face a number of challenges in hospital management. RRHs face chronic shortage of resources such as budget, human resource for health, medical equipment and supplies, which makes provision of sufficient and quality health services difficult. According to the survey conducted by JICA's Project for Capacity Development in Regional Health Management Phase 2 (2011–2014), in RRHs, personnel expenditure occupied up to 89% of hospital expenditure, which indicates severe shortage of operational expenses including budget for medical supplies. Also, managerial capacity of the Hospital Management Teams (hereinafter referred to as "HMTs") is limited. In RRHs, clinicians are assigned to manage hospitals with little opportunity to acquire basic knowledge and skills on management. For maximum utilization of available resources, HMTs' basic management capacity needs to be strengthened.

Improving hospital management of RRHs is addressed in the third Health Sector Strategic Plan (HSSP III). The Government of Tanzania has set 11 strategies in HSSP III. One of them (strategy 2) is to strengthen the referral service. As action plans to the strategy, improvement of hospital management, implementation of quality improvement activities through implementation of the Total Quality Framework, establishment of quality improvement units in the referral hospitals, and strengthening of hospital governance through Hospital Advisory Boards (hereinafter referred to as "HABs") are listed to improve the quality of services at referral hospitals.

JICA has been cooperating in the field of quality improvement in the Tanzanian

health sector through the Project for Strengthening Development of Human Resource for Health (2010-2014). 5S-KAIZEN-TQM approach has been introduced to at least 67 public hospitals including RRHs. Quality Improvement Teams (QITs) and Work Improvement Teams (WITs) have been established in the hospitals, and self-motivated quality improvement activities within the hospitals have been conducted. Hospitals have succeeded in reducing wasteful spending, reducing patient waiting time, and improvement of service quality such as reduction of cases of phlebitis associated with cannulation has also been realized through implementation of KAIZEN approach.

JICA has also been cooperating in capacity development of the Regional Health Management Teams (hereinafter referred to as "RHMTs"), highlighting the importance of the regional level for the functioning of the decentralized health system. Through the Project for Capacity Development in Regional Health Management Phase 1 and Phase 2, roles and functions of RHMT have been defined, and RHMTs' capacity to supportively supervise CHMTs and Regional Referral Hospital Management Teams (RRHMTs) has been strengthened. Tools for supportive supervision to CHMT and RRHMT have also been established.

To further expand the above achievements, GOT has requested JICA's technical cooperation project to further strengthen the management of RRHs. The request included strengthening the managerial capacity of HMTs, improving hospital performance through KAIZEN approach, and improving governance through strengthening of Hospital Advisory Boards.

II. OUTLINE OF THE PROJECT

Details of the Project are described in the Logical Framework (Project Design Matrix: PDM) (Annex 1-1), the tentative Plan of Operation (Annex 1-2) and the conceptual framework of the Project (Annex 1-3).

1. Title of the Project
   Project for Strengthening Hospital Management of Regional Referral Hospitals

2. Overall Goal
   Quality of health service is improved at RRHs.

3. Project Purpose
   Hospital management is improved at RRHs.

4. Outputs
   Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.
   Output 2: Planning and reporting capacity of RRHs is improved.
   Output 3: Monitoring and Evaluation of RRHs is strengthened.
   Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.
   Output 5: Quality of governance of RRHs by HAB is strengthened.
   Output 6: Tanzania's experience and knowledge on hospital management and quality improvement are shared within Tanzania and with other African

countries.

5. Activities
Details of the activities are described in the PDM (Annex1-1).

6. Input
(1) Input by JICA
(a) Dispatch of Experts
- Chief Advisor / Hospital Management / Health Systems Management
- Quality Management
- Project Coordinator / Training Management
- Hospital Planning and Monitoring

(b) Training
Necessary trainings

(c) Equipment
Office equipment (copy machine, computers, etc.) and a vehicle for the project activities.

Input other than those indicated above will be determined through mutual consultations between JICA and MOHSW during the implementation of the Project, as necessary.

(2) Input by MOHSW
MOHSW will take necessary measures to provide at its own expense:
(a) Services of MOHSW's counterpart personnel and administrative personnel as referred to in II-7;
(b) Suitable office space with necessary equipment and facilities including running costs for electricity, water, etc.;
(c) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided by JICA;
(d) Information as well as support in obtaining medical service;
(e) Credentials or identification cards;
(f) Available data (including maps and photographs) and information related to the Project;
(g) Running expenses necessary for the implementation of the Project;
(h) Expenses necessary for transportation within Tanzania of the equipment referred to in II-6 (1) as well as for the installation, and the cost of its operation and maintenance incurred after completion of the Project;
(i) Necessary facilities to the JICA experts for the remittance as well as utilization of the funds introduced into Tanzania from Japan in connection with the implementation of the Project; and
(j) Sustainability of the Project after its completion.

7. Implementation Structure
The Project organization chart is given in Annex 1-4. Organizations and individuals to be involved in the project implementation are as follows. A Joint Coordination Committee chaired by the Permanent Secretary of MOHSW will be

organized as mentioned in II 7(7).

(1) MOHSW

(a) Project Director

Permanent Secretary will be responsible for overall administration and implementation of the Project.

(b) Project Manager

Director of Policy and Planning will be responsible to coordinate managerial and technical matters of the Project.

(c) Directorates and personnel necessary for the project implementation

1. Chief Medical Officer
   - I. Directorate of Curative Services
   - II. Directorate of Health Quality Assurance
   - III. Directorate of Human Resource Development
   - IV. Directorates of Preventive Health Services
2. Directorate of Policy and Planning
3. Directorate of Administration and Human Resources Management
4. Commissioner for Social Welfare

(2) Prime Minister's Office – Regional Administration and Local Government (hereinafter referred to as PMO-RALG)

Directorates and personnel necessary for the project implementation

(a) Deputy Permanent Secretary - Health
(b) Directorate of Regional Administration
(c) Directorate of Local Government
(d) Directorate of Sector Coordination

(3) Regional Secretariats

Personnel necessary for the project implementation

(a) Regional Administrative Secretaries
(b) Assistant Administrative Secretaries - Health
(c) Regional Health Management Teams (hereinafter referred to as "RHMTs")

(4) HABs

Personnel necessary for the project implementation

(a) Hospital Advisory Board members

(5) RRHs

Personnel necessary for the project implementation

(a) Regional Referral Hospital Management Teams (hereinafter referred to as "RRHMTs" and other staffs of RRHs

(6) JICA Experts

JICA experts will give necessary technical advice, supports and recommendations to MOHSW on any matters pertaining to the implementation of the Project.

(7) Joint Coordinating Committee (hereinafter referred to as "JCC")

JCC will be established in order to facilitate inter-organizational coordination. JCC will be held at least twice a year and whenever it deems necessary. JCC will approve an annual work plan, review overall progress, conduct monitoring and evaluation of the Project, and exchange opinions on major issues that arise during the implementation of the Project. A list of proposed members of JCC is shown in Annex 5.

8. Project Site(s) and Beneficiaries
Project Site: Tanzania mainland
Direct beneficiaries: RRHs
Indirect beneficiaries: Users of RRHs

9. Duration
The duration of the Project will be 5 years from the date of first arrival of the JICA experts, which is planned to be around March, 2015.

10. Reports
MOHSW and JICA experts will jointly prepare the following reports in English.
(1) Monitoring Sheet on semiannual basis until the project completion
(2) Project Completion Report at the time of project completion

11. Environmental and Social Considerations
MOHSW agreed to abide by 'JICA Guidelines for Environmental and Social Considerations' in order to ensure that appropriate considerations will be made for the environmental and social impacts of the Project.

III. UNDERTAKINGS OF MOHSW AND GOT

1. MOHSW and GOT will take necessary measures to:

(1) ensure that the technologies and knowledge acquired by the Tanzania nationals as a result of Japanese technical cooperation contributes to the economic and social development of Tanzania, and that the knowledge and experience acquired by the personnel of Tanzania from technical training as well as the equipment provided by JICA will be utilized effectively in the implementation of the Project; and

(2) grant privileges, exemptions and benefits to the JICA experts referred to in II-1 (6) above and their families, which are no less favorable than those granted to experts and members of the missions and their families of third countries or international organizations performing similar missions in Tanzania.

2. Other privileges, exemptions and benefits will be provided in accordance with the Agreement and the Notes Verbales exchanged between the GOJ and the GOT.

IV. MONITORING AND EVALUATION

JICA and MOHSW will jointly and regularly monitor the progress of the Project through the Monitoring Sheets based on the Project Design Matrix (PDM) and Plan of Operations (PO). The Monitoring Sheets shall be reviewed every six (6) months.
Also, Project Completion Report shall be drawn up one (1) month before the termination of the Project.

JICA will conduct the following evaluations and surveys to mainly verify sustainability and impact of the Project and draw lessons. MOHSW is required to provide necessary support for them.

1. Ex-post evaluation three (3) years after the project completion, in principle
2. Follow-up surveys on necessity basis

V. PROMOTION OF PUBLIC SUPPORT

For the purpose of promoting support for the Project, MOHSW will take appropriate measures to make the Project widely known to the people of Tanzania.

VI. Misconduct

If JICA receives information related to suspected corrupt or fraudulent practices in the implementation of the Project, MOHSW and relevant organizations shall provide JICA with such information as JICA may reasonably request, including information related to any concerned official of the government and/or public organizations of Tanzania.
MOHSW and relevant organizations shall not, unfairly or unfavorably treat the person and/or company which provided the information related to suspected corrupt or fraudulent practices in the implementation of the Project.

VII. MUTUAL CONSULTATION

JICA and MOHSW will consult each other whenever any major issues arise in the course of project implementation.

VIII. AMENDMENTS

The record of discussions may be amended by the minutes of meetings between JICA and MOHSW.
The minutes of meetings will be signed by authorized persons of each side who may be different from the signers of the record of discussions.

Annex 1-1	Logical Framework (Project Design Matrix:PDM)
Annex 1-2	Tentative Plan of Operation
Annex 1-3	Conceptual Framework of the Project
Annex 1-4	Project Organization Chart
Annex 1-5	A List of Proposed Members of Joint Coordinating Committee

Appendix 2

MAIN POINTS DISCUSSED

Both sides agreed on the specific points of the Project as follows.

1. Title of the Project

   The title of the Project will be modified from *"Project for Supporting Hospital Reform and Quality Assurance"* to *"Project for Strengthening Hospital Management of Regional Referral Hospitals"* so that the agreed contents of the Project are accurately reflected in the Project title.

   Both sides will propose the title modification to the authorities concerned of each government and, if approved, the title will be changed officially through diplomatic procedure.

2. Target hospitals

   The Project will target 27 RRHs. The list is provided in Annex 2-1.

   Regarding the three RRHs in Dar es Salaam, namely Amana, Mwanamanyala and Temeke, these hospitals are currently managed under CHMT.

3. Strategic orientation

   The strategic orientation of the Project is to build managerial foundation at RRHs in order for RRHs to improve its service provision to function as RRH, which links to tertiary and council hospitals. RRHs face managerial challenges in demographic and disease transition. Especially in the context of Decentralization by Devolution, RRHs also face challenges in management by MOHSW and PMO-RALG. At the end of the Project, the Project is demanded to ensure managerial foundation at RRHs to perform minimum standards and to improve service provision to strengthen entire health systems.

4. Scope of *"hospital management"*

   It was agreed by both sides that the scope of hospital management will include areas of leadership, planning, reporting, monitoring and evaluation, financial management, commodity and supply management, information management and human resource management as major areas of management. Both sides understood that clinical management is not directly supported in the scope of the Project.

5. Hospital management through KAIZEN approach

   There are several managerial disciplines and applications to enhance hospital management per se, among which KAIZEN approach has been effective to improve hospital management practices in the Tanzanian context according to past experiences. The Project is demanded to conceptualize, reorganize and implement KAIZEN approach in hospital management context to promote high performance with limited resources. Moreover, the Project is expected to foster evidence of the introductory impact of KAIZEN

approach in improving hospital management.

6. *"Basic"* and "*applied*" hospital management
The Project will endorse *"basic"* and *"applied"* management with counterparts and stakeholders. *"Basic management"* means essential managerial competencies required by all the RRHMT members as minimum standards including leadership, strategic thinking, project management, basic financial/resource/information management and quality management (KAIZEN approach). "*Applied management*" means in-depth and practical managerial competencies required by specific in-charge officers including hospital accounting, procurement, supply chain, and data management.

7. Training institutions for hospital management training
It was agreed by both sides that the hospital management training program to be developed by the Project and stakeholders is demanded to be institutionalized to training institutions to ensure self-reliant development of *"hospital management"* in Tanzania. The Tanzanian side primarily listed Mzumbe University and other academic institutions including CEDHA, Iringa PHC Institution and other Zonal Health Resource Centers as candidate institutions. The Project is expected to involve these institutions as an implementing consortium from the initial phase of the program development towards institutionalization in the future.

8. Implementation and coordination of the Project
MOHSW will collaborate with the Project experts to assign resourceful personnel from directorates and other relevant health institutions to accomplish each output.
The Project involves inter-ministerial coordination between MOHSW and PMO-RALG as well as inter-departmental coordination within MOHSW among directorates of policy and planning, curative service, quality assurance, human resource development, administration and human resource management, preventive health services, and social welfare. The team requested strong support from the Permanent Secretary (Project Director) and Director of Policy and Planning (Project Manager) for effective coordination of different parties and partners for smooth implementation of the Project.

9. HABs
HAB status for each RRHs as of October 2014 is as mentioned in Annex 7. The 4 new regions (Simiyu, Geita, Katavi, Njombe) and 3 other regions are in the process of establishing or recruiting members for HAB. The Project is expected to guide and capacitate HAB to improve their performance to support RRHs. HAB guiding tools and materials will be reviewed and revised to implement orientation training and mentoring support.

10. Computer based hospital management systems
There is growing demand for computerizing managerial systems in hospitals. Several RRHs have introduced computerized systems such as Afyapro, 4PAY, etc. with or without donor support. While the Project will encourage

case studies of good practices and knowledge sharing among RRHs on computer-based management systems, it will not directly support the installation of any such system to RRHs (except for Human Resource for Health Information System (HRHIS) which has been installed in all RHMTs and CHMTs with JICA support), nor will it support development of new computer-based systems.

11. Social accountability of RRHs

One of the main objectives of the Project is that RRH becomes more socially accountable to the public beneficiaries and societies. Internal and external hospital performance assessment should be conducted as means to evaluate whether hospital functionalities meet the quality standards as public hospitals. The results of hospital performance assessment are expected to be displayed in a scorecard or other visual formats, which can be reviewed by the public transparently and proactively. HAB, MOHSW, PMO-RALG and development partners are expected to respond to the needs identified from hospital performance.

12. Promotion of south-south cooperation

Regarding the regional training program on KAIZEN TOT as one of the activities in Output 6, both sides agreed that Tanzania is expected to continue to play a leading role in the promotion of 5S-KAIZEN-TQM in Africa, providing training opportunities for other countries. Both sides confirmed that cost of participation should be shouldered by the participating countries in principle. It was confirmed that in case they need to be supported by the Project, JICA will provide additional resources for the promotion of south-south cooperation, apart from the rest of the project activities.

13. Related donor supports

GIZ is working in 4 regions, namely Tanga, Lindi, Mtwara and Mbeya, in areas of quality improvement and hospital management, including introduction of computerized hospital management system. There are also several other efforts to improve quality of hospital management in Tanzania. The Project is expected to utilize and enhance current managerial tools developed by MOHSW and development partners to maximize synergetic effects in a harmonized manner.

14. Joint preparatory workshop

A joint preparatory workshop for the Project was conducted from October 8th to 9th with 39 participants from MOHSW, PMO-RALG, RHMT, RRHMT and JICA. Stakeholder analysis, problem analysis and objective analysis were conducted for each output described in the PDM. The results of the workshop have been reflected to the Project design..

15. Project office

The Tanzanian side agreed to secure an office space with basic infrastructure capable of accommodating at least 7 persons in the MOHSW building for the Project.

16. Counterpart budget

According to the government's procedures, MOHSW in collaboration with PMO-RALG through the Ministry of Finance will allocate funds required i.e. development budget for the hospitals, salaries and other operational costs to make sure that the Comprehensive Hospital Operational Plan (CHOP) is smoothly implemented. Cost for implementing the Project activities by counterparts will be supported by the Project. The MOHSW however will devise the modalities of sustaining the project activities gradually towards the phasing out of the Project.

ANNEX 2-1 List of Target Hospitals
ANNEX 2-2 Status of Hospital Advisory Boards

Project Design Matrix

Project Title: Project for Strengthening Hospital Management of Regional Referral Hospitals

Implementing Agency: Ministry of Health and Social Welfare (MOHSW)

Target Group: Regional Referral Hospitals

Period of Project: March 2015 - March 2020

Project Site: Tanzania Mainland

Version 0

Dated November 18th, 2014

Model Site:

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
Overall Goal Quality of health service is improved at Regional Referral Hospitals (RRHs).	(1) Patient/client satisfaction is improved in the target hospitals. (2) Number of outpatient and inpatient is increased	(1) Patient/client satisfaction survey (2) Hospital statistics	
Project Purpose Hospital management is improved at RRHs.	(1) Total hospital revenue is increased (2) Number of outpatient and inpatient per hospital staff is increased (3) Proportion of personnel expenditure to total hospital expenditure is improved	(1) Hospital performance assessment (2) Hospital performance assessment (3) Hospital performance assessment	1. Changes in the national policy and strategies in health sector do not affect implementation of the project activities. 2. There is no negative fluctuation in budget of RRHs. 3. Resource (human, medicine, equipment, infrastructure etc) is adequately allocated. 4. Planned budget is properly secured and timely disbursed.
Outputs			1.Quality staffs are adequately allocated. 2. HAB members are elected properly and committed to work proactively. 3. Internal communication in MOHSW is smoothly managed. 4. Dialogue between MOHSW and PMORALG is regularly and smoothly conducted and managed. 5. Commitment fom Regional Secretariat is properly enhanced.
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.	Results of Internal and external managerial capacity assessment of RRHMT are improved.	Internal and external capacity assessment of RRHMT	
Output 2: Planning and reporting capacity of RRHs is improved.	(1) Qualified CHOPs are increased. (2) Qualified quarterly reports are increased.	(1) CHOP evaluation (2) Quarterly report evaluation	
Output 3: Monitoring and Evaluation of RRHs is strengthened.	Number of reports on hospital performance assessment reviewed by the stakeholders is increased.	Project document	
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.	KAIZEN activities in hospital management are increased at RRHs.	KAIZEN Progress Report	
Output 5: Quality of governance of RRHs by HAB is strengthened.	(1) Number of HAB minutes of meetings publicly reviewed is increased. (2) Evaluation of HAB's function is improved.	(1) Number of HAB minutes of meetings publicly reviewed (2) HAB assessment report	
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.	(1) Total number of KAZEN activities are increased in participating countries. (2) Good practices shared within and outside of Tanzania is increased.	(1) Reports from participating countries (2) Progress Report Meetings	

Activities	Inputs		Pre-Conditions
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.	The Japanese Side	The Tanzanian Side	1. RRHMT members are adequately assigned. 2. HAB members are adequately nominated. 3. Responsible C/Ps are assigned for each output. 4. Budget allocation to RRH is sustained. 5. Policy for decentralization by devolution is maintained. 6. Technical working groups under SWAP mechanism are sustained.
1-1 Situation analysis and benchmarking is conducted on management capacities of RRHs. 1-2 Existing training programs and materials on hospital management is reviewed. 1-3 Training institutions and facilitators are identified and oriented. 1-4 Training modules (basic and applied) and materials are consolidated. 1-5 National faciltators are trained on hospital management in TOT manner. 1-6 Hospital management training is conducted to RRHMTs. 1-7 Insititutionalization of hospital management training program is promoted and facilitated. 1-8 Training effectiveness is assessed.	Dispatch of Experts 1. Chief Advisor / Hospital Management 2. Quality Management (5S-KAIZEN-TQM) 3. Project Coordinator / Training Management 4. Monitoring Equipment and Material 1. Necessary equipment and materials for the project activities Trainings 1. Necessary trainings.	Counterparts 1. Project Director 2. Project Manager 3. Other personnel mutually agreed upon as needed. Facilities, equipment and materials 1. Office space for the Project 2. Necessary equipment and materials for the project activities Local Costs Operational costs for implementing activities	
Output 2: Planning and reporting capacity of RRHs is improved.			<Issues and countermeasures>

Annex 13

2-1 CHOP and related management structure are reviewed. 2-2 CHOP guidelines and formats are revised accordingly. 2-3 Training on CHOP is conducted. (as in 1-5 and 1-6) 2-4 Data management for CHOP development and monitoring is improved. (in line with 3-1 and 3-2) 2-5 Data management tool for human resources for health (HRHIS) is introduced. 2-6 Mentoring support on planning and reporting is strengthened. 2-7 Report formulating skills and reporting structure are reviewed and strengthened.	Local Costs 1. Trainings, workshops, seminars (cost sharing with MOHSW, RHMTs, RRHs, etc.) 2. Training material printing cost 3. Other activity costs		
Output 3: Monitoring and Evaluation of RRHs is strengthened.			
3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized. 3-2 Tools for external hospital performance assessment by MOHSW/PMO-RALG through RHMT are reviewed, developed and utilized. 3-3 Results from hospital performance assessment (internal and external) are analyzed and publicized . 3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment.			
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.			
4-1 Application of KAIZEN approach in improvement of hospital management is conceptualized. 4-2 QIT and WIT are oriented on hospital management. 4-3 Target managerial areas for quality improvement at each RRH is identified by the result from hospital performance assessment. 4-4 KAIZEN TOT is conducted to National Facilitators, focusing on improvement of hospital management. 4-5 KAIZEN training is conducted to RRHMTs. 4-6 KAIZEN activities in target managerial areas are conducted at each RRH. 4-7 Progress of KAIZEN activities is monitored. 4-8 Institutionalization of KAIZEN TOT is promoted and facilitated. 4-9 Impact of KAIZEN approach for hospital management is assessed and reviewed.			
Output 5: Quality of governance of RRHs by HAB is strengthened.			
5-1 Guideline and assessment tools for Hospital Advisory Boards (HAB) is reviewed and revised. 5-2 Orientation training materials and program for HAB is developed, reviewed and revised. 5-3 Training for capacity building of HAB on governance and leadership is implemented. 5-4 Regular assessment of HAB fuctionality and supportive interventions to HAB are conducted. 5-5 Recommendations from HAB report are reviewed and enhanced to improve hospital performance.			
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.			
6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders. 6-2 Horizontal learning among RRHs is enhanced. 6-3 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged. 6-4 Regional KAIZEN TOT Training Program is acknowledged by stakeholders. 6-5 Regional KAIZEN TOT Training is conducted with participation of other African countries.			

Plan of Operation (tentative)

Version 0
Dated November 18th, 2014

Project Title: Project for Strengthening Hospital Management of Regional Referral Hospitals

Inputs	Plan/Actual	2014 IV	2015 I	2015 II	2015 III	2015 IV	2016 I	2016 II	2016 III	2016 IV	2017 I	2017 II	2017 III	2017 IV	2018 I	2018 II	2018 III	2018 IV	2019 I	2019 II	2019 III	2019 IV	Remarks	Monitoring: Issue	Monitoring: Solution
Expert																									
Chief Advisor / Hospital Management	Plan		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
	Actual																								
Quality Management (5S-KAIZEN-TQM)	Plan		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
	Actual																								
Project Coordinator / Training Management	Plan		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
	Actual																								
Monitoring	Plan			■	■			■	■			■	■			■	■			■	■				
	Actual																								
Local Consultant (Financial Management)	Plan			■	■				■				■				■				■				
	Actual																								
Local Consultant (Hospital Information Management)	Plan			■	■				■				■				■								
	Actual																								
Local Consultant (HRHIS)	Plan			■		■		■		■															
	Actual																								
Local Staff (Training Management)	Plan		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■			
	Actual																								
Equipment																									
	Plan																								
	Actual																								
Training in Japan																									
	Plan																								
	Actual																								

Activities / Sub-Activities	Plan/Actual	2015 1	2015 2	2015 3	2015 4	2016 1	2016 2	2016 3	2016 4	2017 1	2017 2	2017 3	2017 4	2018 1	2018 2	2018 3	2018 4	2019 1	2019 2	2019 3	2019 4	2020 1	Responsible Organization: Japan	Responsible Organization: GOT	Achievements	Issue & Countermeasures
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.																										
1-1 Situation analysis and benchmarking is conducted on management capacities of RRHs.	Plan	■	■																							
	Actual																									
1-2 Existing training programs and materials on hospital management is reviewed.	Plan	■	■			■				■				■				■								
	Actual																									
1-3 Training institutions and facilitators are identified and oriented.	Plan	■																								
	Actual																									
1-4 Training modules (basic and applied), materials and program are consolidated.	Plan	■	■	■		■	■			■	■			■	■			■	■							
	Actual																									
1-5 National faciltators are trained on hospital management in TOT manner.	Plan	■	■	■																						
	Actual																									
1-6 Hosptal management training is conducted to RRHMTs.	Plan	■	■	■	■	■	■		■	■		■	■			■	■									
	Actual																									
1-7 Insititutionalization of hospital management training program is promoted and facilitated.	Plan											■	■	■	■	■	■	■	■	■	■					
	Actual																									
1-8 Training effectiveness is assessed.	Plan						■			■				■				■								
	Actual																									
Output 2: Planning and reporting capacity of RRHs is improved.																										
2-1 CHOP and related management structure are reviewed.	Plan	■	■	■																						
	Actual																									
2-2 CHOP guideline and formats are revised accordingly.	Plan	■	■	■																						
	Actual																									
2-3 Training on CHOP is conducted. (as in 1-5 and 1-6)	Plan	■	■	■	■			■	■			■	■			■	■									
	Actual																									
2-4 Data management for CHOP development and monitoring is improved.(in line with 3-1 and 3-2)	Plan	■	■	■	■			■	■			■	■			■	■									
	Actual																									
2-5 Data management tool for human resources for health (HRHIS) is introduced.	Plan	■	■	■	■																					
	Actual																									
2-6 Mentoring support on planning and reporting is strengthened.	Plan				■	■			■	■			■	■			■	■								
	Actual																									
2-7 Report formulating skills and reporting structure are reviewed and strengthened.	Plan	■	■	■	■			■	■			■	■			■	■									
	Actual																									
Output 3: Monitoring and Evaluation of RRHs is strengthened.																										
3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized.	Plan	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■					
	Actual																									
3-2 Tools for external hospital performance assessment by MOHSW/PMO-RALG through RHMT are reviewed, developed and utilized.	Plan	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■					
	Actual																									
3-3 Results from hospital performance assessment	Plan				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■					

Annex 15

(internal and external) are analyzed and publicized.	Actual		
3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment.	Plan		
	Actual		
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.			
4-1 Application of KAIZEN approach in improvement of hospital management is conceptualized.	Plan		
	Actual		
4-2 QIT and WIT are reviewed and oriented on hospital management.	Plan		
	Actual		
4-3 Target managerial areas for quality improvement at each RRH is identified by the result from hospital performance assement.	Plan		
	Actual		
4-4 KAIZEN TOT is conducted to National Facilitators, focusing on improvement of hospital management.	Plan		
	Actual		
4-5 KAIZEN training is conducted to RRHMTs.	Plan		
	Actual		
4-6 KAIZEN activities in target managerial areas are conducted at each RRH.	Plan		
	Actual		
4-7 Progress of KAIZEN activities is monitored.	Plan		
	Actual		
4-8 Institutionalization of KAIZEN TOT is promoted and facilitated.	Plan		
	Actual		
4-9 Impact of KAIZEN approach for hospital management is assessed and reviewed.	Plan		
	Actual		
Output 5: Quality of governance of RRHs by HAB is strengthened.			
5-1 Guideline and assessment tools for Hospital Advisory Boards (HAB) is reviewed and revised.	Plan		
	Actual		
5-2 Orientation training materials and program for HAB is developed, reviewed and revised.	Plan		
	Actual		
5-3 Training for capacity building of HAB on governance and leadership is implemented.	Plan		
	Actual		
5-4 Regular assessment of HAB fuctionality and supportive interventions to HAB are conducted.	Plan		
	Actual		
5-5 Recommendations from HAB report are reviewed and utilized to improve hospital performance.	Plan		
	Actual		
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.			
6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders.	Plan		
	Actual		
6-2 Horizontal learning among RRHs is enhanced.	Plan		
	Actual		
6-3 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged.	Plan		
	Actual		
6-4 Regional KAIZEN TOT is acknowledged by stakeholders.	Plan		
	Actual		
6-5 Regional KAIZEN TOT (as in 4-4) is conducted with participation of other African countries.	Plan		
	Actual		
Duration / Phasing	Plan		
	Actual		

Monitoring Plan		1st Year				2nd Year				3rd Year				4th Year				5th Year				Remarks	Issue	Solution
		IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV			
Monitoring																								
Joint Coordination Committee	Plan																							
	Actual																							
Set-up the Detailed Plan of Operation	Plan																							
	Actual																							
Submission of Monitoring Sheet	Plan																							
	Actual																							
Monitoring Mission from Japan	Plan																							
	Actual																							
Joint Monitoring	Plan																							
	Actual																							
Post Monitoring	Plan																					Ex-post evaluation 3 yrs afer project		
	Actual																							
Reports/Documents																								
Project Completion Report	Plan																							
	Actual																							
Public Relations																								
	Plan																							
	Actual																							
	Plan																							
	Actual																							

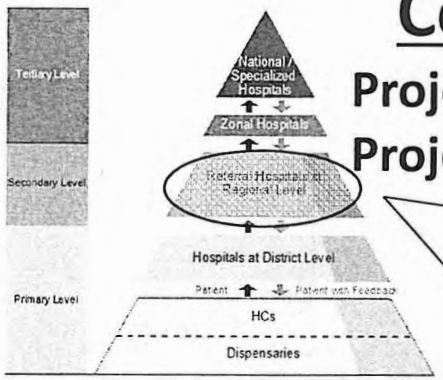
Annex 16

Annex 1-3

Conceptual Framework of the Project

Project for Strengthening Hospital Management of RRHs

Project Purpose: Hospital management is improved at RRHs



Regional Referral Hospitals

Training institution

Output1: Basic management capacity of HMTs is improved.

Output 2: Planning and reporting capacity of RRHs is improved. (CHOP)

RRHMT

Middle Management QIT

WIT

5S-KAIZEN

Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.

National/Consultant/Zonal Hospitals

RHMT

Output 3: M&E of RRHs is strengthened.

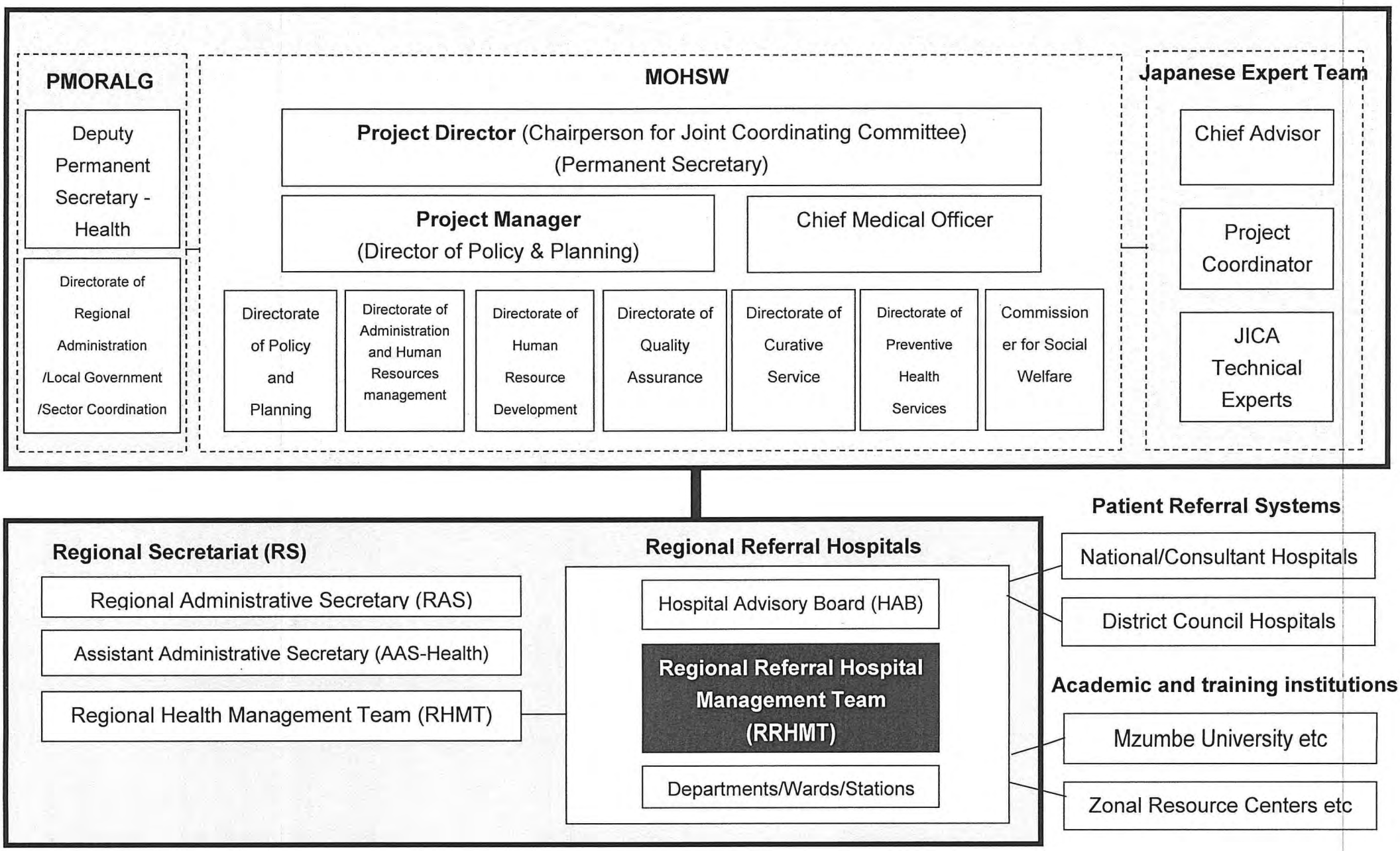
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.

Output 5: Quality of governance of RRHs by HAB is strengthened.

Hospital Advisory Board

Annex 17

Annex 1-4 Project Organization Chart



Annex 18

ANNEX 1-5 A List of Proposed Members of Joint Coordinating Committee

1. Functions

The Joint Coordinating (Steering) Committee (JCC) will meet at least once a year and whenever necessity arises. Its functions are as follows:

(1) To authorize the annual activity plan of the Project
(2) To endorse major achievements and products of the Project
(3) To monitor and review overall progress and supervise the Project
(4) To review and discuss on major issues arising from or concerning the Project

2. Compositions

The JCC shall be composed of the following members.

1) Chairperson:
Permanent Secretary, MOHSW (Project Director)

2) Members:
MOHSW

- Chief Medical Officer
- Director of Policy and Planning (Project Manager)
- Director of Curative Service
- Director of Quality Assurance
- Director of Human Resource Development
- Director of Administration and Human Resource Management
- Director of Preventive Health Services
- Commissioner for Social Welfare

Prime Minister's Office-Regional Administration and Local Government

- Deputy Permanent Secretary - Health
- Director of Regional Administration
- Director of Local Government
- Director of Sector Coordination Unit

Japanese Experts of the Project

Representative of JICA Tanzania Office

Any other persons appointed by the Chairperson

3) Observers:

- Officials of the Embassy of Japan

List of Regional Referral Hospitals

	Region	Regional Referral Hospitals	Bed capacity	Staffing
1	Dar es Salaam	Amana Regional Referral Hospital	350	400
2		Mwananyamala Regional Referral Hospital	340	479
3		Temeke Regional Referral Hospital	250	449
4	Mtwara	Ligula Regional Referral Hospital	320	263
5	Lindi	Sokoine Regional Referral Hospital	184	176
6	Rukwa	Sumbawanga Regional Referral Hospital	270	196
7	Ruvuma	Songea Regional Referral Hospital	395	312
8	Iringa	Iringa Regional Referral Hospital	365	410
9	Tanga	Bombo Regional Referral Hospital	392	378
10	Dodoma	Dodoma Regional Referral Hospital	402	385
11	Singida	Singida Regional Referral Hospital	233	197
12	Manyara	Manyara Regional Referral Hospital	60	99
13	Arusha	Mt. Meru Regional Referral Hospital	450	442
14	Kilimanjaro	Mawenzi Regional Referral Hospital	300	384
15	Kagera	Bukoba Regional Referral Hospital	258	278
16	Mwanza	Sekou-Toure Regional Referral Hospital	375	323
17	Shinyanga	Shinyanga Regional Referral Hospital	304	299
18	Tabora	Kitete Regional Referral Hospital	350	279
19	Mara	Musoma Regional Referral Hospital	300	296
20	Pwani	Tumbi Regional Referral Hospital	253	338
21	Kigoma	Maweni Regional Referral Hospital	194	133
22	Mbeya	Mbeya Regional Referral Hospital	79	160
23	Morogoro	Morogoro Regional Referral Hospital	450	488
24	Simiyu	Baradi Regional Referral Hospital*	N/A	N/A
25	Katavi	Mpanda Regional Referral Hospital*	N/A	N/A
26	Njombe	Kibena Regional Referral Hospital*	N/A	N/A
27	Geita	Geita Regional Referral Hospital*	N/A	N/A

* Council Hospitals temporarily being used as RRHs.

REGIONAL REFERRAL HOSPITAL ADVISORY BOARD

NO.	REGION	NAME OF THE HOSPITAL	Functionality
1	Kilimanjaro	Mawenzi	Functional
2	Kagera	Bukoba	Functional
3	Mbeya	Mbeya	Functional
4	Morogoro	Morogoro	Functional
5	Shinyanga	Shinyanga	Functional
6	Tanga	Bombo	Functional
7	Ruvuma	Songea	Functional
8	Mara	Musoma	Functional
9	Kigoma	Maweni	Functional
10	Iringa	Iringa	Functional
11	Lindi	Sokoinne	Functional
12	Dar es Salaam	Amana	Functional
13	Dar es Salaam	Mwananyamala	Functional
14	Dar es Salaam	Temeke	Functional
15	Mtwara	Ligula	Functional
16	Pwani	Tumbi	Functional
17	Mwanza	Sekou –Toure	Functional
18	Dodoma	Dodoma	Functional
19	Arusha	Mountmeru	Functional
20	Singida	Singida	Functional
21	Tabora	Kitete	Unfunctional
22	Rukwa	Sumbawanga	Not available
23	Simiyu	Bariadi	Not available
24	Katavi	Mpanda	Not available
25	Geita	Geita	Not available
26	Njombe	Kibena	Not available
27	Manyara	Manyara	Not available

MINUTES OF MEETINGS
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
MINISTRY OF HEALTH AND SOCIAL WELFARE, TANZANIA
FOR AMENDMENT OF THE RECORD OF DISCUSSIONS
ON
THE PROJECT FOR STRENGTHENING HOSPITAL MANAGEMENT OF REGIONAL REFERRAL HOSPITALS

The Japan International Cooperation Agency (hereinafter referred to as "JICA") and the Ministry of Health and Social Welfare (hereinafter referred to as "MOHSW") hereby agree that the Record of Discussions on the Project for Strengthening Hospital Management of Regional Referral Hospitals signed on November 20th, 2014 will be amended as attached.

Dar es Salaam, December 8, 2015

Toshio NAGASE
Chief Representative
Tanzania Office
Japan International Cooperation Agency
Japan

Dr. Donan W. Mmbando
Permanent Secretary
Ministry of Health and Social Welfare
The United Republic of Tanzania

Attached Document

1. "Annex 1-1 Logical Framework (Project Design Matrix: PDM)" of the R/D signed on November 20th, 2014

※The amended parts are shown in italic.

Under "Activities"

Before	Amended Version
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries. 6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders. 6-2 Horizontal learning among RRHs is enhanced. 6-3 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged. 6-4 Regional KAIZEN TOT Training Program is acknowledged by stakeholders. 6-5 Regional KAIZEN TOT Training is conducted with participation of other African countries.	Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries. 6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders. 6-2 Horizontal learning among RRHs is enhanced. *6-3 5S-KAIZEN-TQM training with a focus on commodity management is conducted to primary level health facilities and CHMTs.* *6-4* Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged. *6-5* Regional KAIZEN TOT Training Program is acknowledged by stakeholders. *6-6* Regional KAIZEN TOT Training is conducted with participation of other African countries.
Reason: Due to the weak management of health commodities and hence the lack of essential medicines and commodities at the primary level health facilities, patients who are supposed to visit the primary level health facilities are consulting higher level facilities including the RRHs, posing negative influence on the management of RRHs. To achieve the project purpose, which is to improve hospital management at RRHs, the weak management of health commodities at the lower level needs also be addressed. The 5S-KAIZEN-TQM approach has proven to be effective in good storage practices and improvement of commodity management in tertiary and secondary hospitals in Tanzania. Under Output 6, such experience and knowledge will be shared within Tanzania through implementation of 5S-KAIZEN-TQM training with a focus on commodity management to primary level health facilities and CHMTs.	

C

.2 (7

Before	Amended Version
Output 3: Monitoring and Evaluation of RRHs is strengthened. 3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized. 3-2 Tools for external hospital performance assessment by MOHSW/PMO-RALG through RHMT are reviewed, developed and utilized. 3-3 Results from hospital performance assessment (internal and external) are analyzed and publicized . 3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment.	Output 3: Monitoring and Evaluation of RRHs is strengthened. 3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized. 3-2 Tools for external hospital performance assessment by MOHSW/PMO-RALG through RHMT are reviewed, developed and utilized. 3-3 Results from hospital performance assessment (internal and external) are analyzed and publicized . 3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment. *3-5 RHMT's monitoring and evaluation capacity of 5S-KAIZEN-TQM activities is strengthened.*
Reason: In order to strengthen the 5S-KAIZEN-TQM activities at RRH and primary level health facilities, the monitoring and evaluation capacity of RHMTs needs to be strengthened.	

Under "Objectively Verifiable Indicators"

Before	Amended Version
Output 6 (1) Total number of KAZEN activities is increased in participating countries. (2) Good practices shared within and outside of Tanzania are increased.	Output 6 (1) Total number of KAZEN activities is increased in participating countries. (2) Good practices shared within and outside of Tanzania are increased. *(3) 85% of trained primary level health facilities adhering to good storage standards.*

Under "Means of Verification"

Before	Amended Version
Output 6 (1) Reports from participating countries (2) Progress Report Meetings, Reports from participating countries	Output 6 (1) Reports from participating countries (2) Progress Report Meetings, Reports from participating countries *(3) Sampling survey of trained primary*

2.9

	level health facilities and CHMTs, report from Big Results Now Office

2. "Annex 1-2 Tentative Plan of Operation" of the R/D signed on November 20th, 2014

Before	Amended Version
Annex 1-2 of the R/D signed on November 20th, 2014	The necessary activities and timeline related to the above amendment on the logical framework (PDM) have been added. See Annex 3 (Plan of Operations ver.2).

3. "Appendix 2 Main Points discussed"

Before	Amended Version
	The following subject will be added. *17. Monitoring and Evaluation of 5S-KAIZEN-TQM activities in primary level health facilities* *The Tanzanian side agreed to monitor the 5S-KAIZEN-TQM activities in the trained primary health facilities through supportive supervision by CHMTs. In order for the activities to be monitored, the Tanzanian side agreed to include 5S-KAIZEN-TQM monitoring and evaluation criteria in the CHMT's supportive supervision checklist. Also, the Tanzanian side agreed that the officer in charge of Health Commodities of the Big Results Now Initiative will collect the M&E result from CHMTs and analyze and report the data to the Project.* *Also, as Pharmaceutical Service Unit (PSU) is the implementing owner of 6-3 activities in MOHSW, under the Project Director and the Project Manager and in collaboration with the Project experts, PSU will be responsible to control the quality of the planned activities. PSU will also report to the Ministerial Delivery Unit as per requirements on these activities.*

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This amendment will become effective, once this M/M is signed.

Annex 1 : PDM ver. 2 (amended version)

Annex 2 : Plan of Operation ver.1 (amended version)

Annex 3 : Record of Discussions (signed on November 20th, 2014)

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Project Design Matrix

Project Title: Project for Strengthening Hospital Management of Regional Referral Hospitals

Version 02
November 19th, 2015

Implementing Agency: Ministry of Health and Social Welfare (MOHSW)

Target Group: Regional Referral Hospitals

Period of Project: March 2015 - March 2020

Project Site: Tanzania Mainland **Model Site:**

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
Overall Goal Quality of health service is improved at Regional Referral Hospitals (RRHs).	(1) Patient/client satisfaction is improved in the target hospitals. (2) Number of outpatient and inpatient is increased	(1) Patient/client satisfaction survey (2) Hospital statistics	
Project Purpose Hospital management is improved at RRHs.	(1) Total hospital revenue is increased (2) Number of outpatient and inpatient per hospital staff is increased (3) Proportion of personnel expenditure to total hospital expenditure is improved	(1) Hospital performance assessment (2) Hospital performance assessment (3) Hospital performance assessment, Quarterly technical and financial report	1. Changes in the national policy and strategies in health sector do not affect implementation of the project activities. 2. There is no negative fluctuation in budget of RRHs. 3. Resource (human, medicine, equipment, infrastructure etc) is adequately allocated. 4. Planned budget is properly secured
Outputs			1.Quality staffs are adequately allocated. 2. HAB members are elected properly and committed to work proactively. 3. Internal communication in MOHSW is smoothly managed. 4. Dialogue between MOHSW and PMORALG is regularly and smoothly conducted and managed. 5. Commitment fom Regional Secretariat is properly enhanced.
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.	Results of Internal and external managerial capacity assessment of RRHMT are improved.	Internal and external capacity assessment of RRHMT	
Output 2: Planning and reporting capacity of RRHs is improved.	(1) Number of hospitals with qualified (good quality and approved) CHOPs is increased. (2) Number of hospitals with qualified (good quality and approved) quarterly reports is increased.	(1) CHOP evaluation (2) Quarterly report evaluation	
Output 3: Monitoring and Evaluation of RRHs is strengthened.	Number of reports on hospital performance assessment reviewed by the stakeholders is increased.	Project document	
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.	KAIZEN activities are implemented in 80% of RRHs.	KAIZEN Progress Report	
Output 5: Quality of governance of RRHs by HAB is strengthened.	(1) Number of HAB minutes of meetings publicly reviewed is increased. (2) Evaluation of HAB's function is improved.	(1) Number of HAB minutes of meetings publicly reviewed (2) HAB assessment report	
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.	(1) Total number of KAZEN activities is increased in participating countries. (2) Good practices shared within and outside of Tanzania are increased. (3) 85% of trained primary level health facilities adhering to good storage standards.	(1) Reports from participating countries (2) Progress Report Meetings, Reports from participating countries (3) Sampling survey of trained primary level health facilities and CHMTs, report from Big Results Now Office	

Annex 27

Activities	Inputs		Pre-Conditions
	The Japanese Side	**The Tanzanian Side**	1. RRHMT members are adequately assigned. 2. HAB members are adequately nominated. 3. Responsible C/Ps are assigned for each output. 4. Budget allocation to RRH is sustained. 5. Policy for decentralization by devolution is maintained. 6. Technical working groups under SWAP mechanism are sustained.
1-1 Situation analysis and benchmarking is conducted on management capacities of RRHs. 1-2 Existing training programs and materials on hospital management is reviewed. 1-3 Training institutions and facilitators are identified and oriented. 1-4 Training modules (basic and applied) and materials are consolidated. 1-5 National facilitators are trained on hospital management in TOT manner. 1-6 Hospital management training is conducted to RRHMTs. 1-7 Insititutionalization of hospital management training program is promoted and facilitated. 1-8 Training effectiveness is assessed.	Dispatch of Experts 1. Chief Advisor / Hospital Management 2. Quality Management (5S-KAIZEN-TQM) 3. Project Coordinator / Training Management 4. Monitoring Equipment and Material 1. Necessary equipment and materials for the project activities Trainings 1. Necessary trainings. Local Costs 1. Trainings, workshops, seminars (cost sharing with MOHSW, RHMTs, RRHs, etc.) 2. Training material printing cost 3. Other activity costs	Counterparts 1. Project Director 2. Project Manager 3. Other personnel mutually agreed upon as needed. Facilities, equipment and materials 1. Office space for the Project 2. Necessary equipment and materials for the project activities Local Costs Operational costs for implementing activities	**<Issues and countermeasures>**
2-1 CHQP and related management structure are reviewed. 2-2 CHOP guideline and formats are revised accordingly. 2-3 Training on CHQP is conducted. (as in 1-5 and 1-6) 2-4 Data management for CHOP development and monitoring is improved. (in line with 3-1 and 3-2) 2-5 Data management tool for human resources for health (HRHIS) is introduced. 2-6 Mentoring support on planning and reporting is strengthened. 2-7 Report formulating skills and reporting structure are reviewed and strengthened.			
3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized. 3-2 Tools for external hospital performance assessment by MOHSW/PMO-RALG through RHMT are reviewed, developed and utilized. 3-3 Results from hospital performance assessment (internal and external) are analyzed and publicized . 3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment. 3-5 RHMT's monitoring and evaluation capacity of 5S-KAIZEN-TQM activities is strengthened.			
4-1 Application of KAIZEN approach in improvement of hospital management is conceptualized. 4-2 QIT and WIT are oriented on hospital management. 4-3 Target managerial areas for quality improvement at each RRH is identified by the result from hospital performance assessment.			

4-4 KAIZEN TOT is conducted to National Facilitators, focusing on improvement of hospital management.			
4-5 KAIZEN training is conducted to RRHMTs.			
4-6 KAIZEN activities in target managerial areas are conducted at each RRH.			
4-7 Progress of KAIZEN activities is monitored.			
4-8 Institutionalization of KAIZEN TOT is promoted and facilitated.			
4-9 Impact of KAIZEN approach for hospital management is assessed and reviewed.			
[redacted]			
5-1 Guideline and assessment tools for Hospital Advisory Boards (HAB) is reviewed and revised.			
5-2 Orientation training materials and program for HAB is developed, reviewed and revised.			
5-3 Training for capacity building of HAB on governance and leadership is implemented.			
5-4 Regular assessment of HAB fuctionality and supportive interventions to HAB are conducted.			
5-5 Recommendations from HAB report are reviewed and enhanced to improve hospital performance.			
[redacted]			
6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders.			
6-2 Horizontal learning among RRHs is enhanced.			
6-3 5S-KAIZEN-TQM training with a focus on commodity management is conducted to primary level health facilities and CHMTs.			
6-4 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged.			
6-5 Regional KAIZEN TOT Training Program is acknowledged by stakeholders.			
6-6 Regional KAIZEN TOT Training is conducted with participation of other African countries.			

Annex 29

Plan of Operation (tentative)

Version 1 draft
Dated November 19th, 2015

ANNEX 2

Project Title: Project for Strengthening Hospital Management of Regional Referral Hospitals

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Inputs	Plan / Actual	2014 IV	2015 I	2015 II	2015 III	2015 IV	2016 I	2016 II	2016 III	2016 IV	2017 I	2017 II	2017 III	2017 IV	2018 I	2018 II	2018 III	2018 IV	2019 I	2019 II	2019 III	2019 IV	Remarks	Monitoring: Issue	Monitoring: Solution
Expert																									
[redacted]	Actual		[redacted]	[redacted]																					
[redacted]	Actual		[redacted]	[redacted]																					
[redacted]	Actual		[redacted]	[redacted]																					
[redacted]	Actual			[redacted]																					
[redacted]	Actual																								
[redacted]	Actual		[redacted]	[redacted]	[redacted]																				
[redacted]	Actual		[redacted]	[redacted]	[redacted]																				
[redacted]	Actual																								
[redacted]	Actual				[redacted]																				
[redacted]	Actual																								
Equipment																									
[redacted]	Actual																								
Training in Japan																									
[redacted]	Actual																								

Activities / Sub-Activities	Plan / Actual	2015	2016	2017	2018	2019	2020	Responsible Organization: Japan	Responsible Organization: GOT	Achievements	Issue & Countermeasures
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.											
[redacted]	Actual	[redacted]									
[redacted]	Actual	[redacted]									
[redacted]	Actual										
[redacted]	Actual	[redacted]									
[redacted]	Actual										
[redacted]	Actual										
[redacted]	Actual										
[redacted]	Actual										
Output 2: Planning and reporting capacity of RRHs is improved.											
[redacted]	Actual	[redacted]									
[redacted]	Actual	[redacted]									
[redacted]	Actual										
[redacted]	Actual										

ANNEX
Actual
Output 3: Monitoring and Evaluation of RRHs is strengthened.
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.
Output 5: Governance of RRHs is strengthened.
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.

[redacted]	Actual				
[redacted]	Actual				
[redacted]	Actual				
[redacted]	Actual				
[redacted]	Actual				
Duration / Phasing	Actual				

Monitoring Plan	Plan / Actual	1st Year I	1st Year II	1st Year III	1st Year IV	2nd Year I	2nd Year II	2nd Year III	2nd Year IV	3rd Year I	3rd Year II	3rd Year III	3rd Year IV	4th Year I	4th Year II	4th Year III	4th Year IV	5th Year I	5th Year II	5th Year III	5th Year IV	Remarks	Issue	Solution
Monitoring																								
Joint Coordination Committee	Actual																							
Set-up the Detailed Plan of Operation	Actual																							
Submission of Monitoring Sheet	Actual																							
Monitoring Mission from Japan	Actual																							
Joint Monitoring	Actual																							
Post Monitoring	Actual																					Ex-post evaluation 3 yrs afer project		
Reports/Documents																								
Project Completion Report	Actual																							
Public Relations																								
[redacted]	Actual																							
[redacted]	Actual																							

MINUTES OF MEETINGS
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN, TANZANIA
FOR AMENDMENT OF THE RECORD OF DISCUSSIONS
ON
THE PROJECT FOR STRENGTHENING HOSPITAL MANAGEMENT OF REGIONAL REFERRAL HOSPITALS

The Japan International Cooperation Agency (hereinafter referred to as "JICA") and the Ministry of Health, Community Development, Gender, Elderly and Children (hereinafter referred to as "MOHCDGEC") hereby agree that the Record of Discussions on the Project for Strengthening Hospital Management of Regional Referral Hospitals signed on November 20th, 2014 and the Minutes of Meetings on its amendment signed on December 8th, 2015 will be amended as follows;

1. Target hospitals mentioned in Appendix 2 and ANNEX 2-1 of the Record of Discussions signed on November 20th, 2014

Before	Amended Version
The Project will target 27 RRHs. The list is provided in Annex 2-1.	The Project will target 28 RRHs. The revised list is provided in Annex 1 of this Minutes of Meetings.
Reason: Mbeya region has been divided into Mbeya region and Songwe region from July 1st, 2016. Vwawa District Hospital has been designated as Regional Referral Hospital for Songwe Region on August 11th, 2016.	

This amendment will become effective, once this Minutes of Meetings is signed.

Annex 1 : List of Regional Referral Hospitals

Annex 2 : Record of Discussions (signed on November 20th, 2014)

Annex 3 : Minutes of Meetings signed on December 8th, 2015

Dar es Salaam, 17th November, 2016

Toshio NAGASE
Chief Representative
Tanzania Office
Japan International Cooperation Agency
Japan

Dr. Otilia. F. Gowelle
Acting Permanent Secretary
Ministry of Health, Community
Development, Gender, Elderly and Children
The United Republic of Tanzania

List of Regional Referral Hospitals

	Region	Regional Referral Hospitals	Bed capacity	Staffing
1	Dar es Salaam	Amana Regional Referral Hospital	350	400
2		Mwananyamala Regional Referral Hospital	340	479
3		Temeke Regional Referral Hospital	250	449
4	Mtwara	Ligula Regional Referral Hospital	320	263
5	Lindi	Sokoine Regional Referral Hospital	184	176
6	Rukwa	Sumbawanga Regional Referral Hospital	270	196
7	Ruvuma	Songea Regional Referral Hospital	395	312
8	Iringa	Iringa Regional Referral Hospital	365	410
9	Tanga	Bombo Regional Referral Hospital	392	378
10	Dodoma	Dodoma Regional Referral Hospital	402	385
11	Singida	Singida Regional Referral Hospital	233	197
12	Manyara	Manyara Regional Referral Hospital	60	99
13	Arusha	Mt. Meru Regional Referral Hospital	450	442
14	Kilimanjaro	Mawenzi Regional Referral Hospital	300	384
15	Kagera	Bukoba Regional Referral Hospital	258	278
16	Mwanza	Sekou-Toure Regional Referral Hospital	375	323
17	Shinyanga	Shinyanga Regional Referral Hospital	304	299
18	Tabora	Kitete Regional Referral Hospital	350	279
19	Mara	Musoma Regional Referral Hospital	300	296
20	Pwani	Tumbi Regional Referral Hospital	253	338
21	Kigoma	Maweni Regional Referral Hospital	194	133
22	Mbeya	Mbeya Regional Referral Hospital	79	160
23	Morogoro	Morogoro Regional Referral Hospital	450	488
24	Simiyu	Baradi Regional Referral Hospital*	N/A	N/A
25	Katavi	Mpanda Regional Referral Hospital*	N/A	N/A
26	Njombe	Kibena Regional Referral Hospital*	N/A	N/A
27	Geita	Geita Regional Referral Hospital*	N/A	N/A
28	Songwe	Vwawa Designated Regional Referral Hospital	150	265

* Council Hospitals temporarily being used as RRHs.

Record of Discussions

On

The Project for Strengthening Hospital Management of Regional Referral Hospitals

In

The United Republic of Tanzania

Agreed Upon Between

Ministry of Health and Social Welfare, Tanzania

And

Japan International Cooperation Agency

Dar es Salaam, 20th November, 2014

Mr. Yasunori Onishi
Chief Representative
Tanzania Office
Japan International Cooperation Agency
Japan

Dr. Donan W. Mmbando
Permanent Secretary
Ministry of Health and Social Welfare
The United Republic of Tanzania

Based on the minutes of meetings on the Detailed Planning Survey on the Project for Strengthening Hospital Management of Regional Referral Hospitals (hereinafter referred to as "the Project") signed on 15th October, 2014 between the Ministry of Health and Social Welfare of Tanzania (hereinafter referred to as "MOHSW") and the Japan International Cooperation Agency (hereinafter referred to as "JICA"), JICA held a series of discussions with MOHSW and relevant organizations to develop a detailed plan of the Project.

Both parties agreed the details of the Project and the main points discussed as described in the Appendix 1 and the Appendix 2 respectively.

Both parties also agreed that MOHSW, the counterpart to JICA, will be responsible for the implementation of the Project in cooperation with JICA, coordinate with other relevant organizations and ensure that the self-reliant operation of the Project is sustained during and after the implementation period in order to contribute toward social and economic development of the United Republic of Tanzania (hereinafter referred to as "Tanzania").

The Project will be implemented within the framework of the Agreement on Technical Cooperation signed on 2 November, 2004 (hereinafter referred to as "the Agreement") and the Note Verbales exchanged on 2 September, 2014 (hereinafter referred to as "the Note Verbales") between the Government of Japan (hereinafter referred to as "GOJ") and the Government of the United Republic of Tanzania (hereinafter referred to as "GOT").

Appendix 1: Project Description
Appendix 2: Main Points Discussed

Appendix 1

PROJECT DESCRIPTION

Both parties confirmed that there is no change in the Project Description agreed on in the minutes of meetings on the Detailed Planning Survey on the Project signed on 15th, October, 2014.

I. BACKGROUND

Hospitals play a vital role in the health systems in providing health service to the population. Hospitals are often times the first point of contact by patients for diagnosis and care and a designation for patients to receive specialized and inpatient care. Despite their key role in the health system, and despite the fact that majority of national health expenditure is spent on hospitals, performance of hospitals have been neglected, with more attention being paid to the strengthening of primary health care as well as to disease specific programs. In Tanzania, 62% of total health expenditure was allocated to hospitals in 2005/6 (Tanzania National Health Accounts, 2005/6, WHO). With majority of health expenditure in Tanzania being disbursed to hospitals, hospital management and efficiency of hospitals need to be addressed to strengthen the country's health systems as a whole and to promote universal health coverage under resource constraints.

Regional Referral Hospitals (hereinafter referred to as "RRHs") face a number of challenges in hospital management. RRHs face chronic shortage of resources such as budget, human resource for health, medical equipment and supplies, which makes provision of sufficient and quality health services difficult. According to the survey conducted by JICA's Project for Capacity Development in Regional Health Management Phase 2 (2011–2014), in RRHs, personnel expenditure occupied up to 89% of hospital expenditure, which indicates severe shortage of operational expenses including budget for medical supplies. Also, managerial capacity of the Hospital Management Teams (hereinafter referred to as "HMTs") is limited. In RRHs, clinicians are assigned to manage hospitals with little opportunity to acquire basic knowledge and skills on management. For maximum utilization of available resources, HMTs' basic management capacity needs to be strengthened.

Improving hospital management of RRHs is addressed in the third Health Sector Strategic Plan (HSSP III). The Government of Tanzania has set 11 strategies in HSSP III. One of them (strategy 2) is to strengthen the referral service. As action plans to the strategy, improvement of hospital management, implementation of quality improvement activities through implementation of the Total Quality Framework, establishment of quality improvement units in the referral hospitals, and strengthening of hospital governance through Hospital Advisory Boards (hereinafter referred to as "HABs") are listed to improve the quality of services at referral hospitals.

JICA has been cooperating in the field of quality improvement in the Tanzanian

health sector through the Project for Strengthening Development of Human Resource for Health (2010-2014). 5S-KAIZEN-TQM approach has been introduced to at least 67 public hospitals including RRHs. Quality Improvement Teams (QITs) and Work Improvement Teams (WITs) have been established in the hospitals, and self-motivated quality improvement activities within the hospitals have been conducted. Hospitals have succeeded in reducing wasteful spending, reducing patient waiting time, and improvement of service quality such as reduction of cases of phlebitis associated with cannulation has also been realized through implementation of KAIZEN approach.

JICA has also been cooperating in capacity development of the Regional Health Management Teams (hereinafter referred to as "RHMTs"), highlighting the importance of the regional level for the functioning of the decentralized health system. Through the Project for Capacity Development in Regional Health Management Phase 1 and Phase 2, roles and functions of RHMT have been defined, and RHMTs' capacity to supportively supervise CHMTs and Regional Referral Hospital Management Teams (RRHMTs) has been strengthened. Tools for supportive supervision to CHMT and RRHMT have also been established.

To further expand the above achievements, GOT has requested JICA's technical cooperation project to further strengthen the management of RRHs. The request included strengthening the managerial capacity of HMTs, improving hospital performance through KAIZEN approach, and improving governance through strengthening of Hospital Advisory Boards.

II. OUTLINE OF THE PROJECT

Details of the Project are described in the Logical Framework (Project Design Matrix: PDM) (Annex 1-1), the tentative Plan of Operation (Annex 1-2) and the conceptual framework of the Project (Annex 1-3).

1. Title of the Project
   Project for Strengthening Hospital Management of Regional Referral Hospitals

2. Overall Goal
   Quality of health service is improved at RRHs.

3. Project Purpose
   Hospital management is improved at RRHs.

4. Outputs
   Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.
   Output 2: Planning and reporting capacity of RRHs is improved.
   Output 3: Monitoring and Evaluation of RRHs is strengthened.
   Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.
   Output 5: Quality of governance of RRHs by HAB is strengthened.
   Output 6: Tanzania's experience and knowledge on hospital management and quality improvement are shared within Tanzania and with other African

countries.

5. Activities
Details of the activities are described in the PDM (Annex1-1).

6. Input
(1) Input by JICA
(a) Dispatch of Experts
- Chief Advisor / Hospital Management / Health Systems Management
- Quality Management
- Project Coordinator / Training Management
- Hospital Planning and Monitoring

(b) Training
Necessary trainings

(c) Equipment
Office equipment (copy machine, computers, etc.) and a vehicle for the project activities.

Input other than those indicated above will be determined through mutual consultations between JICA and MOHSW during the implementation of the Project, as necessary.

(2) Input by MOHSW
MOHSW will take necessary measures to provide at its own expense:
(a) Services of MOHSW's counterpart personnel and administrative personnel as referred to in II-7;
(b) Suitable office space with necessary equipment and facilities including running costs for electricity, water, etc.;
(c) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided by JICA;
(d) Information as well as support in obtaining medical service;
(e) Credentials or identification cards;
(f) Available data (including maps and photographs) and information related to the Project;
(g) Running expenses necessary for the implementation of the Project;
(h) Expenses necessary for transportation within Tanzania of the equipment referred to in II-6 (1) as well as for the installation, and the cost of its operation and maintenance incurred after completion of the Project;
(i) Necessary facilities to the JICA experts for the remittance as well as utilization of the funds introduced into Tanzania from Japan in connection with the implementation of the Project; and
(j) Sustainability of the Project after its completion.

7. Implementation Structure
The Project organization chart is given in Annex 1-4. Organizations and individuals to be involved in the project implementation are as follows. A Joint Coordination Committee chaired by the Permanent Secretary of MOHSW will be

organized as mentioned in II 7(7).

(1) MOHSW
(a) Project Director
Permanent Secretary will be responsible for overall administration and implementation of the Project.
(b) Project Manager
Director of Policy and Planning will be responsible to coordinate managerial and technical matters of the Project.
(c) Directorates and personnel necessary for the project implementation
1. Chief Medical Officer
I. Directorate of Curative Services
II. Directorate of Health Quality Assurance
III. Directorate of Human Resource Development
IV. Directorates of Preventive Health Services
2. Directorate of Policy and Planning
3. Directorate of Administration and Human Resources Management
4. Commissioner for Social Welfare

(2) Prime Minister's Office – Regional Administration and Local Government (hereinafter referred to as PMO-RALG)
Directorates and personnel necessary for the project implementation
(a) Deputy Permanent Secretary - Health
(b) Directorate of Regional Administration
(c) Directorate of Local Government
(d) Directorate of Sector Coordination

(3) Regional Secretariats
Personnel necessary for the project implementation
(a) Regional Administrative Secretaries
(b) Assistant Administrative Secretaries - Health
(c) Regional Health Management Teams (hereinafter referred to as "RHMTs")

(4) HABs
Personnel necessary for the project implementation
(a) Hospital Advisory Board members

(5) RRHs
Personnel necessary for the project implementation
(a) Regional Referral Hospital Management Teams (hereinafter referred to as "RRHMTs" and other staffs of RRHs

(6) JICA Experts
JICA experts will give necessary technical advice, supports and recommendations to MOHSW on any matters pertaining to the implementation of the Project.

(7) Joint Coordinating Committee (hereinafter referred to as "JCC")

JCC will be established in order to facilitate inter-organizational coordination. JCC will be held at least twice a year and whenever it deems necessary. JCC will approve an annual work plan, review overall progress, conduct monitoring and evaluation of the Project, and exchange opinions on major issues that arise during the implementation of the Project. A list of proposed members of JCC is shown in Annex 5.

8. Project Site(s) and Beneficiaries
Project Site: Tanzania mainland
Direct beneficiaries: RRHs
Indirect beneficiaries: Users of RRHs

9. Duration
The duration of the Project will be 5 years from the date of first arrival of the JICA experts, which is planned to be around March, 2015.

10. Reports
MOHSW and JICA experts will jointly prepare the following reports in English.
(1) Monitoring Sheet on semiannual basis until the project completion
(2) Project Completion Report at the time of project completion

11. Environmental and Social Considerations
MOHSW agreed to abide by 'JICA Guidelines for Environmental and Social Considerations' in order to ensure that appropriate considerations will be made for the environmental and social impacts of the Project.

III. UNDERTAKINGS OF MOHSW AND GOT

1. MOHSW and GOT will take necessary measures to:

(1) ensure that the technologies and knowledge acquired by the Tanzania nationals as a result of Japanese technical cooperation contributes to the economic and social development of Tanzania, and that the knowledge and experience acquired by the personnel of Tanzania from technical training as well as the equipment provided by JICA will be utilized effectively in the implementation of the Project; and

(2) grant privileges, exemptions and benefits to the JICA experts referred to in II-1 (6) above and their families, which are no less favorable than those granted to experts and members of the missions and their families of third countries or international organizations performing similar missions in Tanzania.

2. Other privileges, exemptions and benefits will be provided in accordance with the Agreement and the Notes Verbales exchanged between the GOJ and the GOT.

IV. MONITORING AND EVALUATION

JICA and MOHSW will jointly and regularly monitor the progress of the Project through the Monitoring Sheets based on the Project Design Matrix (PDM) and Plan of Operations (PO). The Monitoring Sheets shall be reviewed every six (6) months.
Also, Project Completion Report shall be drawn up one (1) month before the termination of the Project.

JICA will conduct the following evaluations and surveys to mainly verify sustainability and impact of the Project and draw lessons. MOHSW is required to provide necessary support for them.

1. Ex-post evaluation three (3) years after the project completion, in principle
2. Follow-up surveys on necessity basis

V. PROMOTION OF PUBLIC SUPPORT

For the purpose of promoting support for the Project, MOHSW will take appropriate measures to make the Project widely known to the people of Tanzania.

VI. Misconduct

If JICA receives information related to suspected corrupt or fraudulent practices in the implementation of the Project, MOHSW and relevant organizations shall provide JICA with such information as JICA may reasonably request, including information related to any concerned official of the government and/or public organizations of Tanzania.
MOHSW and relevant organizations shall not, unfairly or unfavorably treat the person and/or company which provided the information related to suspected corrupt or fraudulent practices in the implementation of the Project.

VII. MUTUAL CONSULTATION

JICA and MOHSW will consult each other whenever any major issues arise in the course of project implementation.

VIII. AMENDMENTS

The record of discussions may be amended by the minutes of meetings between JICA and MOHSW.
The minutes of meetings will be signed by authorized persons of each side who may be different from the signers of the record of discussions.

Annex 1-1	Logical Framework (Project Design Matrix:PDM)
Annex 1-2	Tentative Plan of Operation
Annex 1-3	Conceptual Framework of the Project
Annex 1-4	Project Organization Chart
Annex 1-5	A List of Proposed Members of Joint Coordinating Committee

Appendix 2

MAIN POINTS DISCUSSED

Both sides agreed on the specific points of the Project as follows.

1. Title of the Project
   The title of the Project will be modified from *"Project for Supporting Hospital Reform and Quality Assurance"* to *"Project for Strengthening Hospital Management of Regional Referral Hospitals"* so that the agreed contents of the Project are accurately reflected in the Project title.
   Both sides will propose the title modification to the authorities concerned of each government and, if approved, the title will be changed officially through diplomatic procedure.

2. Target hospitals
   The Project will target 27 RRHs. The list is provided in Annex 2-1.
   Regarding the three RRHs in Dar es Salaam, namely Amana, Mwanamanyala and Temeke, these hospitals are currently managed under CHMT.

3. Strategic orientation
   The strategic orientation of the Project is to build managerial foundation at RRHs in order for RRHs to improve its service provision to function as RRH, which links to tertiary and council hospitals. RRHs face managerial challenges in demographic and disease transition. Especially in the context of Decentralization by Devolution, RRHs also face challenges in management by MOHSW and PMO-RALG. At the end of the Project, the Project is demanded to ensure managerial foundation at RRHs to perform minimum standards and to improve service provision to strengthen entire health systems.

4. Scope of *"hospital management"*
   It was agreed by both sides that the scope of hospital management will include areas of leadership, planning, reporting, monitoring and evaluation, financial management, commodity and supply management, information management and human resource management as major areas of management. Both sides understood that clinical management is not directly supported in the scope of the Project.

5. Hospital management through KAIZEN approach
   There are several managerial disciplines and applications to enhance hospital management per se, among which KAIZEN approach has been effective to improve hospital management practices in the Tanzanian context according to past experiences. The Project is demanded to conceptualize, reorganize and implement KAIZEN approach in hospital management context to promote high performance with limited resources. Moreover, the Project is expected to foster evidence of the introductory impact of KAIZEN

approach in improving hospital management.

6. *"Basic"* and "*applied*" hospital management
The Project will endorse *"basic"* and *"applied"* management with counterparts and stakeholders. *"Basic management"* means essential managerial competencies required by all the RRHMT members as minimum standards including leadership, strategic thinking, project management, basic financial/resource/information management and quality management (KAIZEN approach). "*Applied management*" means in-depth and practical managerial competencies required by specific in-charge officers including hospital accounting, procurement, supply chain, and data management.

7. Training institutions for hospital management training
It was agreed by both sides that the hospital management training program to be developed by the Project and stakeholders is demanded to be institutionalized to training institutions to ensure self-reliant development of *"hospital management"* in Tanzania. The Tanzanian side primarily listed Mzumbe University and other academic institutions including CEDHA, Iringa PHC Institution and other Zonal Health Resource Centers as candidate institutions. The Project is expected to involve these institutions as an implementing consortium from the initial phase of the program development towards institutionalization in the future.

8. Implementation and coordination of the Project
MOHSW will collaborate with the Project experts to assign resourceful personnel from directorates and other relevant health institutions to accomplish each output.
The Project involves inter-ministerial coordination between MOHSW and PMO-RALG as well as inter-departmental coordination within MOHSW among directorates of policy and planning, curative service, quality assurance, human resource development, administration and human resource management, preventive health services, and social welfare. The team requested strong support from the Permanent Secretary (Project Director) and Director of Policy and Planning (Project Manager) for effective coordination of different parties and partners for smooth implementation of the Project.

9. HABs
HAB status for each RRHs as of October 2014 is as mentioned in Annex 7. The 4 new regions (Simiyu, Geita, Katavi, Njombe) and 3 other regions are in the process of establishing or recruiting members for HAB. The Project is expected to guide and capacitate HAB to improve their performance to support RRHs. HAB guiding tools and materials will be reviewed and revised to implement orientation training and mentoring support.

10. Computer based hospital management systems
There is growing demand for computerizing managerial systems in hospitals. Several RRHs have introduced computerized systems such as Afyapro, 4PAY, etc. with or without donor support. While the Project will encourage

case studies of good practices and knowledge sharing among RRHs on computer-based management systems, it will not directly support the installation of any such system to RRHs (except for Human Resource for Health Information System (HRHIS) which has been installed in all RHMTs and CHMTs with JICA support), nor will it support development of new computer-based systems.

11. Social accountability of RRHs

One of the main objectives of the Project is that RRH becomes more socially accountable to the public beneficiaries and societies. Internal and external hospital performance assessment should be conducted as means to evaluate whether hospital functionalities meet the quality standards as public hospitals. The results of hospital performance assessment are expected to be displayed in a scorecard or other visual formats, which can be reviewed by the public transparently and proactively. HAB, MOHSW, PMO-RALG and development partners are expected to respond to the needs identified from hospital performance.

12. Promotion of south-south cooperation

Regarding the regional training program on KAIZEN TOT as one of the activities in Output 6, both sides agreed that Tanzania is expected to continue to play a leading role in the promotion of 5S-KAIZEN-TQM in Africa, providing training opportunities for other countries. Both sides confirmed that cost of participation should be shouldered by the participating countries in principle. It was confirmed that in case they need to be supported by the Project, JICA will provide additional resources for the promotion of south-south cooperation, apart from the rest of the project activities.

13. Related donor supports

GIZ is working in 4 regions, namely Tanga, Lindi, Mtwara and Mbeya, in areas of quality improvement and hospital management, including introduction of computerized hospital management system. There are also several other efforts to improve quality of hospital management in Tanzania. The Project is expected to utilize and enhance current managerial tools developed by MOHSW and development partners to maximize synergetic effects in a harmonized manner.

14. Joint preparatory workshop

A joint preparatory workshop for the Project was conducted from October 8th to 9th with 39 participants from MOHSW, PMO-RALG, RHMT, RRHMT and JICA. Stakeholder analysis, problem analysis and objective analysis were conducted for each output described in the PDM. The results of the workshop have been reflected to the Project design..

15. Project office

The Tanzanian side agreed to secure an office space with basic infrastructure capable of accommodating at least 7 persons in the MOHSW building for the Project.

16. Counterpart budget

According to the government's procedures, MOHSW in collaboration with PMO-RALG through the Ministry of Finance will allocate funds required i.e. development budget for the hospitals, salaries and other operational costs to make sure that the Comprehensive Hospital Operational Plan (CHOP) is smoothly implemented. Cost for implementing the Project activities by counterparts will be supported by the Project. The MOHSW however will devise the modalities of sustaining the project activities gradually towards the phasing out of the Project.

ANNEX 2-1 List of Target Hospitals
ANNEX 2-2 Status of Hospital Advisory Boards

Project Design Matrix

Project Title: Project for Strengthening Hospital Management of Regional Referral Hospitals

Implementing Agency: Ministry of Health and Social Welfare (MOHSW)

Target Group: Regional Referral Hospitals

Period of Project: March 2015 - March 2020

Project Site: Tanzania Mainland

Version 0

Dated November 18th, 2014

Model Site:

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
Overall Goal Quality of health service is improved at Regional Referral Hospitals (RRHs).	(1) Patient/client satisfaction is improved in the target hospitals. (2) Number of outpatient and inpatient is increased	(1) Patient/client satisfaction survey (2) Hospital statistics	
Project Purpose Hospital management is improved at RRHs.	(1) Total hospital revenue is increased (2) Number of outpatient and inpatient per hospital staff is increased (3) Proportion of personnel expenditure to total hospital expenditure is improved	(1) Hospital performance assessment (2) Hospital performance assessment (3) Hospital performance assessment	1. Changes in the national policy and strategies in health sector do not affect implementation of the project activities. 2. There is no negative fluctuation in budget of RRHs. 3. Resource (human, medicine, equipment, infrastructure etc) is adequately allocated. 4. Planned budget is properly secured and timely disbursed.
Outputs			1.Quality staffs are adequately allocated. 2. HAB members are elected properly and committed to work proactively. 3. Internal communication in MOHSW is smoothly managed. 4. Dialogue between MOHSW and PMORALG is regularly and smoothly conducted and managed. 5. Commitment fom Regional Secretariat is properly enhanced.
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.	Results of internal and external managerial capacity assessment of RRHMT are improved.	Internal and external capacity assessment of RRHMT	
Output 2: Planning and reporting capacity of RRHs is improved.	(1) Qualified CHOPs are increased. (2) Qualified quarterly reports are increased.	(1) CHOP evaluation (2) Quarterly report evaluation	
Output 3: Monitoring and Evaluation of RRHs is strengthened.	Number of reports on hospital performance assessment reviewed by the stakeholders is increased.	Project document	
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.	KAIZEN activities in hospital management are increased at RRHs.	KAIZEN Progress Report	
Output 5: Quality of governance of RRHs by HAB is strengthened.	(1) Number of HAB minutes of meetings publicly reviewed is increased. (2) Evaluation of HAB's function is improved.	(1) Number of HAB minutes of meetings publicly reviewed (2) HAB assessment report	
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.	(1) Total number of KAZEN activities are increased in participating countries. (2) Good practices shared within and outside of Tanzania is increased.	(1) Reports from participating countries (2) Progress Report Meetings	

Activities	Inputs		Pre-Conditions
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.	The Japanese Side	The Tanzanian Side	1. RRHMT members are adequately assigned. 2. HAB members are adequately nominated. 3. Responsible C/Ps are assigned for each output. 4. Budget allocation to RRH is sustained. 5. Policy for decentralization by devolution is maintained. 6. Technical working groups under SWAP mechanism are sustained.
1-1 Situation analysis and benchmarking is conducted on management capacities of RRHs. 1-2 Existing training programs and materials on hospital management is reviewed. 1-3 Training institutions and facilitators are identified and oriented. 1-4 Training modules (basic and applied) and materials are consolidated. 1-5 National facilitators are trained on hospital management in TOT manner. 1-6 Hospital management training is conducted to RRHMTs. 1-7 Institutionalization of hospital management training program is promoted and facilitated. 1-8 Training effectiveness is assessed.	Dispatch of Experts 1. Chief Advisor / Hospital Management 2. Quality Management (5S-KAIZEN-TQM) 3. Project Coordinator / Training Management 4. Monitoring Equipment and Material 1. Necessary equipment and materials for the project activities Trainings 1. Necessary trainings.	Counterparts 1. Project Director 2. Project Manager 3. Other personnel mutually agreed upon as needed. Facilities, equipment and materials 1. Office space for the Project 2. Necessary equipment and materials for the project activities Local Costs Operational costs for implementing activities	
Output 2: Planning and reporting capacity of RRHs is improved.			<Issues and countermeasures>

Annex 47

2-1 CHOP and relevant management structure are reviewed. 2-2 CHOP guidelines and formats are revised accordingly. 2-3 Training on CHOP is conducted. (as in 1-5 and 1-6) 2-4 Data management for CHOP development and monitoring is improved. (in line with 3-1 and 3-2) 2-5 Data management tool for human resources for health (HRHIS) is introduced. 2-6 Mentoring support on planning and reporting is strengthened. 2-7 Report formulating skills and reporting structure are reviewed and strengthened.	Local Costs 1. Trainings, workshops, seminars (cost sharing with MOHSW, RHMTs, RRHs, etc.) 2. Training material printing cost 3. Other activity costs		
Output 3: Monitoring and Evaluation of RRHs is strengthened.			
3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized. 3-2 Tools for external hospital performance assessment by MOHSW/PMO-RALG through RHMT are reviewed, developed and utilized. 3-3 Results from hospital performance assessment (internal and external) are analyzed and publicized . 3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment.			
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.			
4-1 Application of KAIZEN approach in improvement of hospital management is conceptualized. 4-2 OIT and WIT are oriented on hospital management. 4-3 Target managerial areas for quality improvement at each RRH is identified by the result from hospital performance assessment. 4-4 KAIZEN TOT is conducted to National Facilitators, focusing on improvement of hospital management. 4-5 KAIZEN training is conducted to RRHMTs. 4-6 KAIZEN activities in target managerial areas are conducted at each RRH. 4-7 Progress of KAIZEN activities is monitored. 4-8 Institutionalization of KAIZEN TOT is promoted and facilitated. 4-9 Impact of KAIZEN approach for hospital management is assessed and reviewed.			
Output 5: Quality of governance of RRHs by HAB is strengthened.			
5-1 Guideline and assessment tools for Hospital Advisory Boards (HAB) is reviewed and revised. 5-2 Orientation training materials and program for HAB is developed, reviewed and revised. 5-3 Training for capacity building of HAB on governance and leadership is implemented. 5-4 Regular assessment of HAB functionality and supportive interventions to HAB are conducted. 5-5 Recommendations from HAB report are reviewed and enhanced to improve hospital performance.			
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.			
6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders. 6-2 Horizontal learning among RRHs is enhanced. 6-3 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged. 6-4 Regional KAIZEN TOT Training Program is acknowledged by stakeholders. 6-5 Regional KAIZEN TOT Training is conducted with participation of other African countries.			

Annex 48

Plan of Operation (tentative)

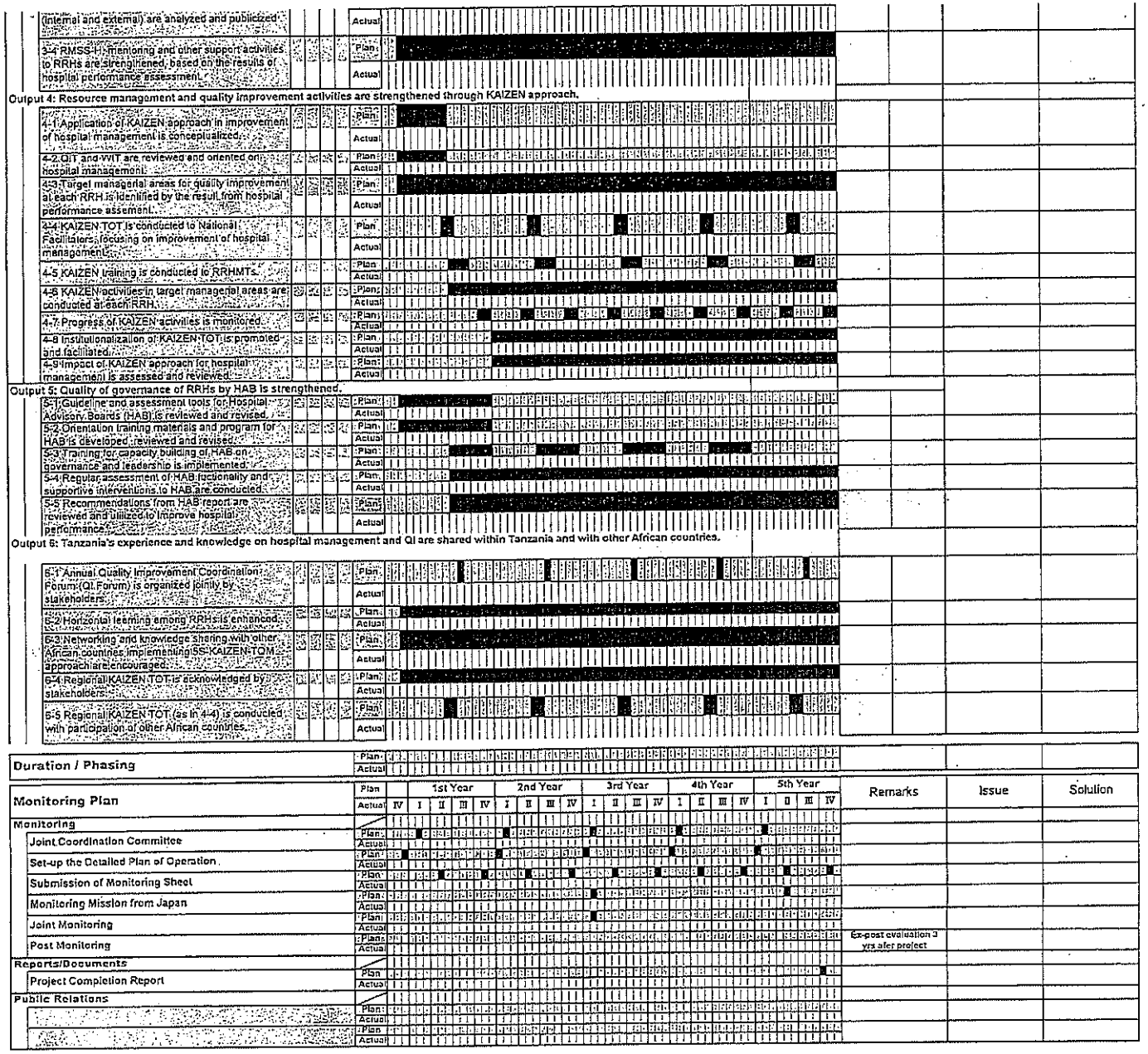
Version 0
Dated November 18th, 2014

Project Title: Project for Strengthening Hospital Management of Regional Referral Hospitals

Inputs	Plan/Actual	2014 IV	2015 I	2015 II	2015 III	2015 IV	2016 I	2016 II	2016 III	2016 IV	2017 I	2017 II	2017 III	2017 IV	2018 I	2018 II	2018 III	2018 IV	2019 I	2019 II	2019 III	2019 IV	Remarks	Monitoring: Issue	Monitoring: Solution
Expert																									
Chief Advisor / Hospital Management	Plan																								
	Actual																								
Quality Management (5S-KAIZEN-TQM)	Plan																								
	Actual																								
Project Coordinator / Training Management	Plan																								
	Actual																								
Monitoring	Plan																								
	Actual																								
Local Consultant (Financial Management)	Plan																								
	Actual																								
Local Consultant (Hospital Information Management)	Plan																								
	Actual																								
Local Consultant (HRHIS)	Plan																								
	Actual																								
Local Staff (Training Management)	Plan																								
	Actual																								
Equipment																									
	Plan																								
	Actual																								
Training in Japan																									
	Plan																								
	Actual																								

Activities / Sub-Activities	Plan/Actual	2015	2016	2017	2018	2019	2020	Responsible Organization: Japan	Responsible Organization: GOT	Achievements	Issue & Countermeasures
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.											
1-1 Situation analysis and benchmarking is conducted on management capacities of RRHs.	Plan										
	Actual										
1-2 Existing training programs and materials on hospital management is reviewed.	Plan										
	Actual										
1-3 Training institutions and facilitators are identified and oriented.	Plan										
	Actual										
1-4 Training modules (basic and applied), materials and program are consolidated.	Plan										
	Actual										
1-5 National facilitators are trained on hospital management in TOT manner.	Plan										
	Actual										
1-6 Hospital management training is conducted to RRHMTs.	Plan										
	Actual										
1-7 Institutionalization of hospital management training program is promoted and facilitated.	Plan										
	Actual										
1-8 Training effectiveness is assessed.	Plan										
	Actual										
Output 2: Planning and reporting capacity of RRHs is improved.											
2-1 CHOP and related management structure are reviewed.	Plan										
	Actual										
2-2 CHOP guideline and formats are revised accordingly.	Plan										
	Actual										
2-3 Training on CHOP is conducted. (as in 1-5 and 1-6)	Plan										
	Actual										
2-4 Data management for CHOP development and monitoring is improved (in line with 3-1 and 3-2)	Plan										
	Actual										
2-5 Data management tool for human resources for health (HRHIS) is introduced.	Plan										
	Actual										
2-6 Mentoring support on planning and reporting is strengthened.	Plan										
	Actual										
2-7 Report formulating skills and reporting structure are reviewed and strengthened.	Plan										
	Actual										
Output 3: Monitoring and Evaluation of RRHs is strengthened.											
3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized.	Plan										
	Actual										
3-2 Tools for external hospital performance assessment by MOHSW/PMO-RALG through RHMT are reviewed, developed and utilized.	Plan										
	Actual										
3-3 Results from hospital performance assessment	Plan										

Annex 49



Duration / Phasing	Plan / Actual

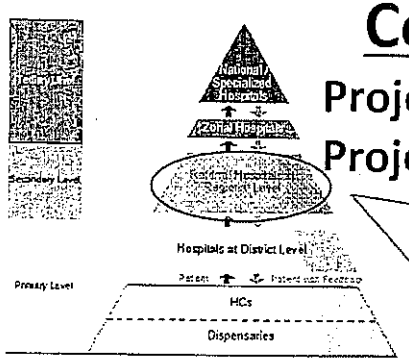
Monitoring Plan	Plan / Actual	1st Year I	1st Year II	1st Year III	1st Year IV	2nd Year I	2nd Year II	2nd Year III	2nd Year IV	3rd Year I	3rd Year II	3rd Year III	3rd Year IV	4th Year I	4th Year II	4th Year III	4th Year IV	5th Year I	5th Year II	5th Year III	5th Year IV	Remarks	Issue	Solution
Monitoring																								
Joint Coordination Committee	Plan																							
	Actual																							
Set-up the Detailed Plan of Operation	Plan																							
	Actual																							
Submission of Monitoring Sheet	Plan																							
	Actual																							
Monitoring Mission from Japan	Plan																							
	Actual																							
Joint Monitoring	Plan																							
	Actual																							
Post Monitoring	Plan																					Ex-post evaluation 3 yrs after project		
	Actual																							
Reports/Documents																								
Project Completion Report	Plan																							
	Actual																							
Public Relations																								
	Plan																							
	Actual																							
	Plan																							
	Actual																							

Conceptual Framework of the Project

Annex 1-3

Project for Strengthening Hospital Management of RRHs

Project Purpose: Hospital management is improved at RRHs



Regional Referral Hospitals

Training institution

Output1: Basic management capacity of HMTs is improved.

Output 2: Planning and reporting capacity of RRHs is improved. (CHOP)

RRHMT

Middle Management QIT

WIT

5S-KAIZEN

Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.

National/Consultant/Zonal Hospitals

RHMT

Output 3: M&E of RRHs is strengthened.

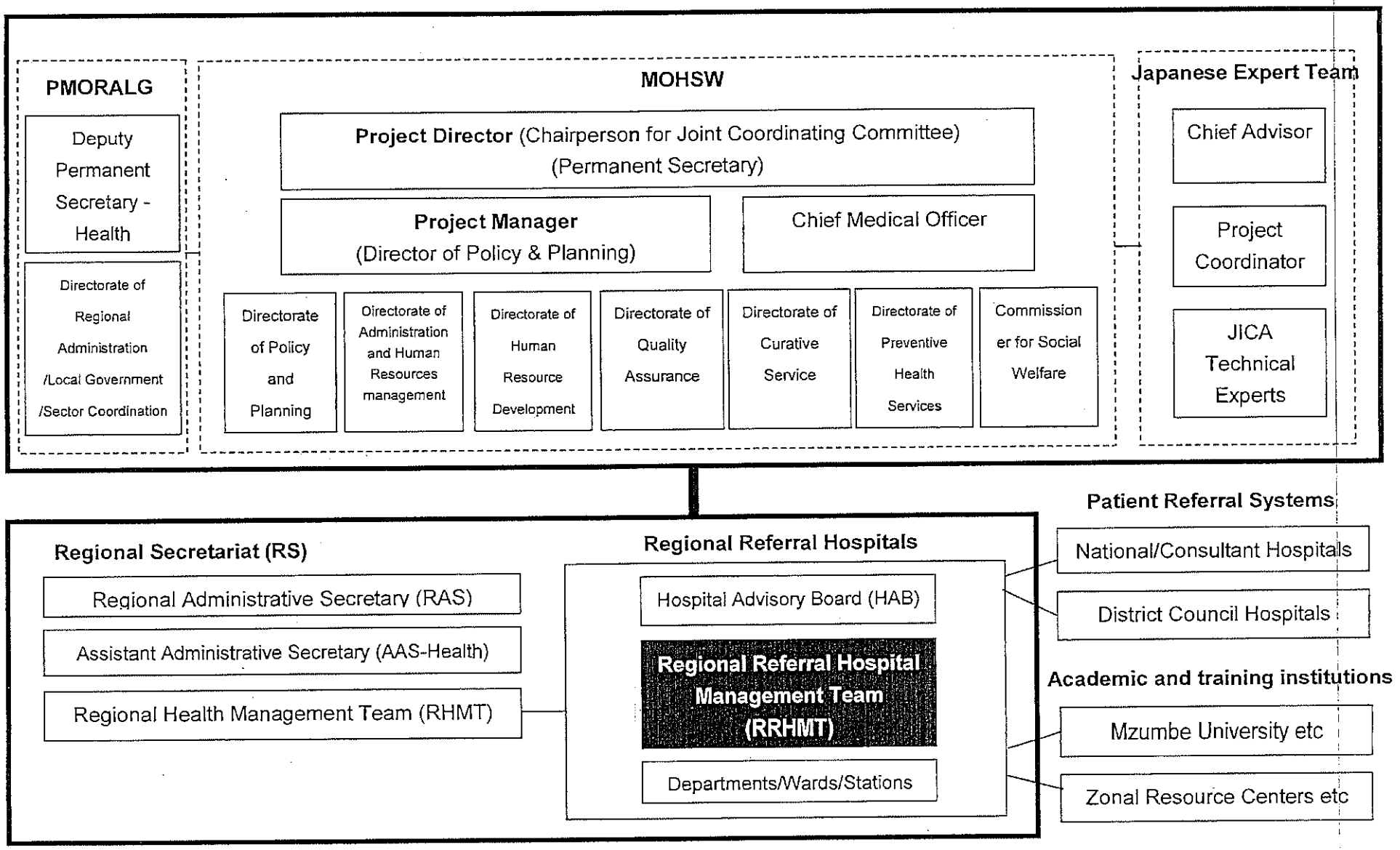
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.

Output 5: Quality of governance of RRHs by HAB is strengthened.

Hospital Advisory Board

Annex 51

Annex 1-4 Project Organization Chart



ANNEX 1-5 A List of Proposed Members of Joint Coordinating Committee

1. Functions

The Joint Coordinating (Steering) Committee (JCC) will meet at least once a year and whenever necessity arises. Its functions are as follows:

(1) To authorize the annual activity plan of the Project
(2) To endorse major achievements and products of the Project
(3) To monitor and review overall progress and supervise the Project
(4) To review and discuss on major issues arising from or concerning the Project

2. Compositions

The JCC shall be composed of the following members.

1) Chairperson:
Permanent Secretary, MOHSW (Project Director)

2) Members:
MOHSW

- Chief Medical Officer
- Director of Policy and Planning (Project Manager)
- Director of Curative Service
- Director of Quality Assurance
- Director of Human Resource Development
- Director of Administration and Human Resource Management
- Director of Preventive Health Services
- Commissioner for Social Welfare

Prime Minister's Office-Regional Administration and Local Government

- Deputy Permanent Secretary - Health
- Director of Regional Administration
- Director of Local Government
- Director of Sector Coordination Unit

Japanese Experts of the Project

Representative of JICA Tanzania Office

Any other persons appointed by the Chairperson

3) Observers:

- Officials of the Embassy of Japan

List of Regional Referral Hospitals

	Region	Regional Referral Hospitals	Bed capacity	Staffing
1	Dar es Salaam	Amana Regional Referral Hospital	350	400
2		Mwananyamala Regional Referral Hospital	340	479
3		Temeke Regional Referral Hospital	250	449
4	Mtwara	Ligula Regional Referral Hospital	320	263
5	Lindi	Sokoine Regional Referral Hospital	184	176
6	Rukwa	Sumbawanga Regional Referral Hospital	270	196
7	Ruvuma	Songea Regional Referral Hospital	395	312
8	Iringa	Iringa Regional Referral Hospital	365	410
9	Tanga	Bombo Regional Referral Hospital	392	378
10	Dodoma	Dodoma Regional Referral Hospital	402	385
11	Singida	Singida Regional Referral Hospital	233	197
12	Manyara	Manyara Regional Referral Hospital	60	99
13	Arusha	Mt. Meru Regional Referral Hospital	450	442
14	Kilimanjaro	Mawenzi Regional Referral Hospital	300	384
15	Kagera	Bukoba Regional Referral Hospital	258	278
16	Mwanza	Sekou-Toure Regional Referral Hospital	375	323
17	Shinyanga	Shinyanga Regional Referral Hospital	304	299
18	Tabora	Kitete Regional Referral Hospital	350	279
19	Mara	Musoma Regional Referral Hospital	300	296
20	Pwani	Tumbi Regional Referral Hospital	253	338
21	Kigoma	Maweni Regional Referral Hospital	194	133
22	Mbeya	Mbeya Regional Referral Hospital	79	160
23	Morogoro	Morogoro Regional Referral Hospital	450	488
24	Simiyu	Baradi Regional Referral Hospital*	N/A	N/A
25	Katavi	Mpanda Regional Referral Hospital*	N/A	N/A
26	Njombe	Kibena Regional Referral Hospital*	N/A	N/A
27	Geita	Geita Regional Referral Hospital*	N/A	N/A

* Council Hospitals temporarily being used as RRHs.

REGIONAL REFERRAL HOSPITAL ADVISORY BOARD

NO.	REGION	NAME OF THE HOSPITAL	Functionality
1	Kilimanjaro	Mawenzi	Functional
2	Kagera	Bukoba	Functional
3	Mbeya	Mbeya	Functional
4	Morogoro	Morogoro	Functional
5	Shinyanga	Shinyanga	Functional
6	Tanga	Bombo	Functional
7	Ruvuma	Songea	Functional
8	Mara	Musoma	Functional
9	Kigoma	Maweni	Functional
10	Iringa	Iringa	Functional
11	Lindi	Sokoinne	Functional
12	Dar es Salaam	Amana	Functional
13	Dar es Salaam	Mwananyamala	Functional
14	Dar es Salaam	Temeke	Functional
15	Mtwara	Ligula	Functional
16	Pwani	Tumbi	Functional
17	Mwanza	Sekou –Toure	Functional
18	Dodoma	Dodoma	Functional
19	Arusha	Mountmeru	Functional
20	Singida	Singida	Functional
21	Tabora	Kitete	Unfunctional
22	Rukwa	Sumbawanga	Not available
23	Simiyu	Bariadi	Not available
24	Katavi	Mpanda	Not available
25	Geita	Geita	Not available
26	Njombe	Kibena	Not available
27	Manyara	Manyara	Not available

MINUTES OF MEETINGS
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
MINISTRY OF HEALTH AND SOCIAL WELFARE, TANZANIA
FOR AMENDMENT OF THE RECORD OF DISCUSSIONS
ON
THE PROJECT FOR STRENGTHENING HOSPITAL MANAGEMENT OF REGIONAL REFERRAL HOSPITALS

The Japan International Cooperation Agency (hereinafter referred to as "JICA") and the Ministry of Health and Social Welfare (hereinafter referred to as "MOHSW") hereby agree that the Record of Discussions on the Project for Strengthening Hospital Management of Regional Referral Hospitals signed on November 20th, 2014 will be amended as attached.

Dar es Salaam, December 8, 2015

Toshio NAGASE
Chief Representative
Tanzania Office
Japan International Cooperation Agency
Japan

Dr. Donan W. Mmbando
Permanent Secretary
Ministry of Health and Social Welfare
The United Republic of Tanzania

Attached Document

1. "Annex 1-1 Logical Framework (Project Design Matrix: PDM)" of the R/D signed on November 20th, 2014

※The amended parts are shown in italic.

Under "Activities"

Before	Amended Version
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries. 6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders. 6-2 Horizontal learning among RRHs is enhanced. 6-3 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged. 6-4 Regional KAIZEN TOT Training Program is acknowledged by stakeholders. 6-5 Regional KAIZEN TOT Training is conducted with participation of other African countries.	Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries. 6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders. 6-2 Horizontal learning among RRHs is enhanced. *6-3 5S-KAIZEN-TQM training with a focus on commodity management is conducted to primary level health facilities and CHMTs.* *6-4* Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged. *6-5* Regional KAIZEN TOT Training Program is acknowledged by stakeholders. *6-6* Regional KAIZEN TOT Training is conducted with participation of other African countries.
Reason: Due to the weak management of health commodities and hence the lack of essential medicines and commodities at the primary level health facilities, patients who are supposed to visit the primary level health facilities are consulting higher level facilities including the RRHs, posing negative influence on the management of RRHs. To achieve the project purpose, which is to improve hospital management at RRHs, the weak management of health commodities at the lower level needs also be addressed. The 5S-KAIZEN-TQM approach has proven to be effective in good storage practices and improvement of commodity management in tertiary and secondary hospitals in Tanzania. Under Output 6, such experience and knowledge will be shared within Tanzania through implementation of 5S-KAIZEN-TQM training with a focus on commodity management to primary level health facilities and CHMTs.	

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Before	Amended Version
Output 3: Monitoring and Evaluation of RRHs is strengthened. 3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized. 3-2 Tools for external hospital performance assessment by MOHSW/PMO-RALG through RHMT are reviewed, developed and utilized. 3-3 Results from hospital performance assessment (internal and external) are analyzed and publicized . 3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment.	Output 3: Monitoring and Evaluation of RRHs is strengthened. 3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized. 3-2 Tools for external hospital performance assessment by MOHSW/PMO-RALG through RHMT are reviewed, developed and utilized. 3-3 Results from hospital performance assessment (internal and external) are analyzed and publicized . 3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment. *3-5 RHMT's monitoring and evaluation capacity of 5S-KAIZEN-TQM activities is strengthened.*
Reason: In order to strengthen the 5S-KAIZEN-TQM activities at RRH and primary level health facilities, the monitoring and evaluation capacity of RHMTs needs to be strengthened.	

Under "Objectively Verifiable Indicators"

Before	Amended Version
Output 6 (1) Total number of KAZEN activities is increased in participating countries. (2) Good practices shared within and outside of Tanzania are increased.	Output 6 (1) Total number of KAZEN activities is increased in participating countries. (2) Good practices shared within and outside of Tanzania are increased. *(3) 85% of trained primary level health facilities adhering to good storage standards.*

Under "Means of Verification"

Before	Amended Version
Output 6 (1) Reports from participating countries (2) Progress Report Meetings, Reports from participating countries	Output 6 (1) Reports from participating countries (2) Progress Report Meetings, Reports from participating countries *(3) Sampling survey of trained primary*

2.9

	level health facilities and CHMTs, report from Big Results Now Office

2. "Annex 1-2 Tentative Plan of Operation" of the R/D signed on November 20th, 2014

Before	Amended Version
Annex 1-2 of the R/D signed on November 20th, 2014	The necessary activities and timeline related to the above amendment on the logical framework (PDM) have been added. See Annex 3 (Plan of Operations ver.2).

3. "Appendix 2 Main Points discussed"

Before	Amended Version
	The following subject will be added. *17. Monitoring and Evaluation of 5S-KAIZEN-TQM activities in primary level health facilities* *The Tanzanian side agreed to monitor the 5S-KAIZEN-TQM activities in the trained primary health facilities through supportive supervision by CHMTs. In order for the activities to be monitored, the Tanzanian side agreed to include 5S-KAIZEN-TQM monitoring and evaluation criteria in the CHMT's supportive supervision checklist. Also, the Tanzanian side agreed that the officer in charge of Health Commodities of the Big Results Now Initiative will collect the M&E result from CHMTs and analyze and report the data to the Project.* *Also, as Pharmaceutical Service Unit (PSU) is the implementing owner of 6-3 activities in MOHSW, under the Project Director and the Project Manager and in collaboration with the Project experts, PSU will be responsible to control the quality of the planned activities. PSU will also report to the Ministerial Delivery Unit as per requirements on these activities.*

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This amendment will become effective, once this M/M is signed.

Annex 1 : PDM ver. 2 (amended version)

Annex 2 : Plan of Operation ver.1 (amended version)

Annex 3 : Record of Discussions (signed on November 20th, 2014)

2 / 7

Project Design Matrix

Project Title: Project for Strengthening Hospital Management of Regional Referral Hospitals

Version 02
November 19th, 2015

Implementing Agency: Ministry of Health and Social Welfare (MOHSW)

Target Group: Regional Referral Hospitals

Period of Project: March 2015 - March 2020

Project Site: Tanzania Mainland

Model Site:

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
Overall Goal Quality of health service is improved at Regional Referral Hospitals (RRHs).	(1) Patient/client satisfaction is improved in the target hospitals. (2) Number of outpatient and inpatient is increased	(1) Patient/client satisfaction survey (2) Hospital statistics	
Project Purpose Hospital management is improved at RRHs.	(1) Total hospital revenue is increased (2) Number of outpatient and inpatient per hospital staff is increased (3) Proportion of personnel expenditure to total hospital expenditure is improved	(1) Hospital performance assessment (2) Hospital performance assessment (3) Hospital performance assessment, Quarterly technical and financial report	1. Changes in the national policy and strategies in health sector do not affect implementation of the project activities. 2. There is no negative fluctuation in budget of RRHs. 3. Resource (humen, medicine, equipment, infrastructure etc) is adequately allocated. 4. Planned budget is properly secured
Outputs Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.	Results of internal and external managerial capacity assessment of RRHMT are improved.	Internal and external capacity assessment of RRHMT	1.Quality staffs are adequately allocated. 2. HAB members are elected properly and committed to work proactively. 3. Internal communication in MOHSW is smoothly managed. 4. Dialogue between MOHSW and PMORALG is regularly and smoothly conducted and managed. 5. Commitment fom Regional Secretariat is properly enhanced.
Output 2: Planning and reporting capacity of RRHs is improved.	(1) Number of hospitals with qualified (good quality and approved) CHOPs is increased. (2) Number of hospitals with qualified (good quality and approved) quarterly reports is increased.	(1) CHOP evaluation (2) Quarterly report evaluation	
Output 3: Monitoring and Evaluation of RRHs is strengthened.	Number of reports on hospital performance assessment reviewed by the stakeholders is increased.	Project document	
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.	KAIZEN activities are implemented in 80% of RRHs.	KAIZEN Progress Report	
Output 5: Quality of governance of RRHs by HAB is strengthened.	(1) Number of HAB minutes of meetings publicly reviewed is increased. (2) Evaluation of HAB's function is improved.	(1) Number of HAB minutes of meetings publicly reviewed (2) HAB assessment report	
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.	(1) Total number of KAZEN activities is increased in participating countries. (2) Good practices shared within and outside of Tanzania are increased. (3) 65% of trained primary level health facilities adhering to good storage standards.	(1) Reports from participating countries (2) Progress Report Meetings, Reports from participating countries (3) Sampling survey of trained primary level health facilities and CHMTs, report from Big Results Now Office	

Activities	Inputs		Pre-Conditions
	The Japanese Side	The Tanzanian Side	1. RRHMT members are adequately assigned. 2. HAB members are adequately nominated. 3. Responsible C/Ps are assigned for each output. 4. Budget allocation to RRH is sustained. 5. Policy for decentralization by devolution is maintained. 6. Technical working groups under SWAP mechanism are sustained.
1-1 Situation analysis and benchmarking is conducted on management capacities of RRHs. 1-2 Existing training programs and materials on hospital management is reviewed. 1-3 Training institutions and facilitators are identified and oriented. 1-4 Training modules (basic and applied) and materials are consolidated. 1-5 National facilitators are trained on hospital management in TQT manner. 1-6 Hospital management training is conducted to RRHMTs. 1-7 Institutionalization of hospital management training program is promoted and facilitated. 1-8 Training effectiveness is assessed.	Dispatch of Experts 1. Chief Advisor / Hospital Management 2. Quality Management (5S-KAIZEN-TQM) 3. Project Coordinator / Training Management 4. Monitoring Equipment and Material 1. Necessary equipment and materials for the project activities Trainings 1. Necessary trainings. Local Costs 1. Trainings, workshops, seminars (cost sharing with MOHSW, RHMTs, RRHs, etc.) 2. Training material printing cost 3. Other activity costs	Counterparts 1. Project Director 2. Project Manager 3. Other personnel mutually agreed upon as needed. Facilities, equipment and materials 1. Office space for the Project 2. Necessary equipment and materials for the project activities Local Costs Operational costs for implementing activities	<Issues and countermeasures>
2-1 CHOP and related management structure are reviewed. 2-2 CHOP guideline and formats are revised accordingly. 2-3 Training on CHOP is conducted. (as in 1-5 and 1-6) 2-4 Data management for CHOP development and monitoring is improved. (in line with 3-1 and 3-2) 2-5 Data management tool for human resources for health (HRHIS) is introduced. 2-6 Mentoring support on planning and reporting is strengthened. 2-7 Report formulating skills and reporting structure are reviewed and strengthened.			
3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized. 3-2 Tools for external hospital performance assessment by MOHSW/PMO-RALG through RHMT are reviewed, developed and utilized. 3-3 Results from hospital performance assessment (internal and external) are analyzed and publicized . 3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment. 3-5 RHMT's monitoring and evaluation capacity of 5S-KAIZEN-TQM activities is strengthened.			
4-1 Application of KAIZEN approach in improvement of hospital management is conceptualized. 4-2 QIT and WIT are oriented on hospital management. 4-3 Target managerial areas for quality improvement at each RRH is identified by the result from hospital performance assessment.			

4-4 KAIZEN TOT is conducted to National Facilitators, focusing on improvement of hospital management.			
4-5 KAIZEN training is conducted to RRHMTs.			
4-6 KAIZEN activities in target managerial areas are conducted at each RRH.			
4-7 Progress of KAIZEN activities is monitored.			
4-8 Institutionalization of KAIZEN TOT is promoted and facilitated.			
4-9 Impact of KAIZEN approach for hospital management is assessed and reviewed.			
[redacted]			
5-1 Guideline and assessment tools for Hospital Advisory Boards (HAB) is reviewed and revised.			
5-2 Orientation training materials and program for HAB is developed, reviewed and revised.			
5-3 Training for capacity building of HAB on governance and leadership is implemented.			
5-4 Regular assessment of HAB fuctionality and supportive interventions to HAB are conducted.			
5-5 Recommendations from HAB report are reviewed and enhanced to improve hospital performance.			
[redacted]			
6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders.			
6-2 Horizontal learning among RRHs is enhanced.			
6-3 5S-KAIZEN-TQM training with a focus on commodity management is conducted to primary level health facilities and CHMTs.			
6-4 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged.			
6-5 Regional KAIZEN TOT Training Program is acknowledged by stakeholders.			
6-6 Regional KAIZEN TOT Training is conducted with participation of other African countries.			

Annex 63

ANNEX 2

Plan of Operation (tentative)

Version 1 draft

Dated November 19th, 2015

Project Title: Project for Strengthening Hospital Management of Regional Referral Hospitals

Inputs	Plan / Actual	2014 IV	2015 I	2015 II	2015 III	2015 IV	2016 I	2016 II	2016 III	2016 IV	2017 I	2017 II	2017 III	2017 IV	2018 I	2018 II	2018 III	2018 IV	2019 I	2019 II	2019 III	2019 IV	Remarks	Monitoring: Issue	Monitoring: Solution
Expert																									
[redacted]	Actual																								
[redacted]	Actual																								
[redacted]	Actual																								
[redacted]	Actual																								
[redacted]	Actual																								
[redacted]	Actual																								
[redacted]	Actual																								
[redacted]	Actual																								
[redacted]	Actual																								
[redacted]	Actual																								
Equipment																									
[redacted]	Actual																								
Training in Japan																									
[redacted]	Actual																								

Activities / Sub-Activities	Plan / Actual	2015	2016	2017	2018	2019	2020	Responsible Organization: Japan	Responsible Organization: GOT	Achievements	Issue & Countermeasures
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.											
[redacted]	Actual										
[redacted]	Actual										
[redacted]	Actual										
[redacted]	Actual										
[redacted]	Actual										
[redacted]	Actual										
[redacted]	Actual										
[redacted]	Actual										
Output 2: Planning and reporting capacity of RRHs is improved.											
[redacted]	Actual										
[redacted]	Actual										
[redacted]	Actual										
[redacted]	Actual										

ANNEX P
Actual
Output 3: Monitoring and Evaluation of RRHs is strengthened.
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.
Output 5: Governance of RRHs is strengthened.
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.

[redacted]	Actual				
	Actual				
	Actual				
	Actual				
	Actual				

Duration / Phasing				
	Actual			

Monitoring Plan	Plan / Actual	1st Year	2nd Year	3rd Year	4th Year	5th Year	Remarks	Issue	Solution
		IV I II III IV	I II III IV	I II III IV	I II III IV	I II III IV			
Monitoring									
Joint Coordination Committee	Actual								
Set-up the Detailed Plan of Operation	Actual								
Submission of Monitoring Sheet	Actual								
Monitoring Mission from Japan	Actual								
Joint Monitoring	Actual								
Post Monitoring	Actual						Ex-post evaluation 3 yrs after project		
Reports/Documents									
Project Completion Report	Actual								
Public Relations									
[redacted]	Actual								
	Actual								

MINUTES OF MEETINGS
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN, THE UNITED REPUBLIC OF TANZANIA
FOR AMENDMENT OF THE RECORD OF DISCUSSIONS
ON
THE PROJECT FOR STRENGTHENING HOSPITAL MANAGEMENT OF REGIONAL REFERRAL HOSPITALS

The Japan International Cooperation Agency (hereinafter referred to as "JICA") and the Ministry of Health, Community Development, Gender, Elderly and Children (hereinafter referred to as "MoHCDGEC") hereby agree that the Record of Discussions on the Project for Strengthening Hospital Management of Regional Referral Hospitals signed on November 20th, 2014 and the Minutes of Meetings on its amendment signed on December 8th, 2015 and November 17th, 2016 will be amended as attached.

Dar es Salaam, 5th April 2018

Mr. Toshio Nagase
Chief Representative
Tanzania Office
Japan International Cooperation Agency
Japan

Dr. Mpoki M. Ulisubisya
Permanent Secretary
Ministry of Health, Community
Development, Gender, Elderly and Children
The United Republic of Tanzania

Attached Document

1. "Annex 1-1 Logical Framework (Project Design Matrix: PDM)" of the R/D signed on November 20th, 2014 and "Annex 1: PDM ver.2 (amended version)" of the Minutes of Meetings on its amendment signed on December 8th, 2015

Under "Overall goal"

Objectively Verifiable indicators	
Before	Amended Version
(1) Patient/client satisfaction is improved at target hospitals (2) Number of outpatient and inpatient is increased	Patient/client satisfaction is improved at target hospitals
Reason: Number of outpatient and inpatient can be affected by different factors and it is difficult to measure the direct impact from the Project intevention. Therefore, it is appropriate to delete from the indicator of the overall goal.	

Means of verification	
Before	Amended Version
(1) Patient/client satisfaction survey (2) Hospital statistics	(1) Patient/client Satisfaction Survey (2) Endline Survey Report
Reason: Since the indicator of the overall goal is changed as above, hospital statistics is no longer an appropriate means of valification. Endline Survey Report instead of the hospital statistics will include results of patient satisfaction questionaire which will be the same set of questions at the Baseline Survey Report in 2015 (patient satisfaction rate: 66.4%). It will complement (1) Patient/client Satisfaction Survey.	

Under "Project Purpose"

Objectively Verifiable indicators	
Before	Amended Version
(1) Total hospital revenue is increased (2) Number of outpatient and inpatient per hospital staff is increased (3) Proportion of personnel expenditure to total hospital expenditure is improved	(1) Hospital revenue (Total cash revenue collection, Total cost sharing revenue, Total NHIF revenue collection and Total amount of out-of-Pocket collection) is increased. (2) 70% of RRHs obtain more than 70% of EHPA avarage score.
Reason: (1) As it is better to monitor the hospital revenue that RRHMT can control directly, the original indicators are combined and organized to the above amended indicator (1) which is composed of income sources only RRHs can control by themselves.	

There are three major categories of income sources for operating RRHs; 1) Block grant, 2) RRH's Internal Revenue Collection and 3) Receipt in kind. As for 1) Block grant, it cannot be controlled by RRHs since it is decided by different factors that RRHs cannot provide. As for 2) RRH's Internal Revenue Collection, from the Baseline survey in 2015, it was revealed that RRHs has authority only on a part of RRH's Internal Revenue Collection, namely Total cash revenue collection, Total cost sharing collection, Total NHIF revenue collection, and Total amount of Out-of pocket collection. As for 3), Receipt in kind are commodities and medical supplies funded by Ministry of Finance through Medical Store Department (MSD).

(2) EHPA score is the comprehensive measurement scale of the hospital management and performance of health services at RRHs, and 70% of EHPA can be thought as a standard line. The result of the Baseline Survey of EHPA showed that 21 RRHs out of 28 RRHs (75%) obtained more than 60% of EHPA avarage score in 2017. Most of these RRHs are expected to reach over 70% by the end of the project.

Means of verification	
Before	Amended Version
(1) Hospital performance assessment (2) Hospital performance assessment (3) Hospital performance assessment Quarterly technical and financial report	(1) CHOP Assessment Report Quaterly Progress Report (2) EHPA Report
Reason: Means of verification are revised in order to clarify the actual name of the reports.	

Under "Output 1"

Objectively Verifiable indicators	
Before	Amended Version
Results of Internal and external managerial capacity assessment of RRHMT are improved.	Results of external managerial capacity assessment of RRHMT are improved.
Reason: ISS (Internal Supportive Supervision) tools are deleted from the original indicator because they are utilized to monitor the progress of planned activities in CHOPs rather than assessing managerial capacity of RRHs. Additionally, EHPA tools are more objective tools since managerial capacity of RRHs is checked externally.	

Means of verification	
Before	Amended Version
Internal and external capacity assessment of RRHMT	EHPA Report
Reason: Means of verification were revised in order to clarify the actual name of the reports.	

Under "Output 2"

Objectively Verifiable indicators	
Before	Amended Version
Objectively Verifiable indicators (1)Qualified CHOPs are increased (2)Qualified quarterly reports are increased	Objectively Verifiable indicators (1) The number of CHOPs which are submitted timely is increased from 48% to 100% (2) The average score of CHOP assessment is increased from 52% to 90% (3) 100% of QPR is submitted on time. (4) More than 80% of RRHs obtains more than 70% of the average of 4 QPR scores.

Reason:

The indicators were clarified through the 1st JCC conducted on June 25th, 2015, as the term "qualified" was not clear.

(1) At the baseline in 2015, the average score of submission of CHOPs was 48%. As of the middle of the project period in 2017, the average score of submission was 93%. Since RRHs must submit CHOPs to obtain the annual budget, it is essential that the submission rate would be 100%. The number of CHOPs which have been submitted timely is calculated by the submitted CHOPs as of March 31.

(2) The average score of CHOPs increased constantly from 52% at baseline in 2015 to 83% in 2017, and it is encouraged to pursue a higher target as 90% at the end of the project. The average score of CHOPs is calculated in the submitted CHOP assessment.

(3) The submission rate of CHOP QPR on the first and second quarter in 2017-2018 was 54% and 64% respectively. QPR is submitted quarterly on October 15, January 15, April 15 and July 15, monitoring the progress of CHOPs. Based on the result of QPRs, CHOPs are formulated annually. As is essential to submit CHOPs timely to obtain the annual budget, the rate of QPR submission also has to be increased up to 100%.

(4) As per Comprehensive Council Health Plan (CCHP, an annual plan of Council Health Management Team (CHMT)) and an annual plan of Regional Health Management Team (RHMT), the required assessment score is 70%. The CHOP assesment, therefore, is envisaged to have same qualifying scores, and the minimum scores proposed is more than 70% to match with the district and regional level. From the results of the past two QPRs, RRHs have capacity to prepare QPRs.

Means of verification	
Before	Amended Version
(1) CHOP evaluation (2) Quarterly report evaluation	CHOP Assessment Reports Quarterly Progress Report

Reason: Means of verification were revised in order to clarify the actual name of the reports.

Under "Output 3"

Objectively Verifiable indicators	
Before	Amended Version
Number of reports on hospital assessment reviewed by the stakeholders is increased	Number of EHPA reports reviewed by the stakeholders is increased
Reason: The name of reports are amended to the actual name of the reports.	

Means of verification	
Before	Amended Version
Project document and Performance assessment report	(1) Project Activity Reports (2) EHPA Report
Reason: Means of verification were revised in order to clarify the actual name of the reports. The number of EHPA reports reviewed by stakeholders is reported in the Project Activity Report annually.	

Under "Output 4"

Objectively Verifiable indicators	
Before	Amended Version
KAIZEN activities in hospital management are increased at RRHs	Proportion of RRHs which implement at least one KAIZEN case is increased from 7% to more than 85% by December 2019.
Reason: According to the Comprehensive report on Technical Cooperation Project for Strengthening Development of Human Resource for Health Project, (November 2010 - November 2014), only 2 RRH out of 27 RRHs (7%) were practicing KAIZEN. The average number of RRHs practicing KAIZEN from visits made by MoHCDGEC supported by RRHMT during the last three years, was 20 RRHs (75%) out of 28. Therefore, it is expected that the average number will gradually increase, thus, it would be appropriate to set the indicator as above amended version.	

Means of verification	
Before	Amended Version
KAIZEN Progress Report	(1) 5S-KAIZEN Consultation Visit Report (2) ISS Report/Quarterly Progress Report (3) EHPA Report
Reason: Means of verification were revised in order to clarify the actual name of the reports.	

Under "Output 5"

Objectively Verifiable indicators	
Before	Amended Version
(1)Number of HAB minutes of meetings publicly reviewed is increased. (2)Evaluation of HAB's function is improved	(1) Number of RRH organizing HAB meeting based on planned schedule is increased from 40% to 80%. (2) Proportion of RRHs with functional HAB is increased from 40% to 80%.
Reason: (1) Since it was pointed out that there was no official system to publish the minutes of HAB meetings at the RRHMP Retreat in 2017, it is thought to be more appropriate to monitor whether HAB is held as planned, which can be monitored by EHPA report. (2) HAB is seen as functional if it exceeds 70% on sections 8-2-1 and 8-2-2 of EHPA. The Baseline Survey (Annex 3) showed that HAB was functional at 11/28 RRHs (40%). Through on-going workshops and the annual EHPA, 23 RRHs out of 28 are expected to organize functional HAB by the end of the project.	

Means of verification	
Before	Amended Version
(1) Number of HAB minutes of meetings publicly reviewed (2) HAB assessment report	EHPA Report Quarterly Progress Report
Reason: Means of verification were revised in order to clarify the actual name of the reports.	

Under Output 6

Objectively Verifiable indicators	
Before	Amended Version
(3) 85% of trained primary level health facilities adhering to good storage standards	(3)70% of trained primary level health facilities adhere to good storage standards
Reason: The Pharmaceutical Service Unit (PSU) is the responsible unit to conduct monitoring and follow up submision of reports from the 5 regions on commodity management with 5S-KAIZEN at district health facilities. So far, the reports availed to RRHMP (4th Quarter 2016/2017), from the trained regions; Mwanza, Simiyu, Shinyanga, Singida, and Tabora, only 60% (410/683) of the facilities reported practicing 5S through PSU. However, the reliability of the reporting through PSU has been low and RRHMP has no control over the reporting channel. The RHMT who has been monitoring RRH CHOP from RRHMTs and CCHP quarterly progress implementation reports from CHMTs (5S activities inclusive) and submit the same to MoHCDGEC are now submitting direct to PORALG and a copy submitted to MoHCDGEC. With this, RRHMP has to depend on this procedure to receive and analyse the 5S activities reports. In view of this change and the progress above, requests to review the target indicators from 85% to 70%.	

Means of verification	
Before	Amended Version
(3) Sampling survey of trained primary level health facilities and CHMT's, report from Big Results Now Office	(3) Sampling survey of trained primary level health facilities and CHMT's, report from MoHCDGEC
Reason: Means of verification of (3) was revised in accordance with the succession of the substantial function of Big Results Now Office to MoHCDGEC.	

This amendment will become effective, once this M/M is signed.

Annex 1 : PDM ver.3 (amended version)
Annex 2 : Record of Discussions (signed on November 20th, 2014)
Annex 3 : Minutes of Meetings (signed on December 8th, 2015)
Annex 4 : Minutes of Meetings (signed on November 17th, 2016)
Annex 5 : 6th JCC Minutes (signed on November 16th, 2017)

Project Design Matrix

Project Title: Project for Strengthening Hospital Management of Reginal Referral Hospitals
Implementing Agency: Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC)
Target Group: Regional Referral Hospitals
Period of Project: March 2015 - May 2020
Project Site: Tanzania Mainland

Version 3
Dated 5th April, 2018

Model Site:

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption
Overall Goal			
Quality of health service is improved at Regional Referral Hospitals (RRHs).	Patient/client satisfaction is improved in the target hospitals.	Patient/client satisfaction survey, Endline survey report	
Project Purpose			
Hospital management is improved at RRHs.	(1) Hospitall revenue (Total cash revenue collection, Total cost sharing revenue, Total NHIF revenue collection and Total amount of out-of-Pocket collection) is improved. (2) 70% of of RRHs obtain more than 70% of EHPA average score.	(1) CHOP Assessment Report, Quaterly Progress Report (2) EHPA report	1. Changes in the national policy and strategies in health sector do not affect implementation of the project activities. 2. There is no negative fluctuation in budget of RRHs. 3. Resource (human, medicine, equipment, infrastructure etc.) is adequately allocated. 4. Planned budget is properly secured and timely disbursed.
Outputs			
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.	Results of external managerial capacity assessment of RRHMT are improved.	EHPA Report	1. Quality staffs are adequately allocated. 2. HAB members are elected properly and committed to work proactively. 3. Internal communication in MOHSW is smoothly managed. 4. Dialogue between MOHSW and PMORALG is regularly and smoothly conducted and managed. 5. Commitment form Regional Secretariat is properly enhanced.
Output 2: Planning and reporting capacity of RRHs is improved.	(1) Number of CHOPs which have been submitted timely is increased from 48% to 100%. (2) Average score of CHOP assessment is increased from 52% to 90%. (3) 100% of QPR is submitted on time. (4) More than 80% of QPRs obtains more than 70% of the average of 4 QPR scores.	(1) CHOP assessment reports, Quarterly Progress Report (2) CHOP assessment reports, Quarterly Progress Report (3) CHOP assessment reports, Quarterly Progress Report (4) CHOP assessment reports, Quarterly Progress Report	
Output 3: Monitoring and Evaluation of RRHs is strengthened.	Number of EHPA reports reviewed by the stakeholders is increased	Project activity reports, EHPA Report	
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.	Proportion of RRHs implementing KAIZEN activities is increased from 7% to 85% by December 2019.	5S-KAIZEN Consultation Visit Report, ISS Report, Quarterly Progress Report, EHPA Report	
Output 5: Governance of RRHs is strengthened.	(1) Number of RRH organizing HAB meetings based on planned schedule is increased. (2) Proportion of RRHs with functional HAB is increased from 40% to 80%.	(1) EHPA Report (2) EHPA Report	
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.	(1) Total number of KAZEN activities are increased in participating countries. (2) Good practices shared within and outside of Tanzania is increased. (3) 70% of trained primary level health facilities adhere to good storage standards.	(1) Reports from participating countries (2) Progress Report Meetings, Reports from participating countries (3) Sampling survey of trained primary level health facilities and CHMT's report from MoHCDGEC Office	

Activities	Inputs		Important Assumption
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.	**The Japanese Side**	**The Tanzanian Side**	
1-1 Situation analysis and benchmarking is conducted on management capacities of RRHs. 1-2 Existing training programs and materials on hospital management is reviewed. 1-3 Training institutions and facilitators are identified and oriented. 1-4 Training modules (basic and applied) and materials are consolidated. 1-5 National facilitators are trained on hospital management in TOT manner. 1-6 Hospital management training is conducted to RRHMTs. 1-7 Institutionalization of hospital management training program is promoted and facilitated. 1-8 Training effectiveness is assessed.	**Dispatch of Experts** 1. Chief Advisor / Hospital Management 2. Quality management (5S-KAIZEN-TQM) 3. Training Management 4. Monitoring 5. Project Coordinator / Training Management **Equipment and Material** 1. Necessary equipment and materials for the project activities **Trainings** 1. Necessary trainings. **Local Costs** 1. Trainings, workshops, seminars (cost sharing with MOHSW, RHMTs, RRHs, etc.) 2. Training material printing cost 3. Other activity costs	**Counterparts** 1. Project Director 2. Project Manager 3. Other personnel mutually agreed upon as needed. **Facilities, equipment and materials** 1. Office space for the Project 2. Necessary equipment and materials for the project activities **Local Costs** Operational costs for implementing activities	
Output 2: Planning and reporting capacity of RRHs is improved. 2-1 CHOP and related management structure are reviewed. 2-2 CHOP guideline and formats are revised accordingly. 2-3 Training on CHOP is conducted. (as in 1-5 and 1-6) 2-4 Data management for CHOP development and monitoring is improved. (in line with 3-1 and 3-2) 2-5 Data management tool for human resources for health (HRHIS) is introduced.			**Pre-Conditions** 1. RRHMT members are adequately assigned. 2. HAB members are adequately nominated. 3. Responsible C/Ps are assigned for each output. 4. Budget allocation to RRH is sustained. 5. Policy for decentralization by devolution is maintained. 6. Technical working groups under SWAP mechanism are sustained.

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Activities	Inputs		Important Assumption
2-6 Mentoring support on planning and reporting is strengthened. 2-7 Report formulating skills and reporting structure are reviewed and strengthened.			
Output 3: Monitoring and Evaluation of RRHs is strengthened. 3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized. 3-2 Tools for external hospital performance assessment by MoHSW/PMO-RALG through RHMT are reviewed, developed and utilized. 3-3 Results from hospital performance assessment (internal and external) are analyzed and publicized. 3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment. 3-5 RHMT's monitoring and evaluation capacity of 5S-KAIZEN-TQM activities is strengthened.			<Issues and countermeasures>
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach. 4-1 Application of KAIZEN approach in improvement of hospital management is conceptualized. 4-2 QIT and WIT are oriented on hospital management. 4-3 Target managerial areas for quality improvement at each RRH is identified by the result from hospital performance assessment. 4-4 KAIZEN TOT is conducted to National Facilitators, focusing on improvement of hospital management. 4-5 KAIZEN training is conducted to RRHMTs. 4-6 KAIZEN activities in target managerial areas are conducted at each RRH. 4-7 Progress of KAIZEN activities is monitored. 4-8 Institutionalization of KAIZEN TOT is promoted and facilitated. 4-9 Impact of KAIZEN approach for hospital management is assessed and reviewed.			
Output 5: Governance of RRHs is strengthened. 5-1 Guideline and assessment tools for Hospital Advisory Boards (HAB) is reviewed and revised. 5-2 Orientation training materials and program for HAB is developed, reviewed and revised. 5-3 Training for capacity building of HAB on governance and leadership is implemented. 5-4 Regular assessment of HAB functionality and supportive interventions to HAB are conducted. 5-5 Recommendations from HAB report are reviewed and enhanced to improve hospital performance.			
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries. 6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders. 6-2 Horizontal learning among RRHs is enhanced. 6-3 5S-KAIZEN-TQM training with a focus on commodity management is conducted to primary level health facilities and CHMTs. 6-4 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged. 6-5 Regional KAIZEN TOT Training Program is acknowledged by stakeholders. 6-6 Regional KAIZEN TOT Training is conducted with participation of other African countries.			

Annex 75

Minutes of the 4th Joint Coordinating Committee Meeting
For the Project for Strengthening Hospital Management of Regional Referral Hospitals (RRMHP)

The 4th Joint Coordinating Committee (hereinafter referred to as "JCC") Meeting for the Japan International Cooperation Agency (hereinafter referred to as "JICA") technical cooperation Project titled "the Project for Strengthening Hospital Management of Regional Referral Hospitals" (hereinafter referred to as "the Project") was held on 17th November 2016 at HSRS Conference room in the Ministry of Health, Community Development, Gender, Elderly and Children (hereinafter referred to as "the MoHCDGEC"), Dar es Salaam, Tanzania. Through a series of discussions made during the meeting, the JCC members represented by the Senior Representative of JICA Tanzania Office Mr. Kensuke Miyagi and Dr. Otilia F. Gowelle, Ag. Permanent Secretary of MoHCDGEC agreed to the matters referred to in the document attached hereto.

Dar es Salaam, 17th November, 2016

Mr. Kensuke Miyagi
Senior Representative
JICA Tanzania Office

Dr.Otilia F.Gowelle
Acting Permanent Secretary
MoHCDGEC

Attached Document

THE 4th JCC MEETING MINUTES

Meeting Date: 17/November/2016

Meeting Location: Ministry of Health, Community Development, Gender, Elderly and Children, Dar es Salaam

Title of the Meeting: 4th Joint Coordinating Committee Meeting

1. Agenda of the meeting

- Opening of the Meeting
- Presentation 2nd Phase work plan
- Comments on the second phase work plan
- Explanation on the new region (Songwe)
- Endorsement of 2ndPhase work plan
- Signing of the amended RD
- Closing Remarks

2. Decisions made

Topic	Discussion/comments
Presentation of the 2nd Phase work Plan (The presentation is attached as annex3)	**2nd Phase work Plan** The chief adviser of RRHMP presented the summary of the Work Plan for 2ndPhase. After the presentation following comments were discussed • Development of the Internal Supportive Supervision Guideline was developed in participatory way and other department has been involved in its development. • External Hospital Performance Assessment (hereinafter referred to as"EHPA") is developed in line with the Star Rating Assessment which has been developed by DHQA and there is an agreement between the Project and DHQA on the best way to develop and conductthe baseline of EHPA • For the training of Hospital Management Teams on Human Resource for Health Information System (HRHIS), facilitators will come from DHRD and DAP because they are the responsible directorates

	• Hospital Advisory Boards(HAB) arein place although there are some challenges such as its sustainable operation. It was agreed that the Project will train RHMT members, who are the core member of HAB, to secure sustainability of HAB activities as RHMT is the one allocates funds to train HAB members after the Project is terminated. • For the BRN 5S-KAIZEN sustainability, PORALG had discussion with PSU and they have agreed to use draftedtemplate of M&E checklist for 5S practices. It will be tested in Mwanza soon and there after the format will be sent to PORALG and added in the CHMT's SupportiveSupervision Guideline. • Regarding the institutionalization ofthe Hospital Management Training, the usage of the Zonal Resource Centers was suggested as it will be easy for RHMTs to use them and also it is cost efficient. • The 2nd Phase work plan was endorsed by the JCC members.
Explanation on the new region Songwe	**Explanation on the new region** • In the 1st Phase, JICA received request form MoHCDGECto include the new region of Songwe and series of discussion was done before agreement • The conditions to add the Songwe Region in the Project scope were met although there was an issue of agreement contract. The official information on upgrading Vwawa District Hospital to RRH was not officially informed to MoHCDGEC. PORALG and MoHCDGEC promised to obtain official letter from the region to confirm the changes. • It was reminded that MoHCDGEC and PORALG need to ensure that this newly designated RRH of Songwe region will use CHOP and functionalize as RRH. • The R/D was amended to accommodate Viwawa Designated Regional Referral Hospital in Songwe region
Discussion and Closing remarks	• The project will include Songwe Region in its coming activities and PORALG call upon the Ministries to submit the missed agreement of service contract as RRH. • JICA requested all stake holders to start planning now on how to ensure sustainabilityof the activities after the project completion. • Regarding BRN activity, JICA requested the Ministry, especially PSUto follow up on M&E of the training. JICA emphasized the importance ofimplementing the cycle of collection/ analysis/ submission of M&Eas agreed in R/D • The issue of institutionalization of HMT training needs to start planning, and it is necessary to clarify the mechanism on how RHMTs are going to support the future RRHMT members to attend the training after the Project is terminated.

	• To sustain HRHIS, it is necessary to have strong commitment from MoHCDGEC and strengthen inter-ministerial communication • Many countries are coming to Tanzania to learn about 5S-KAIZEN.It is important to sustain the efforts made to have this notable success.

Appendix

1. Participant list (Annex 1)
2. Timetable (Annex 2)
3. Work plan for 2nd Phase (Annex 3)

Workshop/Title:				4th JOINT COORDINATION COMMETEE
Venue:				HSRHS
Date:				17TH NOVEMBER

Sq#	Name	P	F	S	Designation	Organization	Mobile	E-mail address
1	Dr.Otilia Gowelle				Ag.PS	MoHCDGEC	0765 345641	ogowelle@moh.go.tz
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3	Dr.Magreth Mhando				DCS	MoHCDGEC	786546743	mmhando@moh.go.tz
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5	Mr.Martin Mapunda				Ag.DHRD	MoHCDGEC	0765 292083	masma@gmail.com
6	Mr.Didace Mutagwaba				DHNSS	PORALG	0754 307361	rdmutagwa@yahoo.com
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10	Kensuke Miyagi					JICA TANZANIA		
11	Misa Tamura					JICA TANZANIA		
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15	Ms.Yasuko Kasahara				Training Expert	RRMP	0769 610171	y.kasahara@fujita-plan.com
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Agenda: 4rd Joint Coordinating Committee (JCC)
At HSRS Conference Room, MoHCDGEC on

17th November 2016

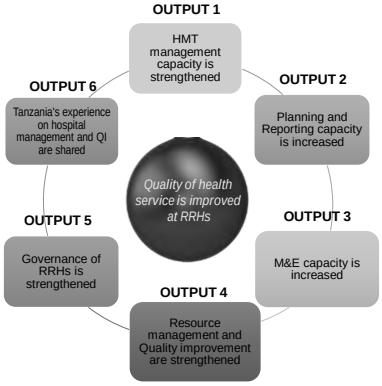
Tentative time table

Time	*Activities*	*Responsible person*
09:00 ~ 09: 30	Registration	All
09:30 ~ 09:40	Self-introduction of JCC members	All
09:40 ~09:45	Remarks from Project Manager	DPP
09:45~ 09:55	Meeting in order	PS(MoHCDGEC)
09:55 ~10:15	Presentation of Phase two work plan	Chief Advisor
10:15 ~ 10:40	Reports on Output 6: BRN commodity management activities plan	Ms.Nao San and Mr.Reuben
10:40 ~ 10:50	Remarks on the approval Songwe region in the RRHMP	Project coordinator
10:50 ~ 11:00	Endorsement of 2nd Phase work plan	JCC Members
11:10 ~ 11:20	Way forward and AOB	Project coordinator JCC Members
11:20 ~ 11:30	Closing remarks	Chief Representative JICA Tanzania Office
11:30 ~	Health Break	All

Work plan for 2nd phase

4th Joint Coordination Committee Meeting
for RRHMP
November 17th , 2016

1



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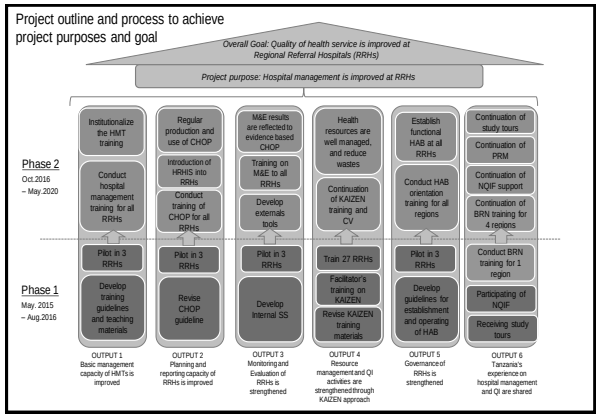

3

Outline of RRHMP phase 2

- Implementation period
  - October 2016 to May 2020
- Implementers
  - MoHCDGEC and PORALG
- RRHMP
  - Chief advisor: Dr. Hisahiro Ishijima
  - Hospital planning: Mr. Shuichi Suzuki
  - 5S-KAIZEN-TQM 1: Mr. Noriyuki Miyamoto
  - 5S-KAIZEN-TQM 2: Ms. Nao Yanase
  - Training management: Ms. Yasuko Kasahara
  - Senior technical advisor: Mr. Fares Masaule
  - Technical assistant: Ms. Violeth Mlay
  - Accountant: Mr. Lukundo

4

Outcome from Phase 1

1. Guideline for Regional Referral Hospital Advisory Board (RRHAB)
2. Guideline for Developing Comprehensive Hospital Operation Plan (CHOP) for Regional Referral Hospital
3. Implementation guideline for 5S-KAIZEN-TQM approach for improvement of health commodity management at council level
4. Applied Hospital Management Training Package on Financial management, 2016

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In the pipeline

- Basic Hospital Management Training Package
- Internal Supportive Supervision checklist (Finalized and tested)
- External Hospital Performance Assessment Tool (Draft)
- Guideline for Internal Supportive Supervision and External Hospital Performance Assessment for Regional Referral Hospital (Draft)

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Basic approach for phase 2

- All guidelines, documents and tools in the pipeline need to be finalized by the middle 2017 and start disseminating them through training and workshops
- All guidelines, documents and tools developed in phase 1 will be disseminated through training and workshops
- Establish effective and efficient follow-up mechanism
- Establish sustainable mechanism of the project achievements

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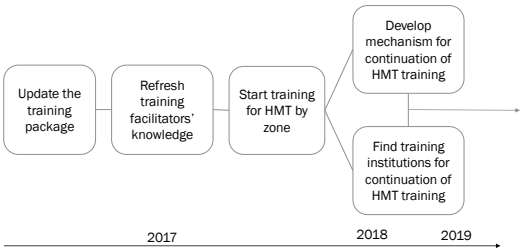
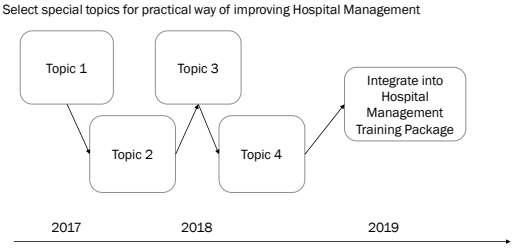
Plan for Output 1
(Basic Hospital Management Training)



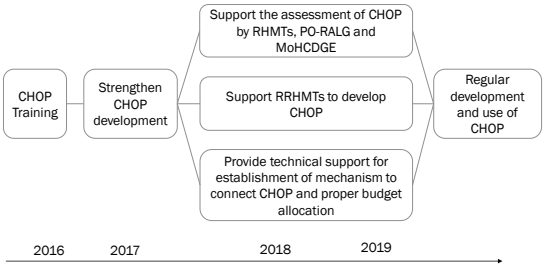
8

Plan for Output 1
(Applied Hospital Management Training)



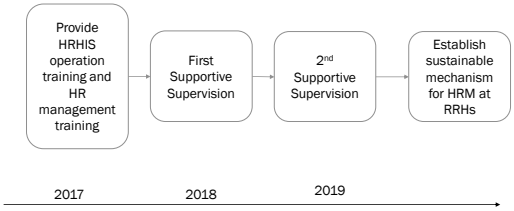
9

Plan for Output 2
(Strengthening CHOP)



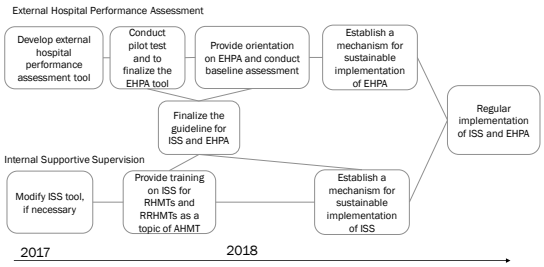
10

Plan for Output 2
(HRHIS)



11

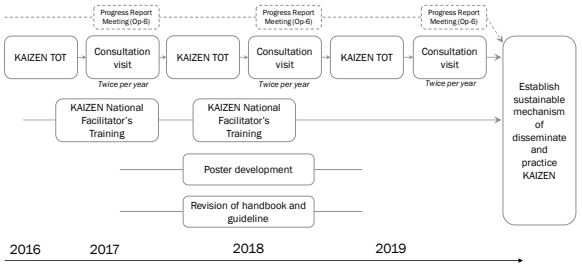
Plan for Output 2
(External Hospital Performance Assessment (EHPA) and Internal Supportive Supervision (ISS))



12

Plan for Output 4

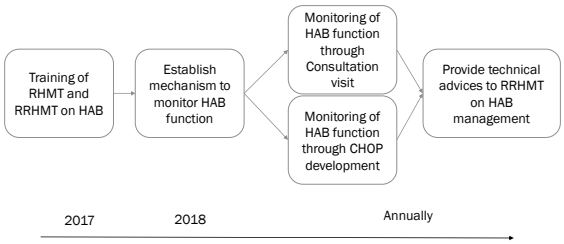
Resource management and quality improvement activities are strengthened through KAIZEN approach



13

Plan for Output 5

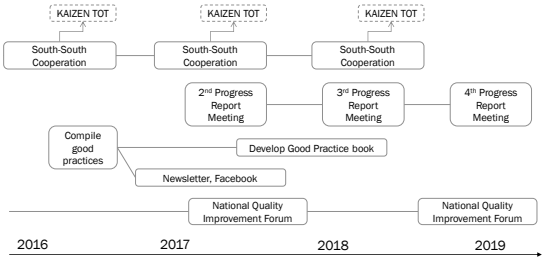
(Hospital Advisory Board)



14

Plan for Output 6

(Tanzanian's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries)



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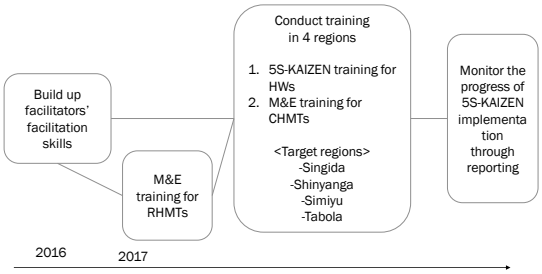
Plan for Output 6

(Big Result Now initiative)



16

Activities planed in the next few months

- BRN Commodity Management Facilitation Training
  - November 14 to November 17, 2016 @ MNH
- CHOP training for 28 RRHs
  - November 21 to November 24, 2016 @ Morogoro
- KAIZEN TOT
  - November 28 to December 02, 2016 @ Mbeya
  - 13 RRHs and 18 participants from 9 African countries
- BRN Commodity Management for district health facility
  - Starting from January 2017 for 4 regions (Singida, Tabora, Shinyanga, Simiyu
- KAIZEN TOT
  - March, 2017 @ KCMC, Moshi
  - 15 RRHs

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Thank you

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RRHMP
The Project for Strengthening Hospital Management
for Regional Referral Hospitals
P.O.Box 9380, Dar es Salaam
023 –HSRS building –Ministry of Health, Community Development, Gender, Elderly and Children
rrhmpoffice@gmail.com

Ref No. 0054-2017
30/06/2017

Senior Representative
JICA-TANZANIA Office
P.O.BOX 9450
DAR ES SALAAM

REF: SIGNING OF 5TH RRHMP JOINT COORDINATION COMMETEE MEETING MINUTES

Reference is made to the above heading

Project for Strengthening Regional Referral Hospital Management Teams is here by submitting for signing its 5th JCC Meeting Minutes which was held on 20th April 2017.Together with the Meeting Minutes attendance, agenda, and power point presentation in here attached.

This is been submitted to you after been signed by the Project Manager.

Yours faithfully

Hisahiro Ishijima
Chief Advisor
RRHMP

Received & Signed
30/6/2017

RRHMP- COORDINTAION COMMETEE MEETING
Venue: MoHCDGEC AREA D -DODOMA
Date: 20TH APRIL 2017
Time: 2:00PM

A. Attendance

MoHCDGEC

- Dr. Mpoki Ulisubisya, Permanent Secretary (Project Director), Chair
- Mr. Claud Kumalija, Acting Director, Policy and Planning (Project Manager)
- Mr. Didace Mutagwaba, Department of Policy and Planning (Project Coordinator)
- Mr. Gustav Moyo, Director Department of Nursing
- Ms. Romana Sanga, Representing Director Department of Curative Services
- Mr. William Reuben, Pharmaceutical Service Unit
- Dr. Ahmed Makuhan, Ag Director Department of Preventive Services
- Mr. Hermes Sotter, Head Information and Communication Technology Unit

PO-RALG

- Dr. Zainab Chaula, Deputy Permanent Secretary of Health
- Mr. Stephen Motambi, Acting Director Department of Health, Nutrition and Social Welfare
- Mr. Raymond Kiwesa, For Director, Regional Administration

JICA Tanzania Office

- Mr. Satoru Matsuyama, Senior Representative, JICA TZ office
- Ms. Misa Tamura, Representative, JICA TZ office
- Ms. Mayumi Sugihara, JICA Health Policy Adviser
- Ms. Catherine Shirima, Program Officer, JICA TZ office

RRHMP

- Dr. Hisahiro Ishijima, Chief Advisor
- Ms. Yasuko Kasahara, Training Management Expert
- Mr. Fares Masaule, Senior Technical Advisor
- Ms. Violeth Mlay, Technical Assistant

B. Absent:

MoHCDEGC

- Director, Department of Health Quality Assurance
- Director, Procurement Management Unit
- Director, Human Resource Health
- Director of Administration and Human Resource Development
- Commissioner, Social Welfare

PORALG

- Director, Regional Administration
- Director, Sector Coordination
- Director ICT (Invited)

C. Agenda of the meeting

1. **Opening of the Meeting**
2. **Matters Arising**
3. **Progress of the Project Activities (October 2016- April 2017)**
4. **Project work Plan for the next Six month**
5. **Way forward and AOB**
6. **Closing Remarks**

1. OPENING OF THE MEETING

The meeting started as planned at 14.00 with opening Remark from the Chairperson Dr. Mpoki M. Ulisubisya welcoming all JCC members for attending and being on time. He then asked all members to introduce themselves and thereafter proceeded to the next Agenda.

2. MATTERS ARISING

Matters arising were captured as updates below

2.1. Hiring of consultancy to roll out HRHIS in Regional Referral Hospitals

The process of hiring the consultancy has already begun. The procurement of consultancy is expected to be completed by the end of May. The ICT department of MoHCDGEC and PORALG will have a meeting on the week of 24th April to agree on mechanism of rolling out HRHIS in all RRHs. Contract will be signed after this meeting and its work is expected to start by the end of May 2017. Furthermore ICT from both Ministries should submit sustainability plan for maintaining HRHIS and other system as well as plan for integration for the same.

2.2. VWAWA Hospital to operate as a designated RRH

Vwawa Hospital should continue to participate in the project activities as it has been participating since last year October. The Director of Curative Services, MoHCDGEC will follow up the process to recognize VWAWA Hospital as a designated Regional Referral Hospital for the Songwe Region before next JCC.

2.3. Reporting for 5S-KAIZEN Implementation on Commodity Management

Reporting mechanism has been agreed between MoHCDGEC and PORALG and the 5S KAIZEN implementation report of Mwanza was submitted from the facilities to the coordinator of PSU, MoHCDGEC. It is agreed that comprehensive 5S implementation reports to be included in the CCHP quarterly report from each council.

2.4. Sustainability of Basic Hospital Management Trainings (BHMT)

The meeting was informed that the process of institutionalization of Basic Hospital Management Training has been initiated. Already the project has been involving training institutions (PHCI, CEDHA, Ifakara and Mzumbe University) from baseline studies, development of training materials to TOT and training of participants from Hospitals. However, the meeting instructed the project to ensure a clear road map for the institutionalization of BHMT trainings is given to the institutes selected to run the trainings. Further discussions on sustainable plan should be included in the agenda of the Project retreat in May and its result will be reported in the next JCC.

3. PROGRESS OF THE PROJECT ACTIVITIES IN THE PAST 6 MONTHS

3.1. Progress Report on RRHMP Oct.2016-Apr.2017

Presentation on the progress of implementation of the project activities was made by the Project Chief Advisor:

Planned activities in the past six months have been successfully implemented.

3.1.1 5S-KAIZEN TOT

Skill building workshop for facilitators of 5S-KAIZEN focusing on commodity management was conducted

3.1.2 CHOP and HAB Trainings

- CHOP training has been conducted to all Regional Referral Hospitals. Three RRHMT and one RHMT members from each region participated;
- Regional Referral Hospital Advisory Board, Orientation was conducted to all regions and attended by One RHMT as well as Two RRHMT members.

3.1.3 Internal Supportive Supervision (ISS) and External Hospital Performance Assessment (EHPA)

- External Hospital Performance Assessment checklist has been developed and piloted in Mawenzi Hospital;
- Training on the Internal Supportive Supervision (ISS) and Orientation on the ISS Tool was held from February 14th – 16th 2017 with participation of two RRHMT and one RHMT members from each region;

3.1.4 Basic Hospital Management Training (BHMT)

- Participant's manual and Training Materials for Basic Hospital Management Training have been developed and piloted;
- Fifteen officers from MoHCDGEC, PORALG, and RAS were trained in Basic Hospital Management Facilitation/ training skills as national facilitators' in the last week of March
- First BHM training was conducted from 3rd -7th April at CEMMI Dar es Salaam for the Eastern Zone that included RRH from Mtwara, Lindi, Pwani, Morogoro and Dar es salaam (Amana, Mwananyamala and Ilala);

3.1.5 KAIZEN Consultative Visits(CV)

First round of CV to follow up implementation of KAIZEN activities in Zonal and Regional Referral Hospitals is ongoing and is expected to be completed by end of May.

3.1.6 BRN Commodity Management 5S KAIZEN Trainings

- Training for commodity management has been conducted in 4 regions and the remaining one region will be done towards end of April to mid-May
- As it stands, on the date of the 5th JCC meeting, 1072 healthcare staff in council health facilities from 4 regions (Mwanza, Singida, Shinyanga and Simiyu) have already been trained with the assistance of JICA. Another lot of 1727 healthcare staff in council health facilities from 5 regions (Mara, Geita, Kigoma, Dar es Salaam and Coast including MSD) has been trained under Government funds.
- So far the council reporting rate on the 5S activities have clinched 64.52% and Council trained facilities which have conducted 5S M&E have average of 64.91% scores

3.2 Implementation Challenges:

3.2.1 Submission of CHOP

Guidelines developed through the project assistance such as RRHAB and CHOP were disseminated and orientation conducted to RRHMT/RHMT. However, implementation of instructions given for submission of CHOP plans and reports has not been in line with the New Guides signed by both MoHCDGEC and PORALG. In this vantage, PORALG observed that inadequate adherence to the

instructions given in guidelines was due to lack of information sharing. They then requested to establish good link between the two ministries and ensure the document and reports are shared to increase their ownership.

3.2.2 Limited in-house training

Members of RRHMT/RHMT who are trained by the Project do not conduct in - house training to other members of the team who are not trained.

3.2.3 Communication between MoHCDGEC and PORALG

The project informed that the current procedure to communicate with RHMT/RRHMT through PORALG seem to delay participation of participants in project activities especially training and at times caused invitees not to attend.

3.2.4 Delay of 5S-KAIZEN on commodity management reporting instruction

Instructions for reporting the 5S KAIZEN activities from the trained health facilities on commodity management are not yet given to the councils from PORALG.

3.3 Discussions & Recommendations

During discussions the following were advised as the way of addressing the challenges:-

3.3.1 Submission of CHOP and Progress Report

- Instructions given to RRHs from either Ministries during preparation of CHOP and reports as well must be communicated to both Ministries.
- Assessment of CHOP and progress reports must be done following the approved new guideline.
- Assessment teams should comprise members from both Ministries.

3.3.2 Limited in-house training

- There is a need to identify one person in each region who is fully knowledgeable and accountable with the project activities as contact/champion, who will have a responsibility for the project activities and rolling out.
- To ensure people implement what they're trained in; RRHMP is advised to: (a) introduce a log book that will help the project to follow up implementation of activities in line with what was trained. The log book should tell who were trained as TOT, number of trained staff through in house training after the training conducted by the Project, the location of the trained staff and the implementation progress of what have been taught; (b) Devise a mechanism for making the participants practice and change after attending the trainings (change practice) e.g. mechanism practiced in Post-Abortal care.
- We must set the age limit to those who are attending the training especially for TOT. We must train people who will be able to transfer

knowledge to others. Age limit should not be the only criteria but also Hospitals must send the people who have capabilities to teach others. It was also advised that the best performers among the TOT should become supervisors that will enhance peer learning.

- On KAIZEN Consultative Visits (CV) the project was urged to have a mechanism to evaluate those who are going for supervision

3.3.3 Communication between MoHCDGEC and PORALG

The meeting noted that there has been a missing link between PORALG and MoHCDGEC and this has made the two Ministries to operate in separation. The meeting, however, insisted both ministries are working to support the government and what happen in the Ministry of Health must be communicated to PORALG and vice versa.

3.3.4 Delay of 5S-KAIZEN on commodity management reporting instruction

- Reporting of the 5S activities should link to the availability of health services such as medicines at the health facilities.
- Progress report of 5S-KAIZEN Training needs to include pictures of before and after of its practice to show what is happening on the ground and what is outcome.

Data of the 5S-KAIZEN implementation rate on commodity management need to be verified and verification method is needed.

4. AOB

4.1. It was observed that there is inadequate participation of hospital managers especially in-charges in 5S-KAIZEN-TQM approach being implemented by RRHs to improve the quality of services been provided. The meeting was assured by chairperson that this issue will feature as an agenda in the next RMO/DMO annual conference and that it will be considered to include 5S-KAIZEN-TQM in curriculum of Medical school.

4.2. The Chairperson reminded the JCC members that PORALG must participate in all activities and any progress that is made by MoHCDGEC must be communicated to PORALG department of Health so both Ministries know what progress is made. We should both create an enabling environment that will bring both MoHCDGEC/PORALG together and address issues effectively. He also insisted to discuss about these issues at the coming retreat.

4.3. Chairperson assured the meeting and JICA representatives that whatever investments put in trainings by the technical assistance will be sustained and that the government will continue to support the efforts of the project in building capacity of RRH management and strive to create an environment that will enable the project to achieve its yearning planed outputs.

5. CLOSING

The meeting was adjoined at 03:20 p.m. JICA Senior Representative thanked all members for attending the meeting. He thanked the Ministry for the commitment to ensure all planned activities were implemented on time. Furthermore, He is calling upon the expectation to MoHCDGEC and PORALG on strong commitment and close communication for smooth procedures between the project team, MoHCDGEC, and PORALG. He was also calling upon MoHCDGEC-PSU to lead the facilities trained in BRN commodity management to continuously implement 5S-KAIZEN to make an impact of the commodity management.

.....Mpoki.....

Dr. Mpoki M. Ulisubisya
Permanent Secretary
Ministry of Health Community Development
Gender Elderly and Children

.....

Satoru Matsuyama
Senior Representative
Japan International Cooperation Agency

Appendix

1. Timetable (Annex 1)
2 Progress Report on Regional Referral Hospital Management Project (RRHMP) Oct.2016 – Apr.2017 (Annex 2)
3. 5S-KAIZEN-TQM FOR IMPROVING HEALTH COMMODITIES MANAGEMENT AT COUNCIL HEALTH FACILITIES PROGRESS REPORT (Annex 3)
4. Way forward (Annex 4)

Annex 1

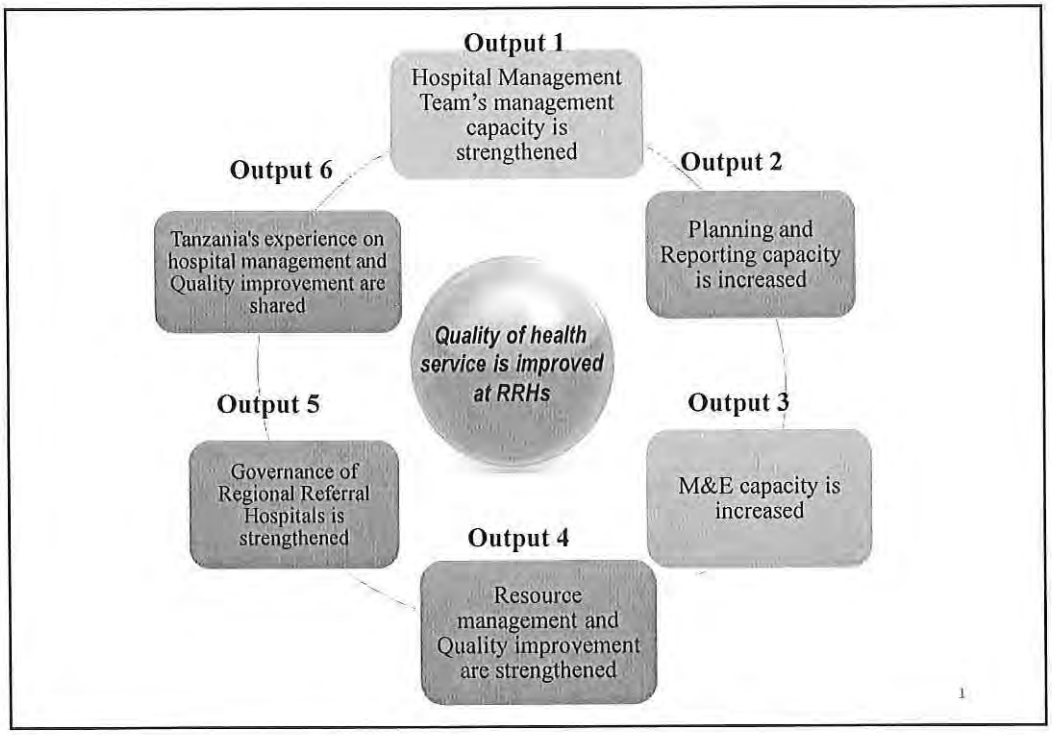
Tentative Schedule: 5th Joint coordinating Committee (JCC) Meeting at MoHCDGEC Conference Room, Area D Dodoma on 20th April 2017

Tentative time table

Time	*Activities*	*Responsible person*
14:00 ~ 14: 10	Registration Self-introduction of JCC members	All
14:10 ~ 14:20	Opening	PS (MoHCDGEC)
14:20 ~ 14:40	Matters arising from the 4th JCC	Project Coordinator
14:40~ 15:10	Progress of the Planned Project activities 1. As from October 2016 and in pipeline for the next six month 2. Commodity Management	1. Chief Advisor of the Project 2. Coordinator BRN commodity
15:10 ~ 15:20	Way forward and AOB	Project Coordinator
15:20 ~ 15:30	Closing remarks and Refreshments	Senior Representative JICA Tanzania Office

Progress Report
on
Regional Referral Hospital Management Project (RRHMP)
Oct.2016 – Apr.2017

Hisahiro Ishijima, MPH&TM, PhD.
Chief Advisor, RRHMP
April 20, 2017 @ Dodoma



Achievements in Phase 1

- Baseline survey for hospital management at Regional Referral Hospitals was conducted
- Training needs assessment on hospital management was conducted
- The following guidelines were developed in Phase 1
  - Guideline for Developing Comprehensive Hospital Operation Plan for RRHs
    - (ISBN: 978-9987-737-51-2)
  - Guideline for Regional Referral Hospital Advisory Board
    - (ISBN: 978-9987-737-50-5)
  - Mwongozo wa Usimamizi wa Dawa, Vifaa, Vifaa Tiba na Vitendanishi kwa Kutumia stadi za S5-KAIZEN-TQM Katika Vituo vya Kutolea Huduma ya Afya, Ngazi ya Halmashauri
    - (ISBN: 978-9987-737-50-5)

Achievements in Phase 1 cont.

- The following trainings were conducted in Phase 1
  - Facilitator's Training for Hospital Management Training (17 facilitators were trained)
  - Hospital Advisory Board Facilitator's Training (18 facilitators were trained)
  - KAIZEN Training of Trainers (81 health workers were trained)
  - KAIZEN facilitators training (10 facilitators were trained)
  - Applied Hospital Management Training on Hospital finance management (81 health workers were trained)
  - 5S-KAIZEN Training for Commodity Management was conducted in Mwanza region (389 health workers in 8 districts were trained)

Implementation challenges

- Guidelines and tools developed and officially endorsed are not fully utilized by supervisors from MoHCDGEC and PORALG
- Trained RHMT/RRHMT members do not conduct "in-house" training to other members

4

Progress of project activities

5

Output 1:
HMT management capacity is strengthened

- Basic Hospital Management Facilitators Training was conducted
- Basic Hospital Management Training for Western zone was conducted

Output 2:
Planning and Reporting capacity is increased

- Comprehensive Hospital Operation Plan Training for all RRHs was conducted
- Assessment of Comprehensive Hospital Operation Plan was conducted

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Output 3: M&E capacity is increased

- External Hospital Performance Assessment / Internal Supportive Supervision guideline and tool finalization workshop was conducted
- Internal Supportive Supervision Training for RRHs was conducted
- External Hospital Performance Assessment tools pilot test was conducted

Output 4:
Resource management and Quality improvement are strengthened

- KAIZEN facilitators training was conducted
- KAIZEN Training of Trainers was conducted twice
- 1st round Consultation Visit is on going
- Technical support to 5S training conducted for DCS and MoHCDGEC officials

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Output 5:
Governance of RRHs is strengthened

- Hospital Advisory Board (HAB) training for RRHs was conducted

Output 6:
Tanzania's experience on hospital management and QI are shared

- Tanzania hosted 18 participants from 8 African countries (Senegal, Malawi, Egypt, Zimbabwe, Burundi, Kenya, and Sudan, Uganda) for participating KAIZEN ToT
- Commodity Management
  - 5S-KAIZEN facilitators skill building workshop was conducted for commodity management
  - 5S-KAIZEN Training for Commodity Management have been conducted

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Achievements Oct. 2016 – Apr. 2017

- External Hospital Performance Assessment checklist has been developed and piloted
- Participant's manual for Basic Hospital Management Training has been developed and piloted
- Training materials for Basic Hospital Management Training has been developed and piloted
- Internal Supportive Supervision /External Hospital Performance Assessment Guideline has been developed and piloted

9

Implementation Challenges

- The MoHCDGEC issued CHOP guidelines to all RRHs with the instruction of submission of plan and reports to PORALG and copy to the MoHCDGEC. PORALG and MoHCDGEC should devise clear assessment and feedback mechanism
- HRHIS will be disseminated to RRHs. However, Program Management Office should clarify how two systems (Hospital Management Information System and Human Resource for Health Information System) to be harmonized
- Delay in communicating with RRHs.

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Thank you for listening

5S-KAIZEN-TQM FOR IMPROVING HEALTH COMMODITIES MANAGEMENT AT COUNCIL HEALTH FACILITIES PROGRESS REPORT

JOINT COORDINATION COMMITTEEE, DODOMA

Implemented activities

- Trained healthcare staff in council health facilities of the following regions:
  - 1072 were trained from 4 regions (Mwanza ,Singida, Shinyanga and Simiyu) –JICA support
  - 1727 were trained from 5 regions (Mara, Geita, Kigoma, Dar –es Salaam and Coast including MSD) – GOT
- Communication to PORALG to ensure report submission from councils were done

Reporting status

- Council reporting rate : 64.52%
- Monitoring and Evaluation score: 64.91%
- Implementation rate reported councils : 98.75%

Challenges

- Reporting Mechanism instructions from PORALG to Councils to ensure reporting has not been effected
- Councils require 5S initiation support
- Health facilities require consultative visits from central team

Way Forward

- Conducting M& E in Mwanza, Kigoma, Mara and Geita between April- June,2017
- Request the Government of Japan to support teams for initiations and Consultative visits to health facilities
- Roll out to all councils of Tanzania, Main land.

Way forward (1)

	Activities	Tentative Schedule
1	Basic Hospital Management Training • Northern zone (2) • Lake zone (3) • Southern highland zone (4)	24/4/2017 – 28/4/2017 08/5/2017 – 12/5/2017 22/5/2017 – 26/5/2017
2	1st round Consultation visit to RRHs	Continue until 07/2017
3	Finalization and printing of ISS/EHPA guideline	By the mid of 5/2017
4	EHPA facilitators training	29/5/2017 – 02/6/2017
5	EHPA Training for RRHs and baseline data collection (Visited one by one)	Starting from 06/2017
6	M&E training on 5S-KAIZEN-TQM approach for RHMTs (at MNH)	6/6/2017 – 9/6/2017
7	Progress Report Meeting on 5S-KAIZEN-TQM approach	28, 29, and 30/6/2017
8	HRHIS training for RRHs (4 times in Dar, Moshi, Mwanza and Mbeya)	Starting from May for 4 months
9	Commodity Management Training in Tabora	24/4/ 2017 – 17/5/2017

1

Way forward (2)

- Follow up of the issues agreed in the 5th JCC
- Conduct Retreat to review RRHMP progress

RRHMP- COORDINTAION COMMETEE MEETING
Venue: MoHCDGEC AREA D -DODOMA
Date: 16 November 2017
Time: 1:00PM

A. Attendance

MoHCDGEC

- Mr. Edward Mbanga (Project Manager), Acting Chair
- Mr. Didace Mutagwaba, Department of Policy and Planning (Project Coordinator)
- Zachary D.Dida, Ag. Director of Administration and Human Resource Management
- Mr. Maurice Hiza, Ag. Director Department of Nursing
- Ms. Romana Sanga, Representing Director Department of Curative Services
- Mr. William Reuben, Pharmaceutical Service Unit
- Lucy Issarow Representative of Director Health Quality Assurance
- Mr. Peter Kaswahili, Ag Director Department of Preventive Services
- Mr. Hermes Sotter, Head Information and Communication Technology Unit

JICA Tanzania Office

- Mr. Satoru Matsuyama,Senior Representative, JICA TZ office
- Ms. Catherine Shirima,Program Officer, JICA TZ office

RRHMP

- Dr. Hisahiro Ishijima, Chief Advisor
- Mr. Noriyuki Miyamoto, Quality Management Expert
- Mr. Fares Masaule, Senior Technical Advisor
- Ms. Violeth Mlay, Technical Assistant

B. Absent:

MoHCDEGC

- Director, Procurement Management Unit
- Director of Administration and Human Resource Development
- Commissioner, Social Welfare

PORALG

- Deputy Permanent Secretary of Health
- Director of Health, Nutrition and Social Welfare
- Director Regional Administration
- Director Sector Coordination

C. Agenda of the meeting

1. **Opening of the Meeting**
2. **Matters Arising**
3. **Progress of Project activities (April-November 2017)**
4. **Results for EHPA baseline Survey**
5. **Way forward and AOB**

1. OPENING OF THE MEETING

The meeting started as planned at 13.00hrs with opening Remark from the Acting Chairperson Mr. Edward N. Mbanga (Director of Policy and Planning) representing Permanent Secretary – (MoHCDGEC). The Chair welcomed all JCC members for attending and being on time. He then asked all members to introduce themselves and thereafter proceeded to the next Agenda.

2. MATTERS ARISING

Matters arising from previous JCC were presented by Project Coordinator.
Summary of Major issues emanated from Retreat Meeting conducted in Bagamoyo from 18th-20th May 2017 were presented.
The Retreat proposed amendments of the verifiable indicator of the Project Purpose and Overall goal. The reasons for the amendments and the newly suggested indicators were explained and discussed in the meeting.

After few clarifications from the chair, JCC meeting consensually agreed to change verifiable indicators of overall goal as suggested by the retreat and the Chairperson there after allowed the next agenda. (See attached approved amendments)

3. PROGRESS OF THE PROJECT ACTIVITIES IN THE PAST 6 MONTHS

3.1. Progress Report on RRHMP April 2017-November.2017

Presentation on the progress of implementation of the project activities was made by the Project Chief Advisor:

Planned activities in the past six months have been successfully implemented.

3.1.1 HRHIS Rollout to RRH

Consultancy to roll out HRHIS in Regional Referral Hospitals was awarded to University of Dar es Salaam (UDSM), Department of Computer Science in June, 2017 and the work has started and ongoing.

3.1.2 External Hospital Performance Assessment trainings and baseline Survey

EHPA Facilitator Training was conducted from 19th to 24th June 2017 at Mtwara and Lindi.

EHPA training for RHMT and EHPA baseline survey were conducted at all RRHs from June 26th to 6th October 2017.

3.1.2 Monitoring and Evaluation of 5S KAIZEN

The training was conducted in June 2017. During the training, roles and responsibilities of RHMTs focusing on 5S-KAIZEN aiming at building capacity of RHMT on how to assess and support RRH in implementation of 5S-KAIZEN

3.1.3 KAIZEN for quality improvement and resource management

Skill Building Workshop was conducted for 26 National Facilitators of 5S-KAIZEN (June 2017). M&E tools were reviewed in September 2017 to come up with standardized tools for 5S-KAIZEN that will be used by RHMTs. Consultation Visits (2nd Round of 2017) using newly developed M&E tools which are more user friendly followed immediately after the review (September 2017)

3.1.4 BRN Commodity Management 5S-KAIZEN Supportive Supervision

Supportive Supervision has been done in 10 regions which were trained on 5S-KAIZEN for Commodity Management. All trained facilities are between SI-S3. In 7 regions out of 10 trained the facilities are performing above 50% on the set indicators. Implementation of 5S-KAIZEN for commodity management has gave a huge improvement on documentation, ordering using the really data and in reducing the expiring of drugs

Implementation Challenge

3.2.2 Recognition of new RRHAB Guideline by the Legal Unity MoHCDGEC

The New Regional Referral Hospital Advisory Board (HAB) Guideline signed by both Permanent Secretaries (MoHCDGEC and PORALG) in 2016 is so far not used by the Legal Unit of MOHCDGEC to check whether the procedure followed by the Regional Referral Hospital in the establishment of new Hospital Board has been adhered to. Instead, the Unit has been advising the RRHs (RAS) to adhere to the procedure give in General Notice of 2014 published in government Gazette. As a result, regions which have submitted their request for official appointment of HAB members e.g. Mara & Meya have complained of unclear instructions from

MoHCDGEC. RHMTs who were trained on 5S-KAIZEN M&E in June are not actively taking lead in monitoring of 5S-KAIZEN activities in their regions as, was expected. In addition, the recent reports from the ongoing CV has observed a "shy away" situation of RHMTs to team up with national CV facilitators to conduct CV in their RRH.

3.3 Discussions & Recommendations

During discussions the following were advised as the way of addressing the challenges:-

3.3.1 Recognition of new RRHAB guideline by the Legal Unity Ministry of Health

- Follow up will be made within MoHCDGEC to clear the prevailing gap of knowledge to Legal Unity that there is now a new Policy Guideline for the Establishment and Operationalization of RRHAB signed by both Ministries and should be used to guide the establishment process instead of General Notice of 2010. The New RRHAB guides should be published in the government gazette. The Chairperson agreed to convene a meeting that will include DCS, Legal Unit and RRHMP Tech Advisor to sort out the issue.

3.3.2 Participation of RHMT in 5S-KAIZEN M&E activities

- To strengthen the ownership of the M&E tools by RHMT and to make sure that they use them to assess its implementation of 5S KAIZEN by RRH; merging of the EHPA Tools to incorporate 5S-KAIZEN indicators has been done. Incorporating 5S-KAIZEN indicators in RMSS-H will be the next activity to ensure the assessment is done on quarterly base. Both Ministries were advised to insist on the use of 5S-KAIZEN approach as the way of improving quality of health service delivery

3.3.4 Delay of 5S-KAIZEN on commodity management reporting in some councils of the 5S-KAIZEN trained regions

-Some of the council in Kigoma, Singida and Simiyu regions are not submitting the reports. Identifying of those trained and reporting it to RHMT was done ready but still the response is not promising.

- Planning a mechanism where implementation of 5S-KAIZEN will feature in their CCHP guideline in that way the assessment will be done and they will know that implementation of 5s-KAIZEN is one of the criteria for them to be funded.

- A close follow up will be done to get the report on time and support the low and poorly performing councils which are in Kigoma, Singida, Simiyu and Shinyanga regions whenever they face difficult in implementation.

5. CLOSING

The meeting was adjoined at 03:50 p.m. JICA Senior Representative thanked all members for attending the meeting. He thanked the Ministry for the commitment to ensure all planned activities were implemented on time. Furthermore, He is calling upon MoHCDGEC to address the issues which were raised during the 6th JCC especially all those which are internally.

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Mr.Edward N.Mbanga
For: Permanent Secretary
Ministry of Health Community Development
Gender Elderly and Children

.....

Satoru Matsuyama
Senior Representative
Japan International Cooperation Agency

Appendix

1. Timetable (Annex 1)
2 Progress Report on Regional Referral Hospital Management Project (RRHMP) Oct.2016 – Apr.2017 (Annex 2)
3. 5S-KAIZEN-TQM FOR IMPROVING HEALTH COMMODITIES MANAGEMENT AT COUNCIL HEALTH FACILITIES PROGRESS REPORT (Annex 3)
4. Way forward (Annex 4)

MATTERS ARISING FROM THE PREVIOUS JOINT COORDINATION COMMITTEE OF APRIL 20TH 2017- CONDUCT AT MOHCDGED AREA D DODOMA

No	Issue/Discussion	Implementation Status	Responsible	Remarks
1.	**Consultancy for HRHIS and rolling out of HRHIS to RRHS.** 1. The contract was to be signed by May 2017, to enable the rolling out. 2. MOHCDGE ICT section to prepare a sustainability plan for maintaining HRHIS	University of DSM Department of Computer science was selected as the consultant in May. ICT-MoHCDGEC has included HRHIS in their Unity plans and this August Supportive Supervision was conducted identified gaps were reported to UDSM for improvement. Integration with GoTHOMIS currently the version does not have HR module. HRH information have to be collected manually using forms and HS has to do the entry to the system Integration will be done once HR module is available in GoTHOMIS	RRHMP C/A	
2	**VWAWA HOSPITAL AS DESIGNATED RRH HOSPITAL FOR SONGWE REGION.** It was agreed that the Director for Curative Services will follow the agreement for Using Vwwa hospital as designated regional referral hospital for the new region	The Vwawa Hospital (previous known) has been approved by the Minister of MoHCDGEC on 20th October 2017 to be Regional Referral Hospital for Songwe (Temporal) while the process for constructing their Permanent Regional Referral Hospital is ongoing	DCS-(Check with mama Sanga)	
3	**Sustainability of BHMT and 5S Kaizen Activities** It was agreed that it is important to discuss in the coming retreat the best way of maintaining	Discussion was done during the retreat conducted at Bagamoyo in May 2017. Key issues are in the attached report.	RRHMP CA&T Advisor (Please craft a summary of issues from the retreat report to avoid	Apart from sustainability of RRHMP activities, Other important

	BHMT and 5S KAIZEN activities now and when the RRHMP ends	The Project will start compiling the Hospital Management Training package from the middle 2018, and train lecturers from training institutions, and hand over the package to the training institutions by the end of 2018 for opening Hospital Management course in 2019.	going through all the report)	discussion was on need to review indicators for the RRHM Project Purpose
4.	**Directives/recommendation on challenges regarding the implementation progress of RRHMP activities.** a) Assessment of CHOP: It was agreed that, in assessing the CHOP both ministries should be involved. b) Identification of an officer at regional level to follow project activities	Action has been taken. All RHMTs except those from the Lake Zone were trained/oriented on new CHOP guideline and also how to assess. The orientation was led by MOHCDGED through support of JICA - MOHCDGEC Health Policy Advisor. Officials from both Ministries attended. PORALG was represented by 7 officials in Dodoma. During the EHPA Orientation it was suggested by the RHMTs that in order to avoid having many focal person at regional level the follow up of RRHMP activities should remain under the officer responsible for HRH management i.e. as per structure.	Project Coordinator Project Coordinator	PORALG health department has many new officers recruited from the RHMT/CHMTs, there is a need for the Project to arrange a meeting with them in order to explain t what the project is doing As many projects operate with Regions and districts, the idea of using the normal available structure is good provided it is well supervised

	c) Currently there is weak or /no dissemination from participants who attend the trainings to the rest of the team who do not attend. Also practicing what is taught is not done at all regions; RRHMP was advised to to take measures by 1) Introduce logbook for tracking/ follow up of implementation 2) Device mechanism to help those who are trained practice what they are taught		RRHMP C/A, TA, 5S Kaizen expert	
5.	There should be age limit for invited participants to make sure that those invited have enough time to disseminate what is taught to the teams	Instruction observed. This is taken care esp. when inviting the participants. However one topic is included in the EHPA orientation on succession plan. Members get opportunity to discuss on good succession plan	Project Coordinator	
6				

SUMMARY OF MAJOR ISSUES DISCUSSED AT THE RETREAT AND SUGGESTED AMMENDMENTS/ACTION TO BE TAKEN

A) CHANGE OF PROJECT GOAL AND PURPOSE VERIFIABLE INDICATORS

Discussion:

Amendment of the verifiable indicators of Overall goal was suggested on the following reasons;

- Number of outpatient and in-patient can be increased by different factors and it is very difficult to measure the direct impact of the Project intervention. Therefore, it is suggested that it should be deleted from the indicator of the overall goal

Amendment of the verifiable indicators of project purpose was suggested as the following reasons;

- Improvement of hospital revenue can be done either by increasing the resource inputs or reducing the waste and expenditure. What was learnt from Baseline survey is that RRHMT have no control on block grant thus can not control Total cash revenue collection, instead can only control- Total cost sharing revenue, Total NHIF revenue collection and Total amount of Out-of-Pocket collection. Therefore, instead of measuring "Total hospital revenue", it is better to measure the amount of income which RRHMT have control.

Proposed:
(1) Total cash revenue collection, Total cost sharing revenue, Total NHIF revenue collection and Total amount of 0ut-of-Pocket collection are increased

(2) 70% of RRHs obtain more than 75% of EHPA average score

B) "SUSTAINABILITY AND OWNERSHIP" of

1) Commodity management with 5S-KAIZEN and 5S-KAIZEN-TQM approach at RRHs,
2) CHOP/ QPR mechanism and
3) Hospital Management Training

Discussion:
The retreat team noted that 5S-KAIZEN –TQM approach practically cannot be reported vertically. Therefore, it was recommended that:

- For smooth reporting, 5s-kaizen activities need to be integrated in the CCHP, CHOP and RHMT plans and be reported on quarterly basis. The two ministries need to expedite the processes.
- Establish performance agreement with RHMT through RMOs
- Ministry need to develop standardized organogram for all RRHs which recognizes QI Unit
- Harmonize the assessment tools- CV, EHPA and ISS

C) SUSTAINABILITY OF HOSPITAL MANAGEMENT TRAINING

- In collaboration with HRHD all training institutions as per RD, should be persuaded to adopt BHMT course, and in future, integrate the same into their existing curriculum
- Project completes all the BHMT training packages share and get approval as per the RRHMP schedule. Also prepares and conducts tutorial program to earmarked lecturers/tutors
- PORALG and MoHCDGEC instructs regions to start budgeting and allocating funds to train RRHMTs on BHMT in the said Institutions
- Ministries set modalities of recognizing the regions that performs better according to set plans

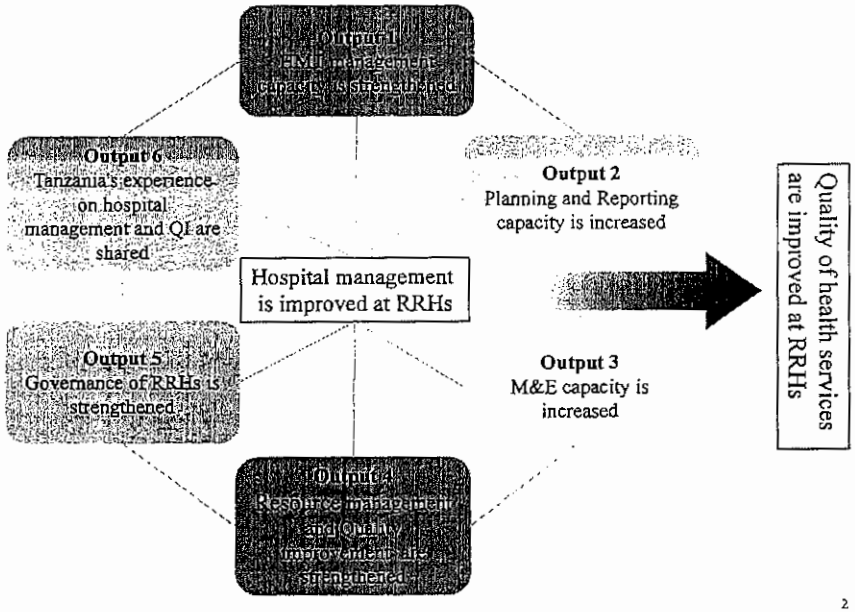
Annex 115

Progress of the Project activity

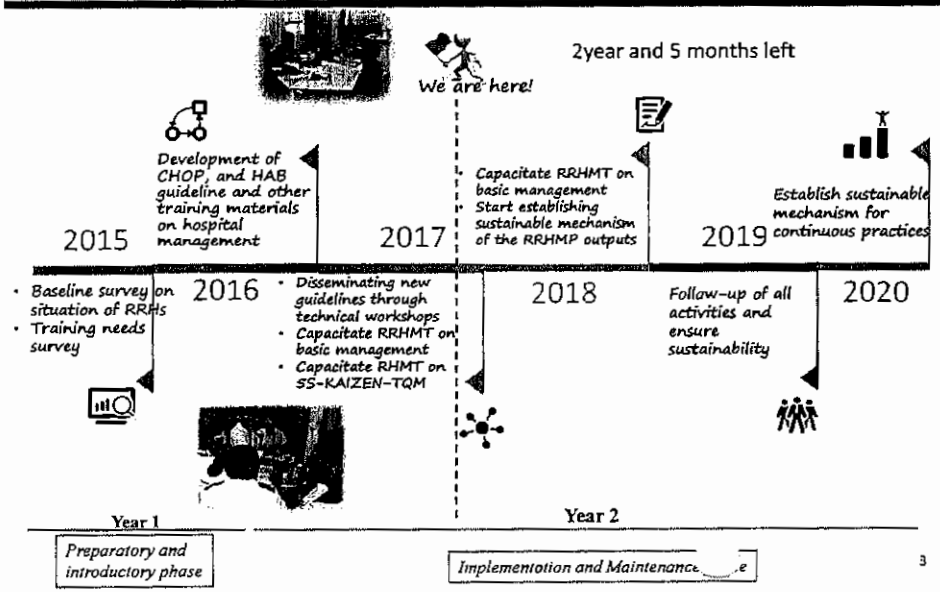
6th Joint Coordination Committee for RRHMP

November 16, 2018

MoHCDGEC, Dodoma



Roadmap of RRHMP



Output 2:"Strengthen HRH management"

- Assignment of HRHIS rollout and supportive supervision for RRHs were out sourced to University of Dar es Salaam (UDSM), Department of Computer Science in June, 2017
- During the passed 6 months, the following activities were conducted;
  - HRHIS software up-date and server maintenance,
  - Training material up-date,
  - Training of RRHMT on HRHIS operation and HRH management for 13 RRHs in Northern zone and Lake zone

Output 3: "External Hospital Performance Assessment"

- EHPA Facilitator Training was conducted from 19th to 24th June 2017 at Mtwara and Lindi.
  - 20 participants attended. They were from PORALG and MoHCDGEC, RHMT Mtwara and RHMT Lindi
- EHPA training for RHMT and EHPA baseline survey were conducted at all RRHs

***Details of EHPA Baseline survey will be explained in the next presentation

Output 3: Monitoring and Evaluation of 5S-KAIZEN

- The training was conducted in June 2017
- 75 participants from 25 RHMTs except for Kilimanjaro participated the training and obtained knowledge and skills on 5S-KAIZEN M&E
- During the training, roles and responsibilities of RHMTs focusing on 5S-KAIZEN were discussed

Output 4: KAIZEN for quality improvement and resource management

- Skill Building Workshop was conducted for 26 National Facilitators of 5S-KAIZEN (June 2017)
- Standardized M&E tools for 5S-KAIZEN is reviewed (June 2017)
- Consultation Visits (2nd Round of 2017) started with newly developed M&E tools(September 2017 ~)
  - During the CV, capacitation of RHMT on 5S-KAIZEN M&E is more considered

Output 6: Progress Report Meeting

- 2nd Progress Report Meeting was conducted (July 2017)
- All 28 RRHs reported the progress on management of QI progress and their 5S-KAIZEN activities
- Results of Internal Supportive Supervision and progress of KAIZEN activities with national KAIZEN theme are also reported
- Best KAIZEN Awards were given to top three (3) well performed RRHs;
  - 1st Prize went to Singida RRH
  - 2nd Prize went to Sumbawanga RRH
  - 3rd Prize went to Mt. Meru RRH

Challenges

- New Hospital Advisory Board (HAB) guideline is not officially published yet on the Government Gazette, and some RAS are refusing to recognize the establishment of new HAB
- Process of assessing the Comprehensive Hospital Operation Plan (CHOP)-Quarterly Progress Report is not clear between PORALG and MoHCDGEC
- Limitation of capacitating RHMT on 5S-KAIZEN M&E during CV (only 8 RHMTs out of 12 RHMTs were participated in the CV so far)

Thank you

Annex 118

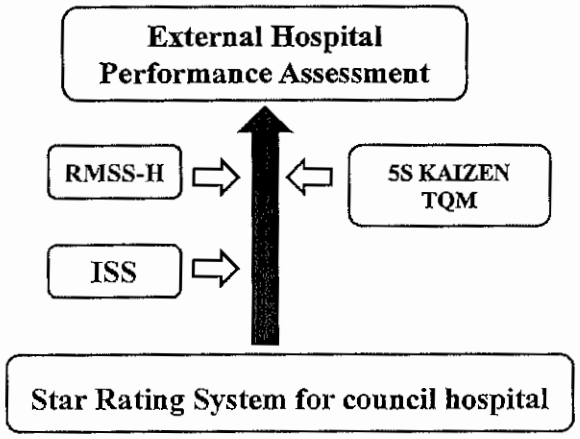
Brief report on External Hospital Performance Assessment for RRHs (Baseline Assessment)

6th JCC for RRHMP
16 Novemeber 2017@Dodoma
MoHCDGEC-RRHMP

Introduction

- External Hospital Performance Assessment (EHPA) Guideline/Tool is one of the main activities under **Output 3:**
- Agreed among stakeholders that **EHPA tools for RRHs** be developed based on the existing assessment tools;
- Guide/ tool to be **used by RHMT** (External)
- EHPA tool developed based on **"Star rating mechanism** for council hospitals."

EHPA Development



EHPA Assessment Areas

Each Area has Specific Sub- Areas e.g. Area 1 = 3 Sub Areas = 20 indicators

OBJECTVES of EHPA BASELINE

- Orient RHMTs on the ISS and EHPA Guideline & Tool
- Gather more inputs from the field to finalize the guide/tools
- Provide Supportive supervision to RHMTs on the 1st Base line Performance assessment for the RRH
- Collect performance baseline data of all RRHs

5

RRHs Assessed

1. **Sokoine RRH** (Lindi)
2. **Mpanda DH** (Katavi)
3. **Sumbawanga** RRH (Rukwa)
4. **Vwawa DH** (Songwe)
5. **Mbeya RRH** (Mbeya)
6. **Bukoba** RRH (Kagera)
7. **Geita** RRH (Geita),
8. **Shinyanga RRH** (Shinyanga)
9. **Maweni** RRH (Kigoma)
10. **Kitete** RRH (Tabora)
11. **Mt. Meru** (Arusha)
12. **Manyara** ra)
13. **M'Nyamala** (Kinondoni)
14. **Amana** (Ilala)
15. **Temeke** (Temeke)
16. **Tumbi** (Pwani)
17. **Bombo** (Tanga)
18. **Singida** (Singida)
19. **Songea** (Ruvuma)
20. **Ligula** (Mtwara)
21. **Mawenzi** (Kilimanjaro)
22. **Iringa** (Iringa)
23. **Kibena** (Njombe)
24. **Morogoro** (Morogoro)
25. **Dodoma** (Dodoma)
26. **Musoma** (Mara)
27. **Bariadi** (Simiyu)
28. **Sekou Toure** (Mwanza)

6

Methodology

- 2- days orientation to RHMT on ISS and EHPA Guideline &Tools

- 2 days Supportive Supervision, Assessment, Analysis of results, and report writing by RHMT;

- On the 5th day, a brief feedback report presented by RHMTs to RRHMTs & discussion on findings/ results and Way Forward

7

Assessment process

1. Observation
2. Document review
3. Interview of staff
4. Interview of patients/clients

8

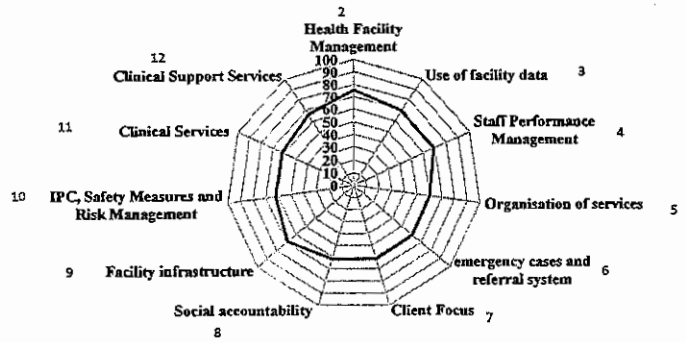
Findings

General

- All RRH are functional providing a range of clinical services
- Adequate stock levels of tracer medicines
- All therapeutic committees are active and functional
- Most have star rated Regional laboratories working towards accreditation
- Most RRH have Radiology Depts but with no valid licenses
- All assessed RRH had current CHOP, 5 YR strategic plan and in line with HSSP-IV,

Annex 120

Average Score by Area

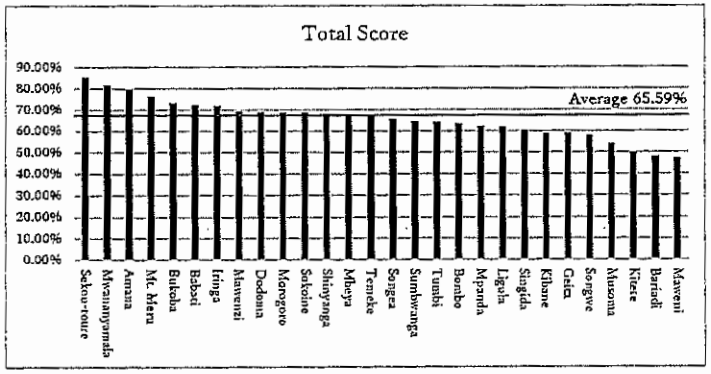


Area 2 & 9 have high average values, as compared to indicators related to hospital soft aspects e.g. clinical services, IPC, safety, &risk management services

Sub-areas that scored high are:- "Working condition" in "Hospital Management", "Utility" in "Hospital Infrastructure" and "Laboratory Services" in "Clinical Support Services".

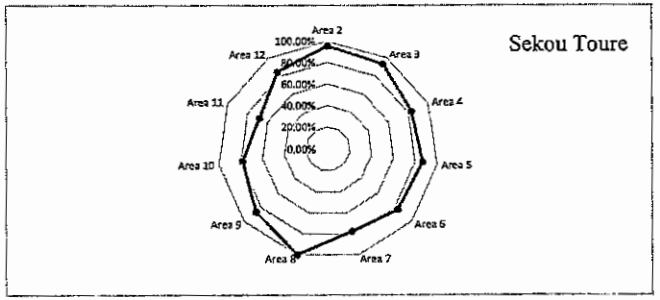
Low score Sub- areas are:- "Radiology and Imaging" and "Food Services" in "Clinical Support Services", and "Fire Safety" in "IPC, Safety Measures and Risk Management".

RESULTS

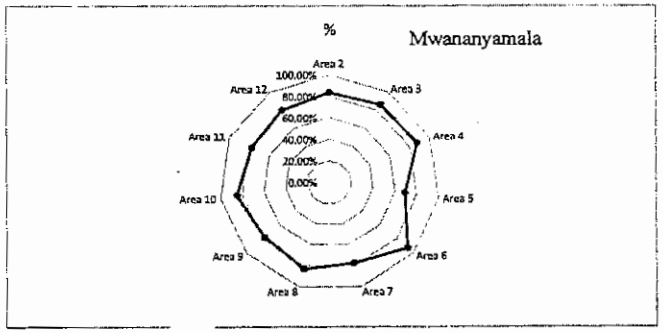


Sekou-Toure: (Mwanza), Mwananyamala & Amana (Dar) and Mt. Meru: (Arusha) RRHs **scored above average** i.e. 85.26%, 81.70%, 79.78%, and 76.33% respectively;

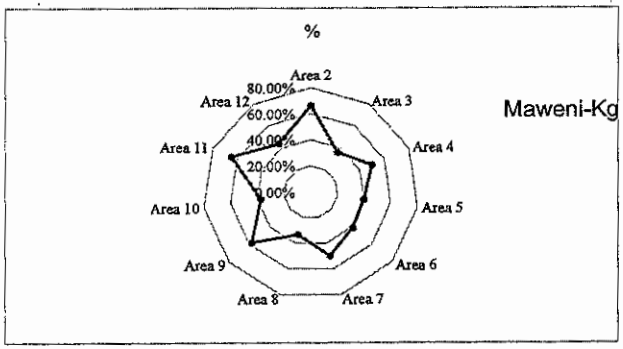
RRHs which are **lower than average** are Maweni-Kigoma (47.35%), Bariadi Simiyu (48.12%), Kitete- Tabora (49.86%), and Musoma- Mara (54.01%).



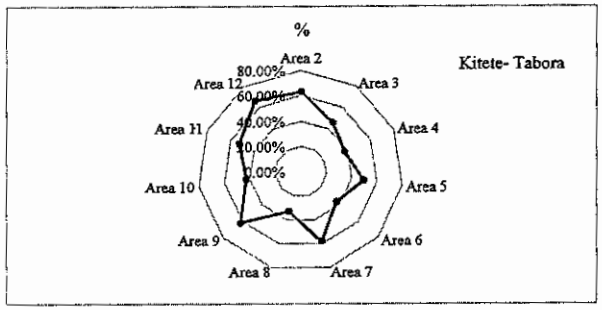
High Score RRH By Area



Area 2: Hospital Management
Area 3: Use of Hospital Data
Area 4: Staff Performance Assessment
Area 5: Organization of Service
Area 6: Handling Emergency and Referral
Area 7: Client Focus
Area 8: Social Accountability
Area 9: Hospital Infrastructure
Area 10: IPC, Safety Measures and Risk Management
Area 11: Clinical Services
Area 12: Clinical Support Services



Low Score RRH By Area



Area 2: Hospital Management
Area 3: Use of Hospital Data
Area 4: Staff Performance Assessment
Area 5: Organization of Service
Area 6: Handling Emergency and Referral
Area 7: Client Focus
Area 8: Social Accountability
Area 9: Hospital Infrastructure
Area 10: IPC, Safety Measures and Risk Management
Area 11: Clinical Services
Area 12: Clinical Support Services

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Findings

Hospital Management

- Effective HRH management systems
- biometric registration systems, attendance registers
- Staff performance appraisal = OPRAS
- Most RRHs had full functioning HMT, QIT and WITs
- CHOP in place, in line with New Guideline & HSSP IV
- At least, five QI activities are in hospital plan and implementation is monitored
- Evidence of improved Hospital Revenue collection (50-80%) & Monthly Financial reports are discussed

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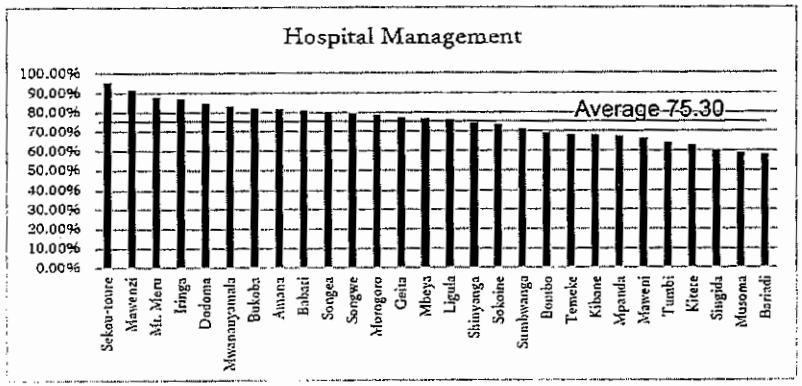
Hospital Management



Three sub-areas, "Hospital Management", "Facility Autonomy and Fiscal Decentralisation" and "Working Conditions:" In "Hospital Management", 4 RRHs scored more than 80%. Only Bariadi RRH is under 50%. "Facility Autonomy and Fiscal Decentralisation", there are 13 RRHs more than 80% and only Musoma RRH is under 50%. "Working Conditions", 15 RRHs are more than 80% and no RRH is under 50%.

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Findings

Use of Hospital Data for Planning

- All RRH use available HMIS tools for recording and reporting
  - registers, tally sheet and summary book do not tally
- RRHs using GoT HOMIS do not use HMIS correctly
  - e.g.Tumbi
- Inadequate analysis of Data/ prevailing situations by HMTs
  - e.g. High peri/neonatal deaths recorded but unnoticed by HMTs – Geita
- No evidence that data generated is used for planning interventions

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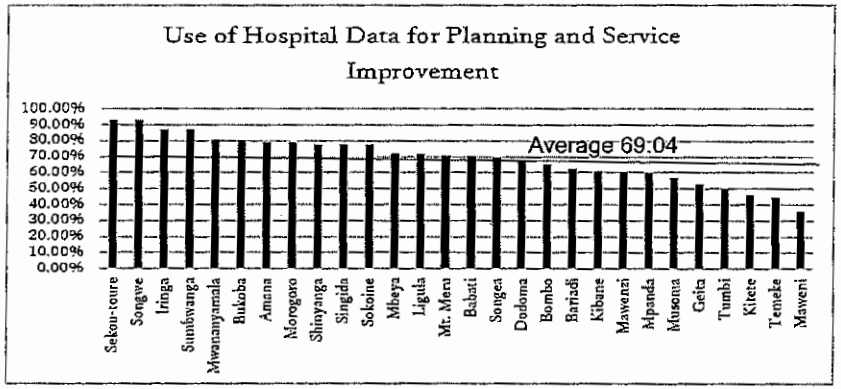
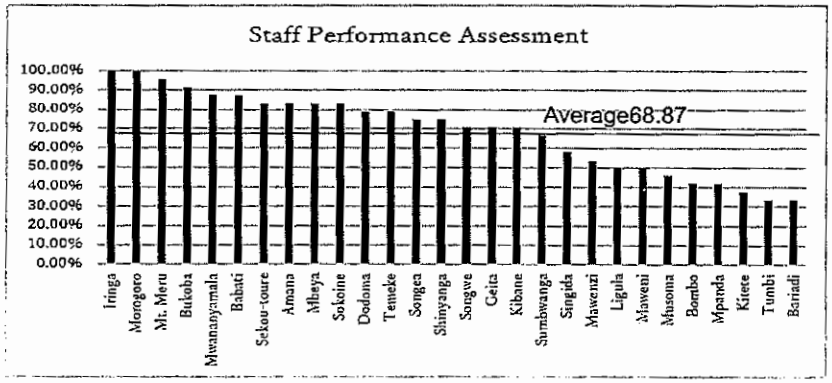
Annex 121

Use of Hospital Data for Planning



Three sub-areas: "Function of HMIS", "Information Use and Dissemination" and "Medical records"
Function of HMIS;"14 RRHs scored more than 80% and 8 RRHs under S0%;
"Information Use and Dissemination", 9 RRHs scored more than 80% and 8 RRHs under 50%;
In "Medical records", 18 RRHs scored more than 80% and 3 RRHs under 50%.

In lower score RRHs, patient medical records not handled with confidentiality.



Top three hospitals are Iringa, Morogoro and Mt. Meru; and bottom three hospitals are Bariadi, Tumbi and Kitete.

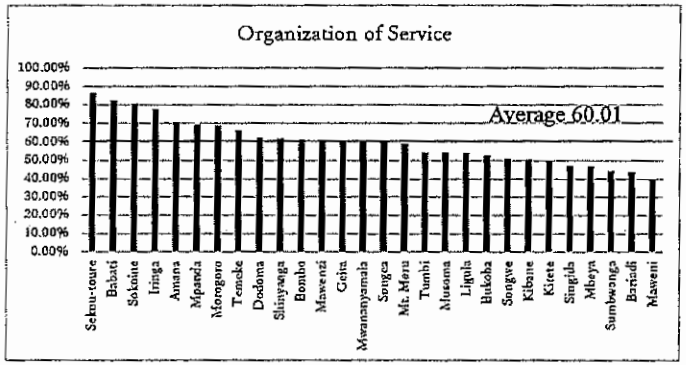
Staff Performance

- Effective HRH management systems (attendance registers, biometric registration systems)
- Use OPRAS to appraise Staff;
- Performance targets agreed between Staff and their supervisors but…
- Some not familiar with the performance targets they filled in the forms;
- Many not satisfied with the OPRAS system;
- HRHIS not utilized to enhance performance appraisal system effectively;
- Critical shortage of staff to Mara and Simiyu.

Findings

Organization of Service

- Most RRHs have client complaints mechanisms (mobile numbers, client and conflict handling officers and committees)
- Some no functional systems and client satisfaction is very low (Tumbi)
- Smooth Client flow is a challenge with 5 RRHs – under 50%
- Most hospital has client complaints mechanisms;
- Some still do not have functional systems and client satisfaction is very low, eg in Tumbi RRH suggestion boxes were not functional



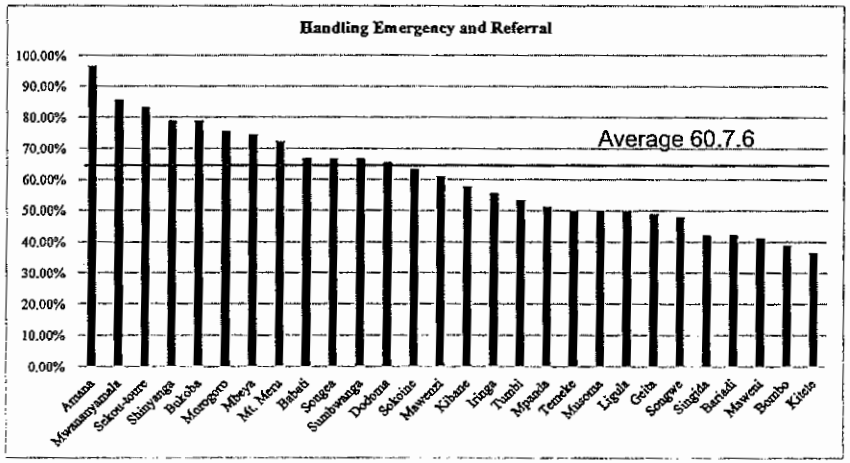
Three sub-areas, "Service Provider Charter", "Client Flow" and "Health Promotion Services"
"Service Provider Charter," 2 RRHs more than 80% and 5 RRHs under 50;
"Client Flow; 4 RRHs more than 80% and 3 RRHs under 50%. In sub-area
"Health Promotion Services", 6 RRHs more than 80% and 8 RRHs under 50%.

Handling Emergency and Referral

- Appropriate Handling Emergency Cases" is still a problem - 13 RRHs under 50%; 5 above 80%

  - Some services/depts Miss in most RRHs (ICU Emergency, CSSD)

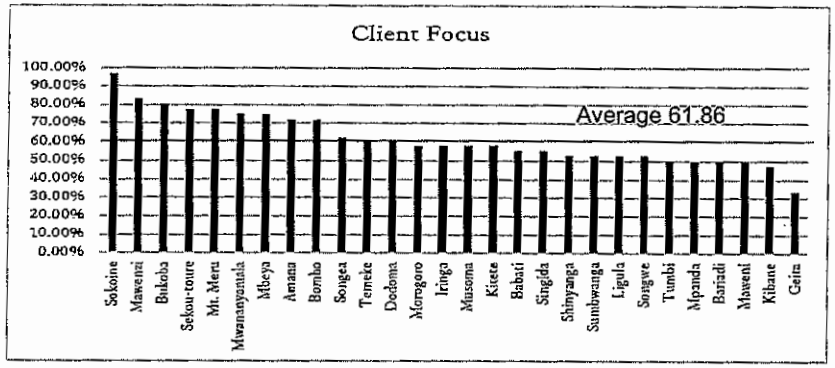
-



Three sub-areas, "Appropriate Handling Emergency Cases", "Referral Mechanism" and "Emergency Preparedness and Response Services"
"Appropriate Handling Emergency Cases", 5 RRHs scored more than 80% and **13 RRHs under 50%.**
In "Referral Mechanism", 8 RRHs are more than 80% and 4 RRHs are under 50%.
"Emergency Preparedness and Response Services", 6 RRH scored more than 80% and **12 RRHs under 50%.**

Client Focus

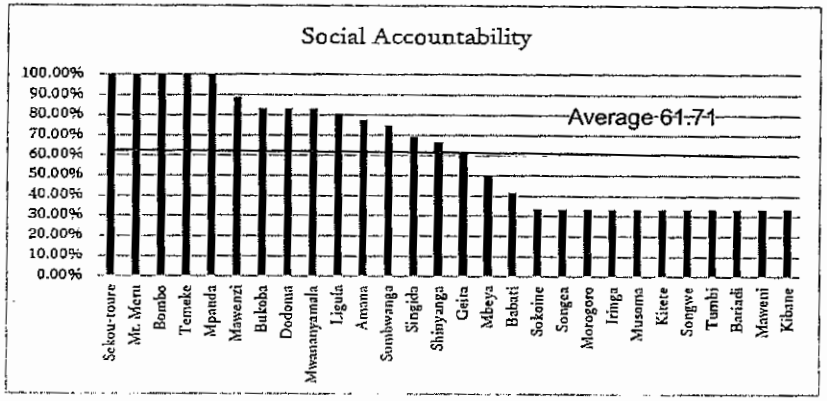
- Implemented in some RRHs with 10 above average of 61.86% ; some RRH are not Client focused - 10 RRHs below 50% e.g. Geita, Kibena Maweni
- Most RRH had displayed client service charter, client feedback mechanism, recording of action taken in addressing complaints
- Interviewed Client were mostly satisfied with RRH services



Two sub-areas in Client Focus "Client Service Charter" and "Client Satisfaction with average scores of 53.08% and 71.60% respectively
Client Service Charter", there are 2 RRHs more than 80% and 10 RRHs under 50%. In Client Satisfaction", there are 6 RRHs more than 80% and 2 RRHs under 50%

Social Accountability

- This area required functionality of the Hospital Advisory Board (HAB);
- 13 RRHs scored low (< 50%) due to inactive /abscess of Hospital Advisory Board (HAB) -7 active; 11established new & 4 waiting for Approval from the MoH
- Some RRHs are governed by Hospital Governing Committee (Simiyu, Songwe and Katavi),
- Some RRHs do have mechanisms of responding/addressing needs of the community served exists in RRHs;

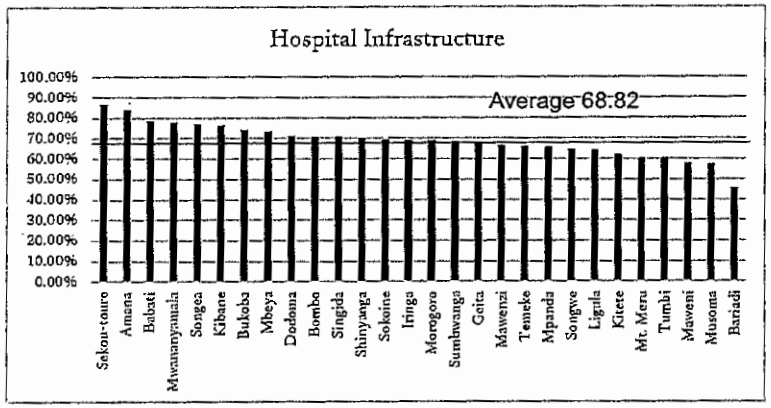


Two sub-areas, "Social Accountability Assessment" and "Functional Hospital Advisory Boards

In **"Social Accountability Assessment"**, 12 RRHs scored more than 80% and 12 RRHs under 50%.
In **"Functional Hospital Advisory Boards"**, 7 RRHs are more than 80% and **13 RRHs under 50%.**

Hospital Infrastructure

- Assessed RRH have 80% of required medical equipment but lack sufficient PPM maintenance capacity of some equipment e.g. diathermy & anaesthesia machines, mammography, laundry machines
- All RRH have infrastructure challenges ranging from;- falling roofing – leakage in sinks



Areas 9, sub-areas, are: **"Planned Preventive Maintenance (PPM)", "Buildings", "Utilities" and "Equipment and Furniture"**
In "Planned Preventive Maintenance (PPM)", only Sekou-toure RRH is more than 80% and **10 RRHs under 50%.**
In "Buildings", 7 RRHs scored more than 80% and only Maweni RRH is under 50%.
In "Utilities", 24 RRHs are more than 80% and only Mt. Meru RRH is under 50%.,

IPC, Safety Measures and Risk Management

•IPC guideline and practices are not effectively adhered in all RRH from hand washing, clinical practices to waste disposal (Only 10 /28 RRH have scored above average).

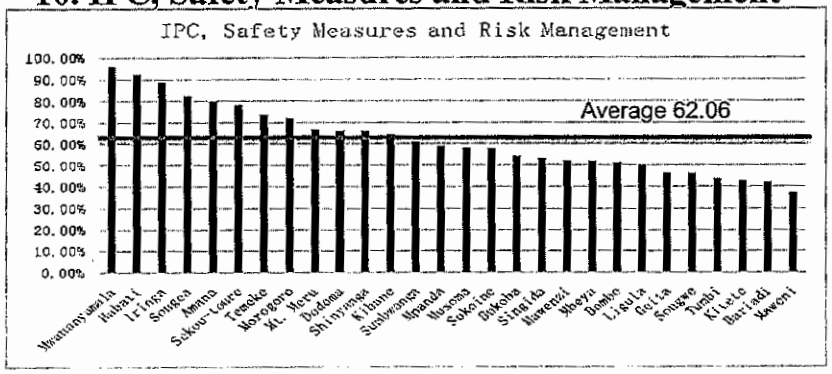
•Many RRHs did not have proper waste segregation mechanism

•Only some RRHs have working hi-tech incinerator (Sokoine Lindi)

•Some OTs have no system of sepsis prevention e.g. Kitete, Songwe etc.

•Most RRHs have no laundry that meet the IPC standards (small room, disorganized, no separate hampers for handling dirty and clean linens, lines are hanged inside the laundry room and no ironing).

10. IPC, Safety Measures and Risk Management

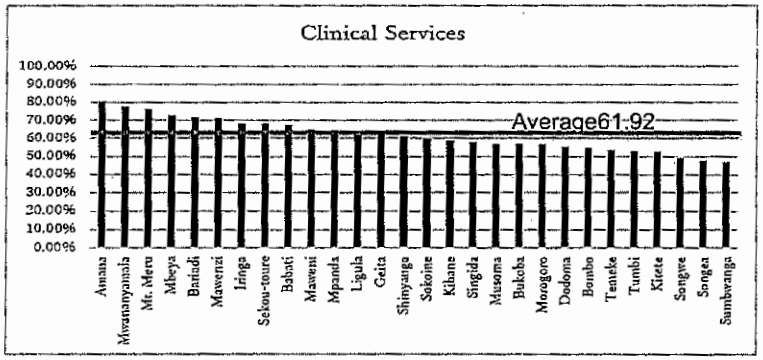


Sub-areas are **"Healthcare Waste Disposal", "Infection Prevention Control" and "Fire Safety"** and average scores are 70.56%, 64.97% and 49.38% respectively.
In Healthcare **Waste Disposal"**, 8 RRHs scored more than 80% and only Maweni RRH is under 50%. In **"Infection Prevention Control"**, 8 RRHs are more than 80% and 6 RRHs are under 50%

Clinical Services

- All RRHs are functional providing a range of clinical services to the communities
- Most of RRHs had no triaging system at OPD
- In most RRHs, OPDs are served by clinical officers
- Partograph not filled properly in most RRH but maternal/ prenatal deaths audit are done timely as per guidelines
- Average score 65.66% with more than10 RRH above average (Outpatient & In patient s)

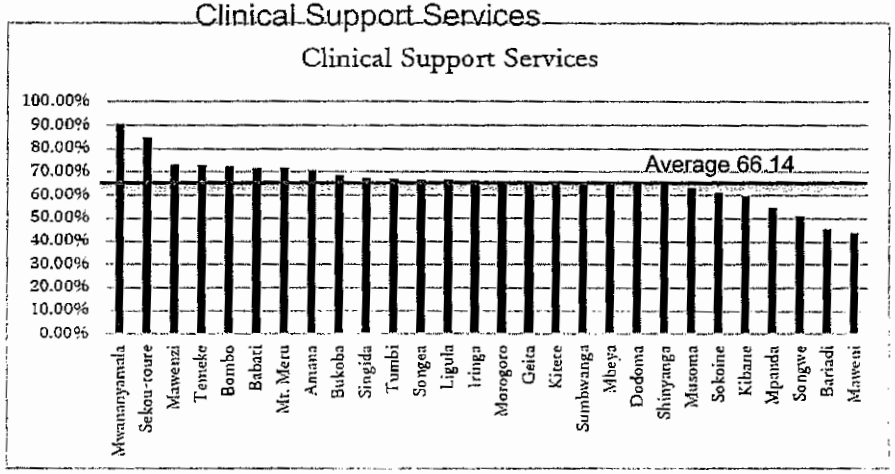
Clinical Services



Sub areas are: **"Outpatient and Inpatient Services", "RMNCH-Services" and "Inpatient Services"** and average scores are 65.66%, 66.26% and 52.96% respectively. In Outpatient", there are 10 RRHs more than 80% and only Temeke is under 50%. In "Inpatient Services", there is no RRHs more than 80% and 10 RRHs under 50%.

Annex 126

Clinical Support Services



Six sub-areas, "Pharmaceutical Services", "Laboratory Services", "Operation Theatre", "Radiology and Imaging", "Mortuary" and "Food Service"
In **"Operation Theatre"**, 9 RRHs scored more than 80% and 4 RRHs under 50%.
In **"Radiology and Imaging"**, no RRHs more than 80% and 13 RRHs under 50%

Clinical Support Services

- Most Radiology Dept. - no valid license e.g Kitete, Songwe & TAEC reports not timely
- 5S-KAIZEN was not implemented properly in pharmacy stores, dispensing areas
- In most RRHs there were lack of thorough physical examinations and explanations to patients at OPD
- No official death registers for different group in use in Mortuary
- With exception of some RRH e.g. Mt Meru, Shinyanga, Sekou Toure, Dar Hospitals; most RRH, have no fully established ICU

WAY FORWARD

- Share preliminary report in JAHSR -TC
- RRHMP Finalize the report &
- Submit to MoHCDGEC
- MoHCDGEC continue supporting poorly performing regions through Capacity building to both RHMTs &RRHMTs

ASANTENI

Activity plan for next 6 months

6th Joint Coordination Committee for RRHMP

November 16, 2018

MoHCDGEC, Dodoma

Basic Hospital Management Training

- This is the 2nd round of the training for Regional Referral Hospital Management Teams
  - January 22-26:
    - Review and up-date of the training materials
  - February 5-10:
    - Training for 7 RRHs in Eastern zone
  - February 12-17:
    - Training for 6 RRHs in Northern zone
  - February 26-March 3:
    - Training for 8 RRHs in Southern highland zone
  - March 12-17:
    - Training for 7 RRHs in Lake zone

Quality Improvement related activities

- KAIZEN ToT for 13 RRHs
  - December 04-08 @ Muhimbili National Hospital
- KAIZEN ToT for 15 RRHs
  - March 19 – 23, 2018 @ Bugando Medical Center
- Consultation Visit on KAIZEN implementation
  - January to February 2018

Comprehensive Hospital Operation Plan (CHOP)

- January 15, 2018 is the deadline of submission of 2nd CHOP Quality Progress Report
  - The reports will be assessed by the middle of Feb. 2018
- March 31, 2018 is the deadline of submission of CHOP 2018-2019
- Assessment workshop for CHOP 2018-2019 (April 2018)
  - The workshop need to be well planed among stakeholders, and budget for assessment should be allocated from the Ministry.

Next JCC

- Proposed to organize next JCC on **March 28, 2018**
  - JCC supposed to be conducted in September and March every year to match with the submission of Monitoring Sheet to JICA.

Thank you

RRHMP- COORDINTAION COMMETEE MEETING
Venue: MoHCDGEC DAR ES SALAAM
Date: 05TH APRIL 2018
Time: 9:00AM

A. Attendance

MoHCDGEC

- Dr. Mpoki Ulisubisya (Project Manager), Chair
- Edward N .Mbanga,Ag Director of Policy and Planning
- Mutagwaba R.Didace, Department of Policy and Planning (Project Coordinator)
- Dr .Otilia Gowelle,Director Human Resource Development
- Deodatha R.Makani, Director of Administration and Human Resource Management
- Dr. Mohamed A. Mohamed Director Health Quality Assurance
- Ms. Salome Mwinjuma, Ag. Director Department of Nursing and Midwifery
- Mr. William Reuben, Pharmaceutical Service Unit
- Ms. Romana Sanga, Representing Director Department of Curative Services
- Mr. Hermes Sotter, Head Information and Communication Technology Unit
- Raynold Bura,Health Sector Reform Secretariet

JICA Tanzania Office

- Mr. Toshio Nagase, Chief Representative, JICA TZ office
- Ms. Miwa Ito, Representative
- Ms. Catherine Shirima, Program Officer, JICA TZ office

PORALG

Dr James Kengia, Regional Health services Coordinator

RRHMP

- Dr. Hisahiro Ishijima, Chief Advisor
- Mr. Noriyuki Miyamoto, Quality Management Expert 1
- Ms. Nao Yanase, Quality Management Expert 2
- Mr. Fares Masaule, Senior Technical Advisor
- Ms. Violeth Mlay, Technical Assistant

B. Absent:

MoHCDGEC

- Director, Preventive Services –with Apology

PORALG

- Deputy Permanent Secretary of Health
- Director Regional Administration
- Director Sector Coordination

C. Agenda of the meeting

1. Opening of the Meeting
2. Matters Arising
3. Progress of Project activities (April-November 2017)
4. Results for EHPA baseline Survey
5. Way forward and AOB

1. OPENING OF THE MEETING

The meeting started as planned at 09.15hrs with opening Remark from the Chair Person Permanent Secretary Ministry of Health Community Development Gender Elderly and Children. The Chair welcomed all JCC members for attending and being on time, and thereafter proceeded to the next Agenda.

2. MATTERS ARISING

2.1 Matters arising from the previous JCC were presented by Project Coordinator.

Summary issues on "Use of the Regional Referral Hospital Advisory Board Guideline", "Participation of RHMT in 5S KAIZEN M&E", and "Delay of 5S KAIZEN on Commodity Reporting" emanated from Previous JCC Meeting conducted in Dodoma on 16th November 2017 were presented.

2.2 Project Designed Matrix

The meeting was informed that; the 6th JCC of 16 November 2017, discussed and agreed on proposal for adjustment of some of the Project Design Matrix (PDM) indicators and instructed the amendments to be made in the areas agreed upon. Copies of the amended PDM were distributed to members for our understanding and endorsement.

7th JCC meeting consensually endorsed the changes made on the Project Design Matrix Indicators as instructed by 6th JCC. The Permanent Secretary MoHCDGEC (JCC Chairperson) and JICA Chief Representative then signed the revised PDM indicators. (See attached endorsed PDM amendments)

3. PROGRESS OF THE PROJECT ACTIVITIES IN THE PAST 6 MONTHS

3.1. Progress Report on RRHMP November 2017-March 2018

Presentation on the progress of implementation of the project activities was made by the Project Chief Advisor in which the meeting was briefed that planned activities in the past six months have been successfully implemented as follow:

3.1.1 Basic Hospital Management Training

Trainings on Basic Hospital Management Training was conducted in Mbeya, Morogoro, Mwanza and the last training will be conducted to KCMUCo starting from 9th -14th April 2018.

3.1.2 Comprehensive Hospital Operation Plan (2017-2018)

Quarterly Progress Report (QPR) for 1 and 2 were submitted. Monitoring of the change of Key Performance indicators (KPIs) was done. RRHMT will be guided to develop CHOP based on ISS and EHPA results during EHPA dissemination meeting.

3.1.1 EHPA dissemination

EHPA dissemination meetings were conducted in three Zones. The results were shared. Guideline for Internal Supportive Supervision (ISS) and External Hospital Performance Assessment have been finalized and are in use.

3.1.2 KAIZEN Training of Trainers

Training was conducted in Dar es Salaam and Mwanza in which participants from 28 RRH attended. Consultations visit was done to all RRH from September to February 2018.

3.1.3 BRN Commodity Management 5S-KAIZEN Supportive Supervision

Region supported by JICA are 5. Trained facilities are at different pace of S1-S3.Quartely CHMTs Supportive Supervision is in place.

3.2 Discussions & Recommendations

During discussions the following were responded and advised as the way of addressing the challenges:-

3.2.1 Presence of Hospitals Standards tools Vs EHPA

A concern was raised that, RRHs have recently, been subjected to Hospital Standards tool assessment, ultimately aiming at Star rating of Regional and Tertiary Hospitals while the dissemination of the External Hospital Performance Assessment (EHPA) results was still going on. The Hospital Standards Tool is said to be having the same areas for assessment with almost same kind of questionnaires. With this it was suggested to harmonise the two tools to avoid confusion to RRHs.

Although in response, the Directorate of Health Quality Assurance which is overseeing the Star rating activity clarified that from the piloting experience, the two tools may be used simultaneously, it was agreed that there is a need to harmonise the two to avoid future confusion to the RRHMT. .

3.2.2 CHMT support for 5S M&E

It was reported that there is irregularity to CHMTs in conducting M&E of 5S activities in most of the 5S trained councils. Principally the CHMTs are administratively under PORALG including the facilities they are overseeing. PORALG was thus requested to address the concern and facilitate in ensuring a smooth flow of 5S activity reports from the trained councils to MoHCDGEC and PORALG. PORALG agreed to work closely with MoHCDGEC -PSU to ensure accountability and strengthening reporting of 5S-KAIZEN using the existing normal reporting procedure.

The meeting instructed this issue to be addressed comprehensively with a clear report that lays down a mechanism that facilitates smooth communication between PORALG and Ministry of Health.

3.2.3 Why Delay of CHOP QPR Submission

A clarification on why there has been a delay on submission of QPRs for Quarter 1, 2 and 3 was given that there are still upgraded RRH which are reporting to their respective councils e.g Dar es Salaam. These are 6 RRH of the new regions. The concern will soon be addressed as now all the RRH are under the Ministry of Health

4. CLOSING

The Chair person (Permanent Secretary-MoHCDGEC) thanked all the members for attending the meeting and he called upon "following up all that have been agreed so that we can truly transact our deliberations. Home works has to be taken care at homes. Challenges must be addresses well if they arise. When we meet we share only success stories." "This commitment will help us see more result of our deliberations". Date for the next JCC will be 8th November 2018 in Dodoma.

The meeting was adjoined at 10:10 am. By JICA Senior Representative thanking all members for attending the meeting. He thanked the Ministry for the commitment to ensure all planned activities were implemented on time. Furthermore, He called upon MoHCDGEC to address the issues which were raised during the 7th JCC.

....

Dr.Mpoki M.Ulisubisya
Permanent Secretary
Ministry of Health Community Development
Gender Elderly and Children

Mr.Toshio Nagase
Chief Representative
Japan International Cooperation Agency

Appendix

1. Timetable (Annex 1)
2 Progress Report on Regional Referral Hospital Management Project (RRHMP) November 2017 – March 2018 (Annex 2)
3. 5S-KAIZEN-TQM FOR IMPROVING HEALTH COMMODITIES MANAGEMENT AT COUNCIL HEALTH FACILITIES PROGRESS REPORT (Annex 3)
4. Way forward (Annex 4)

Schedule: 7th Joint coordinating Committee (JCC) Meeting at MoHCDGEC HSPS Conference Room Dar es Salaam, 5th April 2018

Agenda

1. Opening of the Meeting
2. Matters Arising
3. Progress of Project activities (November 2017-March 2018)
4. Sharing the amended of Project Design Matrix and Signing on M/M on Amendment of R/D for RRHMP
5. Way forward and AOB
6. Closing Remarks

Tentative time table

Time	*Activities*	*Responsible person*
09:00 ~ 09:20	Registration	All
09:20 ~ 09:30	Self-introduction of JCC members	All
09:30 ~ 09:40	Opening	PS (MoHCDGEC)
09:40 ~ 10:10	Matters arising	Project Coordinator
10:10 ~ 10:40	Amendment of Project Design Matrix and Signing on M/M on Amendment of R/D for RRHMP	Project Chief Advisor PS (MoHCDGEC) and CR-JICA Tanzania
10:40 ~ 10:55 10:55 ~ 11:10	Progress of the Project activities Progress of Commodity Management with 5S-KAIZEN	Project Chief Advisor Mr. Reuben, PSU
11:10 ~ 11:25	Way forward and AOB	Project Chief Advisor
11:25 ~ 11:35	Closing remarks and Refreshments	Chief Representative JICA Tanzania Office

JCC Members

MoHCDGEC

- Permanent Secretary (*Project Director*), **Chair**
- Director, Policy and Planning (**Project Manager**)
- Director, Curative Services
- Director, Preventive Services
- Director, Health Quality Assurance
- Director, Human Resource Development
- Director, Administration and Human Resource Management
- Commissioner, Social Welfare
- Coordinator RRHMP

PO-RALG

- Deputy Permanent Secretary of Health
- Director of Health, Nutrition and Social Welfare
- Director Regional Regional Administration
- Director Sector Coordination

JICA Tanzania Office

- Chief Representative, JICA TZ office
- Representatives, JICA TZ office

RRHMP

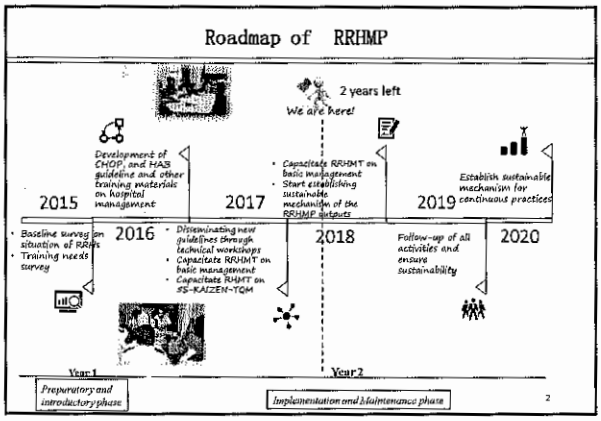
- Chief Advisor
- Quality Management Experts
- Training Management Expert
- Senior Technical Advisor
- Technical Assistant

Progress of Project activities

Nov. 2017 – Apr. 2018

Hisahiro Ishijima,
Chief advisor-RRHMP
7th JCC
April 05, 2018

Roadmap of RRHMP



Output 1

- **Basic Hospital Management Training**
  - Training material review workshop was conducted
    - Teaching PPTs and Participant's manual were reviewed
  - Basic Hospital Management Training was conducted in Mbeya, Morogoro, and Mwanza

Venue	Period	Participants #	Target facilities	Effect size
BHMT in Mbeya	Feb.12-Feb.17	32	7 RRHs in southern highland zone	Δ=1.31
BHMT in Morogoro	Feb.28-Mar.03	34	7 RRHs in western and southern zone	Δ= 1.16
BHMT in Mwanza	Mar.12-Mar.17	40	8 RRHs in lake zone	Δ=
BHMT in Moshi	Apr.09-Apr.14		6 RRHs in northern zone	Δ=

Output 2

- Comprehensive Hospital Operation Plan (CHOP) 2017-2018
  - Quarterly Progress Report (QPR) - Quarter 1 and 2 were submitted. Monitor the change of Key Performance Indicators (KPIs) was doue.
- Guiding RRHMT to develop CHOP 2018-2019 based on the findings from EHPA and Internal Supportive Supervision (ISS) through the EHPA dissemination meeting.

Output 3

- Guideline for Internal Supportive Supervision (ISS) and External Hospital Performance Assessment (EHPA) have finalized EHPA dissemination meeting was conducted in three zones to share the results of EHPA and discuss how the results will be utilized for improvement of RRH

Venue	Period of dissemination	Hospitals participated
Morogro	Jan.29 – Jan.31, 2018	Amana, Temeke, Mwanyanamala, Morogoro, Sekoine, Ligula, Tanga, Babati, Mt.Meru, Mawenzi, Dodoma, Pwani, Singida
Mbeya	Feb.26 - Mar.03, 2018	Mbeya, Songwe, Mpanda, Njombe, Songea, Sumbuwunga, Iringa
Mwanza	Mar.07 – Mar. 09, 2018	Bukoba, Sekou-toure, Geita, Mara, Kigoma, Shinyanga, Shimiyu, Tabora

Output 4

- KAIZEN Training of Trainers were conducted as follows;

Venue	Period	Participant #	Details of the participants	Effect size
Dar es Salaam (Lamada Hotel, MNH)	Dec. 04 - 08, 2017	52	• 39 from 13 RRHs • 11 from 6 other countries • 2 from PORALG	Δ=1.18 (Large)
Mwanza (Nyakahoja Hall, BMC)	Mar. 19 - 23, 2018	52	• 49 from 15 RRHs • 3 from MoHCDGEC (DCS, DNS)	Δ= 1.08 (Large)

- Consultation visit to all 28 RRHs from September 2017 to February 2018
- New Poster of 5S-KAIZEN-TQM Approach was printed

Output 5

- 61% (17/28 RRHs) are operating HAB at the moment
- During the dissemination of EHPA results to RRHs, MoHCDGEC encouraged RRHs to establish HAB

Output 6

- Tanzanian experience on hospital management an d QI was shared with 11 trainees from 6 other countries in KAIZEN TOT in December 2017:
  - Duriug the training, the experiences were shared through several presentations, discussions and pictorial progress report of 5S activities displayed in the venue
  - Each participating couutry was requested to submit a progress report to the project by May 2018

Challenges

- While MOHCDGEC has finalized the EHPA and is in use, there is another tool on "Hospital standards" by Pharm access/DHQA almost picking the same issues. A need for Harmonization of the tools is important.
- Delay of CHOP-QPR submission
  - Curreut submission rate are;
    - 61% (17/28)in Quarter 1
    - 64% (18/28) in Quarter 2

5S- KAIZEN
PROGRESS REPORT FOR OCT. TO DEC. ,2017

- Regions implementing 5S-KAIZEN under project:
  Mwanza, Shinyanga,Tabora, Simiyu and Singida

GENERAL ACHIEVEMENTS AND CHALLENGES

Achievements:

- Trained health facilities continued implementing 5S at different pace of S1 to S3
- Quarterly CHMTs SS is in place
- Some CHMTs continued conducting 5S in their catchment of HFs
- In most cases QIT in place

Challenges

- Low quality & incomplete reports from CHMTs reflecting low knowledge of CHMTs – Shinyanga and Tabora regions submitted all reports but incomplete
- Low accountability and resistance of some staff in the implementation of 5S bring about difficult in implementation – Low accountability of DMO Kasulu TC, resistance in reporting eg. Pharmacists at Kibaha TC & Musoma MC and delay in reporting eg.DSM region with the exception of Kigamboni MC

Ct. Challenges

- Most of the trained staff left following certificate verification exercise
- Most of the QIT in place are not well functioning
- CHMTs are not submitting the pictures of before and after
- Budget constrain to support M & E for 5S
- CHMTs resistance to attach 5S reports to CCHPs

Current situation:
Average score of M&E in 3rd Quarter

- Mwanza : 77.63 %
- Singida : 72.59 %
- Shinyanga : 74.52 %
- Simiyu : 69.7 %
- Tabora : 73.69 %

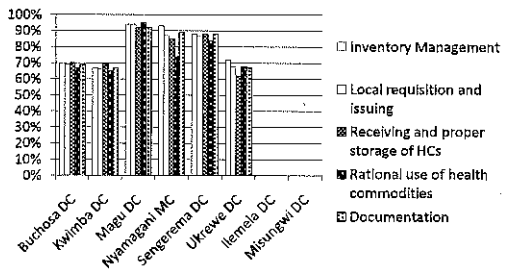
Conclusion and Way Forward

- 5S –KAIZEN is still key for improving health commodities management, storage practices and reduction of wastes
- Continue mobilizing resources for training Regional hospitals, councils and for conducting M & E
- PORALG hold Councils accountable for 5S KAIZEN implementation and reporting

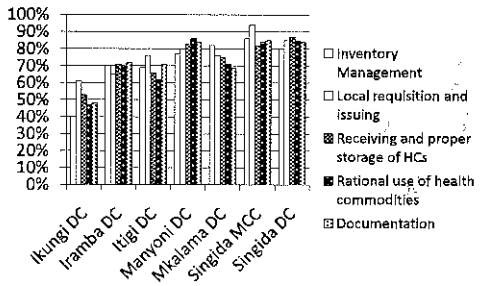
Thank you

Reference

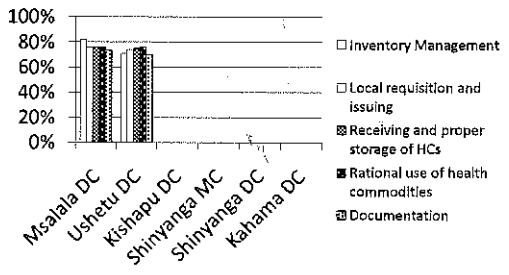
Mwanza



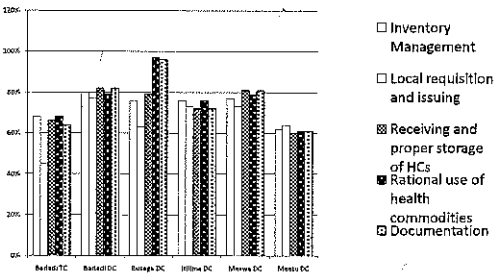
Singida

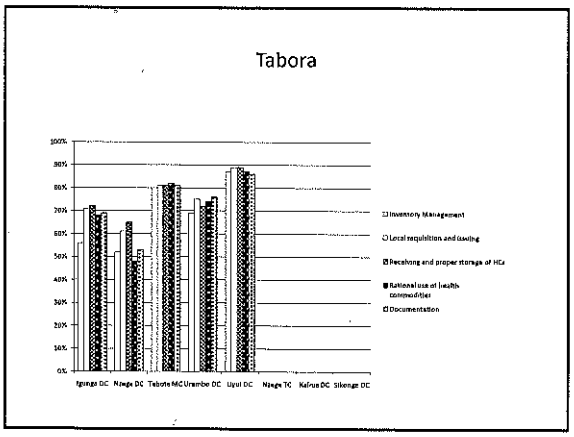


Shinyanga



Simiyu




Tabora
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Inventory Management
Local requisition and tasking
Receiving and proper storage of HCs
Rational use of health commodities
Documentation
Igunga DC
Nzega DC
Tabora MC
Urambo DC
Uyui DC
Nzega TC
Kaliua DC
Sikonge DC

PDM indicators

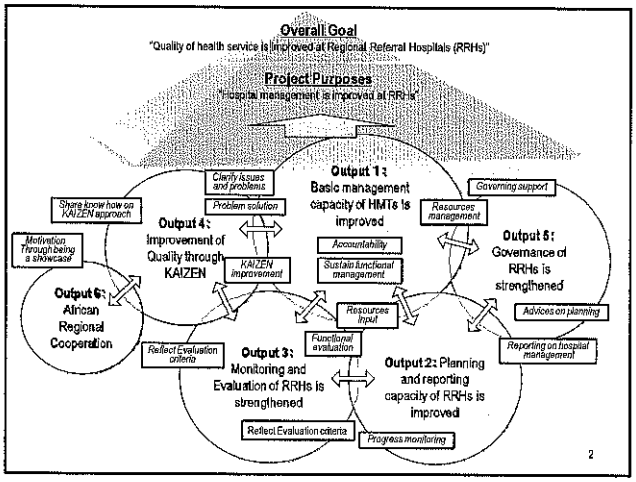
RRHMP, MoHCDGEC/JICA

5th April 2018
Joint Coordinating Committee

The Project for Strengthening Hospital Management of Regional Referral Hospitals

Project purpose	Hospital management is improved at RRHs.

PDM Ver. 02		⇨ Draft Ver. 03	
Objectively verifiable indicators	Means of Verification	Objectively verifiable indicators	Means of Verification
1) Total hospital revenue is increased	1) Hospital performance assessment	1) Hospital revenue (Total cash revenue collection, Total cost sharing revenue, Total NHIF revenue collection and Total amount of out-of-Pocket collection) is increased.	1) CHOP Assessment Report, Quarterly Progress Report



Project purpose	Hospital management is improved at RRHs.

PDM Ver. 02		⇨ Draft Ver. 03	
Objectively verifiable indicators	Means of Verification	Objectively verifiable indicators	Means of Verification
2) Number of outpatient and inpatient per hospital staff is increased	2) Hospital performance assessment	2) 70% of RRHs obtain more than 70% of EHPA average score	2) EHPA Report
3) Proportion of personnel expenditure to total hospital expenditure is improved	3) Hospital performance assessment, Quarterly technical and financial report		

Overall Goal	Quality of health service is improved at Regional Referral Hospitals (RRHs).

PDM Ver. 02		⇨ Draft Ver. 03	
Objectively verifiable indicators	Means of Verification	Objectively verifiable indicators	Means of Verification
1) Patient satisfaction is improved at the target hospitals.	1) Patient/client satisfaction survey	1) Patient/client satisfaction is improved at target hospitals	1) Patient/client Satisfaction Survey
2) Number of outpatient and inpatient is increased.	2) Hospital statistics		2) Endline Survey Report

Output 1	Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved

PDM Ver. 02		⇨ Draft Ver. 03	
Objectively verifiable indicators	Means of Verification	Objectively verifiable indicators	Means of Verification
Results of internal and external managerial capacity assessment of RRHMT are improved.	Internal and external capacity assessment of RRHMT	Results of external managerial capacity assessment of RRHMT are improved.	EHPA Report

Output 2	Planning and reporting capacity of RRHs is improved.

PDM Ver. 02		⇒ Draft Ver. 03	
Objectively verifiable indicators	Means of Verification	Objectively verifiable indicators	Means of Verification
1) Qualified CHOPs are increased	1) CHOP evaluation	1) The number of CHOPs which are submitted timely is increased from 48% to 100%	1) CHOP Assessment Report
2) Qualified quarterly reports are increased	2) Quarterly report evaluation	2) The average score of CHOP assessment is increased from 52% to 90%	2) Quarterly Progress Report

Output 4	Resource management and quality improvement activities are strengthened through KAIZEN approach.

PDM Ver. 02		⇒ Draft Ver. 03	
Objectively verifiable indicators	Means of Verification	Objectively verifiable indicators	Means of Verification
KAIZEN activities in hospital management are increased at RRHs	1) KAIZEN Progress Report	Proportion of RRHs which implement at least one KAIZEN case is increased from 7% to more than 85% by December 2019.	1) 5S-KAIZEN Consultation Visit Report 2) ISS Report/Quarterly Progress Report 3) EHPA Report

Output 2	Planning and reporting capacity of RRHs is improved.

PDM Ver. 02		⇒ Draft Ver. 03	
Objectively verifiable indicators	Means of Verification	Objectively verifiable indicators	Means of Verification
		3) 100% of QPR is submitted on time.	
		4) More than 80% of RRHs obtains more than 70% of the average of 4 QPR scores.	

Output 5	Governance of RRHs is strengthened.

PDM Ver. 02		⇒ Draft Ver. 03	
Objectively verifiable indicators	Means of Verification	Objectively verifiable indicators	Means of Verification
1) Number of HAB minutes of meetings publicly reviewed is increased.	1) Number of HAB minutes of meetings publicly reviewed	1) Number of RRH organizing HAB meeting based on planned schedule is increased from 40% to 80%.	EHPA Report
2) Evaluation of HAB's function is improved.	2) HAB assessment report	2) Proportion of RRHs with functional HAB is increased from 40% to 80%.	Quarterly Progress Report

Output 3	Monitoring and Evaluation of RRHs is strengthened.

PDM Ver. 02		⇒ Draft Ver. 03	
Objectively verifiable indicators	Means of Verification	Objectively verifiable indicators	Means of Verification
Number of reports on hospital assessment reviewed by the stakeholders is increased	Project document and Performance assessment report	Number of EHPA reports reviewed by the stakeholders is increased	Project Activity Reports, EHPA Report

Output 6	Tanzania's experience and knowledge on hospital management and QI and shared within Tanzania and with other African counties.

PDM Ver. 2		⇒ Draft Ver. 3	
Objectively verifiable indicators	Means of Verification	Objectively verifiable Indicators	Means of Verification
1) Patient/client satisfaction is improved at target hospitals	1) Patient/client satisfaction survey	1) Patient/client satisfaction is improved at target hospitals	1) Patient/client satisfaction survey
2) Number of outpatient and inpatient is increased	2) Hospital statistics	2) Number of outpatient and inpatient is increased	2) Hospital statistics

Output 6	Tanzania's experience and knowledge on hospital management and QI and shared within Tanzania and with other African counties.

PDM Ver. 2		⇒ Draft Ver. 3	
Objectively verifiable indicators	Means of Verification	Objectively verifiable indicators	Means of Verification
3) 85% of trained primary level health facilities adhering to good storage standards	3) Sampling survey of trained primary level health facilities and CHMT's, report from Big Results Now Office	3) 70% of trained primary level health facilities adhere to good storage standards	3) Sampling survey of trained primary level health facilities and CHMT's, report from MoHCDGEC

Thank you very much for your cooperation.

Activity Plan for next 6 months

RRHMP implementation strategies (1)

- Establishing or clarify the following mechanisms for sustainability of the project outcomes
  - CHOP and QPR submissiou and assessment
  - Hospital Management Training for newly appointed managers at training institutions
- Focusing on sustainability of established mechanisms

RRHMP implementation strategies (2)

- Colaborating people from DHR, DCS, and training institutions to Basic Hospital Management Training, and encourage them to adopt the training program into their institution.
- Inviting lecturers from different training institutions to make them as national facilitators of 5S-KAIZEN-TQM approaches
  - Selecting lecturers from training institutions where 5S-KAIZEN are actively introduced into their school
  - Already have teaching skills and possible to use them immediately as good facilitators in 5S-KAIZEN-TQM training

Coming activities

- **Basic Hospital Management Training**
  - April 09-14 @ KCMU, Moshi
- **Workshop on development of BHMT facilitators' guide**
  - The end of May 2018
- **Applied Hospital Management Training on Quality Management for RRHMTs**
  - The middle of May 2018
- **EHPA Assessors Training**
  - 1st week of July 2018
- **2nd EHPA**
  - From the end of July to October, 2018
- **2nd EHPA result compilation workshop**
  - October 2018

Thank you

MINUTES OF MEETINGS
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN, THE UNITED REPUBLIC OF TANZANIA
FOR AMENDMENT OF THE RECORD OF DISCUSSIONS
ON
THE PROJECT FOR STRENGTHENING HOSPITAL MANAGEMENT OF REGIONAL REFERRAL HOSPITALS

The Japan International Cooperation Agency (hereinafter referred to as "JICA") and the Ministry of Health, Community Development, Gender, Elderly and Children (hereinafter referred to as "MoHCDGEC") hereby agree that the Record of Discussions on the Project for Strengthening Hospital Management of Regional Referral Hospitals signed on November 20th, 2014 and the Minutes of Meetings on its amendment signed on December 8th, 2015 and November 17th, 2016 will be amended as attached.

Dar es Salaam, 5th April 2018

Mr. Toshio Nagase
Chief Representative
Tanzania Office
Japan International Cooperation Agency
Japan

Mpoki

Dr. Mpoki M. Ulisubisya
Permanent Secretary
Ministry of Health, Community
Development, Gender, Elderly and Children
The United Republic of Tanzania

MP

Attached Document

1. "Annex 1-1 Logical Framework (Project Design Matrix: PDM)" of the R/D signed on November 20th, 2014 and "Annex 1: PDM ver.2 (amended version)" of the Minutes of Meetings on its amendment signed on December 8th, 2015

Under "Overall goal"

Objectively Verifiable indicators	
Before	Amended Version
(1) Patient/client satisfaction is improved at target hospitals (2) Number of outpatient and inpatient is increased	Patient/client satisfaction is improved at target hospitals
Reason: Number of outpatient and inpatient can be affected by different factors and it is difficult to measure the direct impact from the Project intevention. Therefore, it is appropriate to delete from the indicator of the overall goal.	

Means of verification	
Before	Amended Version
(1) Patient/client satisfaction survey (2) Hospital statistics	(1) Patient/client Satisfaction Survey (2) Endline Survey Report
Reason: Since the indicator of the overall goal is changed as above, hospital statistics is no longer an appropriate means of valification. Endline Survey Report instead of the hospital statistics will include results of patient satisfaction questionaire which will be the same set of questions at the Baseline Survey Report in 2015 (patient satisfaction rate: 66.4%). It will complement (1) Patient/client Satisfaction Survey.	

Under "Project Purpose"

Objectively Verifiable indicators	
Before	Amended Version
(1) Total hospital revenue is increased (2) Number of outpatient and inpatient per hospital staff is increased (3) Proportion of personnel expenditure to total hospital expenditure is improved	(1) Hospital revenue (Total cash revenue collection, Total cost sharing revenue, Total NHIF revenue collection and Total amount of out-of-Pocket collection) is increased. (2) 70% of RRHs obtain more than 70% of EHPA avarage score.
Reason: (1) As it is better to monitor the hospital revenue that RRHMT can control directly, the original indicators are combined and organized to the above amended indicator (1) which is composed of income sources only RRHs can control by themselves.	

There are three major categories of income sources for operating RRHs; 1) Block grant, 2) RRH's Internal Revenue Collection and 3) Receipt in kind. As for 1) Block grant, it cannot be controlled by RRHs since it is decided by different factors that RRHs cannot provide. As for 2) RRH's Internal Revenue Collection, from the Baseline survey in 2015, it was revealed that RRHs has authority only on a part of RRH's Internal Revenue Collection, namely Total cash revenue collection, Total cost sharing collection, Total NHIF revenue collection, and Total amount of Out-of pocket collection. As for 3), Receipt in kind are commodities and medical supplies funded by Ministry of Finance through Medical Store Department (MSD).

(2) EHPA score is the comprehensive measurement scale of the hospital management and performance of health services at RRHs, and 70% of EHPA can be thought as a standard line. The result of the Baseline Survey of EHPA showed that 21 RRHs out of 28 RRHs (75%) obtained more than 60% of EHPA avarage score in 2017. Most of these RRHs are expected to reach over 70% by the end of the project.

Means of verification	
Before	Amended Version
(1) Hospital performance assessment (2) Hospital performance assessment (3) Hospital performance assessment Quarterly technical and financial report	(1) CHOP Assessment Report Quaterly Progress Report (2) EHPA Report
Reason: Means of verification are revised in order to clarify the actual name of the reports.	

Under "Output 1"

Objectively Verifiable indicators	
Before	Amended Version
Results of Internal and external managerial capacity assessment of RRHMT are improved.	Results of external managerial capacity assessment of RRHMT are improved.
Reason: ISS (Internal Supportive Supervision) tools are deleted from the original indicator because they are utilized to monitor the progress of planned activities in CHOPs rather than assessing managerial capacity of RRHs. Additionally, EHPA tools are more objective tools since managerial capacity of RRHs is checked externally.	

Means of verification	
Before	Amended Version
Internal and external capacity assessment of RRHMT	EHPA Report
Reason: Means of verification were revised in order to clarify the actual name of the reports.	

Under "Output 2"

Objectively Verifiable indicators	
Before	Amended Version
Objectively Verifiable indicators (1)Qualified CHOPs are increased (2)Qualified quarterly reports are increased	Objectively Verifiable indicators (1) The number of CHOPs which are submitted timely is increased <u>from 48% to 100%</u> (2) The average score of CHOP assessment is increased <u>from 52% to 90%</u> (3) 100% of QPR is submitted on time. (4) More than 80% of RRHs obtains more than 70% of the average of 4 QPR scores.

Reason:

The indicators were clarified through the 1st JCC conducted on June 25th, 2015, as the term "qualified" was not clear.

(1) At the baseline in 2015, the average score of submission of CHOPs was 48%. As of the middle of the project period in 2017, the average score of submission was 93%. Since RRHs must submit CHOPs to obtain the annual budget, it is essential that the submission rate would be 100%. The number of CHOPs which have been submitted timely is calculated by the submitted CHOPs as of March 31.

(2) The average score of CHOPs increased constantly from 52% at baseline in 2015 to 83% in 2017, and it is encouraged to pursue a higher target as 90% at the end of the project. The average score of CHOPs is calculated in the submitted CHOP assessment.

(3) The submission rate of CHOP QPR on the first and second quarter in 2017-2018 was 54% and 64% respectively. QPR is submitted quarterly on October 15, January 15, April 15 and July 15, monitoring the progress of CHOPs. Based on the result of QPRs, CHOPs are formulated annually. As is essential to submit CHOPs timely to obtain the annual budget, the rate of QPR submission also has to be increased up to 100%.

(4) As per Comprehensive Council Health Plan (CCHP, an annual plan of Council Health Management Team (CHMT)) and an annual plan of Regional Health Management Team (RHMT), the required assessment score is 70%. The CHOP assesment, therefore, is envisaged to have same qualifying scores, and the minimum scores proposed is more than 70% to match with the district and regional level. From the results of the past two QPRs, RRHs have capacity to prepare QPRs.

Means of verification	
Before	Amended Version
(1) CHOP evaluation (2) Quarterly report evaluation	CHOP Assessment Reports Quarterly Progress Report

Reason: Means of verification were revised in order to clarify the actual name of the reports.

Under "Output 3"

Objectively Verifiable indicators	
Before	Amended Version
Number of reports on hospital assessment reviewed by the stakeholders is increased	Number of EHPA reports reviewed by the stakeholders is increased
Reason: The name of reports are amended to the actual name of the reports.	

Means of verification	
Before	Amended Version
Project document and Performance assessment report	(1) Project Activity Reports (2) EHPA Report
Reason: Means of verification were revised in order to clarify the actual name of the reports. The number of EHPA reports reviewed by stakeholders is reported in the Project Activity Report annually.	

Under "Output 4"

Objectively Verifiable indicators	
Before	Amended Version
KAIZEN activities in hospital management are increased at RRHs	Proportion of RRHs which implement at least one KAIZEN case is increased from 7% to more than 85% by December 2019.
Reason: According to the Comprehensive report on Technical Cooperation Project for Strengthening Development of Human Resource for Health Project, (November 2010 - November 2014), only 2 RRH out of 27 RRHs (7%) were practicing KAIZEN. The average number of RRHs practicing KAIZEN from visits made by MoHCDGEC supported by RRHMT, is 20 RRHs (75%) out of 28. Therefore, it is expected that the average number will gradually increase, thus, it would be appropriate to set the indicator as above amended version.	

Means of verification	
Before	Amended Version
KAIZEN Progress Report	(1) 5S-KAIZEN Consultation Visit Report (2) ISS Report/Quarterly Progress Report (3) EHPA Report
Reason: Means of verification were revised in order to clarify the actual name of the reports.	

Under "Output 5"

Objectively Verifiable indicators	
Before	Amended Version
(1)Number of HAB minutes of meetings publicly reviewed is increased. (2)Evaluation of HAB's function is improved	(1) Number of RRH organizing HAB meeting based on planned schedule is increased from 40% to 80%. (2) Proportion of RRHs with functional HAB is increased from 40% to 80%.
Reason: (1) Since it was pointed out that there was no official system to publish the minutes of HAB meetings at the RRHMP Retreat in 2017, it is thought to be more appropriate to monitor whether HAB is held as planned, which can be monitored by EHPA report. (2) HAB is seen as functional if it exceeds 70% on sections 8-2-1 and 8-2-2 of EHPA. The Baseline Survey (Annex 3) showed that HAB was functional at 11/28 RRHs (40%). Through on-going workshops and the annual EHPA, 23 RRHs out of 28 are expected to organize functional HAB by the end of the project.	

Means of verification	
Before	Amended Version
(1) Number of HAB minutes of meetings publicly reviewed (2) HAB assessment report	EHPA Report Quarterly Progress Report
Reason: Means of verification were revised in order to clarify the actual name of the reports.	

Under Output 6

Objectively Verifiable indicators	
Before	Amended Version
(3) 85% of trained primary level health facilities adhering to good storage standards	(3)70% of trained primary level health facilities adhere to good storage standards
Reason: The Pharmaceutical Service Unit (PSU) is the responsible unit to conduct monitoring and follow up submision of reports from the 5 regions on commodity management with 5S-KAIZEN at district health facilities. So far, the reports availed to RRHMP (4th Quarter 2016/2017), from the trained regions; Mwanza, Simiyu, Shinyanga, Singida, and Tabora, only 60% (410/683) of the facilities reported practicing 5S through PSU. However, the reliability of the reporting through PSU has been low and RRHMP has no control over the reporting channel. The RHMT who has been monitoring RRH CHOP from RRHMTs and CCHP quarterly progress implementation reports from CHMTs (5S activities inclusive) and submit the same to MoHCDGEC are now submitting direct to PORALG and a copy submitted to MoHCDGEC. With this, RRHMP has to depend on this procedure to receive and analyse the 5S activities reports. In view of this change and the progress above, requests to review the target indicators from 85% to 70%.	

Means of verification	
Before	Amended Version
(3) Sampling survey of trained primary level health facilities and CHMT's, report from Big Results Now Office	(3) Sampling survey of trained primary level health facilities and CHMT's, report from MoHCDGEC
Reason: Means of verification of (3) was revised in accordance with the succession of the substantial function of Big Results Now Office to MoHCDGEC.	

This amendment will become effective, once this M/M is signed.

Annex 1 : PDM ver.3 (amended version)

Annex 2 : Record of Discussions (signed on November 20th, 2014)

Annex 3 : Minutes of Meetings (signed on December 8th, 2015)

Annex 4 : Minutes of Meetings (signed on November 17th, 2016)

Annex 5 : 6th JCC Minutes (signed on November 16th, 2017)

RRHMP - 8TH JOINT COORDINTAION COMMITTEE MEETING

Venue: MoHCDGEC, DODOMA
Date: 1st November 2018
Time: 9:00AM

A. Attendance

MoHCDGEC

- Dr. Otilia Gowelle, (Ag. Project Director), Chair
- Raphael Munohi, Ag. Director of Policy and Planning (Project Manager)
- Mr. Raynold John, Department of Policy and Planning (Project Coordinator)
- Dr. Dorothy Gwajima, Director of Curative Services
- Mr. Jacob Kingazi, Ag. Director Administration and Human Resource Management
- Dr. Leornad Subi, Director Preventive Services
- Mr. William Reuben, Pharmaceutical Service Unit
- Hussein Mavunde, Assistant Director Human Resource Planning
- Mr. Gustav Moyo, Director Nursing and Midwifery Services
- Mr. Walter Ndesanjo, Head Information and Communication Technology Unit

JICA Tanzania Office

- Mr. Satoru Matsuyama, Senior Representative
- Ms. Miwa Ito, Representative

PORALG

- Mr. Jumanne Mwasamila, Regional Health services Coordinator
- Dr. Yahya Hussein

RRHMP

- Dr. Hisahiro Ishijima, Chief Advisor
- Mr. Noriyuki Miyamoto, Quality Management Expert 1
- Ms. Yasuko Kasahara, Training Management Expert
- Mr. Fares Masaule, Senior Technical Advisor
- Ms. Violeth Mlay, Technical Assistant

B. Absent:

MoHCDGEC

- Director, Health Quality Assurance

PORALG

- Deputy Permanent Secretary of Health

C. Invitees

- Ms. Romana Sanga
- Dr. Angelina Sijona

D. Agenda of the Meeting

1. Opening of the Meeting
2. Matters Arising
3. Progress of Project activities (April-November 2018)
4. Results for EHPA baseline Survey
5. Way forward and AOB

1. Opening of the Meeting

The meeting started as planned at 09.20hrs with opening remarks from the Acting Chair Person Dr. Otilia Gowelle (Ag. Permanent Secretary, Ministry of Health Community Development Gender Elderly and Children). The Chair welcomed all JCC members and thanked them for attending and being on time, and thereafter proceeded to the next Agenda.

2. Matters Arising

2.1. Presence of Hospitals Standards Tools V.S. EHPA

The process to harmonize the tools has begun. Currently there are ongoing discussions among Directorate of Curative Services, Directorate of Policy and Planning, Directorate Health Quality Assurance and Directorate of Human Resource for Health on the harmonization exercise. However, the meeting directed the responsible directorates to have clearly documented action plan that shows steps being taken to harmonize the tools.

2.2. CHMT Support for Monitoring and Evaluation of 5S KAIZEN Activities

The meeting agreed that TAMISEMI pending upon receiving reporting templates from MoHCDGEC, will oversee submission of the required 5S KAIZEN Monitoring and evaluation reports from the CHMTs through normal RHMT supervisions to the councils.

2.3. Late Submission of Quarterly Progress Report and Comprehensive Hospital Operation Plan

It was reported that, ever since the first observed delay (2017/18 fiscal year) reporting and submission has been gradually improving and that in this current year 26/28 RHHs have submitted their reports on time. The meeting was also informed that before the New CHOP Guideline; RRHs had no clear reporting and submission mechanism and therefore the 2017/18 was their first experience.

3. Progress of the Project Activities in the Past 6 Months

3.1. Progress Report on RRHMP April-October2018

Presentation on the progress of implementation of the project activities was made by the Project Chief Advisor in which the meeting was briefed on the progress of the planned activities in the past six months as follow:

3.1.1. Basic Hospital Management Training (BHMT)

The last Training of the second round of Basic Hospital Management Training was conducted for Northern Zone in Moshi from 9th-14th April 2018. The training drew 30 participants from 6 RRHs mainly heads of departments and other key members of RRHMTs who were not trained in the first round. The meeting was informed that like in the other zones; learning effect of the northern zone RRHs was also large. 3.1.2 Applied Hospital Management Training

It was elucidated this training was a result of an observation on the analysis of CHQP and Quarterly Progress Reports assessment results; that most RRH could not comprehend most of the CHOP/QPR elements and their connotations during preparation of the same. Applied Hospital Management Training therefore, was conducted to train RRHMT key members on revised CHOP and QPR format, Key Performance Indicators for hospital management, Client Satisfaction Survey and M&E Tools i.e. ISS/EHPA and 5S KAIZEN internal M&E. Two trainings were arranged; Mwanza from 15th to 19th May 2018 with 26 participants from 13 RRHs and Morogoro from 22nd to 24th May 2018 with 30 participants from 15 RRHs.

3.1.2. Handing Over BHMT Training to Institutions

The process of sustainability of BHMT as directed by 5th JCC has started by:

i) Completion of the Facilitators and Participant manuals in collaboration with the Department of Human Resource for Health and MoHCDGEC training institutions (CEDHA and PHCI) and thereafter manuals signed and printed.
ii) Trainings of tutors from PHCI, CEDHA and Mzumbe University from 15th to 19th October 2018 to understand the outline of hospital management training and development of training plan

3.1.3. CHOP and QPR Assessment and Submission

Comprehensive Hospital Operation Plan for 2018-2019 was timely submitted and assessed from 16th-22nd April 2018 in which 50% of RRH reached 70% of passing mark. CHOP Quarter 1 and 2 Progress Reports for 2017/18 were submitted and assessed in April 2018 and quarter 3 submitted and assessed in June 2018. The quality of the reports has improved comparing quarter 1 and 3 but on time submission of report still needs follow-up.

Comparing estimates on revenue collection in 2016/17 CHOP and 2017/18 CHOP, improvement of hospital financing has been noted. Majority of RRHs were showing the trend of right shoulder up, and good improvement of revenue collection by the end of the fiscal year 2017-2018.

3.1.4. Human Resource for Health Information System Supportive Supervision

It was reported that the supportive supervision was conducted between June and July 2018, aiming at monitoring the operation of HRHIS, Usage information created from HRHIS for planning, management and development of HRH, and ICT environment in RRH. The Supportive Supervision revealed Weakness of ICT environment and operation of HRHIS.

3.1.5. Internal Supportive Supervision (ISS) and External Hospital Performance (EHPA) Guideline and Tools

In line with what was reported during 7th JCC, the meeting was notified that the ISS/EHPA guideline and Tools were completed, officially signed disseminated and distributed to all RRHs. The Guide is now being used by RRHMT in conducting Internal Supportive Supervision and MoHCDGEC-RHMTs in conducting EHPA. 75% of RRHs are reported to now conducting ISS using the Guide.

3.1.6. External Hospital Performance Assessment (EHPA) Results

It was reported that EHPA was conducted between July and September and all 28 RRH were visited. The results of EHPA were analyzed and the report was prepared. It was mentioned that average score has been increased from 65.14 to 73.09. Moreover, comparison of the results between 2017 EHPA and 2018 EHPA by evaluation areas were also reported.

3.1.7. Functioning of Regional Referral Hospital Boards

It was reported that proportion of RRHs with functional HAB has increased from 40% to 80% with the same proportion increase in RRHs conducting scheduled-HAB planned meetings. However, the report alerted the meeting on the procedural difficulties the RRHs are facing in establishment of the RRHABs and that the procedure needs to be revisited.

3.1.8. BRN Commodity Management 5S-KAIZEN Supportive Supervision

The meeting was informed that the trained facilities are at different level of implementation. Many of them are improving the implementation status. However, some health facilities are showing the declining trend in the implementation in all five areas. The presenter underscored the need to find the reason behind the declining trend.

3.2. Discussions & Recommendations

3.2.1. Harmonization of Hospitals Standards Tools with. EHPA

i) Concern was raised by JICA over use of the Hospital Standards tool with the same components as EHPA for star rating RRHs, while the EHPA tool is part of the officially agreed ISS/EHPA Guideline for Internal and External Performance assessment of RRHs. In this vantage, an advice was given to the Ministry to rid such kind of duplication of efforts as it will confuse the RRHs which are now starting to exhibit improvements in health care service they are delivering.

ii) Members insisted on the need to hasten harmonization of the tools and advised the ministry to work towards having tools that when used they give quality results and findings that will lead to improvement of the RRHs.

iii) Having gone through the 2018 RRH EHPA results & Findings, PORALG requested the EHPA exercise to be extended to the District Hospitals. This,

they believe, will be a step forward in realising the need for the RRHs to technically supervise the District hospitals.

3.2.2. HRHIS Performance in RRH

HRHIS is the best tools for management and planning of HRH. Its operation and data utilization have to feature as RRHMT monthly and quarter agenda. The issue of quality of data has to be looked upon as the data quality is very crucial.

3.2.3. Reporting of Revenue collection increase

It was suggested that to have a fair assessment of whether RRH has increased its revenue collections; every RRH must be assessed based on its annual revenue collection Projection v/s clients that are to be served. In this we will have a fair structure to asses which Hospital is well performing depending on their locality. We must insist on better projection and making sure that the collected amount is spent to serve the intended community as per the planned priority interventions.

3.2.4. Basic Hospital Management Training

i) It was strongly recommended each RRH to use their own resources to train their staff in BHMT and other trainings, and ensure they allocate budget in their annual operational plans-CHOP.

ii) As regard to RRH staff attending trainings and do not replicate what they learnt to their colleagues, it was suggested, to prepare an orientation package to enable staff attending trainings to disseminate/orient their colleagues when they are back from trainings without excuse. Furthermore, every RRH must maintain a good record of who has been trained, in what, and disseminated knowledge and who has not and why! In this, it was recommended to reflect such issues when using OPRAS to measure their performances.

iii) PORALG recommended the BHMT to be extended to the District/ Council hospitals. RRHMP agreed that it's possible with few modifications in some Modules. Hence Councils could also start thinking of sending their District Hospital Management staff to CEDHA, PHCI and Mzumbe.

3.2.5. Quarterly Progress Reports

Some members advised the RRHMP to consider making the CHOP Quarterly Progress Implementation reports more comprehensive and analytical, so that it also answers issues related with DHIS 2 reporting. The Financial reporting should clearly show where the money was spent and whether is in accordance with the agreed planned activities

3.2.6. Infrastructure of the Newly Upgraded RRHs

Most of the newly upgraded RRHs were observed to share a common challenge of old infrastructure- buildings, equipment, machines and the like during the just completed EHPA. It was recommended to assist the ministry to come up with a master plan that the affected RRHs could base in reconstruction/ renovation of their RRHs

3.3. Way Forward

The Project Chief Advisor reminded the members about the remaining period of the Project. Then, "focusing of the sustainability of project outputs" was mentioned as the project strategy for the remaining period. Moreover, project activities in the next six months were presented. Finally, date of the next JCC was proposed. However, the members suggested having next JCC in the end of March 2019, and the time of next JCC was agreed.

4. Closing

The meeting was adjoined at 12:45 pm. By JICA ~~Chief~~ Senior Representative thanking all members for attending the meeting. He thanked the Ministry for the commitment to ensure all planned activities were implemented on time. Furthermore, he called upon MoHCDGEC to address the issues which were raised during the 8th JCC.

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Dr. Otilia Gowelle
Ag. Permanent secretary
Ministry of Health Community Development, Gender Elderly and Children

.....

Mr. Satoru Matsuyama
Senior Representative
Japan International Cooperation Agency

Appendix:

1. Timetable (Annex 1)
2. Progress Report on Regional Referral Hospital Management Project (RRHMP) November 2017 – March 2018 (Annex 2)
3. 5S-KAIZEN-TQM FOR IMPROVING HEALTH COMMODITIES MANAGEMENT AT COUNCIL HEALTH FACILITIES PROGRESS REPORT (Annex 3)
4. Way forward (Annex 4)

Schedule for
8th Joint coordinating Committee (JCC) Meeting
at MoHCDGEC, Dodoma
1st November 2018

Agenda

1. Opening of the Meeting
2. Matters Arising
3. Progress of Project activities (April 2018-October 2018)
4. Way forward and AOB
5. Closing Remarks

Tentative time table

Time	*Activities*	*Responsible person*
09:00 ~ 09:20	Registration	All
09:20 ~ 09:30	Self-introduction of JCC members	All
09:30 ~ 09:40	Opening	PS (MoHCDGEC)
09:40 ~ 10:10	Matters arising	Project Coordinator
10:10 ~ 10:30 10:30 ~ 11:00 11:00 ~ 11:15	Progress of the Project activities Brief reporting on 2nd EHPA Progress of Commodity Management with 5S-KAIZEN	Project Chief Advisor Mr. Masaule Mr. Reuben, PSU
11:15 ~ 11:25	Way forward and AOB	Project Chief Advisor
11:25 ~ 11:35	Closing remarks and Refreshments	Chief Representative JICA Tanzania Office

JCC Members

MoHCDGEC

- Permanent Secretary (*Project Director*), **Chair**
- Director, Policy and Planning (**Project Manager**)
- Director, Curative Services
- Director, Preventive Services
- Director, Health Quality Assurance
- Director, Human Resource Development
- Director, Administration and Human Resource Management
- Commissioner, Social Welfare
- Coordinator RRHMP

PO-RALG

- Deputy Permanent Secretary of Health
- Director of Health, Nutrition and Social Welfare
- Director Regional Regional Administration
- Director Sector Coordination

JICA Tanzania Office

- Chief Representative, JICA TZ office
- Representatives, JICA TZ office

RRHMP

- Chief Advisor
- Quality Management Experts
- Training Management Expert
- Senior Technical Advisor
- Technical Assistant

Progress Report

April to October 2018

8th Joint Coordination Committee of RRHMP

Chief Advisor: Hisahiro Ishijima

01 November 2018@Dodoma

1

Activities conducted in this reporting period

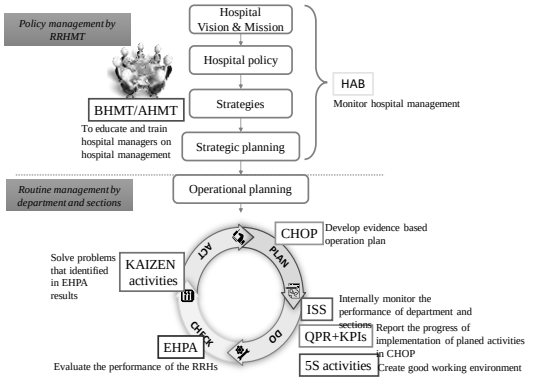
Activities	Period	# of participants
BHMT in Moshi	April 2018	30 from 6 RRHs
Work shop for development of BHMT facilitator manual	May 2018	11
Applied Hospital Management Training (AHMT) on Monitoring and Evaluation in Mwanza	May 2018	26 from 13 RRHs
Applied Hospital Management Training (AHMT) on Monitoring and Evaluation in Morogoro	May 2018	30 from 15 RRHs
2018-19 CHOP assessment	April 2018	8
2017-18 QPR Q1 and Q2 assessment	April 2018	8
2017-18 QPR Q3 assessment	June 2018	8
HRHIS SS in 28 RRHs	From July to August 2018	28 RRHs
External Hospital Performance Assessment (EHPA) facilitator Training in Singida	July 2018	12

2

Activities conducted in this reporting period

Activities	Period	# of participants
Training on EHPA orientation and RRH Management cycle for RHMTs in Singida	July 2018	42 from 14 RHMTs
Training on EHPA orientation and RRH Management cycle for RHMTs in Morogoro	July 2018	36 from 12 RHMTs
EHPA 2018	From July to September 2018	27 RRHs
EHPA 2018 data compilation and analysis	September 2018	10
KAIZEN Consultation Visits to RRHs (the first round of 2018)	From May to June 2018	MNH, KCMC, BMC, and MZRH
KAIZEN Consultation Visits to RRHs (the second round of 2018)	From September 2018 (on going)	24 RRHs

3



4

Achievements for Outputs (1)

- Basic Hospital Management Training
  - BHMT in Northern zone was conducted from 9th to 14th in April 2018. 30 people from 6 RRH
  - Participants manual and Facilitators' guide were printed
- Applied Hospital Management Training was conducted to train RRHMT key members on M&E
  - Revised CHOP and QPR format
  - Key Performance Indicators for hospital management
  - Client Satisfaction Survey
- BHMT handing over process to training institutions (PHCI, CEDHA) and Mzumbe university: October 15-19, 2018@Morogoro
  - Understanding the outline of hospital management training and development of training plan

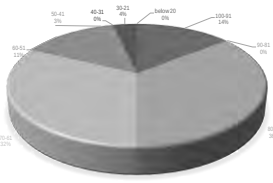
5

Achievements of the Outputs (2)

- CHOP 2018-2019 assessment was conducted between 16th to 22nd April. 50% of RRHs reached 70% of passing line.
- QPR quarter 1 to 3 for 2017-2018 TFY were completed
  - Quality of reporting is improving gradually.
  - However, on time submission of QPR in every quarter is the problem
- HRH management supportive supervision has been conducted to all RRHs to monitor;
  - ICT environment
  - HRHIS operation structure and data quality
  - HRHIS data use for HRH planning and management

6

CHOP 2018-19 assessment results

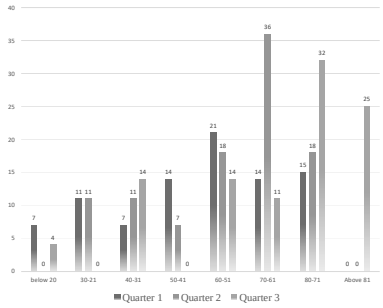


Quality of planning is improving compare with the previous plan.

Score range	100-91	90-81	80-71	70-61	60-51	50-41	40-31	30-21	below 20
Number of facilities	4	0	10	9	3	1	0	1	0
%	14%	0%	36%	32%	11%	4%	0%	4%	0%

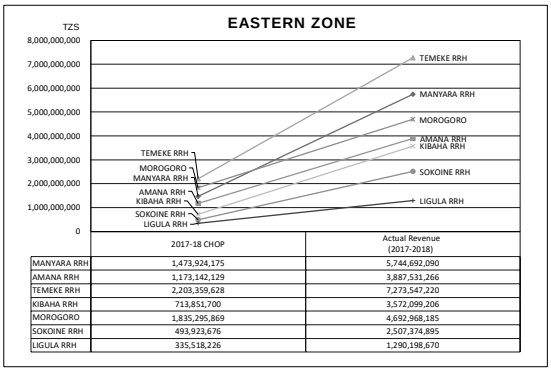
7

QPR assessment score



Distribution tendency of the assessment score has been shifting to the higher score side in QPR quarter 3 compare with QPR quarter 1

8



	2017-18 CHOP	Actual Revenue (2017-2018)
MANYARA RRH	1,473,924,175	5,744,692,090
AMANA RRH	1,173,142,129	3,887,531,266
TEMEKE RRH	2,203,359,628	7,273,547,220
KIBAHA RRH	713,851,700	3,572,099,206
MOROGORO	1,835,295,869	4,692,968,185
SOKOINE RRH	493,923,676	2,507,374,895
LIGULA RRH	335,518,226	1,290,198,670

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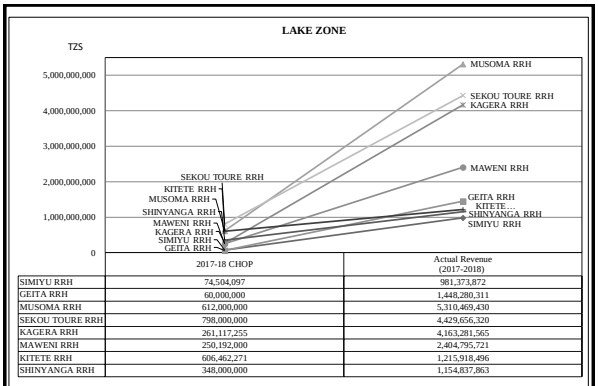
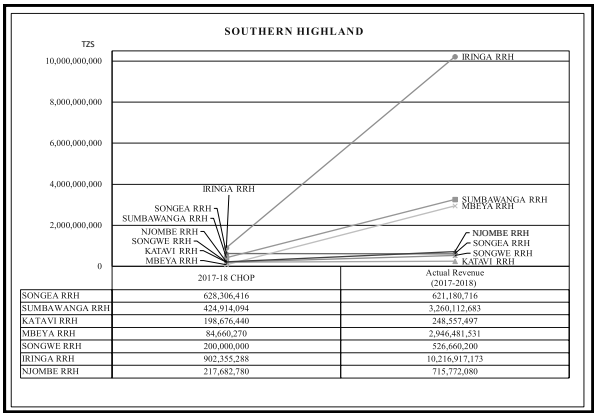


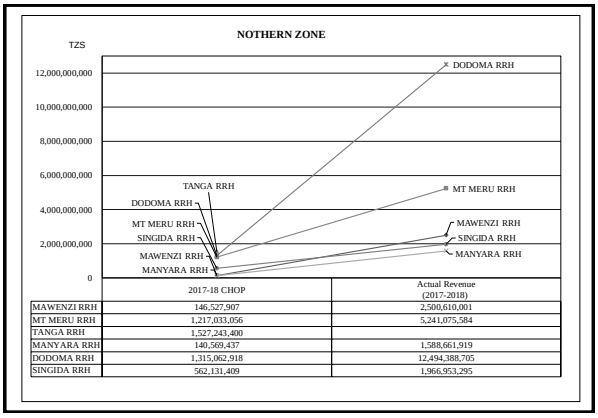
	2017-18 CHOP	Actual Revenue (2017-2018)
SIMIYU RRH	74,504,097	981,373,872
GEITA RRH	60,000,000	1,448,280,311
MUSOMA RRH	612,000,000	5,310,469,430
SEKOU TOURE RRH	798,000,000	4,429,656,320
KAGERA RRH	261,117,255	4,163,281,565
MAWENI RRH	250,192,000	2,404,795,721
KITETE RRH	606,462,271	1,215,918,496
SHINYANGA RRH	348,000,000	1,154,837,863

10



	2017-18 CHOP	Actual Revenue (2017-2018)
SONGEA RRH	628,306,416	621,180,716
SUMBAWANGA RRH	424,914,094	3,260,112,683
KATAVI RRH	198,676,440	248,557,497
MBEYA RRH	84,660,270	2,946,481,531
SONGWE RRH	200,000,000	526,660,200
IRINGA RRH	902,355,288	10,216,917,173
NJOMBE RRH	217,682,780	715,772,080

11

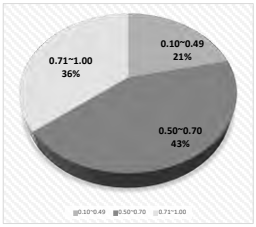


	2017-18 CHOP	Actual Revenue (2017-2018)
MAWENZI RRH	146,527,907	2,500,610,001
MT MERU RRH	1,217,033,056	5,241,075,584
TANGA RRH	1,527,243,400	
MANYARA RRH	140,569,437	1,588,661,919
DODOMA RRH	1,315,062,918	12,494,388,705
SINGIDA RRH	562,131,409	1,966,953,295

12

Results of HRH management Supportive Supervision (1)

ICT Environment

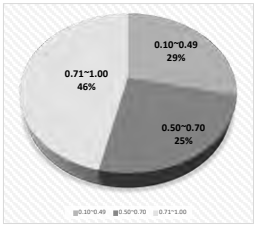


HRHIS Operation Structure and Data Quality

13

Results of HRH management Supportive Supervision (2)

HRHIS Data use



14

Achievements of Output (3)

- ISS and EHPA tools and Guideline were developed in and disseminated to all RHMTs and RRHMTs
- 75% of RRHs is conducting ISS
- 12 EHPA assessors were produced
- Training on EHPA orientation and RRH Management cycle was conducted for all RHMTs
- Annual EHPA (2018) has been completed for all RRHs
- Total average of EHPA has increased from 65.13% in 2017 to 73.09% in 2018
  - **Details of EHPA 2018 will reported later**.

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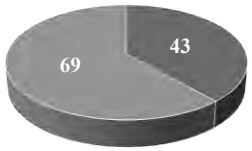
Achievements of the Output (4)

- Proportion of RRHs which implement at least one KAIZEN case is **82.1%** (23 out of 24 RRHs) (as of 29th October 2018)
- Among of 23 RRHs, 112 KAIZEN cases are observed

Note that 56 KAIZEN cases are observed among 4 National and Zonal Referral Hospitals

Breakdown of KAIZEN cases (RRHs)



- Number of KAIZEN cases related with "A (Clinical Administration)"
- Number of KAIZEN cases related with "S (Clinical Services)"

16

Achievements of Output (5)

- 15 out of 28 RRHs (54%) managed to establish Hospital Advisory Board
- 18 out of 28 RRHs (64%), HAB members attend scheduled/ extra ordinary meetings.
- 20 out of 28 RRH (71.4%) had updated list of HAB members including their contact information.

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Achievements of Output (6)

- Five (5) KAIZEN cases started at Bangladesh hospitals who are one of participating countries in KAIZEN TOT in December 2017
- Good practices of 5S-KAIZEN activities were shared among RRHs during several activities
  - RRH's hospital progress presentations (July 2017)
  - implementation progress report of 5S-KAIZEN by RRHs and foreign countries during KAIZEN TOT (December 2017)

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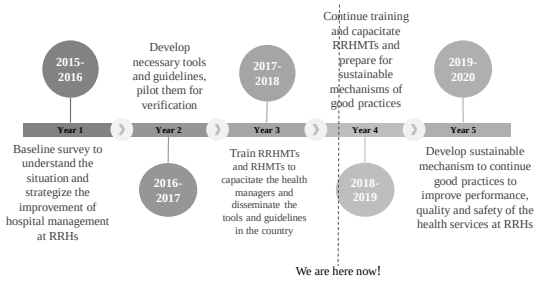
Progress of the project



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Planned activities for next 6 months

- The following activities are planned to be implemented in next 6 months:
  - KAIZEN Training of Trainers (1) at MNH : Nov.05-09, 2018
  - KAIZEN Training of Trainers (2) at MZRH (including participants from other African countries: Nov.15-19, 2018
  - Training of Training Institutions on Hospital Management Training Package : 3rd week of Jan. 2019
  - Applied Hospital Management Training on Quality management: Feb. 2019
  - QPR Quarter 2 assessment: Jan. 2019
  - CHOP 2019-2020 assessment : Mar-Apr. 2019

20

Proposed date for next JCC

- We would like to propose to organize next JCC on: April 10, 2019 (Wednesday) at Dodoma

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Thank you for listening

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Feedback on 2018 EHPA

8TH JCC Meeting
1st November 2018
REGIONAL REFERRAL HOSPITAL MANAGEMENT PROJECT (RRHMP)

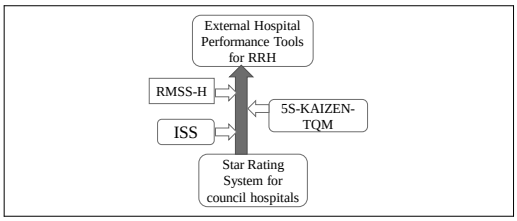
1

Introduction

- External Hospital Performance Assessment (EHPA) Guideline/Tool is one of the main activities under **Output 3:**
- Agreed among MoHCDGEC & PORALG that **EHPA & ISS tools for RRHs** be developed to monitor CHOP Implementation
- Guide/ tool to be **used by MoHCDGEC/ RHMT** (External)
- EHPA tool developed based on **"Star rating mechanism** for council hospitals."

2

Development process for External Hospital Performance Assessment tools



3

Objectives of 2018 EHPA

- Follow up of progress on the implementation of suggestions and recommendations given during the 2017 EHPA.
- Supportive supervision to RRHs on annual performance of RRHMTs as per the twelve Areas in the EHPA/ISS Guidelines for the ended 2017-18 financial year;
- Oversee appropriate utilization of data and information collected through different monitoring tools i.e. Quarterly reports, ISS, 5S KAIZEN CV reports and EHPA to improve service delivery
- To facilitate development of evidence-based CHOPs for the next financial year.

4

EHPA TOOLS AREAS

EHPA Areas

1. Legality
2. Hospital Management
3. Use of Hospital Data for Planning and Service Improvement
4. Staff Performance Assessment
5. Organization of Service
6. Handling Emergencies and Referral
7. Client Focus
8. Social Accountability
9. Hospital Infrastructure
10. IPC, Safety Measures and Risk Management
11. Clinical service
12. Clinical Support Service

5

RRHs Assessed in 2018

1. **Sokoine RRH (**Lindi)
2. **KataviRRH** (Katavi)
3. **Sumbawanga** RRH (Rukwa)
4. **Songwe RRH (**Songwe)
5. **Mbeya RRH** (Mbeya)
6. **Bukoba** RRH (Kagera)
7. **Geita** RRH (Geita),
8. **Shinyanga RRH** (Shinyanga)
9. **Maweni** RRH (Kigoma)
10. **Kitete** RRH (Tabora)
11. **Mt. Meru** (Arusha)
12. **Manyara**)
13. **M'Nyamala** (Kinondoni
14. **Amana** (Ilala)
15. **Teme**ke (Temeke)
16. **Tumbi** (Pwani)
17. **Bombo** (Tanga)
18. **Singida** (Singida)
19. **Songea** (Ruvuma)
20. **Ligula** (Mtwara)
21. **Mawenzi** (Kilimanjaro)
22. **Iringa** (Iringa)
23. **Njombe** (Njombe)
24. **Morogoro** (Morogoro)
25. **Dodoma** (Dodoma)
26. **Musoma** (Mara)
27. **Bariadi** (Simiyu)
28. **Sekou Toure** (Mwanza)

6

EHPA Exercise

Assessors and teams

Specialties	Team A	Team B	Team C
Doctor	Dr. Angelina Sijaona (DCS, MoH)	Dr Abdallah Balla (RHMT Singida)	*Dr. Msafiri Kabulwa (DCS, MoH)
Administrator	*Mr. Fares Masaule (RRHMP)	*Mr. Raynold John (DPP, MoH)	Ms. Irene Gwitaba (PSU, MoH)
Nurse	Ms. Faraja Nyamle (Mbeya ZRH	Ms. Niyonizigiye Anicet (Muhinbili NH)	Ms. Hyasinta Alute (RHMT Singida)
Other	Ms. Pili Mwinyiami (DCS, MoH)	Mr. Shuichi Suzuki (RRHMP)	Ms. Violeth Mlay (RRHMP)

7

General observations

- Critical shortage of staff:
  over 50% of RRH seem to have critical shortage, e.g.78% (Sokoine-Lindi), 72.7% (Bariadi), 58% (Iringa); 46% (Tanga), and 44% (Tumbi). Most of them are due to termination of service during the Professional certificate audit exercise
- Weak documentation and sharing of Information:
  extended to inability to share / disseminate information. i.e. Bukoba (50.9%), Geita (53.2%), Ligula (57.4%) and Singida (58.3%)
- IPC SOPs and guidelines:
  not adhered to even if they were available on department wise; Ligula scored the lowest (33.3%) followed by Bariadi (43.7%)

8

General observations

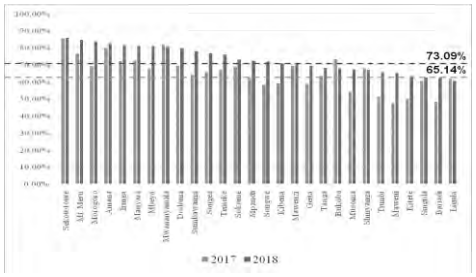
from results & findings

- **RRH Advisory Board (RRHAB):**
  A number of RRHs without RRHAB due to unclear guides/ instructions from on the establish. (Lindi, Ruvuma, Njombe, Mbeya, Kigoma, Tumbi, Tanga and Singida).
- **Infrastructure:**
  Renovation situation is worse with the Newly upgraded RRHs. Renovation and refurbishment not adequately taken on board/considered under long-term plan and budgeted in CHOP

9

Findings / Results

Average EHPA score per RRH in 2018 as compared to 2017



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Comparison 2017 / 2018 Performances all RRHs

SQ# 2017	SQ# 2018	RHMT	RRH	Score 2017	Score 2018	Deference Score	Deference Improvement / drop in previous position
1	1	Mwanza	Sekou-toure	85.26%	85.81%	0.54%	0
4	2	Arusha	Mt. Meru	76.33%	84.49%	8.17%	2
10	3	Morogoro	Morogoro	68.96%	83.51%	14.55%	7
3	4	Dar	Amana	79.78%	82.62%	2.84%	-1
7	5	Iringa	Iringa	72.00%	81.60%	9.60%	2
6	6	Manyara	Babati	72.37%	81.11%	8.74%	0
13	7	Mbeya	Mbeya	67.55%	80.94%	13.39%	6
2	8	Dar	Mwananyamala	81.70%	80.26%	-1.44%	-6
9	9	Dodoma	Dodoma	69.29%	79.54%	10.25%	0
16	10	Rukwa	Sumbwanga	64.27%	77.99%	13.71%	6
15	11	Ruvuma	Songea	65.66%	76.62%	10.96%	4
14	12	Dar	Temeke	66.93%	75.86%	8.93%	2
11	13	Lindi	Sokoine	68.86%	72.88%	4.02%	-2
18	14	Katavi	Mpanda	62.15%	72.21%	10.07%	4
23	15	Songwe	Songwe	58.14%	71.84%	13.70%	8
21	16	Njombe	Kibena	59.01%	70.85%	11.84%	5
8	17	Kilimanjaro	Mawenzi	69.42%	70.31%	0.89%	-9
22	18	Geita	Geita	58.86%	69.18%	10.33%	4
17	19	Tanga	Bombo	63.47%	68.06%	4.58%	-2
5	20	Kagera	Bukoba	73.15%	67.88%	-5.27%	-15
24	21	Mara	Musoma	54.01%	67.06%	13.05%	3
12	22	Shinyanga	Shinyanga	68.13%	66.83%	-1.30%	-10
25	23	Pwani	Tumbi	51.17%	65.70%	14.52%	2
28	24	Kigoma	Maweni	47.35%	65.25%	17.90%	4
26	25	Tabora	Kitete	49.86%	63.13%	13.27%	1
20	26	Singida	Singida	60.10%	62.49%	2.38%	-6
27	27	Simiyu	Bariadi	48.12%	62.10%	13.99%	0
19	28	Mtwara	Ligula	61.86%	60.49%	-1.37%	-9
			Average	**65.14%**	**73.09%**	7.96%	
			SD	9.81%	7.68%	-2.13%	

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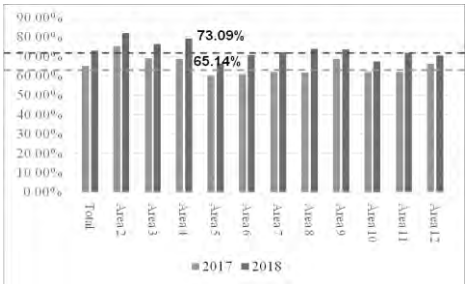
Results by Areas



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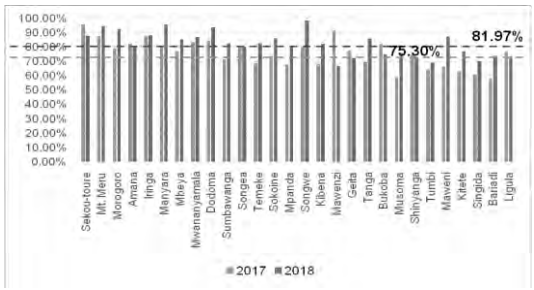
Area 2: Hospital Management



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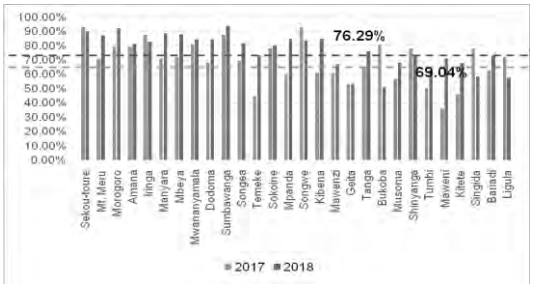
Area 3: Use of Hospital Data for Planning and Service Improvement



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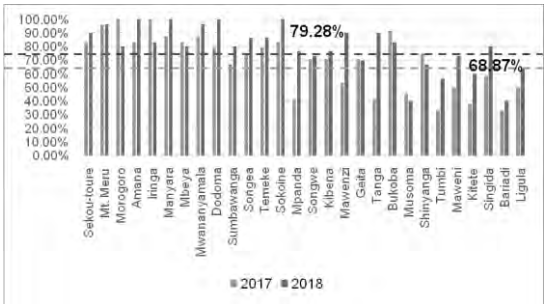
Area 4: Staff Performance Assessment



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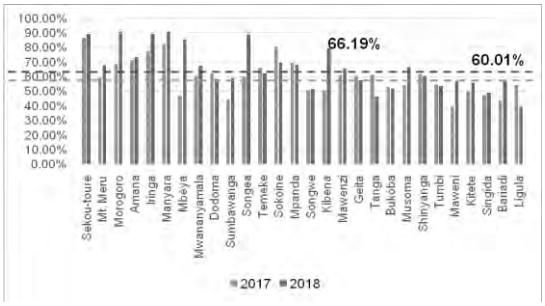
Area 5: Organization of Service



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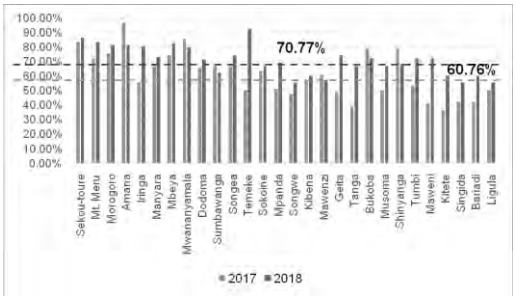
Area 6: Handling Emergencies and Referral



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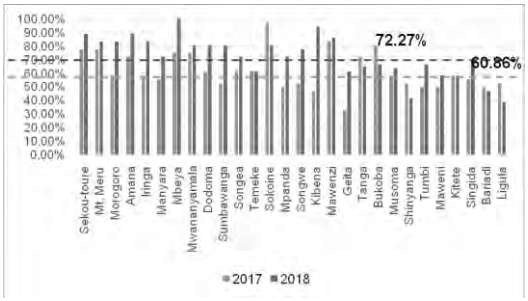
Area 7: Client Focus



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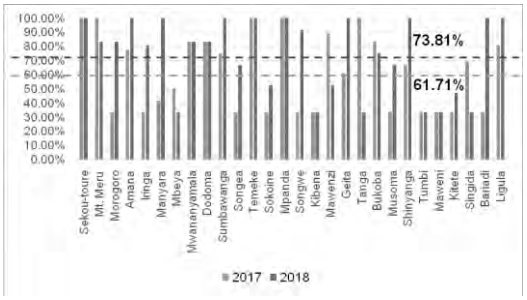
Area 8: Social Accountability



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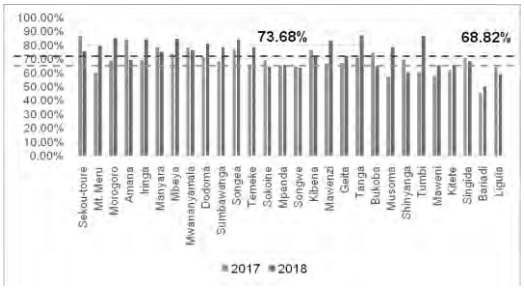
Area 9: Hospital Infrastructure



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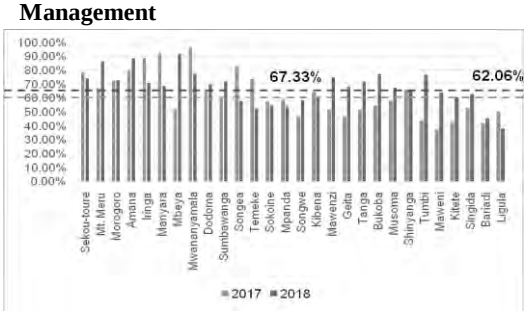
Area 10: IPC, Safety Measures and Risk Management



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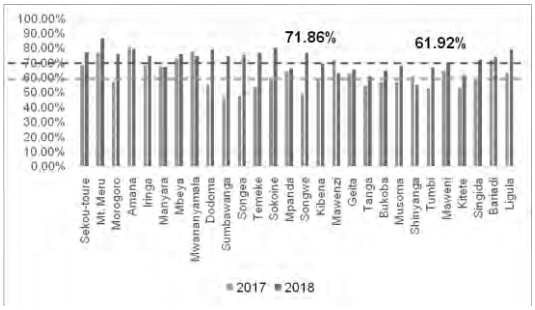
Area 11: Clinical service



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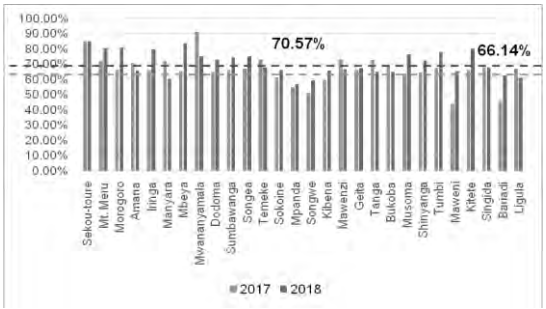
Area 12: Clinical Support Service



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Observed Changes and Limitations per RRH Compared to 2017

Singida	Facility Management • Meetings are conducted regularly (HMT/QIT& therapeutics committee)	-Frequent Administrative changes; -No sustainability of achievements, -No close Management follow up on implementation of planned activities; -QIT/WIT functionalities not linked
Katavi (Mpanda)	Good upcoming RRHMT Good plan on the identified gaps of 2017 EHPA with good team work	-No full mandate on the hospital as it is still under Council Authority -Infrastructure in poor state of repair; -QIT/WIT not fully functioning
Sumbawanga	RRHMT worked on the identified gaps of 2017 (Area 2,3,4 and 9 Good RRHMT/RHMT relationship & collaboration	-Understanding of HMT roles and function -Managerial responsibilities versus professionalism - QIT/WIT need strengthening - Understanding & analysiss of QPR/ISS/5S-KAIZEN reports to improve services
Songwe	Good relationship- RRHMT/ RHMT · A great work on dealing with all identified gaps	-Understanding of HMT roles and function - no full mandate on the RRH -Failure to use and disseminate information
Mbeya	Strong commitment of RRHMT	Absence of Functional advisory Hospital Board
Songea	A well-organized and functioning HMT HRH more than 75% available	-Insufficient IPC facilities leading to practice not adhered to. - QIT/WIT not fully functioning - No RRHAB established

24

Njombe	Organized and committed RRHMT Undergoing Drastic Changes in construction; new theatre, CSSD, X-ray, and Laboratory Good relationship RRHMT/RHMT	-Newly appointed QIT and un-established RRHAB -Inadequate infrastructure for provision of CSSD, ICU, NICU, and EMD
Iringa	Functioning RRHMT and QIT Clean surroundings; Infrastructure in good state of repair	Poor documentation, no use collected data and subcontracted "Cleaning Company" don't adhere to IPC standards
Morogoro	Strong commitment of RRHMT and Team work among the hospital workers to work on all identified gaps of 2017, plus availability of HAB	Improper waste segregation Absence of CSSD unit
Temeke	Functioning RRHMT, QIT and Disciplinary committee	Unaddressed many 2017 gaps
Tanga	Good working conditions	Limited community involvement, inadequate documentation and record keeping
Mawenzi	Functional facility management	limited transparency and information sharing to both internal and external clients
Mt. Meru	Good relationships between administrative organs i.e. RAS, RHMT and RRHMT, practice of team work, Information sharing and transparency to both internal and external clients	Inadequate documentation and record keeping
Manyara	Good relationship between administrative organs i.e. RHMT and RRHMT, team work practices, Involvement of Doctors to QIT and WIT	Limited information sharing and transparency to both internal and external clients towards quality issues

25

Dodoma	An increase in information sharing between RRHMT and staff Improving management of the hospital through evidence-based decisions	Inadequate report
Tumbi		No information sharing, no transparency and staff are unaware / not involved in the current change at the RRH
Ligula		Inactive QIT/WITs functioning
Sokoine	Close follow up and supervision of the Management towards services provision	Critical shortages of staff
Mwananyamala	Commitment of HMT	Staff are overstretched due to overcrowded Outpatients
Bukoba		Most of the identified gaps during the EHPA done in 2017 were not worked on Inadequate support by RHMT
Geita	Commitment of RRHMT in working on gaps identified during EHPA done in 2017, improvement of QIT and support from RHMT	Facility condition
Sekou Toure	Commitment of all staff in all section and departments at the facility, funds generated at the facility helps to motivate staff and minor repair or renovation, active and functioning QIT as well as support from the RHMT to the RRHMT	Lack of funds for procurement of equipment, construction
Musoma	Commitment of RRHMT working on some of gaps identified during EHPA done 2017	Not utilizing principles of 5S-KAIZEN to solve problems in all working areas, shortage of staff of all cadres
Bariadi	Change in facility management (Facility in-charge, Hospital Secretary and Matron)	Critical shortage of staff, infrastructure is still inadequate for hospital at regional level
Shinyanga		Weak link between facility management and staff
Kitete	Reformed QIT	Shortage of staff
Maweni	RRHMT worked on identified gaps during the 2017 EHPA, strengthened the QIT	Critical shortage of staff, conditions of infrastructures
Amana	RRHMT worked on the gaps identified during the EHPA done 2017	Inadequate funds for conducting minor repainting, repair and maintenance of hospital infrastructure

26

Recommendations (1)

1. **RRHMTs**

   Recommendations were given to all RRH in accordance to their achievement and challenges/gaps identified (detailed report)

2. **MoHCDGEC**

   Through HRHIS/HMIS data from RRHs Ministry to assess the real situation of the RRHs HRH and facilitate not only recruitments and deployments but redistribution/reallocation of the existing HRH to most affected areas.

   All SS initiated by the Ministry should make close follow up on RRHs record keeping and management of information for proper planning and decision making.

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Recommendations (2)

MoHCDGEC

Strengthening establishments and functionality of QIT / WIT at the RRHs by involving all cadres especially medical practitioners.

Clear procedures on the establishment of the RRHAB is needed to rid the existing confusion with RRH

Ministry should oversee the long term infrastructure developments in the RRHs. Allocate budget for renovations and establishments of necessary/required departments

28

Thank you

29

5S- KAIZEN PROGRESS REPORT FOR APRIL TO JUNE , 2018

- Regions implementing 5S-KAIZEN under project: Mwanza, Shinyanga,Tabora, Simiyu and Singida
- Other implementing regions : Kigoma, Mara, Geita,Dar –es Salaam, Coast and Iringa

1

GENERAL ACHIEVEMENTS AND CHALLENGES

Achievements:

- Health facilities continued to practice 5S at different levels of success: S1 to S5
- CHMTs continued to conduct SS, 5S being one of the areas of focus
- Some councils roll out 5S-KAIZEN training to other facilities within councils
- Some councils conducted refresher training on 5S-KAIZEN

2

The current reporting mechanism in place

- CHMTs conduct quarterly supervision to HFs
- Aggregate at CHMT levels (Each council) and sent to Regional Pharmacist by D. Pharmacist
- Regional Pharmacist submits the report to PSU
- Scores are calculated by total scores divided by number of areas of respective intervention.
- Also official WhatsApp is used for networking with regions and districts implementing 5S-KAIZEN –TQM included are RMOs, R. Pharmacists and Lab. Technologists, Health Secretary as well as same cadres in the districts

3

Ct. Reporting rate by regions 2018

Regions	Jan.-Mar. 2018	Apr.-Jun. 2018	Tracer medicines availability
Simiyu	100%	100%	87.7%
Singida	100%	100%	96.6%
Shinyanga	33.3%	100%	97.5%
Mwanza	87.5%	100%	94%
Tabora	62.5	100%	91.3%
Average	76.%	100%	

4

Results of the evaluation

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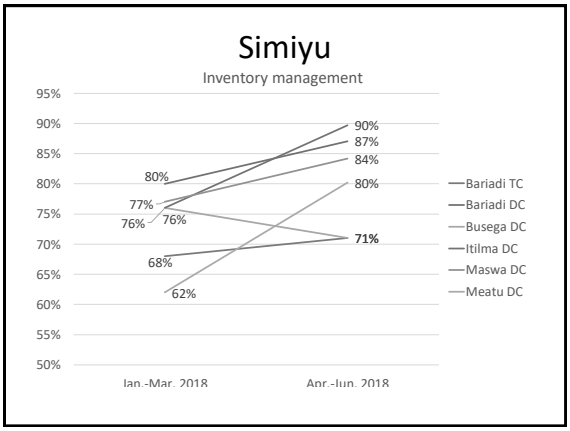

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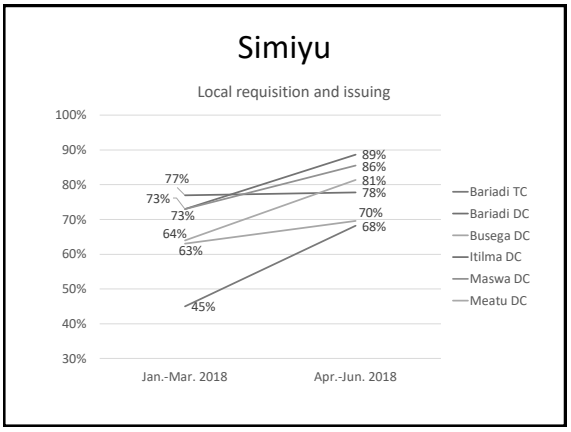
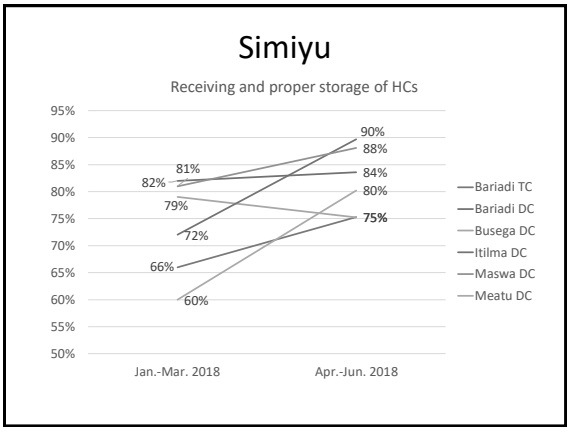
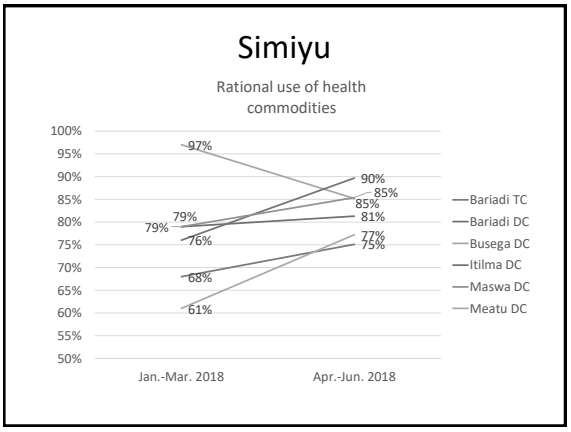

Simiyu
Local requisition and issuing
100%
90%
80%
70%
60%
50%
40%
30%
Jan.-Mar. 2018
Apr.-Jun. 2018
77%
73%
73%
64%
63%
45%
89%
86%
81%
78%
70%
68%
Bariadi TC
Bariadi DC
Busega DC
Itilma DC
Maswa DC
Meatu DC

7


Simiyu
Receiving and proper storage of HCs
95%
90%
85%
80%
75%
70%
65%
60%
55%
50%
Jan.-Mar. 2018
Apr.-Jun. 2018
82%
81%
79%
72%
66%
60%
90%
88%
84%
80%
75%
Bariadi TC
Bariadi DC
Busega DC
Itilma DC
Maswa DC
Meatu DC

8


Simiyu
Rational use of health commodities
100%
95%
90%
85%
80%
75%
70%
65%
60%
55%
50%
Jan.-Mar. 2018
Apr.-Jun. 2018
97%
79%
79%
76%
68%
61%
90%
85%
81%
77%
75%
Bariadi TC
Bariadi DC
Busega DC
Itilma DC
Maswa DC
Meatu DC

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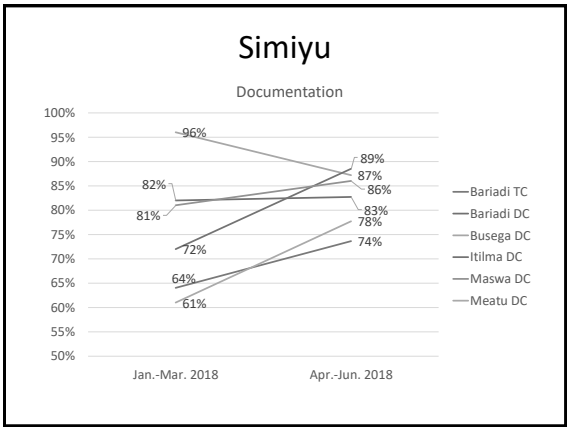
Simiyu
Documentation
100%
95%
90%
85%
80%
75%
70%
65%
60%
55%
50%
Jan.-Mar. 2018
Apr.-Jun. 2018
96%
82%
81%
72%
64%
61%
89%
87%
86%
83%
78%
74%
Bariadi TC
Bariadi DC
Busega DC
Itilma DC
Maswa DC
Meatu DC

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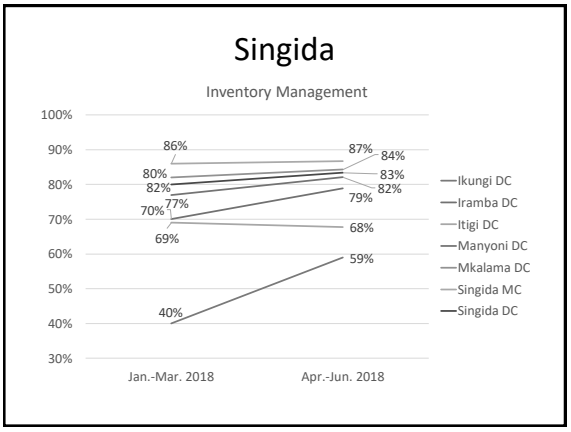
Singida
Inventory Management
100%
90%
80%
70%
60%
50%
40%
30%
Jan.-Mar. 2018
Apr.-Jun. 2018
86%
80%
82%
70%
77%
69%
40%
87%
84%
83%
82%
79%
68%
59%
Ikungi DC
Iramba DC
Itigi DC
Manyoni DC
Mkalama DC
Singida MC
Singida DC

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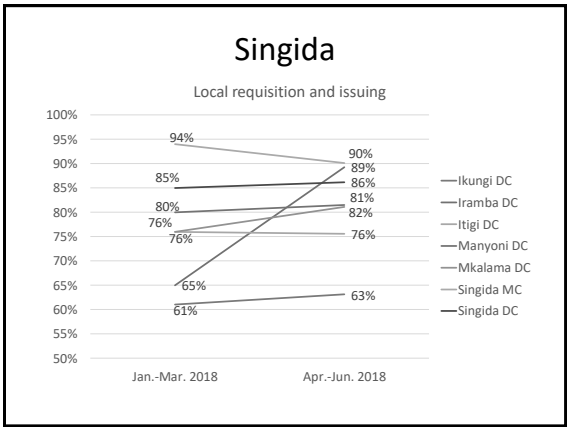
Singida
Local requisition and issuing
100%
95%
90%
85%
80%
75%
70%
65%
60%
55%
50%
Jan.-Mar. 2018
Apr.-Jun. 2018
94%
85%
80%
76%
76%
65%
61%
90%
89%
86%
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Iramba DC
Itigi DC
Manyoni DC
Mkalama DC
Singida MC
Singida DC

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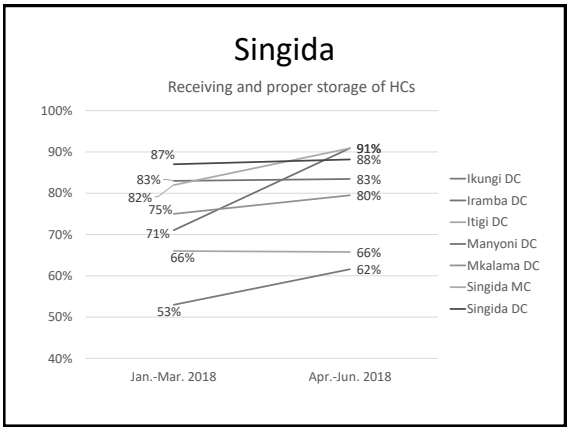

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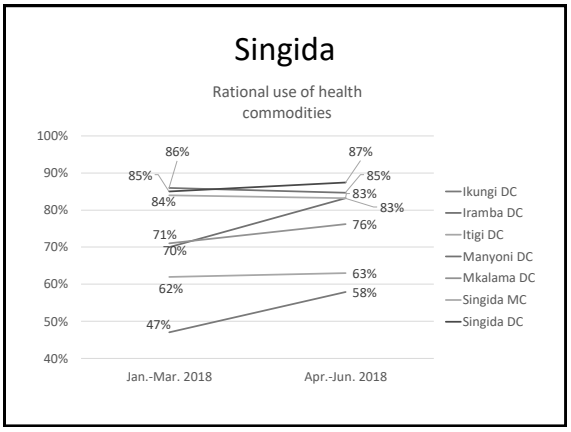

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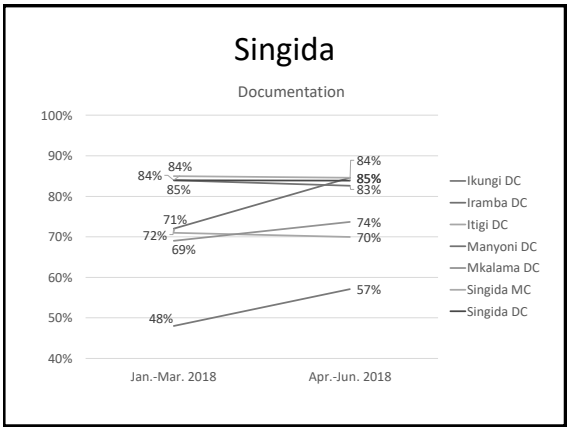

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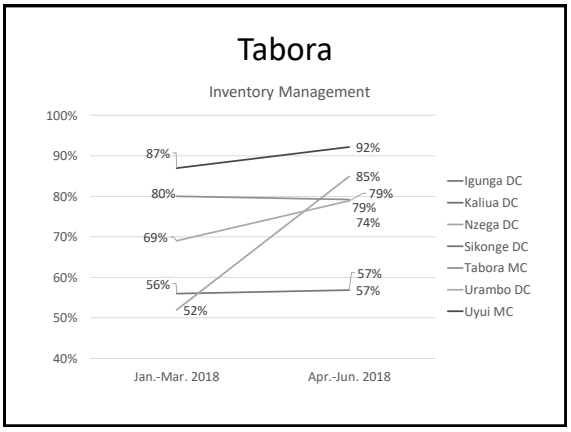

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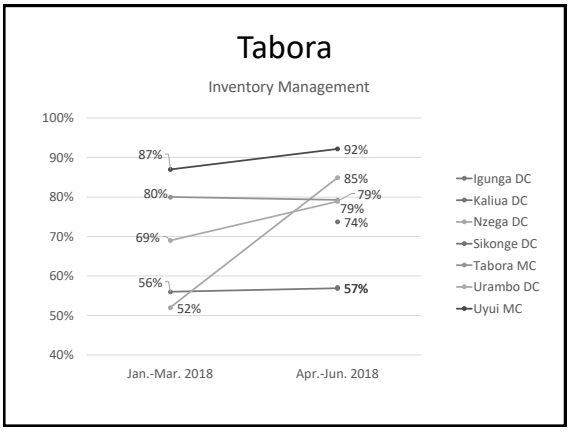

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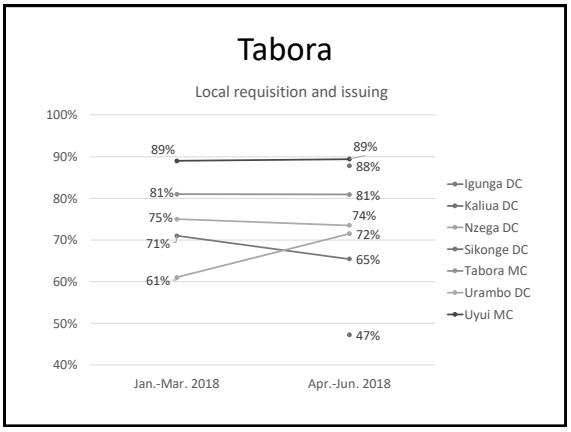

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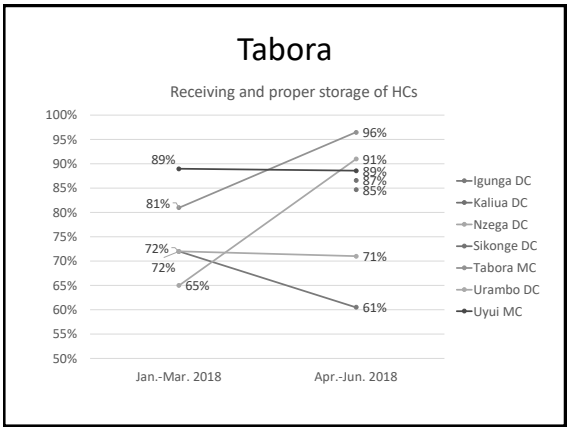

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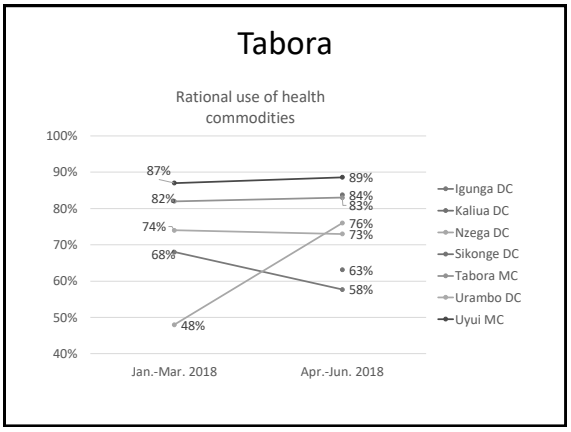

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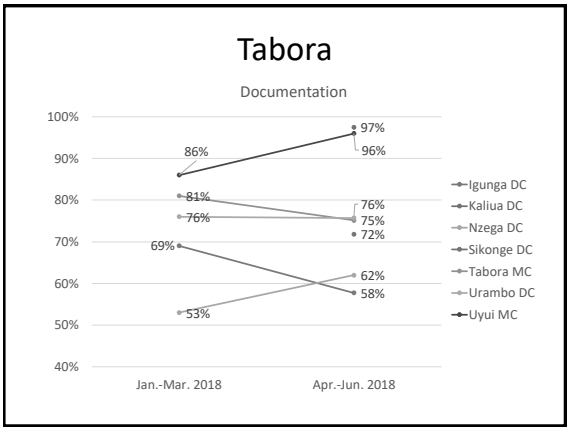

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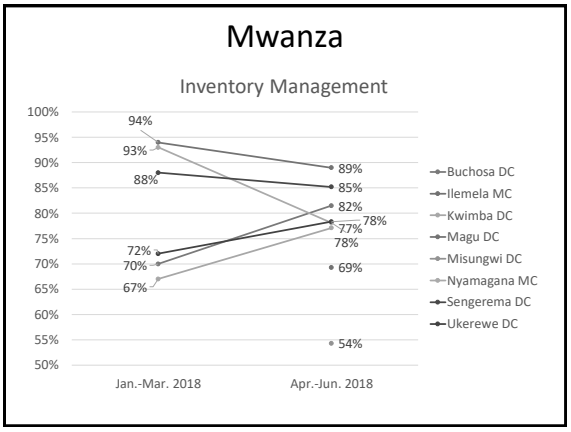

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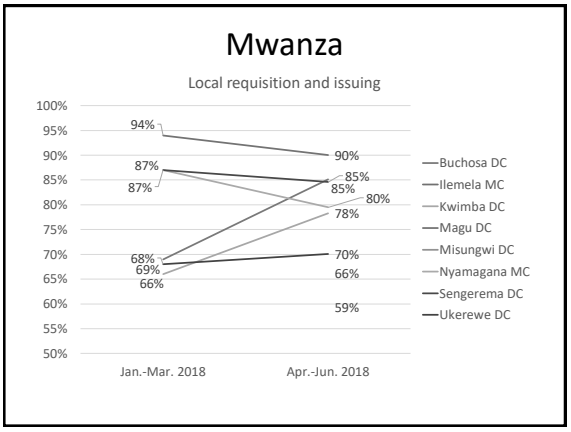

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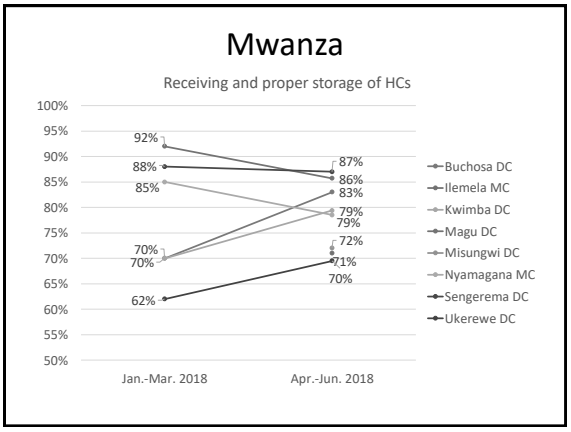

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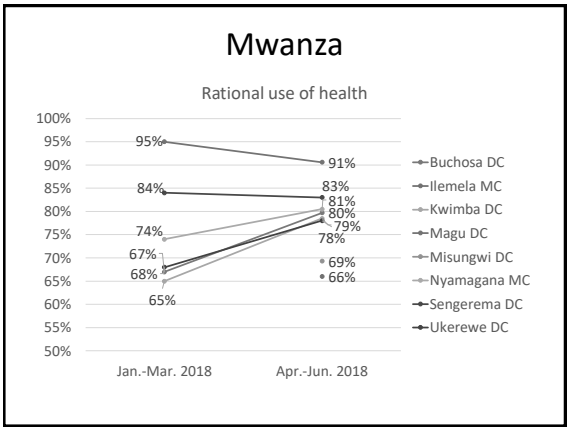

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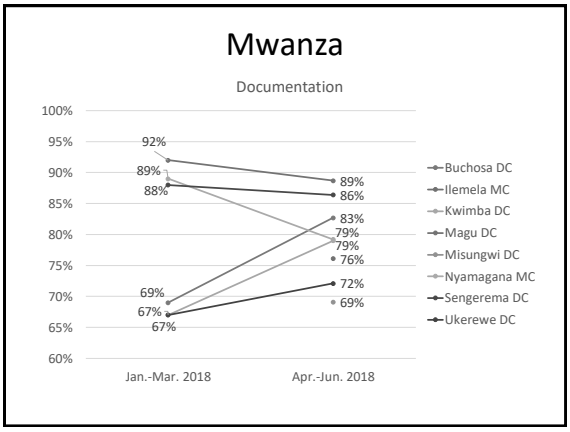

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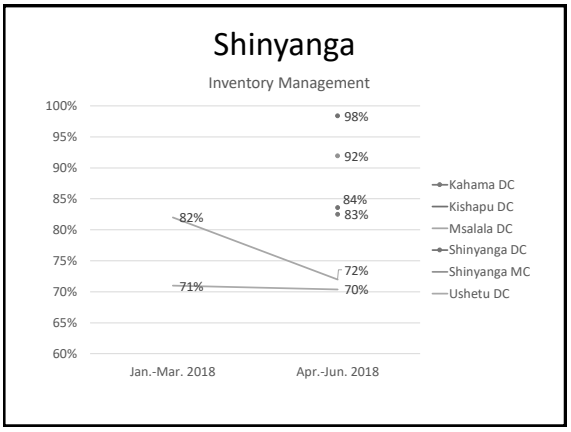

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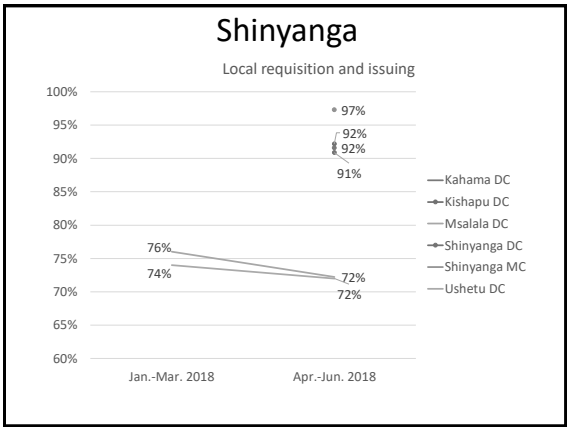

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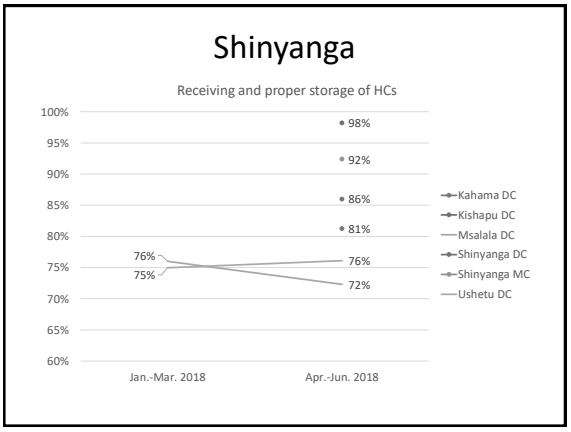

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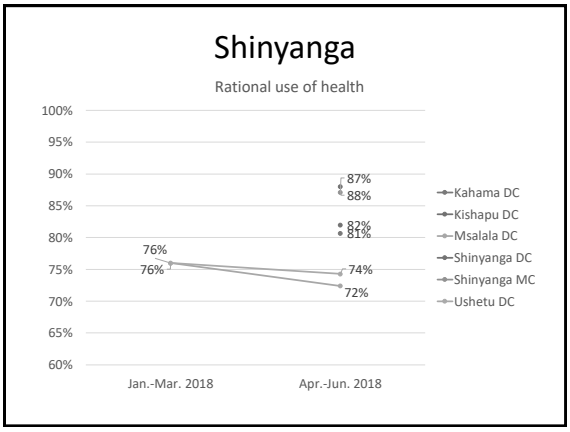

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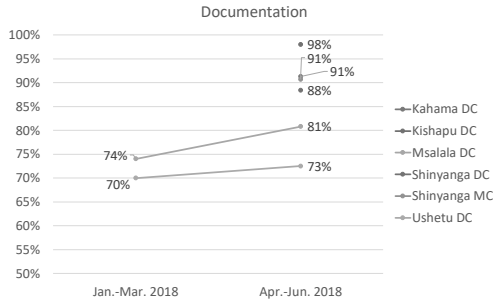
Shinyanga



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Challenges

- Weak adherence to Streamlined reporting mechanism
- Small storage spaces pose challenge to 5S implementation
- Newly recruited staff and emerging health facilities are yet not trained
- Budget constrain limits 5S- KAIZEN forums

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Conclusion

- 5S –KAIZEN is still key for reducing waste of health commodities in PHFs, improvement of management and storage practices
- MOHCDGEC will continue to mobilize resources for intervention roll out
- PORALG should hold Councils accountable for 5S KAIZEN implementation and reporting

33

Way Forward

- For sustainability purpose, we have agreed with PORALG to revitalize the mechanism of reporting as an integral part (Addendum) of CCHP
- While the Ministries will collect the data, the RRHMP will continue to analyze and interpret into report to highlight the level of intervention progress
- Government to continue mobilizing funds for 5S-KAIZEN-TQM roll out to other HFs

34

Thank you

35

Way forward

8th Joint Coordination Committee of RRHMP

Chief Advisor: Hisahiro Ishijima
01 November 2018@Dodoma

1

Strategies towards the of the Project termination

- Actual implementation period is less than two year (approximately 15 months)
- Therefore, RRHMP will be focusing on establishment of sustainable mechanism for outputs of the RRHMP
  - Hospital Management Training including 5S-KAIZEN
  - External Hospital Performance Assessment
  - CHOP and QPR assessment and data analysis for planning and management of RRHs

2

Requests to MoHCDGEC

- Expenses for assessing CHOP and QPR should be budgeted in in MoHCDGEC's budget 2020-2021
- Costing of EHPA need to be done by September 2019, and budgeted in MoHCDGEC's budget 2020-2021
- Training budget for health managers need to be agreed and budgeted in CHOP 2019-2020

3

Planned activities for next 6 months

- The following activities are planned to be implemented in next 6 months:
  - KAIZEN Training of Trainers (1) at MNH : Nov.05-09, 2018
  - KAIZEN Training of Trainers (2) at MZRH (including participants from other African countries: Nov.15-19, 2018
  - Training of Training Institutions on Hospital Management Training Package + 5S-KAIZEN : 3rd week of Jan. 2019
  - Applied Hospital Management Training on Quality management: Feb. 2019
  - QPR Quarter 2 assessment: Jan. 2019
  - CHOP 2019-2020 assessment : Mar-Apr. 2019

4

Proposed date for next JCC

- We would like to propose to organize next JCC on: April 10, 2019 (Wednesday) at Dodoma

5

Thank you

6

RRHMP - 9TH JOINT COORDINTAION COMMITTEE MEETING

Venue: MoHCDGEC, DODOMA
Date: 29th July 2019
Time: 9:00AM

A. Attendance

MoHCDGEC

- Mr.Edward N.Mbanga (Project Director), Chair
- Mr. Raynold John, Department of Policy and Planning (Project Coordinator)
- Mr. Dany Temba,Assistant Director of Regional Referral Hospitals
- SaturinMunangwa, Ag. Director of Nurses and Midwives Services
- Wilson J.Nyamanga, Ag. Director Administration and Human Resource Management
- Peter M. Mushi, Ag. Head Legal Service Unit

JICA Tanzania Office

- Mr. Naofumi Yamamura, Chief Representative
- Ms. Miwa Ito, Representative
- Ms. FlaviaManyanga, Program Officer

RRHMP

- Dr. Hisahiro Ishijima, Chief Advisor
- Mr. Takahiko Minase, Quality Management Expert 2
- Mr. Fares Masaule, Senior Technical Advisor

B. Invitees

- Ms. RomanaSanga
- Dr. Angelina Sijaona
- Dr.Fadhili Kibaya
- Mwanaisha Hassan
- Ms. Jamila Hamidu

C. Absent:

- Deputy Permanent Secretary of Health, PORALG
- Director, Health Quality Assurance, MoHCDGEC

D. Agenda of the Meeting

1. Opening of the Meeting
2. Matters Arising from the previous JCC
3. Progress of Project activities (March-July 2019)
4. Way forward
5. AOB
6. Closing remarks

1. Opening of the Meeting

The meeting started at 9:50 with opening remarks from the Chairperson Mr. Edward N. Mbanga (Acting Permanent Secretary, Ministry of Health Community Development Gender Elderly and Children). The Chair welcomed all JCC members and thanked them for attending, and thereafter proceeded to the next agenda.

2. Matters Arising from the previous JCC

Matters arising and implementation status against the issue were shared as follows:

2.1. Responsible Directorates for supportive supervision and performance assessment

It was informed the MoHCDGEC is in the process of establishing an independent accreditation board, which will be conducting Star Rating to health care facilities, including the RRHs. In this aspect, EHPA will continue be conducted by the Ministry as it is currently, and it will be conducted in collaboration with the RHMTs.

2.2. Handing over of BHMT and 5S-KAIZEN training to Training institutions

It was informed the Basic Hospital Management Training and 5S-KAIZEN training was handed over to the selected training institutions. The pilot training has conducted at CEDHA (Arusha) and PHC Iringa. It was also informed the Mzumbe University is going to conduct the training of Basic management and Total Quality Management (TQM) separately from September 2019. It was suggested that it could be better to offers Mzumbe university to utilize some national facilitators on 5S-KAIZEN to ensure the quality of the training.

2.3. Request from PORALG for EHPA to be extended to the District Hospitals to enforce RRHs to supervise these levels

It was informed RRHs do conduct supportive supervision to District Hospital, Health Centers and Dispensaries according to their annual Comprehensive Hospital Operation Plan (CHOP).

2.4. Assistance of the Ministry to come up with the Master plan related to the construction / renovations of RRHs

It was informed Ministry through Building Section are the custodians of the Master Plan of the Health facilities in the country, and have standards for the construction of health facility buildings. They work together with PORALG, Regions and Districts in the constructions of the new buildings. However, on the part of renovations and rehabilitations each RRHs do carry out the work depending on the need and service requirements the necessitated the renovation/rehabilitation.

2.5. Assessment of increase in revenue collection at RRHs

It was informed that all necessary information on revenue collections per quarter and the number of inpatient and outpatients can be collected from Quarterly Progress Report (QPR). It is easy to analyze the linkage between revenue collection and number of patients attended per RRHs.

2.6. Consider making QPR Implementation reports more comprehensive and analytical to answer issues related with DHIS2

The number of CHOP & QPR assessors have continually been rising with 3 in 2018 to over 8 by 2019 from DCS, and 3 in 2018 to 7 in 2019 from the DPP. The assessors strongly need to be capacitated to

be able to analyze the QPR/ISSS/5S-KAIZEN M&E, and EHPA data for use at the MoH level but also to take up from where the RRHMP left when the project ends

3. Progress of the Project Activities (March-July 2019)

3.1. Progress Report on RRHMP March-July 2019

Progress of implementation of the project activities and achievements were presented by the Project Chief Advisor as follows;

3.1.1. Handing over BHMT and 5S-KAIZEN-TQM training to training institutions

"Pilot Hospital Management Training for RRHMT members" was conducted for 39 participants from 14 RRHs by Center for Educational Development in Health, Arusha (CEDHA) from May 20 – 31, 2019. Responding to the needs of the training from RRHs, 2nd pilot Hospital Management Training was also conducted at Primary Health Care Institute (PHCI),Iringafrom July 8th to July 19th with 49 participants from 20 RRHs. It was reported that both trainingswere successfully conducted as the effect size of both trainings wereover 0.80 (large effect size). There was a high demand on hospital management training among RRHMTs, and the RRHMTs had ability to pay for the training if needed. The project could save the budget for the training since RRHMTs shouldered the course fee including 15 days DSA and transportation allowance of the participants. However, the course fee needs to be reviewed since the written handouts were not provided to the participants and costs for external facilitators were paid by the project. Quality of training also needs to be improved since the facilitator of the institutions still relied on the external facilitators.The Chair commented that increase of course fee might be affected the participation of the training. Therefore, he suggested to review the fees carefully. The chief advisor requested to the Ministry to upload all the training materials so that the participants can accesses to the materials, which will save the costs for printed materials.

3.1.2. CHOP and QPR Assessment and Submission

CHOP for 2019-2020 was submitted from all RRHs, andthey were assessed in March 2019. Compared with the CHOP assessment scores in the previous fiscal year, fluctuation of CHOP assessment score was observed in some RRHs. To improve the quality of CHOP and QPR, the guideline and planning/reporting format were reviewed, and the contents were disseminated through Applied Hospital Management Training (AHMT) to key RRHMT members.

Average of CHOP 2017-18 assessment scoreswas overestimated since the marking criteria was not good enough to assess the planning capacity of RRH. Therefore, CHOP assessment criteria was reviewed in 2018, and average CHOP assessment score was dropped from 83.5% in 2017 to 70.3% in 2018, and 70.1 in 2019.

QPR Quarter 4 was submitted on April 15, 2019. 24 RRHs out of 28 RRHs submitted the report in time. QPR Quarter 1 to 3 was assessed. Currently, the average score of QPR assessment is 67.8%. However, only 50% of RRHs obtained more than 70% of assessment score in the time of Q3 assessment.

3.1.3. Revenue collection

Total amount of revenue collection calculated from QPR 1,2 &3 2017-2018 was compared with the amount calculated from QPR 1,2 &3 2018-2019. 21 out of 28 RRHs has increased revenue collection compared with the previous fiscal year.

One of the JCC members requested to find the reasons behind the sharp decline of the revenue collection in some RRHs. The chief advisor of RRHMP responded that the Project is starting External Hospital Performance Assessment (EHPA) from August and the EHPA teams will be instructed to collect information on financial resources.

3.1.4. Human Resource for Health Information System Supportive Supervision

It was reported that the supportive supervision of HRH management at RRHs was conducted between June and July 2019, aiming at monitoring of ICT environment, operation of HRHIS, and usage information created from HRHIS for planning, management and development of HRH in RRHs.

During the Supportive Supervision, it was revealed that ICT environment is improving. However, operation of HRHIS and usage information created from HRHIS for planning, management and development of HRH was still weak. As common weakness on HRH management in RRHs, the following issues were mentioned;

(1) HRHIS inhouse training is not conducted to share the knowledge and skills for operating HRHIS.
(2) It was advised to develop Standard Operating Procedure (SOP) for HRHIS operation at the time of Medical Officer In-charge meeting last year. Unfortunately, only few RRHs developed the SOP and using it.
(3) HRH information is not updated timely.
(4) Weak utilization of HRHIS for development of recruitment plan, training plan, and PE budgetingalthough RRHs know about HRHIS: most RRHs are still managing HRH on paper based.

3.1.5. Implementation of KAIZEN activities

The number of RRHs that are practicing KAIZEN in 2019 is reducing compared with in 2017 and in 2018. In 2019, Consultation Visit was conducted earlier than usual, and it could be a reason that less number of KAIZEN cases were collected from RRHs compared with previous year.

Related to Quality Improvement (QI) structure, a number of RRHs that are allocating full-time staff to deal with QI activities including 5S-KAIZEN, is increasing year by year. Moreover, function of QIT is also strengthening year by year. However, some RRHs still scored low in QIT function, so strengthen of QIT/QIU still needs to be tackled. Additionally, the following challenges are remaining at RRHs;

(1) Trained personnel on KAIZEN is not well utilized within the hospital.
(2) Many RRHs have not conducted in-house trainings to train the health worker within the hospital.
(3) KAIZEN approachis not well utilized for improvement of situation and problem solving that were identified through ISS and EHPA.

3.2 Discussions & Recommendations

3.2.1. Training of Hospital management

(1) It was suggested that Hospital Management Training (HMT) should be organized at all eight zonal centres to increase the capacity of intake of the participants. The chief advisor responded to the comments that CEDHA and PHIC were identified as training institution for HMT by Department of Human Resource Development. Therefore, it is necessary to communicate with them first to decide the expansion of the training sites.

3.2.2. CHOP and QPR Assessment and Submission

Two RRHs were delayed submitting the QPR Quarter 4 because of the exchange of the health secretaries between these two hospitals. One of the JCC members mentioned that this was rather the issue of the teamwork. If the one of the team members moves to other hospital, rest of team members can prepare the report.

3.2.3. Revenue collection

(1) It was suggested that EHPA teams are going to collect the information from RRHMTs on financial status, especially from the hospitals that shows the sharp decline of revenue collection and ask them why the revenue collection is dropped sharply. Hence,EHPA teams will be able to analyse the reasons behind and provide the advices during the feedback session.

(2) The project has addressed this issue. One of the possible reasons is that the efforts for increasing revenue collection by reducing the missed opportunities have been carried out by RRHMTs such as reducing mistakes of NHIF claim, reducing purchase of unnecessary health commodities and so on. However, tremendous efforts of RRHMTs to reduce missed opportunities have worked a lot and it seems not many missed opportunities are existing in some RRHs, and the amount of revenue collection is getting stagnant or stabilized.

(3) One of the JCC members mentioned that there are many factors affect the revenue collection, such as medical device purchases, drug misuse, and corruption.He suggested to identified the influencing factors of the cases of sharp decline of revenue collection.

3.2.4. HRH management and sharing the knowledge within the hospital

JCC members commented on the weak utilization of HRHIS and how to improve the situation. It was also commented that shifting employees from one facility to another is the one of the policies to strengthen the hospital management, and it has a lot of positive aspects. The important thing is the way of transmitting the knowledge from the one who is trained to others.

The chief advisor responded that the Project is using different occasions to remind RRHMTs to improve constant update of HRH information and proper use of HRH information for HRH planning and management. Additionally, during the EHPA, the assessment team are going to check the situation on HRH management, and remind RRHMTs again to utilize HRHIS. On the other hand, Mzumbeuniversity has the HRHIS course for Health Secretary, and hope this course will help to educate the health secretaries on HRH management.

Finally, it was recommended that RRHMTs should have a strategy of the sharing knowledge, and have requirement that all staff participated training workshop should develop an action plan after the training and implement regarding sharing the knowledge.

3.2.5. Terms of Reference of assessor for Supportive Supervisions

It was suggested that the Terms of Reference of assessor for EHPA need to be developed to secure the quality of the assessors.

3.2.6. Extension of the project period and the new project

During the discussion, extension of the project activities was requested from the Ministry.

However, JICA representative responded that JICA has decided not to extend the period of the project since the project is showing the good achievements, and there is no reasonable reason to

extend. JICA representative also mentioned that there is a request from MoHCDGEC about new technical

3.3. Way Forward

The project chief advisor reminded the members about the remaining period of the Project, also presented the project exit strategy as "focusing on the sustainability of project outputs" Moreover, project activities in the remained period were presented.

Finally, timing of the next JCC was proposed. The chief advisor suggested to have JCC sometime in January 2020, when the JICA final evaluation team is expected to be visited. However, the members suggested to have "progress reporting session" in the end of October or the beginning of November 2019, before the next JCC. The chief advisor, responded that the Project is planning to organize Medical Officer In-charge Meeting to disseminate EHPA results in the end of October or the beginning of November, and the Project would like to utilize the opportunity to have "progress reporting session" during the meeting. The proposal from the chief advisor was accepted.

4. Closing

The meeting was officially closed at 12:00 pm. with the closing remarks by Chief Representative of JICA Tanzania. He has mentioned about the remarkable point of the project achievements. Furthermore, it was promised cooperation will be continued for further achievement by the end of the project. Finally, he appreciated again the commitment of all the stakeholders for the achievements and the progress of the project.

.....	.....
...	...
Mr. Edward N. Mbanga	Mr. Naofumi Yamamura
Ag. Permanent secretary	Chief Representative
Ministry of Health Community Development, Gender Elderly and Children	Japan International Cooperation Agency

Appendix:

1. Timetable (Annex 1)
2. Progress Report on Regional Referral Hospital Management Project (RRHMP) March 2019 – July 2019 (Annex 2)

Schedule for
9th Joint coordinating Committee (JCC) Meeting
at MoHCDGEC, Dodoma
29th July 2019

Agenda

1. Opening of the Meeting
2. Matters Arising
3. Progress of Project activities (March to -July 2019)
4. AOB
5. Way forward
6. Closing Remarks
7. Health Break

Tentative time table

Time	*Activities*	*Responsible person*
09:00 ~ 09:20	Registration	All
09:20 ~ 09:30	Self-introduction of JCC members	All
09:30 ~ 09:40	Opening	PS (MoHCDGEC)
09:40 ~ 10:15	Matters arising	Project Coordinator
10:15 ~ 11:15	Progress of the Project activities from March –July 2019	Project Chief Advisor
11:15 – 11:25	AOB by permission from Chair	
11:25~ 11:40	Way forward and	Project Chief Advisor
11:40 ~ 11:50	Closing remarks and Refreshments	Chief Representative JICA Tanzania Office
11:50 ~ 12:30	Health Break	All

JCC Members

MoHCDGEC

- Permanent Secretary (*Project Director*), **Chair**
- Director, Policy and Planning (Project Manager)
- Director, Curative Services
- Director, Preventive Services
- Director, Health Quality Assurance
- Director, Human Resource Development
- Director, Administration and Human Resource Management
- Commissioner, Social Welfare
- Coordinator Regional Health Services

PO-RALG

- Deputy Permanent Secretary of Health
- Director of Health, Nutrition and Social Welfare
- Director Regional Regional Administration
- Director Sector Coordination

JICA Tanzania Office

- Chief Representative, JICA TZ office
- Representatives, JICA TZ office

RRHMP

- Chief Advisor
- Quality Management Experts
- Training Management Expert
- Senior Technical Advisor
- Technical Assistant

Progress of the Project activities and achievements

from March to July 2019

9th JCC for RRHMP@ Dodoma

29/7/2019

Chief advisor-RRHMP

1

Activities conducted between Mar.-Jul. 2019

- The following activities were carried out between March to July 2019:
  - EHPA follow-up at the following RRHs:- Bukoba, Simiyu, Mara, Tanga, Ligula, Maweni, Shinyanga, Kitete and Singida
  - Study tour on 5S-KAIZEN from Ghana MoH officials
  - CHOP 2019-2020 assessment
  - CHOP-QPR Q3 and Q4 assessment
  - Pilot Hospital Management Training @ CEHDA
  - Pilot Hospital Management Training @ PHCI
  - AHMT Training on New CHOP and QPR
  - KAIZEN ToT twice
  - Study tour on KAIZEN from Bangladesh MoH officials
  - 5S-KAIZEN-TQM implementation guideline review workshop
  - CHOP-QPR Q4 assessment

2

Output 1

Indicator:
Results of external managerial capacity assessment of RRHMT are improved.

- As a part of handing over the BHMT and 5S-KAIZEN-TQM training, "Pilot Hospital Management Training for RRHMT members" has been conducted by Center for Educational Development in Health, Arusha (CEDHA) from May 20 – 31, 2019
- Over 120 people applied for the training, and only 39 participants from 14 RRHs could enrolled into the course due to the capacity of class room.
- RRHMT shouldered the course fees (TZS 600,000 per person, 15 days DSA and transportation allowance of the participants)
- Responding to the needs of the training from RRHs, 2nd pilot Hospital Management Training was conducted at PHCI from July 8th to July 19th with 49 participants from 20 RRHs.

3

Hospital Management Training for RRHMTs

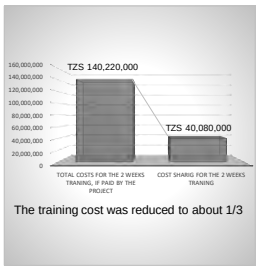
- Primary Health Care Institute, Iringa
- Center for Educational Development in Health, Arusha
- Muzumbe university

Week 1
Basic Hospital Management Training (BHMT)
Module 1~4

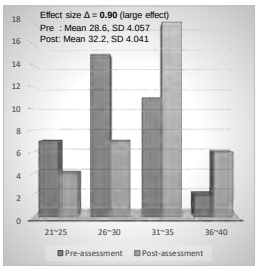
Week 2
BHMT Module 5 + 5S-KAIZEN-TQM

4

Hospital Management Training by TIs (pilot training @ CEDHA)



The training cost was reduced to about 1/3



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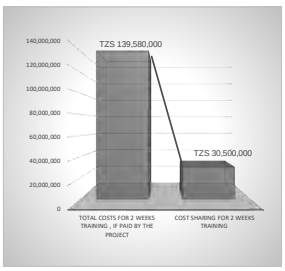
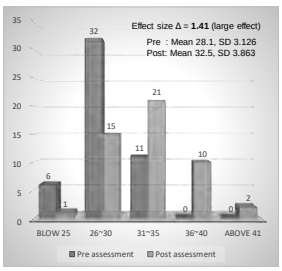
Hospital Management Training by TIs (pilot training @ PHCI)





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Lessons learned from the pilot HMT training at CEDHA and PHCI

- There are high demand on hospital management training among RRHMTs, and RRHMTs have ability to pay for the training if needed.
- However, the course fee need to be reviewed;
  - Handouts were not provided to the participants
  - Costs for external facilitators were paid by the project
- Quality of training need to be improved
  - Teaching skills among the facilitators from training institutions need to be improved (calling external facilitators will be expensive….)

7

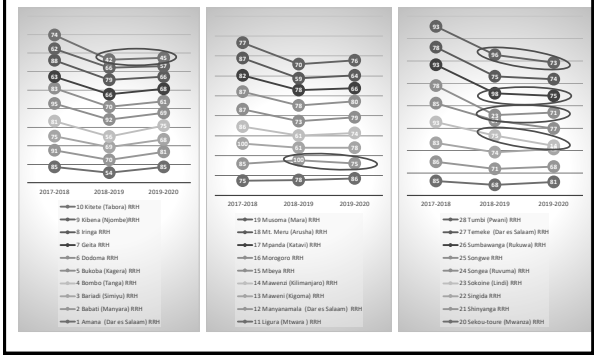
Output 2

Indicators:
(1) Number of CHOPs which have been submitted timely is increased from 48% to 100%.
(2) Average score of CHOP assessment is increased from 52% to 90%.
(3) 100% of QPR is submitted on time.
(4) More than 80% of RRHs obtains more than 70% of the average of 4 QPR scores.

- Assessment of CHOP 2019-2020 and Q3 and Q4 were conducted.
- Fluctuation of CHOP assessment score was observed between CHOP 2018-19 and 2019-20 in some RRHs
- Therefore, the Project reviewed CHOP guideline, and conducted Applied Hospital Management Training (AHMT) on New CHOP and QPR for key RRHMT members.

8

CHOP assessment scores by RRH



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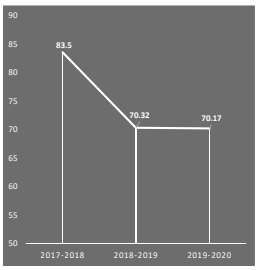
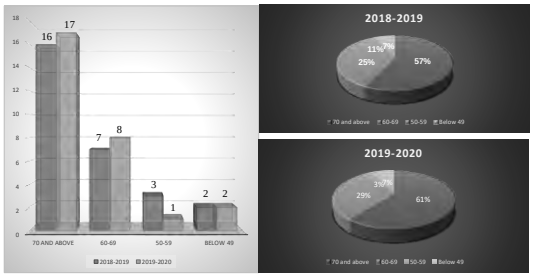
Average CHOP assessment scores



- It is considered that the initial assessment was overestimated
  - Criteria was not good enough to assess the planning capacity of RRH
- Assessment criteria reviewed from 2018−2019
- The number of hospitals that scored more than 70 points rose slightly. (57% in 2018-19 to 64% in 2019-20)

10

% of RRHs obtained good score in CHOP assessment



Slight improvement of situation is observed

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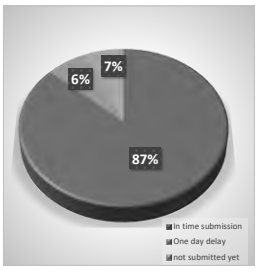
QPR Q4 submission

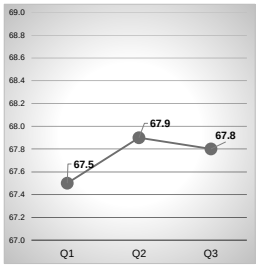
Indicator: 100% of QPR is submitted on time



- 24/28 RRHs submitted QPR Q4 report in time
- 2/28 RRHs submitted QPR Q4 report one day delay
- Mbeya and Njombe RRHs did not submitted QPR Q4 report (“change of hospital secretary” were reported)

12

QPR assessment score Q1 to Q3



- Our target is more than 80% of QPRs obtains more than 70% of the average of 4 QPR scores.
- Currently, the average score of QPR assessment is 67.8%. However, only 50% of RRHs obtained more than 70% of assessment score in the time of Q3 assessment

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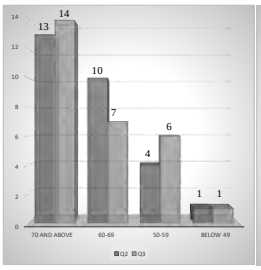
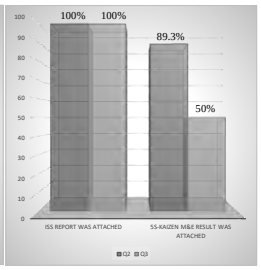
QPR assessment score in Q2 and Q3



Trend of assessment score is not changed much between Q2 and Q3. However, fluctuation of assessment score was observed. 4 RRHs dropped more than 15 points from the Q2 assessment score

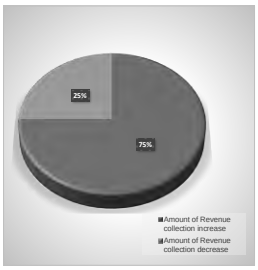


ISS is well implemented and report are attached by all RRHs. On the other hand, 5S-KAIZEN M&E result is not well attached in Q3 report. Frequent implementation of the 5S-KAIZEN monitoring activities could be difficult for some RRHs

14

Revenue collection

- Total amount of revenue collection calculated from QPR 1,2 &3 2017-2018 was compared with the amount calculated from QPR 1,2 &3 2018-2019
- 21 out of 28 RRHs has increased revenue collection compared with the previous fiscal year



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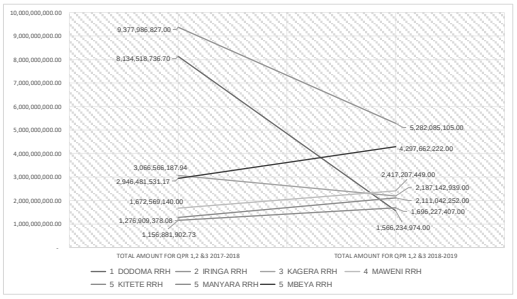
Revenue collection (1)



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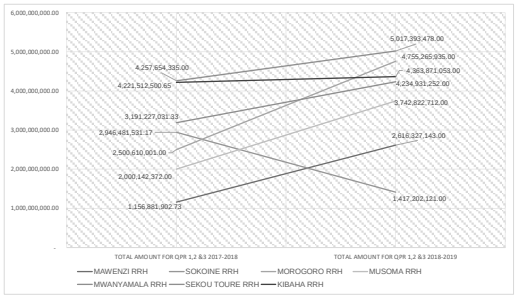
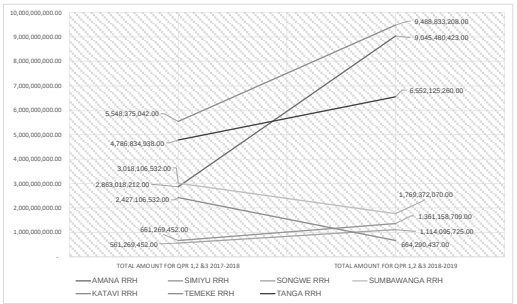
Revenue collection (2)



17

Revenue collection (3)



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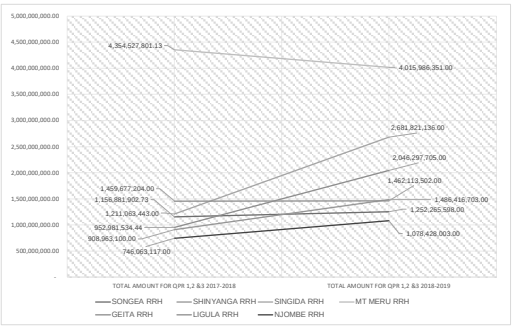
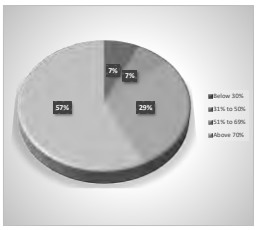
Revenue collection (4)



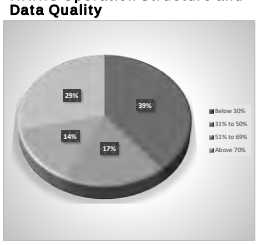
19

Results of HRH management Supportive Supervision (1)

ICT Environment



HRHIS Operation Structure and Data Quality



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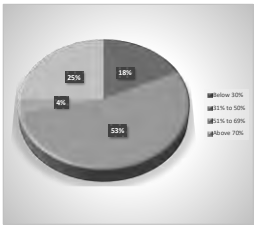
Results of HRH management Supportive Supervision (2)

HRHIS Data use



Common weakness on HRH Management

- Not conducting internal training on HRHIS
- No development of the SOP for HRHIS operation
- No timely updating of HRH data
- Weak utilization of HRHIS for development of Recruitment plan, training plan, and PE budgeting

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Output 3

Indicator:
Number of EHPA reports reviewed by the stakeholders is increased

- 9 RRHs were identified as the targets of EHPA follow-up the following RRHs:- Bukoba, Simiyu, Mara, Tanga, Ligula, Maweni, Shinyanga, Kitete and Singida
- The follow-up was conducted from March 11 to 19
- It was conducted to assists the low performed RRHs to effectively finalize improvement of the hospital managerial problematic areas (identified by the 2018 assessment)

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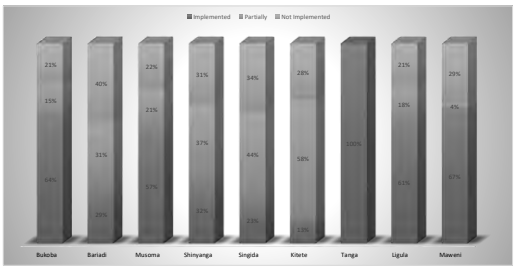
Follow-up of EHPA 2018 to 9 RRHs



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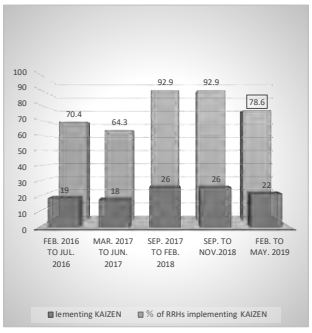
Output 4

Indicator: Proportion of RRHs implementing KAIZEN activities is increased from 7% to 85% by December 2019

- Target was achieved in 2017 and 2018. However, currently, number of RRHs practicing KAIZEN is 22 out of 28 RRHs, which occupy 78.6% of total



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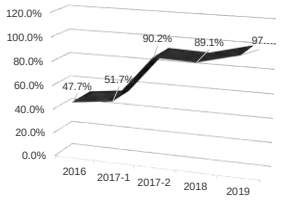
Output 4

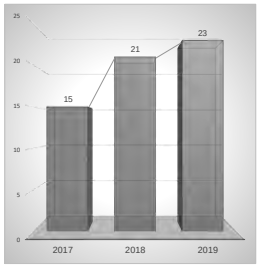
- Average of the 5S implementation areas in RRHs has been increasing from 47.7% in 2016 to 97.5% in 2019
- 5S activities are practiced in all departments and section in 24 RRHs out of 28 RRHs.



25

Output 4

- Number of RRHs that allocated full-time staff dealing with quality improvement activities (including 5S-KAIZEN) is increasing year by year



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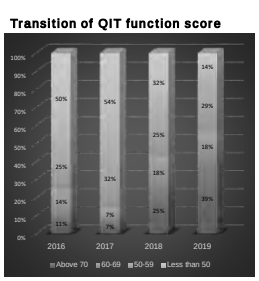
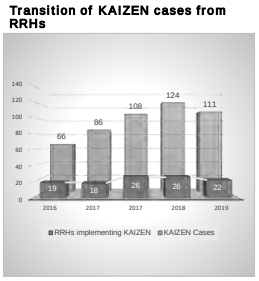
Output 4



Function of QIT is strengthening year by year.



In 2019, CV was conducted earlier than usual. It could be a reason that number of KAIZEN is less than the previous year

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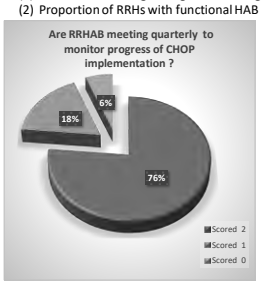
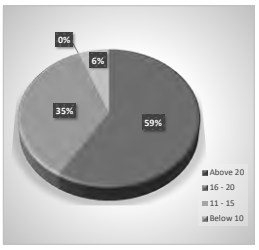
Output 5

Indicators:
(1) Number of RRH organizing HAB meetings based on planned schedule is increased
(2) Proportion of RRHs with functional HAB is increased from 40% to 80%





10 out of 17 RRHs scored above 20 (Max score 24)

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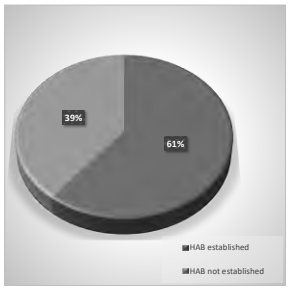
Output 5

- 17 out of 28 RRHs has established functional HAB
- 11 out of 28 RRHs are on the process of establishing HAB
- 7 RRHs out of 11 are waiting for approval by the Ministry
- 4 RRHs out of 11 are waiting for the hospital management to suggest the new HAB members



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Output 6

- 14 participant from 8 countries participated KAIZEN ToT in Mbeya from 24/6/2019 to 28/6/2019. They were from Benin, Ghana, Liberia, Malawi, Sierra Leone, Sudan, Uganda, Zimbabwe
- Study visit from Ghana was conducted from 04/03/2019 to 08/03/2019
  - The mission team from Ghana MoH and Ghana Health services have visited MNH, MZRH, Amana RRH to observe 5S-KAIZEN activities in the hospital setting
- Study visit from Bangladesh was conducted from 08/07/2-19 to 12/07/2019
  - The mission team from Bangladesh MoH and public hospitals had KAIZEN ToT and visited MNH and Amana RRH to observe 5S-KAIZEN activities in the hospital setting
- Field visits to monitor the 5S activities for commodity management was conducted (36 HFs in 5 regions)

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Networking and knowledge sharing about 5S-KAIZEN-TQM with other African countries

Indicator: Good practices shared within and outside of Tanzania is increased

Year of KAIZEN TOT	# of countries	# of participants	# of KAIZEN cases reported
2015	1 (Bangladesh)	3 (including JICA Bangladesh officials)	**0**
2016	7 (Burundi, Egypt, Kenya, Senegal, Sudan, Malawi, Zimbabwe)	10	**7**
2017	7 (Bangladesh, Burundi, Kenya, Sierra Leone, Sudan, Uganda, Zimbabwe)	13	**15**
2018	4 (Burundi, Kenya, Uganda, Zimbabwe)	8	**25** (still waiting for the reports)
2019	8 (Benin, Ghana, Liberia, Malawi, Sierra Leone, Sudan, Uganda, Zimbabwe)	14	(Not known yet By December 2019)

- Number of KAIZEN themes are increased among the participant-countries after KAIZEN TOT
- **"Good practice of 5S-KAIZEN activities in Tanzania"** will be finalized and published this year

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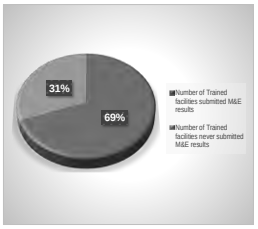
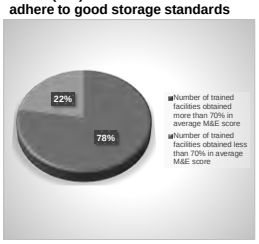
5S for commodity management at district health facilities

Indicator:70% of trained primary level health facilities adhere to good storage standards.

69% (473/681) of PHFs have reported their 5S activities



Currently, among 473 hospitals, only 77.6% (367) of trained health facilities adhere to good storage standards



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Challenges

- Average score of CHOP assessment is still low (70.2% in CHOP 2019-2020), which is still far from the target (90%).
- Trained personnel on KAIZEN is not well utilized
- KAIZEN activities are not well utilized for improvement of situation and problem solving that were identified through ISS and EHPA
- There is no regular reporting on progress of 5S activities for commodity management at district health facilities

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Way forward

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Exit strategies

- The project is ending May 2020 (After 10 months)
- Handing over all materials, data, information that are related with RRHs to the responsible units of MoHCDGEC
- For improve sustainability of project outputs, provide technical inputs to capacitate;
  - EHPA assessors and 5S-KAIZEN National facilitators
  - CHOP and QPR assessors
  - Lectures and facilitators at CEDHA and PHCI
  - Staff of RRH sections-DCS

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Way forward (1)

- EHPA assessors training
  - July 30 to August 01, 2019
- External Hospital Performance Assessment 2019 for 28 RRHs
  - August 2019 – September 2019
- EHPA 2019 findings dissemination to RRHMTs
  - October 2019
- CHOP 2019-2020 QPR Q1 assessment
  - October 2019
- End-line survey of the project
  - October 2019 – December 2019

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Way forward (2)

- Finalization of 5S-KAIZEN-TQM guideline 4th edition and Booklet for good practices of 5S-KAIZEN activities.
- Final evaluation of the project by JICA HQ (January 2020?)
- Development of reports
  - Effectiveness assessment of the project intervention
  - Final report for 2nd phase (2016 – 2020)
- RRHMP Final seminar (April 2020?)

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Next JCC

- The project suggest to have next JCC at the time of final evaluation (Middle of January 2020?)
  - Final evaluation will be conducted jointly (Evaluators from JICA HQ and MoHCDGEC officials)
  - Evaluation results can be shared
  - Way forward would be discussed between JICA HQ and MoHCDGEC

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Thank you

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RRHMP - 10TH JOINT COORDINTAION COMMITTEE MEETING

Venue: MoHCDGEC, Mtumba, DODOMA
Date: 15th January 2020
Time: 9:50AM

A. Attendance

MoHCDGEC

• Dr. Zainab Chaula	Permanent Secretary (Project Director): Chairperson
• Mr. Edward N. Mbanga	Director Policy & Planning (Project Manager)
• Mr. Raynold John	Coordinator Regional Health Services, (Project Coordinator)
• Ms. Deodatha R. Makani	Director, Administration and Human Resource Management
• Mr. Edwin Damas	Ag. Directorate of Nursing and Midwifery
• Dr. Fadhili Lyimo	Ag. Director Human Resource for Health Development
• Dr. Caroline Damiani	Assistant Director Department of Curative Service, Regional Referral Hospital Unit
• Ms. Hidayas Madadi	Legal Officer, Department of Legal Services
• Mr. Danny Temba	Principal Health Secretary, Regional Referral Hospital, Department of Curative Service
• Ms. Romana Sanga	Regional Referral Hospital Unit, Department of Curative Services

JICA Head Office

• Mr. Tsunenori Aoki	Director of Health Group I, Human Development Department
• Mr. Tsuyoshi Yusa	Deputy Director of Health Group I, Human Development Department

JICA Tanzania Office

• Mr. Naofumi Yamamura	Chief Representative
• Ms. Flavian Manyanga	Program Officer

RRHMP

• Dr. Hisahiro Ishijima	Chief Advisor
• Ms. Yasuko Kasahara	Training Management
• Mr. Fares Masaule	Senior Technical Advisor

B. Invitees

• Dr. Khadija Kweka	ENTAF
• Mr. Swalehe Manture	ENTAF

C. Absent:

- Director, Health Quality Assurance – MoHCDGEC
- Deputy Permanent Secretary of Health - PORALG

D. Agenda of the Meeting

1. Opening of the meeting

2. Matters arising from previous JCC
3. Progress and achievement of Project activities (August to December 2019)
4. Findings from End-line survey
5. Way forward and AOB
6. Closing remarks

1. Opening of the Meeting

The meeting started at 9:50 with opening remarks from the Chairperson Dr. Zainab Chaula (Permanent Secretary, Ministry of Health, Community Development, Gender, Elderly and Children). The Chairperson welcomed all Joint Coordination Committee members and thanked them for attending and requested every attendee to introduce him/herself; and thereafter proceeded to officially opening the meeting. She then invited for the next agenda to be presented.

2. Matters Arising

Matters arising and implementation status against the issue were shared as follow:

2.1. Uploading all the training materials to Ministry Website for participant's access and save printing cost.

Documents and materials for training developed by RRHMP were uploaded to the Ministry and Development Partners Group (DPG) websites. These include Basic Hospital Training manual, 5S KAIZEN Guideline and revised Comprehensive Hospital Operation Plan (CHOP) Guideline. The same documents were shared to Primary Health Care Iringa (PHCI) and Centre for Educational Development in Health in Arusha (CEDHA) during Basic Hospital Management and Quality Improvement Training (BHMT). The link that the documents can be accessed is http://moh.go.tz/en/guidelines

2.2. Updating CHOP Guideline and Quarterly Progress Report template

To improve the quality of CHOP and Quarterly Progress Report (QPR), its guideline, planning and reporting formats were reviewed and updated with the comments from stakeholders in March 2019. The reviewed documents were disseminated to all RRHs for their implementation and application through Applied Hospital Management Training (AHMT) for RRHMT Top Managements from 10th – 12th May 2019.

2.3. RRH External Hospital Performance Assessment to identify strength and Gaps in Financial Management

Third External Hospital Performance Assessment (EHPA) was conducted in August - September 2019 in which assessors were able to observe financial status of the RRHs, analyze the information collected and give feed back to the RRHs especially, those which decline of revenue was noted. Discussion on the same was also carried out during dissemination of the 2019 EHPA results and findings to Medical Officer In charges meeting conducted in November 2019 at Morogoro region.

3. Progress of the Project Activities (August 2019-January 2020)

3.1. Progress Report on RRHMP March-July 2019

Presentation on the progress of implementation of the project activities and achievements were made by the Project Chief Advisor in which the meeting was briefed on the progress of the planned activities and the achievement as follow:

3.1.1. Output 1: Hospital Management Trainings

The meeting was informed that the indicator set for Output 1 has successfully been achieved and that the process of handing over BHMT package to the institutions is now completed.

The processes of Pilot trainings conducted by CEDHA and PHCI were reviewed to identify weaknesses and gaps encountered in both centers. Thereafter a workshop for capacity building of tutors was conducted from 2-13 December 2019 with 14 participants coming from Mzumbe University, CEDHA and PHCI.

Despite the fact that the capacity building exercise to tutors was effective (Effect size Δ=1.14 - Large effect), the main challenge remained that "competency of tutors in undertaking 5S-KAIZEN-TQM training were found to be inadequate. To this issue, it was suggested that MoHCDGEC monitors the quality of training by sending national facilitators to the institutions when conducting BHMT and 5S-KAIZEN-TQM training. The meetings were also informed that CEDHA is planning to conduct the second phase of training in February 2020 and PHCI and Mzumbe University will participate as observers to further enhance their skills and knowledge.

3.1.2. Output 2 CHOP and QPR Submission

In this aspect, it was explained that the indicator set for this output has not been achieved. Still some RRHs are not submitting CHOP and QPRs on time, especially from the newly established RRHs (Njombe and Songwe), and that the Quality of CHOP is still low. Further to this, it was explained that the concept of Cluster management and Evidence based planning is, to date, not well comprehended by the RRHs; and hence, there is needs to continually indoctrinate the concept to RRHMTs.

Nevertheless, the quality of QPR is improving though some RRHs are not submitting Internal Supportive Supervision (ISS) and 5S-KAIZEN M&E results together with QPR.

Among the challenges in attaining Output 2, is frequent turnover of RRHMT members, leading to insufficient institutional memories on CHOP, QPR, ISS and 5S-KAIZEN-TQM in RRHs. Additional to the above challenge, was inadequate understanding of the RRHMTs of the KPI information they collect, analysis of their findings and utilization at the hospital level for improving service being delivered by the RRH.

3.1.3. Output 3 ISS and EHPA

In this output the meeting was informed that the set indicator has been achieved. From 2019 EHPA conducted from August to September 2019; it was learnt: 25 RRHs out of 28 RRHs had addressed the challenges / gaps at their RRHs identified during 2018 EHPA. There was a notable improvement in those RRHs in the 2019 EHPA as compared to 2018 EHPA except for Njombe RRH, Temeke RRH and Songwe RRH which were observed to lag behind. One of the reasons as to why Njombe RRH was observed to be lagging behind was that they had moved from Kibena designated RRH to newly built RRH building in July 2019 only few days before the EHPA was carried out. Hence, gaps that were

identified during the 2018 EHPA and the recommendations for improvement were not matching with the current situation and services being offered in the new RRH building.

3.1.4. Output 4: Resource Management and Quality Improvement by 5S-KAIZEN-TQM Approach

Members of the meeting were notified that the agreed indicator for this output has been achieved with trend of establishment of QIU and implementation of 5S-KAIZEN activities in RRH showing notable improvement. 23 RRHs out of 28 are having different number of KAIZEN cases.

In spite of everything, the meeting was cautioned that among challenges that may affect the dissemination and continuation of 5S-KAIZEN activities in the future (after end of the project) was generation change of 5S-KAIZEN national facilitators, as most of them are seniors approaching retirement age, while there is no plan of training and capacitating the juniors to support the dissemination and supervision of 5S-KAIZEN activities.

3.1.5. Output 5: Hospital Advisory Boards Establishment and Functionality

Hospital Advisory Boards (HAB) are established in 18 RRHs, and the remaining 10 RRHs are on the establishment process. Among 18 RRHs that succeeded to establish HAB, a self-evaluation was conducted, and the report shows that 13 RRHs (72%) of them are doing very well in terms of HAB functioning. However, challenges on approval process are time consuming and it delays HAB establishment in the remaining RRHs.

3.1.6. Output 6: Sharing Experiences on Hospital Management and Quality Improvement

The meeting was informed that this output has been achieved. RRHMP has been able to promote good practice sharing among stakeholders within and outside Tanzania. Good practice of 5S-KAIZEN activities and Quality Management Structure in a hospital were shared during Consultation Visit, KAIZEN Training of Trainers (TOT) and MOI meetings. Good Practice booklet has been developed and printed in January 2020 for sharing amongst stakeholders in the country.

Sharing experience with other countries was done through KAIZEN TOT conducted periodically inside the country, and several foreign countries had sent participant to the Trainings in Tanzania. These countries are Bangladesh, Sierra Leon, Benin, Malawi, Kenya, Uganda, Burundi, Egypt, Ghana, Zimbabwe, Liberia, Sudan and Senegal.

3.2 Discussions & Recommendations

3.2.1. Uploading Materials to Ministry Website

From her experience, the Chair observed that many members of the management are not aware of many policy documents uploaded in the ministry web site. In this regard she instructed that once documents are uploaded to the Ministry web site, the Management and RRHs should be well informed, including how and where to access the documents. This was promptly acted upon and information was circulated that the documents can be accessed at the Ministry website with the link http://moh.go.tz/en/guidelines

3.2.2. Training of Institution on Hospital Management and Quality Improvement

(1) The Chair questioned whether the number of tutors trained so far, is sufficient to carry out the training to the required level of quality. She also wanted to know how many tutors were trained in each institute. It was then clarified that in total 10 tutors from each institution have been trained on BHMT and 5S-KAIZEN-TQM. It was then agreed that the number of the trained tutors in those institutions is still few comparing to the needs of trainings. The meeting was also informed that to further improve the situation, and increase capacity of the institutions in

training of 5S-KAIZEN-TQM approach, all institutions were advised to arrange for their tutors to start practicing implementation of the 5S-KAIZEN approach through special agreement with the nearby RRHs. They were also asked to strengthen internal training of their own tutors so as to improve capacity as well increasing number of tutors trained on BHMT and Quality Improvement in their institutions.

(2) The meeting instructed the responsible departments of the Ministry to effectively supervise the training institutions when conducting the trainings, and also, ensure participants trained by the institutions implements what they have been capacitated for when they go back to their facilities. In doing so the Chair recommended the management and responsible officers at the Ministry to be well capacitated for them to be competent on what they will be supervising.

3.2.3. CHOP and QPR Submission

The meeting challenged the behaviour of RRHs not submitting CHOP/QPR including other reports on time. It was explained to the members of the meeting that many of the RRHMTs do not adhere to what is written in CHOP Guideline. That the newly revised CHOP Guideline has 16 steps for preparation of CHOP with details of when to start, what to do up to the submission date; and that if these steps were closely being followed, CHOP & QPR would be submitted in time.

The meeting then instructed that submission of the same should follow the instructions given in the guideline. The RRH Unit should instruct all RRHs to remind them about submission of CHOP & QPRs every period before deadline is due.

3.2.4. ISS and EHPA

A concern was raised by Chair that through observation ISS is not being done as required and that in many RRHs is business as usual and that she wished ISS could also include things like clinical audit issues.

It was clarified; with the ISS areas of assessment, issues touching clinical aspects are spelled out under area six (service provision and Quality) and if well conducted and information/data analyzed and findings utilized by RRHMTs effectively many clinical services in the RRHs would have improved.

However, the meeting urged the RRH Unit at the DCS to follow up on the regular ISS be conducted instead of doing this quarterly (probably monthly) as three moths seem to be too long, and to have a mechanism to ensure findings are being utilized by the RRHs.

3.2.5. Functionality of Established HAB

From the progress reporting and the end line report presentation, the meeting wanted to know if there is a mechanism for monitoring the performance of the RRHAB. It was then clarified that "monitoring" of the same is well described in the Guideline for Establishment and Operationalization of RRHAB and that the monitoring tool in the guideline may be used by MoHCDGEC or RHMT on behalf to monitor the same.

4. Findings from End-line survey

The presentation was delivered by ENTAF, in which it summarised the processes that were engaged from preparation, conducting the survey, compilation, analysis, validation & report writing to presentation of results and findings.

The "end line survey report findings mainly noted that:
There is a great improvement in the Regional Referral Hospitals as compared to the observations during the baseline status. All project activities for each output were implemented effectively. 90% of the planned targets were met except for Planning and reporting. Furthermore, a great improvement in the availability of financial information compared to situation during the baseline was observed. 96.4% of the RRHs are now conducting and reporting on internal assessments and quality of services on quarterly basis; a gap which was identified during the base line. Average of the 5S implementation areas in RRHs has been increasing from 47.7% in 2016 to 97.5% in 2019 with 89.3% of the RRHs facilities were found to have QIU with permanent staff. In due course, it was concluded that the project has been successful and has brought relevant experience in implementing hospital reform and that the success is attributed to good leadership and support accorded to the project by government and this include:

- Good leadership and support from the Management of MoHCDGEC
- Strong project management capacity that was demonstrated by Japanese experts and hard work of project staff
- Appropriate follow up mechanisms and feedback that was built in the project design
- Mainstreaming within the government structure
- Continuous engagement of stakeholders
- Committed beneficiaries

More inputs to enrich the report were received from members of the meeting and they were noted in order to improve the report.

Chair commended the achievement observed in the RRHMP "End line Survey" as well as success stories testified by the JICA evaluation team. She assented by admitting it was a success to both sides as it has been a joint effort of both Ministry and JICA-RRHMP. She insisted that the successes are worth tapping and therefore she wished to have the RRHMP achievements well documented to enable the ministry to report the achievements to higher authorities. In this regard, she asked for support of RRHMP in preparing the documentation as soon as possible including a Swahili version of the report.

5. Way Forward

5.1. Way Forward

Way forward was presented by the RRHMP Chief advisor who said that:

1) On Sustainability of the RRHMP Outputs, RRHMP will for the rest of the remaining period focus on capacitating the RRH Unit and will hand over of RRHMP organized & coordinated activities to MoHCDGEC such as:
   - Monitoring of CHOP/QPR submission
   - Organizing CHOP/QPR assessment
   - Compilation of CHOP/QPR assessment and report writing
   - Planning, coordination and overseeing conducting of EHPA
2) Request to MoHCDGEC:
   Proper budget be allocated from FY 2021-2022 for the activities such as:
   - QPR assessments 2019-2020 Q4 and all 2020-2021)
   - EHPA 2020 and data compilation WS (August to September 2020)
   - MOI meeting & EHPA dissemination (November 2020)

3) Planned activities from January to May 2020

- QPR 2019-2020 Q3 assessment -January 27 to 31, 2020 @ Dodoma
- Hospital Management Training -January 27 to February 7, 2020 @ CEDHA
- CHOP 2020-2021 assessment -March 30 to April 9, 2020 @ Dodoma
- Project final report development -February to March 2020
- Final seminar of RRHMP- April 21 and 22, 2020 @ Dodoma
- Closing and handing over of the project office- May 08, 2020

5.2. AOB

Before closing, the evaluation team from JICA Head Office had opportunity to give comment on what they observed from the JCC meeting. They both expressed their appreciation and satisfaction on the way the JCC is conducted. They applauded the Permanent Secretary on the way she conducted the meeting; that it was indeed very live and involving. Regarding the achievements of RRHMP, the JICA Team, expressed their appreciation to the MoHCDGEC for the good cooperation JICA and RRHMP have been enjoying and that it has been one of the factors that contributed to the success of the project.

The Team informed the meeting that from their observation, it is definite, excellent Project design which included use of management tool like PDCA, coupled with development of effective Guidelines and management tools led to high attainment of what the project desired to achieve. With these annotations, the Team urged to MoHCDGEC to endeavor to sustaining the RRHMP achievements.

6. Closing

Closing note was given by JICA Chief Representative thanking all members for attending the meeting. He remarked on the observed achievements of RRHMP and commended the efforts of both the Ministry and the Project staff in ensuring the planned outputs are achieved. Furthermore, he promised continued future cooperation between JICA and MoHCDGEC even after the end of the project. Finally, he appreciated again the commitment of all the stakeholders for the achievements and the progress of the project. The Meeting was then adjourned at 12:45.

Dr. Zainab A.S. Chaula	Mr. Naofumi Yamamura
Permanent Secretary	**Chief Representative**
Ministry of Health, Community Development, Gender, Elderly and Children	Japan International Cooperation Agency Tanzania Office

Timetable for
10th Joint Coordinating Committee (JCC) Meeting
at MoHCDGEC Headquarter, Dodoma
15th January 2020

Agenda

1. Opening of the Meeting
2. Matters Arising from previous JCC
3. Progress and achievement of Project activities (August 2019 to January 2020)
4. Findings from End-line survey
5. Way forward and AOB
6. Closing Remarks
7. Health Break

Timetable

Time	*Activities*	*Responsible person*
09:00 ~ 09:50	Registration	All
09:50 ~ 10:10	Self-introduction of JCC members	All
10:10 ~ 10:20	Opening	PS (MoHCDGEC)
10:20 ~ 10:40	Matters arising from previous JCC	Project Coordinator
10:40 ~ 11:20	Progress and achievement of the Project activities from August 2019 –January 2020	Project Chief Advisor
11:20 ~ 12:00	Findings from End-line survey	ENTAF End line -survey team
12:00 ~ 12:30	Way forward and AOB	Project Chief Advisor
12:30 ~ 12:45	Closing remarks and Refreshments	Chief Representative JICA Tanzania Office
12:45 ~ 13:30	Health Break	All

Progress and Achievement of project activities

10th Joint Coordination Committee

RRHMP

January 15, 2020@Dodoma

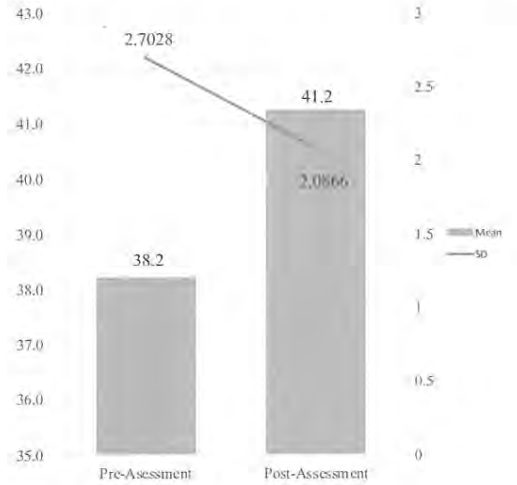
Annex 202

Output 1: Hospital Management Trainings

- The indicator, set for Output 1 is **achieved**
- Handing over process of HMT training package is completed
  - Pilot training was reviewed and weakness points were identified by each training institutions
  - To overcome those weakness, "Workshop for capacity development of tutors from training institutions" were conducted in December 2019
- CEDHA is planning to conducted HMT from January 27, 2020.

Workshop on capacity development of tutors for HMT

- Workshop on capacity development of tutors from training institutions were conducted effectively from Dec.02 to Dec.13
- 14 tutors from CEDHA, PHCI and Mzumbe university participated the training workshop



Effect size Δ=1.14 (Large effect)

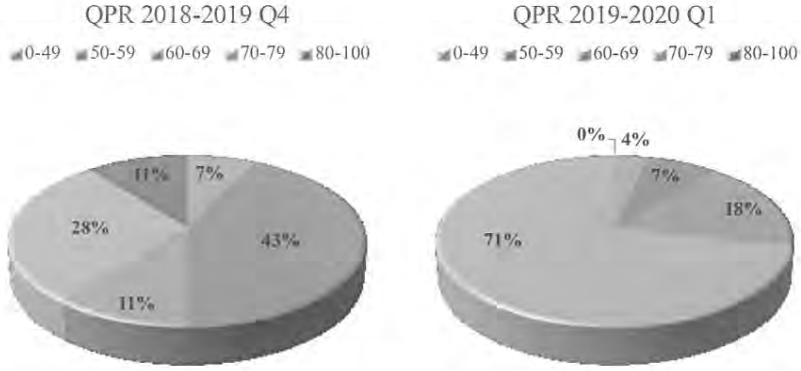
Challenges on HMT

- HMT package has been handed over to training institutions together with 5S-KAIZEN-TQM training package. However, competency of tutors is still weak. Therefore, DCS need to monitor the quality of training by sending national facilitators on BHMT and 5S-KAIZEN-TQM

Output 2: CHOP and QPR

- The indicator, set for Output 2 is **Not achieved**
- Unfortunately, still some RRHs are not submitting CHOP and QPRs on time, especially from the newly established RRHs (Nojombe, Songwe)
- Quality of CHOP is still low
  - Cluster management concept and Evidence based planning need to be well disseminated to RRHMTs
- Quality of QPR is improving. However, some RRHs are not submitting ISS and 5S-KAIZEN M&E results together with QPR

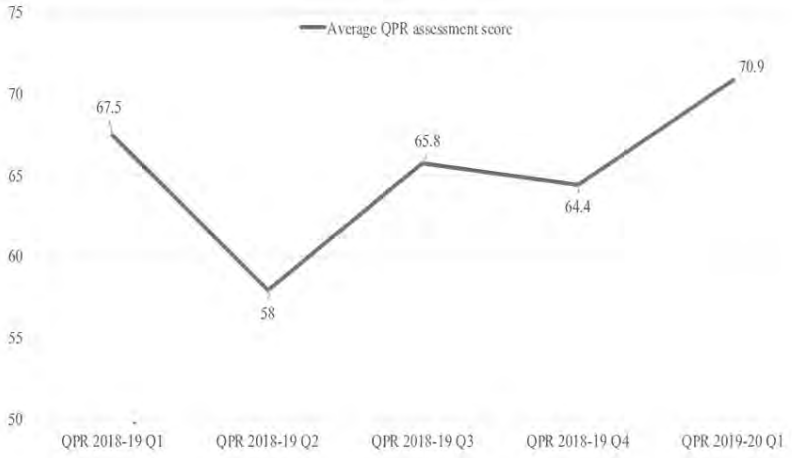
Quality of QPR is improving



Unfortunately, indicators for Output 2 could not achieved. However, it can be said from the assessment results of QPR 2019-2020 Q1that the quality of the QPR submitted by each RRH has improved steadily.

Annex 203

Average QPR assessment score



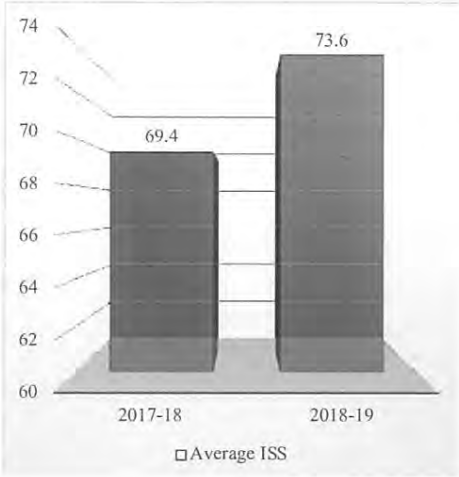
Challenges on CHOP and QPR

- Frequent turnover of RRHMT members and insufficient institutional memories in RRH results the production of low quality of CHOP and QPRs.
- Several RRHMTs requested the project to send project staff to orient RRHMT members on CHOP and QPR development, which, results the repetition and rework of training of RRHMT members.
- Weak data collection and compilation for KPIs is still observed. Moreover, KPIs is not well analyzed and the findings are not well utilized.

Output 3: ISS and EHPA

- The indicator, set for Output 3 is **achieved.**
  - 25 RRHs out of 28 RRHs (except Njombe RRH, Temeke RRH and Songwe RRH) took corrective actions against the points to be improved that were suggested during EHPA 2018
  - Some improvement was observed during EHPA 2019.
  - Njombe RRH has completely separated from district hospital, and moved to newly built buildings in July 2019. Therefore, the points to be improved that were suggested during EHPA 2018 are not matching with the current situation.

Output 3: ISS and EHPA (1)

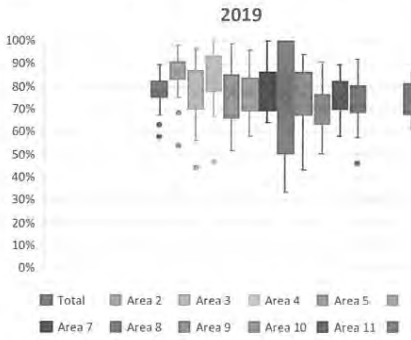


Average score of ISS

Improvement of ISS score from 2017-18 to 2018-19

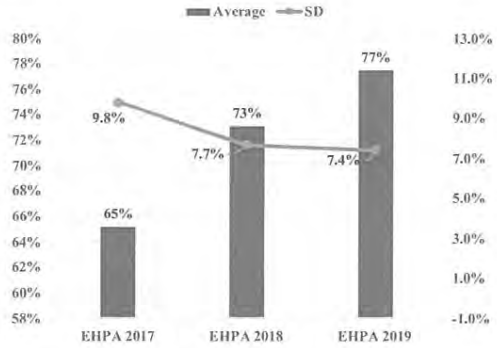
Annex 204

Output 3: ISS and EHPA (2)



Improvement of scores in each EHPA areas from 2018 to 2019

Improvement of EHPA average score from 2017 to 2019

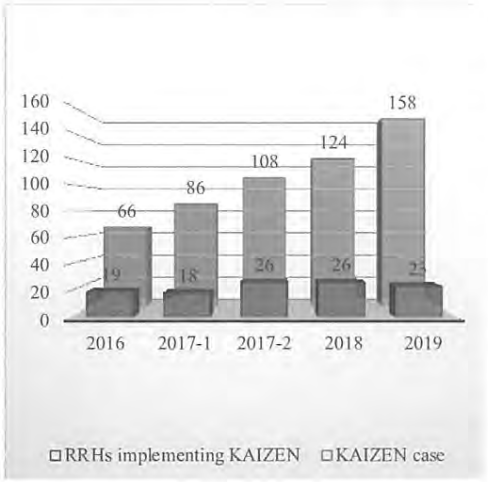


Challenges on ISS and EHPA

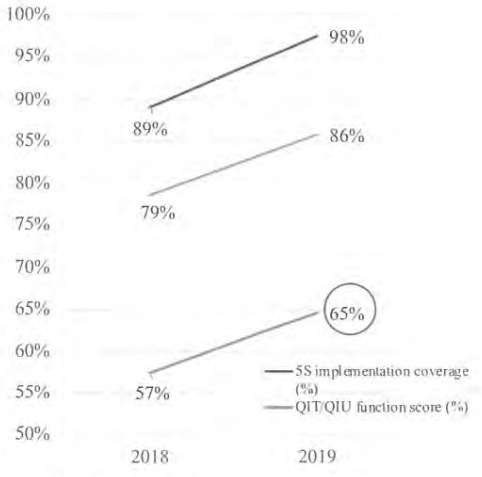
- Still some RRHs are failing to submit ISS report together with QPR
- Utilization of findings from ISS at RRH seems weak
- Weak capacity of the assessors for analyzing the data and information collected through EHPA

Output 4: 5S-KAIZEN-TQM for QM

The indicator, set for Output 4 is **achieved.**



Number of KAIZEN cases reported from RRHs



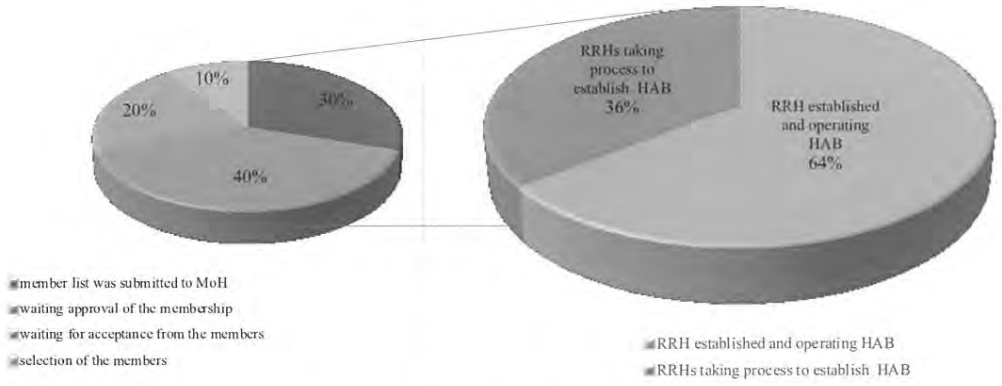
Trend of 5S implementation and QIU establishment and its function

Challenges on 5S-KAIZEN activities

- Insufficient generation change of 5S-KAIZEN national facilitators may affect the dissemination and continuation of 5S-KAIZEN in the future
- Capacity development of QIU is not well implemented, which cause the weak dissemination and follow-up of 5S-KAIZEN activities within RRH.
  - 23 RRHs allocated fulltime QI officers and establish QIU
  - 5 RRHs is still operating QIT
  - 12 RRHs out 28 RRHs (42%) scored less than 60 in the assessment of QIT/QIU functions in 2019
    - 5 RRHs out of those 12 RRHs scored less than 50

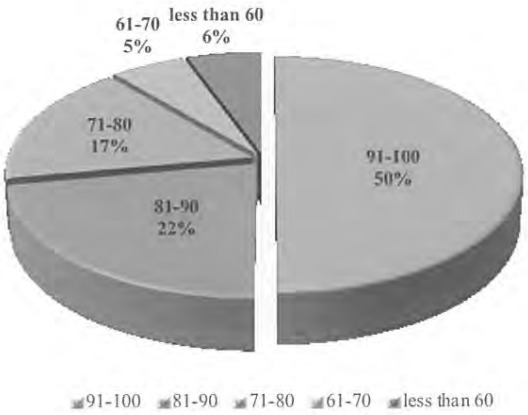
Output 5: HAB establishment and functionality

- 18 RRHs out of 28 RRHs has established functional HAB.
- Rest of 10 RRHs are on the process of establishing new HAB



Source: Self-monitoring by RRHMT in November 2019

Functionality of established HAB



- Among 18 RRHs that succeeded to establish HAB conducted self-evaluation, and 72% of them reported that their HAB is well functioning (scored more than 81)

Source: Self-monitoring by RRHMT in November 2019

Annex 205

Challenges on HAB

- Approval process is complicated and time consuming. Thus, HAB establishment was delayed at many RRHs
- Confusion between Council Health Service Board and Hospital Advisory Board was observed among MoH officials.

Output 6:
Sharing experiences on hospital management and quality improvement

- One of the indicator set for Output 6 is "Good practices shared within and outside of Tanzania is increased"

[Within Tanzania]

- RRHMP is always promoting good practice sharing among stakeholders in Tanzania:
  - Good practice of 5S-KAIZEN activities and Quality Management Structure in a hospital was shared during CV, KAIZEN TOT and MOI meetings.
  - Good practice booklet of 5S-KAIZEN activities was issued in January 2020, and will be shared with the stakeholders in Tanzania.

Annex 206

Output 6:
Sharing experiences on hospital management and quality improvement

[Outside of Tanzania]

- During KAIZEN TOT, RRHMP displayed and introduced inception reports from all participants to share their progress and good practices of 5S-KAIZEN
- Other countries participants had gotten a good impression from Tanzanian experience, and started KAIZEN activities after KAIZEN TOT

Year	# of countries	# of participants	# of KAIZEN reported
2015	1 (Bangladesh)	3	**0**
2016	7 (Burundi, Egypt, Kenya, Senegal, Sudan, Malawi, Zimbabwe)	10	**7**
2017	7 (Bangladesh, Burundi, Kenya, Sierra Leone, Sudan, Uganda, Zimbabwe)	13	**15**
2018	4 (Burundi, Kenya, Uganda, Zimbabwe)	8	**25**
2019	8 (Benin, Ghana, Liberia, Malawi, Sierra Leone, Sudan, Uganda, Zimbabwe)	14	**6**

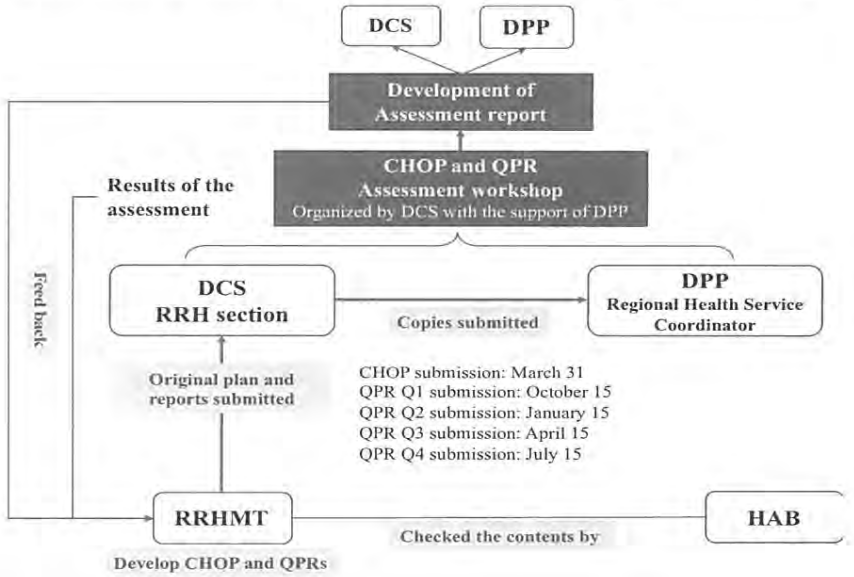
Suggestions (1)

- Unfortunately, most of the work is depending on individual expertise, and those people with knowledge and skills are transferred or retired, the quality and progress of the work are greatly affected. The reason behind that those who participated in training and orientation were not sharing knowledge and skills obtained from the training. Additionally, in-hospital training mechanism is not well functioning in RRHs.
- Therefore, MoHCDGEC should provide guidance to strengthen the institutional memories and in-house training mechanism so that the hospital can be operated without disturbance from the frequent turnover of staff.

Suggestions (2)

- RRH section has been established under DCS. However, actual establishment and functionalization of the section was delayed.
- For the optimization of RRH section, the following interventions are needed;
  - Development of Strategic plan and operation plan for the section
  - Clarify the mechanism of assessments and share it among stakeholders
  - Technical capacitation of staff on CHOP, QPR assessment, EHPA implementation and analysis of findings, KPI analysis etc.
  - Strengthen the data and information management, obtained from RRHs
  - Recommend to utilize the group training scheme of JICA
    - Hospital management
    - Quality and safety improvement

CHOP&QPR
submission, assessment and reporting mechanism



Suggestions (3)

- Internal communication within MoHCDGEC need to be improved on RRH management
  - It might be better to separate RRH management issues from TWG 1 and have own coordination forum on RRH management as discussion in TWG 1 is dominated by district health issues most of time.
- All RRHMTs need to start revise 5y strategic plan of RRH to align with new health policy and HSSP 5, and utilize the 5y strategic plan for development of CHOP
- Standardize the capacities of RRHs (organizational structure, bed capacity, clinical service provisions, requirement facilities and equipment etc.)
- Please consider to allocate budget for up grading the system application of HRHIS.
  - System application of HRHIS is getting old and slow, which is affecting the utilization of HRHIS for HRH management

Conclusion and lessons learned

- Based on the data and information that obtained from the project activities, it can be concluded that the **project was successfully implemented and achieved the expected outputs, except Output 2.**
- To enhance the hospital management capabilities of all RRHs, " an approach for rolling out the standardized tools" was adopted. However, some RRHMTs have lagged behind in strengthening hospital management.
  - RRHs in the newly established regions took time to change the management from the district health system to the regional referral hospitals, which heavily affected the capacity building of RRHMTs.
  - If we had more time and budget for follow-up activities, the project would have been able to individually support the weaknesses of each hospital.
- Rather than relying on individuals to share information within MoHCDGEC, we should have adopted a way to share information with a wide range of stakeholders. If such a mechanism was established earlier, the project outputs could be disseminated more effectively.

TO CR of JICA Tanzania Office

PROJECT MONITORING SHEET

Project Title: The Project for Strengthening Hospital Management of Regional Referral Hospitals

Version of the Sheet: Ver.4 (Term: October 2016 - March 2017)

Name: Hisahiro Ishijima

Title: Chief Advisor

Submission Date: April 2017

I. Summary

1. Progress

1-1 Progress of Inputs

Dispatch of Expert	Total Length of Stay
Chief Advisor	70 Days
Quality Management 1	86 Days
Quality Management 2	111 Days
Hospital Planning	60 Days
Training Management	69 Days

Equipment and Material
Not Applicable

Trainings		Period	Number of participants
Output 1	Facilitator workshop on Basic Hospital Management	Mar, 2017	10
Output 2	Introduction Seminar on CHOP	Nov, 2016	82
Output 3	Workshop for development of the guideline and tool on External Hospital performance assessment and Internal Supportive Supervision	Nov, 2016	15
	Seminar on Internal Supportive Supervision	Feb, 2017	82
	Workshop for development of training material on 5S-KAIZEN M&E for RHMTs	Feb, 2017	7
	Pilot seminar on External Hospital performance assessment	Feb, 2017	6 RHMTs members from Kilimanjaro RHMT
Output 4	KAIZEN Consultation Visits to RRHs	Feb, 2016- (on going)	5 RRHs and KCMC
	KAIZEN ToT Facilitators' training	Feb-Mar, 2017	7
	KAIZEN ToT (1) (include participants from foreign countries)	Nov-Dec, 2016	42
	KAIZEN ToT (2)	Mar, 2017	42
Output 5	Training on Hospital Advisory Boards	Feb, 2017	109
Output 6	KAIZEN TOT Training for participants from 7 countries (Egypt, Sudan, Kenya, Malawi, Zimbabwe, Burundi, Senegal)	Nov-Dec, 2016	14

	KAIZEN TOT Training for participants from Uganda	Mar, 2017	4
	Facilitators' training on 5S activities	Nov, 2017	19
	5S-KAIZEN-TQM Training with a focus on commodity management for primary level health facilities and CHMTs in Singida region	Jan-Feb, 2017	265
	5S-KAIZEN-TQM Training with a focus on commodity management for primary level health facilities and CHMTs in Shinyanga region	Feb-Mar, 2017	217
	5S-KAIZEN-TQM Training with a focus on commodity management for primary level health facilities and CHMTs in Simiyu region	Mar-Apr, 2017	204

Local Costs

Not Applicable

1-2 Progress of Activities

Output 1	**Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.**
	Facilitator workshop on Basic Hospital Management Training (BHMT) was conducted (March, 2017). The contents of BHMT participant's manual and teaching materials were checked and points to be emphasized during BHMT was identified and those points were reflected on the teaching presentation slides. Order of training topics, theme of practical sessions and methodology were also checked for improving efficiency and effectiveness of BHMT.
Output 2	**Planning and reporting capacity of RRHs is improved**
	CHOP training for RHMT and RRHMT members were conducted. 82 participants from all 28 RRHs and 26 RHMTs participated the training and obtained knowledge and skills for development of CHOP according to the new CHOP guideline. Considering the effectiveness of the training, a lot of exercise sessions were conducted during the training for strengthening the skills for development of CHOP and periodical reporting of the CHOP progress.
Output 3	**Monitoring and Evaluation of RRHs is strengthened**
	・EHPAT / ISS guideline and tool finalization workshop was conducted (November, 2016, January 2016). Participants were selected from MoHCDGEC, POLARG, RHMT and RRHMT. The contents of the guideline were aligned form practical usage. Though another workshop was planned, we needed not to conduct it because we could finalize the guideline in the two workshops by the good effort from the participants. ・ISS training workshop was conducted (February, 2017). 82 participants from all 28 RRHs and 26 RHMTs participated the training workshop to obtain skills on how to conduct ISS. Since the number of participants increased than planned (originally, RHMTs are not target on the training), the cost of the training course increased. However, it is beneficial for enhancing sustainability of ISS that an officer of RHMT is involved on the training because RHMT will supervise RRHMT in terms of implementation of ISS. The progress of ISS will be supervised through RMSSH by RHMT and consultation visit from MoHCDGEC and PORALG. ・Training materials for M&E of 5S-KAIZEN-TQM for RHMT was developed (February, 2017). Participants were selected from MoHCDGEC, PORALG and RRH. During the workshop, it was hard to enrich facilitator talking notes in the training materials as methodology used for development of the training materials was to make inputs into the PPTs that were already developed by the

	Project. ・External hospital performance assessment tool was finalized and piloted at Mawenzi RRH (February, 2017). Practical inputs from officers of DHQA were given to the checklist of EHPA.
Output 4	**Resource management and quality improvement activities are strengthened through KAIZEN approach**
	・KAIZEN Training of Trainers (3rd) was conducted (November to December 2016) for 56 participants. Three (3) participants were from 14 RRHs in Tanzania and two (2) participants were from each seven African countries; Burundi, Egypt, Kenya, Malawi, Senegal, Sudan, and Zimbabwe. From the course assessment and several satisfactory comments from the participants, it can be concluded that the ToT was successfully conducted to increase knowledge and practical skills of implementation of KAIZEN activities. During the training, all participated RRHs were announced that national KAIZEN theme in the year 2016/2017 is "Healthcare waste management is improved." ・KAIZEN Facilitator's Training was conducted to train seven (7) persons from four (4) tertiary hospitals namely BMC, KCMC, MNH and MZRH, as a new national facilitator of 5S-KAIZEN-TQM Approach (February to March 2017). All participants completed all programs of the training, and finally, were recognized a national facilitator. For effective and efficient capacity building of the new facilitators after the training, senior national facilitators working at the tertiary hospitals will follow up the new facilitators closely. Moreover, RRHMP developed "Competency Evaluation Sheet for 5S-KAIZEN-TQM National Facilitator" for checking level of competency of a national facilitator. ・KAIZEN Training of trainers (4th) was conducted (March 2017) for 46 participants. Three (3) participants from 14 RRHs in Tanzania and four (4) participants were from Uganda. On third training day, for checking and strengthening participants' understanding, training facilitators requested all participants to list up the topic which the participant does not understand well, afterwards, the facilitators revisit the topic. The national KAIZEN theme in 2016/2017 was announced to all Tanzanian RRHs. ・Consultation Visits (CV) for 5S-KAIZEN-TQM Approach was conducted at five (5) RRHs and KCMC. CV teams observed that two (2) RRHs have not started the KAIZEN theme of NHIF, and four (4) RRHs have not started the KAIZEN of healthcare waste management. Main and common obstacle observed is knowledge and skills of KAIZEN approach are not transferred from trained personnel to others after KAIZEN ToT.
Output 5	**Governance of RRHs is strengthened.**
	HAB Training for RRHMT and RHMT members was conducted (February, 2017). 109 participants from 28 RRHs and 26 RHMT participated to obtain knowledge on establishment of RRHAB. Roles and responsibilities of RRHAB, RHMT and RRHMT were clarified and linkage between RRHAB and CHOP, ISS and resource management were emphasized for establishment of functional RRHAB.
Output 6	**Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.**
	・KAIZEN Training of Trainers (3rd) was conducted at MRH (Mbeya) (November to December 2016) for 56 participants. Three (3) participants were from 14 RRHs in Tanzania and two (2) participants were from each seven African countries; Burundi, Egypt, Kenya, Malawi, Senegal,

	Sudan, and Zimbabwe. Tanzanian participants and the participants from other African counties were integrated in several scenes of the training such as practical sessions and group presentations. Moreover, the participants established an account of social networking service of "WhatsApp" voluntary aiming at sharing experience and information in terms of 5S-KAIZEN-TQM Approach timely, and all participants and training facilitators were invited to the account of WhatsApp. ・KAIZEN Training of trainers (4th) was conducted (March 2017) at KCMC (Moshi) for 46 participants. Three (3) participants from 14 RRHs in Tanzania and four (4) participants were from Uganda. Tanzanian and Ugandan participants were interacted in several scenes of the training such as practical sessions and group presentations.
	・Facilitator's skill building training on 5S-KAIZEN-TQM Approach was conducted at Muhimbili National Hospital (November, 2016). 19 participants strengthened their facilitation skills on 5S-KAIZEN-TQM Approach focusing on health commodity management. Although the number of participants declined than initial plan, it enabled to create more participatory training based on their facilitation experiences in the field. ・The series of 5S-KAIZEN-TQM Training with a focus on commodity management for primary level health facilities and CHMTs were carried out in Singida (January-February, 2017), Shinyanga (February-March, 2017), Simiyu region (March, 2017- on going). The modality of running the trainings was reconsidered based on all lessons learned from prior trainings in Mwanza to improve effectiveness of the training. Additionally, implementation arrangement of two classes which were conducted per week, maintained cost efficiency than previous ones.

Achievement of Output

Output – 1

Participant's manual and teaching materials for Basic Hospital Management Training (BHMT) were reviewed for improvement of contents for the coming training. It is expected that management capacity of RRHMTs is being improved through conducting BHMT. Advanced Hospital Management Training (AHMT) on financing management and CHOP were conducted so far. It is reported that a lot of ideas for cash revenue collection improvement were came up from RRHs and good practices were shared among RRHs. BHMT for all RRHs will be started from April 2017 until the end May 2017. During the BHM training, each RRH will be asked to develop action plan for strengthening the management capacity. Implementation of the action plan will be monitored through 2nd CV, which is planned to start from September 2017.

Output – 2

24 out of 28 RRHs submitted the CHOP with new format on time. At the time of Baseline survey, only 4 RRHs developed CHOP with previous format. Therefore, it is indicated that new CHOP guideline and format are well adopted and it seems that CHOP training was effective to improve planning process. It can be concluded that planning capacity of RRHs and being strengthened through the intervention of RRHMP.

Output – 3

In terms of ISS, internal supervision mechanism was introduced to RRHs. Implementation of ISS is next stage. In terms of External Hospital Assessment, necessary tools were finalized, next stage is dissemination of the tools, therefore, Output 3 has not reached the measurable stage with the indicators of Output 3.

Output – 4

Three (3) hospital staff from each 28 RRHs were trained on KAIZEN activities; a total number of trained hospital staff are 84. Since Consultation Visits have been conducted at five (5) RRHs and KCMC only, it cannot be assured that the indicator of Output-4 is achieved. 1st round of the Consultation visit has started and 5 RRHs were visited by the end of March 2017. 3 RRHs (Mt. Meru, Tanga, and Sokoine RRH) out of 5 RRHs has been implementing KAIZEN activities and 7 KAIZEN cases were reported from the above mentioned RRHs.

Output – 5

As mentioned in the above, after completion of the HAB training for RHMT and RRHMT, importance of establishing RRHAB is well understood and adopted by RRHMTs and RHMTs. At the time of Baseline survey only 11 RRHs had active RRHAB. However, 12 of 28 RRHs has established functional RRHAB, and 9 out of 28 RRHs are on the process of reviewing RRHAB members based on the new HAB guideline at the end of February 2017. Functionality of HAB will be reported through CHOP Quarterly Progress Report and the first report will be submitted in July 2017.

Output – 6

・20 persons from eight (8) African countries namely Burundi, Egypt, Kenya, Malawi, Senegal, Sudan, Uganda and Zimbabwe, were trained during KAIZEN Training of Trainers (November 2016 and March 2017). Tanzanian and the participants from other African countries were interacted well during the trainings. Moreover, the participants establish an account of social networking service; WhatsApp, at aiming continuous communication and experience sharing in the future. Since progress reports from participant African countries have not been shared with RRHMP, it cannot be assured that the indicator of Output 6 (1) and (2) are achieved. We expected to receive reports from seven (7) African countries (Burundi, Egypt, Kenya, Malawi, Senegal, Sudan and Zimbabwe) by July 2017, and from Uganda September 2017.

・In terms of improving health commodity management at primary health facilities, the Output 6 has not reached the measurable stage with the indicators of Output 6 (3). However, reporting mechanism and formats were amended in sustainable manner, Health Secretary was assigned as responsible person for report submission. These amendments were agreed between RORALG and MoHCDGEC to improve report submission and 5S-KAIZEN implementation at council in harmonization of two ministries.

1-3 Achievement of the Project Purpose

Based on the achievements of each project Output, it can be said that Project purpose is gradually achieving. For example, at the end of March 2017 was the deadline for submission of CHOP with new format, 24 out of 28 RRHs submitted the CHOP with new format on time. At the time of Baseline survey, only four (4) RRHs developed CHOP with previous format. Therefore, it is indicated that planning capacity of RRHs is strengthening through the intervention of RRHMP. Additionally, establishment of Regional Referral Hospital Advisory Board (RRHAB) is also improving. At the time of Baseline survey only 11 RRHs had active RRHAB. 12 of 28 RRHs has established functional RRHAB, and nine (9) out of 28 RRHs are on the process of reviewing RRHAB members based on the new HAB guideline at the end of February 2017.

The project is going to collect the Key Performance Indicators from the CHOP assessment results as the baseline of hospital management capacity of RRHs in April 2017.

1-4Changes of Risks and Actions for Mitigation

Not Applicable

1-5 Progress of Actions undertaken by JICA

Not Applicable

1-6 Progress of Actions undertaken by Gov. of Tanzania

New region is established in Southern highland zone:

Songwe region was divided from Mbeya region on July 1st, 2016. Due to the establishment of Songwe region, Vwawa District Hospital has been designated as Regional Referral Hospital for Songwe Region since August 11th, 2016. Therefore, MoHCDGEC requested JICA to add Vwawa hospital as one of the target of RRHMP. MoHCDGEC and JICA agreed to amend the Record of Discussion (R/D) on the abovementioned issue.

1-7 Progress of Environmental and Social Considerations (if applicable)

Not Applicable

1-8 Progress of Considerations on Gender/Peace Building/Poverty Reduction (if applicable)

Not Applicable

1-9 Other remarkable/considerable issues related/affect to the project (such as other JICA's projects, activities of counterparts, other donors, private sectors, NGOs etc.)

Shifting of MoHCDGEC Headquarter

MoHCDGEC Headquarter was shifted from Dar es Salaam to Dodoma at the end of February 2017. Management of MoHCDGEC is shifted already and communication with the Project director and manager takes longer time.

New structure of health department in PORALG

Health department of PORALG has been re-structured recently. After the re-structuring of the department, the Project is facing difficulty to have smooth communication and get agreement on the schedule of project activities. This is affecting the Project activities and causing the delay preparation of activities.

2. Delay of Work Schedule and/or Problems (if any)

ISS/EHPA guideline was supposed to be finalized before starting the EHPA training and baseline data collection. The project requested to Department of Quality Health Assurance of MoHCDGEC for final check of the EHPA tools. However, it is not well progressed, and, the tool is not finalized yet.

3. Modification of the Project Implementation Plan

3-1 PO

Not Applicable

3-2 Other modifications on detailed implementation plan

(Remarks: The amendment of R/D and PDM (title of the project, duration, project site(s), target group(s), implementation structure, overall goal, project purpose, outputs, activities, and input) should be authorized

by JICA HDQs. If the project team deems it necessary to modify any part of R/D and PDM, the team may propose the draft.)
Not Applicable

4. Preparation of Gov. of Tanzania toward after completion of the Project

Sustainability of the Project activities is very important. It is on this fold that the Gov. of Tanzania through MOHCDGEC in collaboration with PORALG undertakes the following for sustainability purposes;

1) Mainstream the project activities reporting in the normal government annual and quarterly reporting system structures i.e. RHMT, RRHMT and CHMT annual and quarterly progress reports. This will enhance close follow up.

2) Gradually include Project activities in the CCHP, CHOP and RHMT plans; this will enable them to conduct in-house and external trainings.

3) Involve Gov. of Tanzania Health Institutions in preparation of necessary training materials as a process to Institutionalize the BHMTs and others for hospital staff as per need.

MOHCDGEC and PORALG to conduct bi annual and annual Supportive Supervision.

II. Project Monitoring Sheet I & II *as Attached*

Project Monitoring Sheet II

Version 4
Dated April, 2017

Project Title: Project for Strengthening Hospital Management of Regional Referral Hospitals

Expert ◎: Main responsible person, ○: Sub-responsible person, △: Assist person

Inputs	Plan / Actual	2015	2016	2017	2018	2019	2020	Remarks
Chief Advisor / Hospital Management	Plan / Actual							
Quality Management/5S-KAIZEN-TQM 1	Plan / Actual							
Quality Management/5S-KAIZEN-TQM 2	Plan / Actual							
Hospital Planning	Plan / Actual							
Training Management	Plan / Actual							

Activities / Sub-Activities						Plan / Actual	Responsible Organization (Japan / GOT)	Achievements	Issue & Countermeasures
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.									
1-1 Situation analysis and benchmarking is conducted on management capacities of RRHs.									
1-1-1 Preparatory workshop for baseline survey; contents and methodologies	◎	○			○	Plan / Actual		Number of participants:18 Baseline survey was designed	
1-1-2 Baseline survey on hospital management of 27 RRHs (Consultancy)	◎	○			○	Plan / Actual		Completion of baseline survey for 27 RRHs Baseline survey report was produced	
1-1-3 Feedback workshop on findings of baseline survey	◎	○			△	Plan / Actual		Number of participants:17 Findings from Baseline survey was shared to key stakeholders	
1-2 Existing training programs and materials on hospital management is reviewed.									
1-2-1 Workshop on reviewing current hospital management training program for RRHMTs	◎	○			△	Plan / Actual		Number of participants:13 Field report on hospital management training was shared to the key stakeholders and agreed on the subjects to be taught in Basic Hospital Management Training	
1-3 Training institutions and facilitators are identified and oriented.									
1-3-1 Identification of resource personnel and training institutes for hospital management training	◎			○		Plan / Actual		After completion of all modules, suitable facilitators will be identified	
1-4 Training modules (basic and applied) and materials are consolidated.									
1-4-1 Workshop on modifying hospital management training program and teaching materials for RRHMTs	◎	○			△	Plan / Actual		Number of participants:20 Draft of Facilitator's guide for HMT training was reviewed for improvement of the contents	
1-5 National facilitators are trained on hospital management in TOT manner.									
1-5-1 Facilitators training on basic hospital management	◎	○			△	Plan / Actual		Number of participants: 10	
1-6 Hospital management training is conducted to RRHMTs.									
1-6-1 Basic hospital management training, and finding of problems and challenges	◎	○		○	○	Plan / Actual			
1-6-2 Advanced hospital management training, and finding of problems and challenges	◎	○		○	○	Plan / Actual			
1-7 Institutionalization of hospital management training program is promoted and facilitated.									
1-7-1 Basic and advance hospital management training at organization/institution to develop human resource	◎	○		○	○	Plan / Actual			
1-8 Training effectiveness is assessed.									
1-8-1 Analysis of Quarterly Internal Supportive Supervision reports, Annual External Performance Assessment reports	◎	○		○	○	Plan / Actual			
Output 2: Planning and reporting capacity of RRHs is improved.									
2-1 CHOP and related management structure are reviewed.									
2-1-1 Identification of problems and challenges for CHOP and quarterly report	○	△		◎	△	Plan / Actual		In the first WS, problems were identified and reflected to first draft of CHOP guideline.	
2-1-2 Technical advices to RRHMTs on CHOP development	○	△		◎	△	Plan / Actual			
2-2 CHOP guideline and formats are revised accordingly.									
2-2-1 Finalization of CHOP guideline and format	○	△		◎	△	Plan / Actual			
2-2-2 CHOP training program and teaching material development	○	△		◎	△	Plan / Actual			
2-3 Training on CHOP is conducted. (as in 1-5 and 1-6)									
2-3-1 CHOP training for RRHMT and RHMT	◎			○		Plan / Actual		82 participants from RRHMT and RHMT were trained	
2-4 Data management for CHOP development and monitoring is improved. (in line with 3-1 and 3-2)									
2-4-1 CHOP assessment	◎			○		Plan / Actual			
2-5 Data management tool for human resources for health (HRHIS) is introduced.									
2-5-1 HRHIS Operation Training and Data Utilization Training	○	△		◎	△	Plan / Actual			
2-5-2 HRHIS Supportive Supervision	○	△		◎	△	Plan / Actual		On the process of procurement of local consultant	
2-6 Mentoring support on planning and reporting is strengthened.									
2-6-1 Mentoring on CHOP planning and reporting through CV	○	△		◎	△	Plan / Actual		On the process of procurement of local consultant	
2-7 Report formulating skills and reporting structure are reviewed and strengthened.									
2-7-1 Provide Technical advices on reporting skills and structure through CV	○	△		◎	△	Plan / Actual		On the process of procurement of local consultant	

Activity							Achievements	Remarks
Output 3: Monitoring and Evaluation of RRHs is strengthened.								
3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized.								
3-1-1 Follow up on current status of hospital performance assessment tool	○	△		○	△	Plan	In the workshop, 6 hospital assessment tools were collected	
						Actual		
3-1-2 Workshop on integration and modification of hospital performance assessment tool (Internal SS document)	○	△		○	△	Plan	External Hospital Performance Assessment and Internal supportive supervision tool and guideline was finanzed.	
						Actual		
3-2 Tools for external hospital performance assessment by MoHSW/PMO-RALG through RHMT are reviewed, developed and utilized.								
3-2-1 Planning of hospital performance assessment	○	△		○	△	Plan		
						Actual		
3-2-2 Piloting hospital performance assessment at 3 RRHs	○	△		○	△	Plan	The pilot on hospital performance assessment has been done in Morogoro RRH, Dodoma RRH (Apr, 2016) The pilot on hospital performance assessment has been done in Mawenzi RRH (Feb, 2017)	
						Actual		
3-2-3 Modification of hospital performance assessment tool	○	△		○	△	Plan		
						Actual		
3-2-4 Training on Internal Supportive Supervision	○	△		○		Plan	82 participants from RRHMT and RHMT were trained	
						Actual		
3-2-5 Workshop on developing hospital performance assessment structure	○	△		○	△	Plan		
						Actual		
3-3 Results from hospital performance assessment (internal and external) are analyzed and publicized.								
3-3-1 Analysis of hospital performance and the feedback	○	△		○	△	Plan		
						Actual		
3-3-2 Finalization of hospital performance, structure and tools	○	△		○	△	Plan		
						Actual		
3-3-3 Install the External Hospital Performance Assessment mechanism	○	△		○	△	Plan		
						Actual		
3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment.								
3-4-1 RMSS-H, mentoring and other support activities to RRH are strengthened through CV	○	△		○	△	Plan		
						Actual		
3-5 RHMT's monitoring and evaluation capacity of 5S-KAIZEN-TQM activities is strengthened.								
3-5-1 Finalization of 5S-KAIZEN teaching materials for monitoring and evaluation for RHMT	△	○	○			Plan	Material on 5S-KAIZEN M&E Training for RHMTs was developed	
						Actual		
3-5-2 5S KAIZEN training on monitoring and evaluation for RHMT	△	○	○			Plan		
						Actual		
3-5-3 Analysis of monitoring and evaluation results based on the monitoring and evaluation conducted by RHMT	△	○	○			Plan		
						Actual		
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.								
4-1 Application of KAIZEN approach in improvement of hospital management is conceptualized.								
4-1-1 Review and modification of KAIZEN training materials	○	○			△	Plan	KAIZEN TOT materials was reviewed and finalized	
						Actual		
4-2 QIT and WIT are oriented on hospital management.								
4-2-1 Emphasize during Consultation Visit	○	○			△	Plan		
						Actual		
4-3 Target managerial areas for quality improvement at each RRH is identified by the result from hospital performance assessment.								
4-3-1 Development of KAIZEN ToT Facilitators' Guide	○	○			△	Plan	Facilitators' Guideline was developed	
						Actual		
4-4 KAIZEN TOT is conducted to National Facilitators, focusing on improvement of hospital management.								
4-4-1 KAIZEN ToT Facilitators' training	○	○			○	Plan	9 facilitators were trained on teaching KAIZEN activities to RRHs. M&E tools are finalized (Mar-Apr, 2015) 7 facilitators from DPP, BMC, KCMC, MNH, and MZRH were trained on teaching KAIZEN activities (Mar, 2017)	
						Actual		
4-4-2 Revision of training materials of KAIZEN TOT based on the inputs from KAIZEN facilitators	○	○			△	Plan	KAIZEN TOT materials was reviewed and finalized	
						Actual		
4-5 KAIZEN training is conducted to RRHMTs.								
4-5-1 KAIZEN TOT (1) (include the participants from foreign countries)	○	○			○	Plan	KAIZEN TOT was conducted for 12 RRHs (Sep, 2015) - 36 participants from 12 RRHs; RRHMT members, were trained on KAIZEN Approach - 6 observers from MNH and 3 observers from JOCV participated KAIZEN TOT was conducted for 14 RRHs (Nov-Dec, 2015 - 42 participants from 14 RRHs; RRHMT members, were trained on KAIZEN Approach	
						Actual		
4-5-2 KAIZEN TOT (2)	○	○			○	Plan	KAIZEN TOT was conducted for 15 RRHs (Dec, 2015) - 47 participants from 15 RRHs; RRHMT members, were trained on KAIZEN Approach - 6 observers from Bugando Medical Center, 1 observer from JOCV participated KAIZEN TOT was conducted for 14 RRHs (Mar, 2017) - 42 participants from 14 RRHs; RRHMT members, were trained on KAIZEN Approach	
						Actual		
4-6 KAIZEN activities in target managerial areas are conducted at each RRH.								
4-6-1 Setting a national KAIZEN theme on different managerial areas	○	○			△	Plan	National KAIZEN Themes are set for all RRHs as follows (2015/2016) Revenue collection of NHIF is improved (2016/2017) Healthcare waste management is improved	
						Actual		
4-7 Progress of KAIZEN activities is monitored.								
4-7-1 KAIZEN Consultation Visits to RRHs	○	○			△	Plan	CVs were conducted for 25 RRHs and 4 national hospitals(Feb-Jul,2016) CVs were conducted for 5 RRHs and 1 national hospitals (Jan-Mar, 2017)	
						Actual		
4-7-2 Development of a poster of 5S-KAIZEN-TQM Approach	○	○			△	Plan		
						Actual		
4-7-3 Revision of the Implementation Guideline for 5S-KAIZEN-TQM Approach	○	○			△	Plan		
						Actual		
4-8 Institutionalization of KAIZEN TOT is promoted and facilitated.								
4-8-1 Strengthen RHMT to continue follow up activities for implementation of KAIZEN activities at RRH	○	○			△	Plan		
						Actual		
4-8-2 Harmonization with Hospital Management Training	○	○			△	Plan		
						Actual		
4-9 Impact of KAIZEN approach for hospital management is assessed and reviewed.								
4-9-1 Conduct case study	○	○			△	Plan		
						Actual		

Output 5: Governance of RRHs is strengthened.

5-1 Guideline and assessment tools for Hospital Advisory Boards (HAB) is reviewed and revised.

5-1-1 Workshop for reviewing and modifying HAB guideline and other tools related with HAB activities	Plan / Actual		Number of participants:10. Final Draft of HAB guideline is developed

5-2 Orientation training materials and program for HAB is developed, reviewed and revised.

5-2-1 Development of HAB orientation package	Plan / Actual		PPT of HAB training and lectures note with 2 days training program was develope

5-3 Training for capacity building of HAB on governance and leadership is implemented.

5-3-1 Facilitators' training for HAB orientation	Plan / Actual		Number of facilitators' trained: 12 Receive lots of input from experienced participants to improve the document
5-3-2 HAB training for RRHMT and RHMT	Plan / Actual		109 participants from RRHMT and RHMT were trained

5-4 Regular assesment of HAB functionality and supportive interventions to HAB are conducted.

5-4-1 Assessment of hospital performance and HAB functions	Plan / Actual		
5-4-2 Orientation on new guideline of HAB activities to 3 RRHs	Plan / Actual		Number of health managers trained: 16 Experiences of RRHs were shared during the training, which were useful for improvement of the document

5-5 Recommendations from HAB report are reviewed and enhanced to improve hospital performance.

5-5-1 Provide Technical advices on HAB performance through CV	Plan / Actual		109 participants from RRHMT and RHMT were trained

Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.

6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders.

6-1-1 NQIF administrative and technical support	Plan / Actual		One abstract on IPC Kaizen case was accepted in 5th NQIF in 2015

6-2 Horizontal learning among RRHs is enhanced.

6-2-1 Progress Report Meeting of 5S-KAIZEN-TQM Approach	Plan / Actual		72 participatns from RRHs, National Hps@pitals, RHMTs, MoHCDGEC, PORALG and NHIF
6-2-2 Support supplementary training on 5S-KAIZEN-TQM Approach	Plan / Actual		16 participants from 8 African countries were received and trained on KAIZEN

6-3 5S-KAIZEN-TQM training with a focus on commodity management is conducted to primary level health facilities and CHMTs.

6-3-1 Development of a poster of 5S-KAIZEN-TQM Approach focusing on health commodity management	Plan / Actual		
6-3-2 Workshop for developing guideline on 5S-KAIZEN-TQM Approach for helath commodity menegement	Plan / Actual		The posters for 5S-KAIZEN-TQM for health commodity management have been distributed.
6-3-3 Finalization of guideline on 5S-KAIZEN-TQM Approach for helath commodity management	Plan / Actual		The posters for 5S-KAIZEN-TQM for health commodity management have been distributed.
6-3-4 Facilitators' training on 5S activities	Plan / Actual		15 facilitators were trained (May, 2016) 19 facilitators were trained (Nov, 2016)
6-3-5 5S trainings for primary health facilities	Plan / Actual		Number of participants(Mwanza): 317 Number of Participants (Singida): 265 Number of Participants (Shinyanga): 208 Number of Participants (Simiyu): on going
6-3-6 Training on 5S-KAIZEN-TQM's monitoring and evaluation for CHMT	Plan / Actual		Number of participants: 71
6-3-7 Finalization of the results of monitoring evaluation on 5S-KAIZEN-TQM for CHMT	Plan / Actual		

6-4 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged.

6-4-1 KAIZEN TOT for participants from African countries	Plan / Actual		14 participants from 7 African countries were trained : Egypt, Sudan, Kenya, Malawi, Zimbabwe, Burundi, Senegal (Nov-Dec, 2016) 4 Participants from Uganda were trained (May, 2017)

6-5 Regional KAIZEN TOT Training Program is acknowledged by stakeholders.

6-5-1 Development of a booklet of "Good Practices of KAIZEN (temporary name)"	Plan / Actual		

6-6 Regional KAIZEN TOT Training is conducted with participation of other African countries.

6-6-1 KAIZEN TOT for participants from African countries	Plan / Actual		14 participants from 7 African countries were trained : Egypt, Sudan, Kenya, Malawi, Zimbabwe, Burundi, Senegal (Nov-Dec, 2016) 4 Participants from Uganda were trained (May, 2017)

Duration / Phasing — Plan / Actual

Monitoring Plan	Plan / Actual	1st Year (2015) I	II	III	IV	1st Year (2016) I	II	2st Year (2016) III	IV	2nd Year (2017) I	II	III	IV	2nd Year (2018) I	II	III	IV	2nd Year (2019) I	II	III	IV	2nd Year (2020) I	II	III	IV	Remarks	Issue	Solution
Monitoring																												
Joint Coordination Committee	Plan / Actual																											
Monthly project meeting	Plan / Actual																											
Submission of Monitoring Sheet	Plan / Actual																											
Reports/Documents																												
Development and submission of work plan (Japanese version - submission to JICA)	Plan / Actual																											
Development and submission of work plan (English version - submission to MOHSW, JICA)	Plan / Actual																											
Development and submission of Project Completion Report	Plan / Actual																											
Public Relations																												
--	Plan / Actual																											
--	Plan / Actual																											

Annex 218

TO CR of JICA Tanzania Office

PROJECT MONITORING SHEET

Project Title: The Project for Strengthening Hospital Management of Regional Referral Hospitals

Version of the Sheet: Ver.4 (Term: April 2017 - September 2017)

Name: Hisahiro Ishijima

Title: Chief Advisor

Submission Date: 21 October 2017

I. Summary

1. Progress

1-1 Progress of Inputs

Dispatch of Expert	Total Length of Stay
Chief Advisor	185 Days
Quality Management 1	210 Days
Quality Management 2	183 Days
Hospital Planning	117 Days
Training Management	160 Days

Equipment and Material

Not Applicable

Trainings		Period	Number of participants
Output 1	Basic Hospital Management in Dar es Salaam	April, 2017	42
	Basic Hospital Management in Moshi	April, 2017	36
	Basic Hospital Management in Mwanza	May, 2017	42
	Basic Hospital Management in Mbeya	May, 2017	48
Output 2	CHOP Assessment	April, 2017	5
Output 3	External Hospital Performance Assessment Facilitator's training	June, 2017	20
	External Hospital Performance Assessment training for RHMT and EHPA baseline survey	July-September, 2017	23 RHMT 25 RRHs
	RHMT training on 5S-KAIZEN M&E	June, 2017	75
Output 4	KAIZEN Consultation Visits to RRHs (the first round of 2017)	February-June, 2017	28 RRHs and 3 NHs
	KAIZEN Consultation Visits to RRHs (the second round 2017)	September, 2017 (on going)	1 RRHs and 1 NHs
	National Facilitator's skill building workshop	June, 2017	24
	Pilot test of New CV tool	September, 2017	8
Output 6	5S-KAIZEN-TQM Training with a focus on commodity management for primary level health facilities and CHMTs in Tabora region	April-May, 2017	301

	2nd Progress Report Meeting for 5S-KAIZEN-TQM Approach	June, 2017	56

Local Costs

Not Applicable

1-2 Progress of Activities

Output 1 — **Series of Basic Hospital Management Training (BHMT) were conducted**

BHMT is a training designed to strengthen the capacity of RRHMT on the hospital management, and it is composed with the following five modules; 1) understanding of the Regional health system, 2) Basic Management, 3) Human Resource for Health Management, 4) Health Resources / Information Management, 5) Quality and Safety in Hospital Services.

Series of BHMT training were conducted between March to May as follows;

SQ	Training batches	Participants	Effect size from Pre- and Post-assessment
1	BHMT for Western Zone (Dar es Salaam)	42 participants from Tumbi, Morogoro, Sokoine, Ligura, Amana, Temeke, Mwananyamala RRHs	Δ =0.76 (middle level effect)
2	BHMT for Northern Zone (Moshi)	36 participants from Mawenzi, Mt.Meru, Tanga, Singida, Manyara, Dodoma	Δ =1.76 (large level effect)
3	BHMT for Lake Zone (Mwanza)	42 participants from Kagera, Mwanza, Shinyanga, Tabora, Mara, Geita, Simiyu RRHs	Δ =1.21 (large level effect)
4	BHMT for Southern Highland Zone (Mbeya)	48 participants from Mbeya, Ruvuma, Rukwa, Iringa, Njombe, Katavi, Kigoma, Songwe RRHs	Δ =1.55 (large level effect)

Output 2 — **CHOP assessment was conducted**

After introduction of New CHOP guideline, all RRHs submitted their CHOP with new format by the middle of Aril. Therefore, MoHCDGEC conducted CHOP assessment between April 10th and April 13th, 2017 @ CEMMI, Dar es Salaam. The result of the assessment was good and all RRHs CHOP were scored over 60. (Average score: 83, lowest score: 62, highest score: 100). Reliability of data might be low, however, all RRHs succeeded to collect Key performance indicators for hospital management.

HRHIS

Assignment of HRHIS rollout and supportive supervision were out sourced to University of Dar es Salaam (UDSM), Department of Computer Science in June. The main tasks are; 1) HRHIS software up-date and server maintenance, 2) Training material up-date, 3) Training of RRHMT on HRHIS operation and HRH management, and 4) Supportive supervision.

They have checked current status of HRHIS, and fixed system bug, up-date software, and completed facilitator's training on HRH operation and HRH Management. UDSM is waiting for starting the

training for RRHMTs from October 2017.

Output 3 **Monitoring and Evaluation of RRHs is strengthened**

3-1. Conducting EHPA Facilitator Training

The training has been conducted from 19th to 24th June 2017 at Mtwara and Lindi. 20 participants came from PORALG, DPP, DCS, and DHQA and Mtwara and Lindi RHMT. The purposes of the training were to Orient and build capacity of PORALG and MoHCDGEC (DPP, DCS, and DHQA) teams as EHPA facilitators; who would Orient RHMTs on how to Conduct EHPA and oversee carrying out the Baseline EHPA survey in the RRHs. Through the training, EHPA baseline data of Sokoine RRH (Lindi) and Ligula RRH (Mtwara) were collected.

From the Facilitators training, about ten EHPA facilitators were selected for EHPA training RHMT.

3-2. Conducting EHPA training for RHMT and EHPA baseline survey for RRH

The following table indicates the summary of the EHPA training for RHMT and schedule of baseline data collection from July to October 2017. EHPA facilitators are divided into two teams and conducted the training and data collection.

Period of the event

5 days for each RHMT and RRH

Date	Team A	Team B
3rd – 7th July	Katavi RHMT (Mpanda RRH)	Ruvuma RHMT (Songea RRH)
10th – 14th July	Rukwa RHMT (Sumbawanga RRH)	Njombe RHMT (Kibena RRH)
17th – 21st July	Songwe RHMT (Songwe RRH)	Iringa RHMT (Iringa RRH)
24th – 28th July	Mbeya RHMT (Mbeya RRH)	Morogoro RHMT (Morogoro RRH)

Date	Team C
13th – 14th July	Training for Dar RHMT
19th – 21st July	Amana RRH, Temeke, RRH, Mwananyamala RRH

Date	Team A	Team B
7th-11th August	Kagera RHMT (BukobaRRH)	Mwanza RHMT (Mwanza RRH)
14th -18th August	Geita RHMT (Geita RRH)	Mara RHMT (Mara RRH)
21st-25th August	Shinyanga RHMT (Shinyanga RRH)	Simiyu RHMT (Simiyu RRH)

Date	Team A	Team B
4th-8th September	Kigoma RHMT (Mawenzi RRH)	Dodoma RHMT (Dodoma RRH)

	11th-15th September: Tabora RHMT (Kitete RRH); Singida RHMT (Singida RRH) 25th-29th September: Arusha RHMT (Mt. Meru RRH); Tanga RHMT (Tanga RRH) Date: 2nd-6th October — Team A: Manyara RHMT (Babati RRH) (Planned); Team B: Pwani RHMT (Tumbi RRH) (Planned)
Venue	Conference room of each RHMT
Number of participants	6 participants from each RHMT for the first 2 days (Orientation on the Tool)
Facilitators	Establish two teams (4 member / team) from DPP, DCS, DHQA, PORALG: Facilitators who conducted training in June 2017
Observers	Findings, observations & recommendations given @ feedback session: Members of RRHMT of target RRH including QIT were invited for feedback & discussion session of EHPA
Purpose	・To introduce External Hospital Performance/ISS guidelines to RHMT; ・To conduct External hospital performance assessment by RHMT; ・To collect baseline data of RRH; ・To identify performance strengths and weaknesses; ・To improve hospital service delivery; ・To be used for development of CHOP.
Main contents of the activity	Day 1 and 2: Orientation/ Training to RHMT on EHPA Guide and Tools; (how to conduct EHPA) Day 3 and 4: EHPA at target RRH by RHMT supported by the facilitators Day 5: Feedback session of EHPA
Challenges	1. Unavailability of the requested right members of RHMT (requested each RHMT to avail 6 officers capable of orienting/replicating the same training to other members) but could hardly get as requested due to other competing assignments 2. Lack of concentration by participant due to frequent interruption/ disturbances during orientation sessions (arising from closeness of the venue to RHMT offices) 3. As lesson learnt; still most of the RRHs including those observed to reasonably have good scores in PRM were not seriously executing all what they learnt and reported about 5S KAIZEN TQM Approach.

	Recommendations	RHMT through RMOs were advised to ensure that the orientation trickles down to all members of RHMT and follow the guideline in selection of assessors' in terms of competences and other aspects. RHMT should make a close follow up of all identified gaps/ challenges and facilitate the RRHMTs to prepare action plan to alleviate the situation including focusing on the gaps in development of the next CHOP.
	Future aspects	With close follow-up by RHMT on all aspects of EHPA including Quarterly Supportive Supervision Visits the RRHs are expected to improve tremendously in two/ three years.

Results of the first EHPA will be analyzed after completion of EHPA at all RRH.

3-3. 5S-KAIZEN Monitoring and Evaluation Training for RHMT

The training was conducted (June 2017). 75 participants from 25 RHMTs except for Kilimanjaro participated the training and obtained knowledge and skills on 5S-KAIZEN M&E. During the training roles and responsibilities of RHMTs focusing on 5S-KAIZEN were discussed and reconfirmed about sustainable assistant mechanism for continues quality improvement in a region.

Output 4	**Resource management and quality improvement activities are strengthened through KAIZEN approach**
	Consultation Visit (CV) for 5S-KAIZEN-TQM Approach (1st Round in 2017) CVs of 1st Round in 2017 were finished for all 28 RRHs and 4 NHs. **Consultation Visit (CV) for 5S-KAIZEN-TQM Approach (2nd Round in 2017)** CVs of 2nd Round in 2017 started in September 2017, and CVs for one RRH and one NH were finished in September 2017.
Output 5	**Governance of RRHs is strengthened.**
	Establish of HAB with new guideline and monitoring the functionality of HAB is ongoing. According to the results of EHPA in all 28 RRHs, 8 RRHs have well-functioning HAB and 9 RRHs have already started the process of establishing HAB, however no process has begun at 7 RRHs. As a special note, despite the fact that 4 RRHs have completed establishing HAB based on new guideline, it was not approved by MoHCDGEC for reasons given by the Legal Section of the Ministry that the Establishment should follow General Notice that was given in 2010 and not the 2016 New Guideline. they did not follow the previous guideline.
Output 6	**Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.**
	Collecting a progress report from the participant countries of KAIZEN TOT conducted in November –December 2016 (Output 6) MoHCDGEC and RRHMP invited 7 countries: Burundi, Egypt, Kenya, Malawi, Senegal, Sudan and Zimbabwe, to KAIZEN TOT in November and December 2017, aiming at sharing experiences in 5S-KAIZEN-TQM Approach and promoting mutual enhancement of its implementation. This South-South Cooperation is carried out under the Project Output 6. Therefore, as for checking its effectiveness, RRHMP requested all the participated countries to submit a progress report of

5S-KAIZEN activities in respective country after approximately 6 months of the training. The participants of Burundi, Egypt, Malawi, Senegal and Zimbabwe already submitted the progress report to RRHMP. RRHMP is still waiting for the remaining two countries' reports; Kenya and Sudan. Brief progress of 5S-KAIZEN activities after the KAIZEN TOT is described on the table below:

Participant country	Brief progress of 5S-KAIZEN activities after the KAIZEN TOT
Burundi	Since 5S-KAIZEN activities are stagnated in the pilot hospital for 5S-KAIZEN, the hospital determined to focus on strengthening 5S activities in 2017. The National 5S Committee had recently been renewed by official nomination signed by the Ministry of Public Health and Fight Against AIDS.
Egypt	Three (3) KAIZEN cases were completed and the problems were reduced effectively. MOH proactively conducted 5S training for 22 health facilities in five (5) governorates.
Malawi	In Thyolo District Hospital where one of participant is belonging to, series of KAIZEN training were conducted, and KAIZEN activities were conducted in four (4) areas. Queen Elizabeth Central Hospital where another participant is belonging to, reviewed current situation and strengthen 5S activities before commencing KAIZEN activities.
Senegal	Action plan was developed, including conducting 5S training and KAIZEN.
Zimbabwe	KAIZEN TOT was conducted at the pilot hospitals; approx. 40 hospital staff were trained on KAIZEN.

RRHMP will organize next KAIZEN TOT in the beginning of December 2017, and invite African countries. As part of preparations for the next training, RRHMP finalized a guidance for applicants (General Information) for African countries and submitted to JICA HQ.

Conducting 2nd Progress Report Meeting for 5S-KAIZEN-TQM Approach (Output 6)

The Following table is the summary of the 2nd Progress Report Meeting. All 28 RRHs reported the progress on management of QI progress and their 5S-KAIZEN activities. Additionally, results of Internal Supportive Supervision and progress of KAIZEN activities with national KAIZEN theme.

Period of the event	3 days from July 10th to 12th July, 2017
Venue	Lamada Hotel and Apartments, Dar es Salaam
Number of participants	56 participants from 28 RRHs; one of the executive hospital management team and one of QIT from each RRH
Facilitators	DPP, 5S-KAIZEN National Facilitators and RRHMP
Observers	Representative of 4 National Hospitals (BMC, KCMC, MNH, MZRH), 6 JICA Volunteers *Official invitations were sent to MoHCDGEC (DCS, DHQA, DNS) and PORALG*

Purpose	Share current progress of implementation of 5S-KAIZEN activities at all RRHs Share good practices in implementation of 5S and KAIZEN activities Share any challenges in implementation of 5S-KAIZEN activities in the field, and good measures to overcome the challenges
Main contents of the activity	Progress report of implementation of 5S-KAIZEN activities Brainstorming and discussion session on current challenges and its countermeasures 10th Annual Events of 5S-KAIZEN-TQM Approach in Tanzania Best KAIZEN Award

Through those progress report, the following challenges were observed;
"Know-Do Gap" was observed in the most of RRHs; many hospitals conducted in-house training on 5S or KAIZEN, however, actual purposes of 5S-KAIZEN activities have not been fully achieved yet. Moreover, there are no succession plans within a hospital.

In the last day of the PRM, 10th Anniversary event was conducted to review all history of 5S-KAIZEN-TQM Approach in Tanzania since 2007, and to Achievement Award was given to two (2) persons, who established basis of Tanzanian 5S-KAIZEN-TQM Approach. Moreover, Best KAIZEN Awards were given to top three (3) well performed RRHs; 1st Prize went to Singida RRH, 2nd Prize went to Sumbawanga RRH, and 3rd Prize went to Mt. Meru RRH.

The series of 5S-KAIZEN-TQM Training with a focus on commodity management for primary level health facilities and CHMTs were carried out in Simiyu (March-April, 2017), Tabora (April-May, 2017). The modality of running the trainings was like the one applied/employed from 2nd project phase.

Achievement of Output

Output – 1

168 health managers (RRHMT members) from 28 RRHs were trained on basic hospital management during this reporting period. Based on the results from pre-assessment and post-assessment, all the trainings were conducted effectively to increase the participant's knowledge on hospitals management. Hówever, some contents were not well explained of information was insufficient. Therefore, it is necessary to improve teaching materials and participants manual before starting next BHMT training in 2018

Output – 2

As mentioned in the above, all RRHMT passed first assessment of CHOP with good average of assessment score. In the light of this fact and interview responses from stakeholders new CHOP guideline is useful and the new format is user friendly to develop hospital operation plan to guide the management. Additionally, HRHIS software is updated and training materials were reviewed for coming training for RRHMTs

Output – 3

23 RHMTs understand how to conduct EHPA and EHPA baseline data was collected from majority of RRHs. Discussions from the feedback sessions given to RRHMT after assessments, showed that the RRHMTs were very interested with the new EHPA tool. Many RHMTs promised to use the tools on quarterly bases to check the progress. All RHMT teams appreciated how the new tool helps to look at issues from all important areas.

Output – 4

As of June 2017, it is observed that total number of KAIZEN theme observed in the 1st round CV-2017 is 85 among 18 RRHs (64.3% of 28 RRHs), and 72 among 4 NHs.

[National KAIZEN theme]

(i) NHIF revenue collection

15 RRHs practicing KAIZEN theme of NHIF. Although progress of the KAIZEN activity is varies, two RRHs (Morogoro RRH, Sumbawanga RRH) achieve to reduce rejection of submitted NHIF form with clear evidences.

(ii) Healthcare waste management

16 RRHs practicing KAIZEN theme of Healthcare Waste Management

Output – 5

All RRHs have been oriented on the new HAB guideline and are using the guide to operationalize the existing boards on their roles and responsibilities as well as on the establishment of new boards in the hospitals that the board team has come to an end. However, there is still a challenge with the process to approve new boards at the MoHCDGEC which have to be resolved by the ministry as soon as possible.

Output – 6

In terms of improving health commodity management at primary health facilities, the Output 6 has not reached the measurable stage with the indicators of Output 6 (3). Although all planned activities were completed by May 2017, quarterly report submission on 5S activity has not been active yet. However, released official letter from RORALG to RAS enables to accelerate report submission.

1-3 Achievement of the Project Purpose

Based on the achievements of each project Output, it can be said that Project purpose is gradually achieving. For example, the results of CHOP assessment show that all submitted CHOP from RRHMTs were qualified with the first assessment with average score of 83, and it suggested that planning capacity of RRHMT is improving. Additionally, number of KAIZEN cases from RRHs is also increasing and awareness on quality improvement and health resource management among RRHs seems improving based on the CV results and PRM reports.

The Project conducted the retreat meeting in May 1) to adjust Project Design Matrix (PDM) indicators and means of verification according to the current situation and reality, 2) to understand the current progress of the project activities and its achievements, 3) to strategize the implementation project activities in effective and efficient manner, and 4) to identify the sustainable mechanism for the Project achievement and quality improvement. At the end of the retreat, five elements (relevance, effectiveness, efficiency, impact, sustainability) were evaluated. The evaluation scores were high other than "Sustainability", and it can be said that Project purpose is gradually achieving. It is necessary to work hard on improvement of sustainability through following up of the issues discussed and agreed in the retreat meeting

1-4 Changes of Risks and Actions for Mitigation

Not Applicable

1-5 Progress of Actions undertaken by JICA

Not Applicable

1-6 Progress of Actions undertaken by Gov. of Tanzania

Not Applicable

1-7 Progress of Actions undertaken by Gov. of Tanzania

Not Applicable

1-8 Progress of Environmental and Social Considerations (if applicable)

Not Applicable

1-9Progress of Considerations on Gender/Peace Building/Poverty Reduction (if applicable)

Not Applicable

1-10 Other remarkable/considerable issues related/affect to the project (such as other JICA's projects, activities of counterparts, other donors, private sectors, NGOs etc.)

1) HAB guideline

New HAB was composed in some regions based on the new HAB guideline, however, reports were made to PORALG from some RAS office that the guidelines were not stated in the official gazette and cannot be applied to the formulation and operation of HAB. Based on this report, PORALG consults MoHCDGEC, and legal unit of MoHCDGEC is now working on this issued to be on the official gazette.

2. Delay of Work Schedule and/or Problems (if any)

Not Applicable

3. Modification of the Project Implementation Plan

3-1 PO

Not Applicable

3-2 Other modifications on detailed implementation plan

Not Applicable

4. Preparation of Gov. of Tanzania toward after completion of the Project

For sustainability and effective implementation, the Government of Tanzania through the Ministry of Health and PORALG collaborates closely during the implementation of project activities. However, it is taking steps to direct the regions and councils include gradually in their RHMT and CHMT plans, budgets for implementing activities currently funded by the RRHM Project. The other initiative is involvement of Tanzanian Health Institutions in preparation of Training of Programs i.e. HRHIS, BHMT whereby it is expected that these courses will continue being provided at these institutions even after completion of the project.

II. Project Monitoring Sheet I & II *as Attached*

Project Monitoring Sheet I (Revision of Project Design Matrix)

Project Title: Project for Strengthening Hospital Management of Reginal Referral Hospitals
Implementing Agency: Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC)
Target Group: Regional Referral Hospitals
Period of Project: March 2015 - May 2020
Project Site: Tanzania Mainland Model Site:

Version 5
Dated October, 2017

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Overall Goal					
Quality of health service is improved at Regional Referral Hospitals (RRHs).	(1)Patient/client satisfaction is improved in the target hospitals (2)Number of outpatient and inpatient is increased	(1) Patient/client satisfaction survey (2) Hospital statistics			
Project Purpose					
Hospital management is improved at RRHs.	(1) Total hospital revenue is increased (2) Number of outpatient and inpatient per hospital staff is increased (3) Proportion of personnel expenditure to total hospital expenditure is improved	(1) Hospital performance assessment (2) Hospital performance assessment (3) Hospital performance assessment, Quarterly technical and financial report	1. Changes in the national policy and strategies in health sector do not affect implementation of the project activities. 2. There is no negative fluctuation in budget of RRHs. 3. Resource (human, medicine, equipment, infrastructure etc.) is adequately allocated. 4. Planned budget is properly secured and timely disbursed.		
Outputs					
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.	Results of Internal and external managerial capacity assessment of RRHMT are improved.	Internal and external capacity assessment of RRHMT	1. Quality staffs are adequately allocated. 2. HAB members are elected properly and committed to work proactively. 3. Internal communication in MOHSW is smoothly managed. 4. Dialogue between MOHSW and PMORALG is regularly and smoothly conducted and managed. 5. Commitment form Regional Secretariat is properly enhanced.	168 health managers (RRHMT members) from 28 RRHs were trained on basic hospital management.	
Output 2: Planning and reporting capacity of RRHs is improved.	(1) Number of hospitals with qualified (good quality and approved) CHOPs are increased. (2) Number of hospitals with qualified (good quality and approved) quarterly reports is increased.	(1) CHOP evaluation (2) Quarterly report evaluation		All RRHMT passed first assessment of CHOP with good average of assessment score. HRHIS software is updated and training materials were reviewed for coming training for RRHMTs.	
Output 3: Monitoring and Evaluation of RRHs is strengthened.	Number of reports on hospital performance assessment reviewed by the stakeholders is increased.	Project document and Performance assessment report		23 RHMTs understand how to conduct EHPA and EHPA baseline data was collected from majority of RRHs.	
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.	KAIZEN activities are implemented in 80% of RRHs.	KAIZEN Progress Report		As of June 2017, total number of KAIZEN theme observed in the 1st round CV-2017 is 85 among 18 RRHs (64.3% of 28 RRHs), and 72 among 4 NHs.	
Output 5: Governance of RRHs is strengthened.	(1) Number of HAB minutes of meetings publicly reviewed is increased. (2) Evaluation of HAB's function is improved.	(1) Number of HAB minutes of meetings publicly reviewed (2) HAB assessment report		All RRHs were applying new HAB guideline and start composing new HAB.	

Annex 228

Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.	(1) Total number of KAZEN activities are increased in participating countries. (2) Good practices shared within and outside of Tanzania is increased. (3) 85% of trained primary level health facilities adhering to good storage standards.	(1) Reports from participating countries (2) Progress Report Meetings, Reports from participating countries (3) Sampling survey of trained primary level health facilities and CHMT's, report from Big Results Now Office		- 5 participating countries; Burundi, Egypt, Malawi, Senegal and Zimbabwe submitted a progress report after KAIZEN TOT (December 2017) - in terms of improving health commodity management at primary health facilities, the Output 6 has not reached the measurable stage with the indicators of Output 6 (3).	

Activities	Inputs		Important Assumption
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved	**The Japanese Side**	**The Tanzanian Side**	
1-1 Situation analysis and benchmarking is conducted on management capacities of RRHs. 1-2 Existing training programs and materials on hospital management is 1-3 Training institutions and facilitators are identified and oriented. 1-4 Training modules (basic and applied) and materials are consolidated. 1-5 National facilitators are trained on hospital management in TOT manner. 1-6 Hospital management training is conducted to RRHMTs. 1-7 Institutionalization of hospital management training program is promoted and facilitated. 1-8 Training effectiveness is assessed.	**Dispatch of Experts** 1. Chief Advisor / Hospital Management 2. Quality management (5S-KAIZEN-TQM) 3. Training Management 4. Monitoring 5. Project Coordinator / Training Management **Equipment and Material** 1. Necessary equipment and materials for the project activities **Trainings** 1. Necessary trainings. **Local Costs** 1. Trainings, workshops, seminars (cost sharing with MOHSW, RHMTs, RRHs, etc.)	**Counterparts** 1. Project Director 2. Project Manager 3. Other personnel mutually agreed upon as needed. **Facilities, equipment and materials** 1. Office space for the Project 2. Necessary equipment and materials for the project activities **Local Costs** Operational costs for implementing activities	

Activities	Inputs		Important Assumption
Output 2: Planning and reporting capacity of RRHs is improved.	2. Training material printing cost 3. Other activity costs		**Pre-Conditions**
2-1 CHOP and related management structure are reviewed. 2-2 CHOP guideline and formats are revised accordingly. 2-3 Training on CHOP is conducted. (as in 1-5 and 1-6) 2-4 Data management for CHOP development and monitoring is improved. (in line with 3-1 and 3-2) 2-5 Data management tool for human resources for health (HRHIS) is introduced. 2-6 Mentoring support on planning and reporting is strengthened. 2-7 Report formulating skills and reporting structure are reviewed and strengthened.			1. RRHMT members are adequately assigned. 2. HAB members are adequately nominated. 3. Responsible C/Ps are assigned for each output. 4. Budget allocation to RRH is sustained. 5. Policy for decentralization by devolution is maintained. 6. Technical working groups under SWAP mechanism are sustained.
Output 3: Monitoring and Evaluation of RRHs is strengthened.			**<Issues and countermeasures>**
3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized. 3-2 Tools for external hospital performance assessment by MoHSW/PMO-RALG through RHMT are raviewed, developed and utilized. 3-3 Results from hospital performance assessment (internal and external) are analyzed and publicized. 3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment. 3-5 RHMT's monitoring and evaluation capacity of 5S-KAIZEN-TQM activities is strengthened.			
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.			
4-1 Application of KAIZEN approach in improvement of hospital management is conceptualized. 4-2 QIT and WIT are oriented on hospital management. 4-3 Target managerial areas for quality improvement at each RRH is identified by the result from hospital performance assessment. 4-4 KAIZEN TOT is conducted to National Facilitators, focusing on improvement of hospital management. 4-5 KAIZEN training is conducted to RRHMTs. 4-6 KAIZEN activities in target managerial areas are conducted at each RRH. 4-7 Progress of KAIZEN activities is monitored.			

Activities	Inputs		Important Assumption
4-8 Institutionalization of KAIZEN TOT is promoted and facilitated. 4-9 Impact of KAIZEN approach for hospital management is assessed and reviewed.			
Output 5: Governance of RRHs is strengthened.			
5-1 Guideline and assessment tools for Hospital Advisory Boards (HAB) is reviewed and revised. 5-2 Orientation training materials and program for HAB is developed, reviewed and revised. 5-3 Training for capacity building of HAB on governance and leadership is implemented. 5-4 Regular assessment of HAB functionality and supportive interventions to HAB are conducted. 5-5 Recommendations from HAB report are reviewed and enhanced to improve hospital performance.			
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.			
6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders. 6-2 Horizontal learning among RRHs is enhanced. 6-3 5S-KAIZEN-TQM training with a focus on commodity management is conducted to primary level health facilities and CHMTs. 6-4 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged. 6-5 Regional KAIZEN TQT Training Program is acknowledged by stakeholders. 6-6 Regional KAIZEN TOT Training is conducted with participation of other African countries.			

Project Monitoring Sheet II

Version 5
Dated October, 2017

Project Title: Project for Strengthening Hospital Management of Regional Referral Hospitals

Inputs

Expert ◎: Main responsible person, ○: Sub-responsible person, △: Assist person

Inputs	Plan/Actual	2015 (I–IV)	2016 (I–IV)	2017 (I–IV)	2018 (I–IV)	2019 (I–IV)	2020 (I–IV)	Remarks	Monitoring: Issue	Monitoring: Solution
Chief Advisor / Hospital Management	Plan / Actual									
Quality Management/5S-KAIZEN-TQM 1	Plan / Actual									
Quality Management/5S-KAIZEN-TQM 2	Plan / Actual									
Hospital Planning	Plan / Actual									
Training Management	Plan / Actual									

Activities

(Schedule columns: Plan / Actual by month, 4–12 2015, 1–12 2016–2019, 1–3 2020. Responsible Organization: Japan / GOT.)

Activities / Sub-Activities	Plan/Actual	Responsible Organization (Japan / GOT)	Achievements	Issue & Countermeasures
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.				
1-1 Situation analysis and benchmarking is conducted on management capacities of RRHs.				
1-1-1 Preparatory workshop for baseline survey; contents and methodologies	Plan / Actual		Number of participants:18 Baseline survey was designed	
1-1-2 Baseline survey on hospital management of 27 RRHs (Consultancy)	Plan / Actual		Completion of baseline survey for 27 RRHs Baseline survey report was produced	
1-1-3 Feedback workshop on findings of baseline survey	Plan / Actual		Number of participants:17 Findings from Baseline survey was shared to key stakeholders	
1-2 Existing training programs and materials on hospital management is reviewed.				
1-2-1 Workshop on reviewing current hospital management training program for RRHMTs	Plan / Actual		Number of participants:13 Field report on hospital management training was shared to the key stakeholders and agreed on the subjects to be taught in Basic Hospital Management Training	
1-3 Training institutions and facilitators are identified and oriented.				
1-3-1 Identification of resource personnel and training institutes for hospital management training	Plan / Actual		After completion of all modules, suitable facilitators will be identified	
1-4 Training modules (basic and applied) and materials are consolidated.				
1-4-1 Workshop on modifying hospital management training program and teaching materials for RRHMTs	Plan / Actual		Number of participants:20 Draft of Facilitator's guide for HMT training was reviewed for improvement of the contents	
1-5 National facilitators are trained on hospital management in TOT manner.				
1-5-1 Facilitators training on basic hospital management	Plan / Actual		Number of participants: 10	
1-6 Hospital management training is conducted to RRHMTs.				
1-6-1 Basic hospital management training, and finding of problems and challenges	Plan / Actual		Number of participants: 42 (Western zone) Number of participants: 36 (Northern zone) Number of participants: 42 (Lake zone) Number of participants: 48 (Southern Highland zone)	
1-6-2 Advanced hospital management training, and finding of problems and challenges	Plan / Actual			
1-7 Institutionalization of hospital management training program is promoted and facilitated.				
1-7-1 Basic and advance hospital management training at organization/institution to develop human resource	Plan / Actual			
1-8 Training effectiveness is assessed.				
1-8-1 Analysis of Quarterly Internal Supportive Supervision reports, Annual External Performance Assessment reports	Plan / Actual			
Output 2: Planning and reporting capacity of RRHs is improved.				
2-1 CHOP and related management structure are reviewed.				
2-1-1 Identification of problems and challenges for CHOP and quarterly report	Plan / Actual		In the first WS, problems were identified and reflected to first draft of CHOP guideline.	
2-1-2 Technical advices to RRHMTs on CHOP development	Plan / Actual			
2-2 CHOP guideline and formats are revised accordingly.				
2-2-1 Finalization of CHOP guideline and format	Plan / Actual			
2-2-2 CHOP training program and teaching material development	Plan / Actual			
2-3 Training on CHOP is conducted. (as in 1-5 and 1-6)				
2-3-1 CHOP training for RRHMT and RHMT	Plan / Actual		82 participants from RRHMT and RHMT were trained	
2-4 Data management for CHOP development and monitoring is improved. (in line with 3-1 and 3-2)				
2-4-1 CHOP assessment	Plan / Actual		All RRHs CHOP for 2017/18 were reviewed and all scored above 60	
2-5 Data management tool for human resources for health (HRHIS) is introduced.				
2-5-1 HRHIS Operation Training and Data Utilization Training	Plan / Actual		Facilitator's training was conduted by UDSM in September 2017 Training materials were reviewed	
2-5-2 HRHIS Supportive Supervision	Plan / Actual		On the process of procurement of local consultant	
2-6 Mentoring support on planning and reporting is strengthened.				
2-6-1 Mentoring on CHOP planning and reporting through CV	Plan / Actual			
2-7 Report formulating skills and reporting structure are reviewed and strengthened.				
2-7-1 Provide Technical advices on reporting skills and structure through CV	Plan / Actual			

Output 3: Monitoring and Evaluation of RRHs is strengthened.

3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized.

3-1-1 Follow up on current status of hospital performance assessment tool	Plan / Actual	In the workshop, 6 hospital assessment tools were collected.
3-1-2 Workshop on integration and modification of hospital performance assessment tool (Internal SS document)	Plan / Actual	External Hospital Performance Assessment and Internal supportive supervision tool and guideline was finalized.

3-2 Tools for external hospital performance assessment by MoHSW/PMO-RALG through RHMT are reviewed, developed and utilized.

3-2-1 Planning of hospital performance assessment	Plan / Actual	
3-2-2 Piloting hospital performance assessment at 3 RRHs	Plan / Actual	The pilot on hospital performance assessment has been done in Morogoro RRH, Dodoma RRH (Apr, 2016) The pilot on hospital performance assessment has been done in Mawenzi RRH (Feb, 2017)
3-2-3 Modification of hospital performance assessment tool	Plan / Actual	
3-2-4 Training on Internal Supportive Supervision	Plan / Actual	82 participants from RRHMT and RHMT were trained
3-2-5 Workshop on developing hospital performance assessment structure	Plan / Actual	

3-3 Results from hospital performance assessment (internal and external) are analyzed and publicized.

3-3-1 Analysis of hospital performance and the feedback	Plan / Actual	
3-3-2 Finalization of hospital performance, structure and tools	Plan / Actual	
3-3-3 Install the External Hospital Performance Assessment mechanism	Plan / Actual	20 facilitators were trained (Jun, 2017) The trainings for RHMT and baseline survey were carried out in 24 RHMTs (Jul - Sep, 2017)

3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment.

3-4-1 RMSS-H, mentoring and other support activities to RRH are strengthened through CV	Plan / Actual	

3-5 RHMT's monitoring and evaluation capacity of 5S-KAIZEN-TQM activities is strengthened.

3-5-1 Finalization of 5S-KAIZEN teaching materials for monitoring and evaluation for RHMT	Plan / Actual	Material on 5S-KAIZEN M&E Training for RHMTs was developed
3-5-2 5S KAIZEN training on monitoring and evaluation for RHMT	Plan / Actual	75 RHMTs from 25 regions were trained (Jun, 2017)
3-5-3 Analysis of monitoring and evaluation results based on the monitoring and evaluation conducted by RHMT	Plan / Actual	RHMT members have been involved current on-going CV Skills and knowledge on M&E are transferred to them during the CV

Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.

4-1 Application of KAIZEN approach in improvement of hospital management is conceptualized.

4-1-1 Review and modification of KAIZEN training materials	Plan / Actual	KAIZEN TOT materials was reviewed and finalized

4-2 QIT and WIT are oriented on hospital management.

4-2-1 Emphasize during Consultation Visit	Plan / Actual	During every CV, CV teams emphasized hospital management especially resource management and quality improvement, and moreover, clarify how 5S-KAIZEN-TQM Approach can contribute to improving hospital management.

4-3 Target managerial areas for quality improvement at each RRH is identified by the result from hospital performance assessment.

4-3-1 Development of KAIZEN ToT Facilitators' Guide	Plan / Actual	Facilitators' Guideline was developed

4-4 KAIZEN TOT is conducted to National Facilitators, focusing on improvement of hospital management.

4-4-1 KAIZEN ToT Facilitators' training	Plan / Actual	9 facilitators were trained on teaching KAIZEN activities to RRHs M&E tools are finalized (Mar-Apr, 2015) 7 facilitators from DPP, BMC, KCMC, MNH, and MZRH were trained on teaching KAIZEN activities (Mar, 2017) 24 facilitators enhanced knowledge and skill on teaching KAIZEN activities to RRHs (Jun, 2017) New M&E tools for Monitoring and Evaluation are finalized after pilot test (Sep, 2017)
4-4-2 Revision of training materials of KAIZEN TOT based on the inputs from KAIZEN facilitators	Plan / Actual	KAIZEN TOT materials was reviewed and finalized

4-5 KAIZEN training is conducted to RRHMTs.

4-5-1 KAIZEN TOT (1) (Include the participants from foreign countries)	Plan / Actual	KAIZEN TOT was conducted for 12 RRHs (Sep, 2015) - 36 participants from 12 RRHs; RRHMT members, were trained on KAIZEN Approach - 6 observers from MNH and 3 observers from JOCV participated KAIZEN TOT was conducted for 15 RRHs (Nov-Dec, 2016) - 42 participants from 14 RRHs; RRHMT members, were trained on KAIZEN Approach
4-5-2 KAIZEN TOT (2)	Plan / Actual	KAIZEN TOT was conducted for 15 RRHs (Dec, 2015) - 47 participants from 15 RRHs; RRHMT members, were trained on KAIZEN Approach - 6 observers from Buganda Medical Center, 1 observer from JOCV participated KAIZEN TOT was conducted for 14 RRHs (Mar, 2017) - 42 participants from 14 RRHs; RRHMT members, were trained on KAIZEN Approach

4-6 KAIZEN activities in target managerial areas are conducted at each RRH.

4-6-1 Setting a national KAIZEN theme on different managerial areas	Plan / Actual	National KAIZEN Themes are set for all RRHs as follows: (2015/2016) Revenue collection of NHIF is improved (2016/2017) Healthcare waste management is improved

4-7 Progress of KAIZEN activities is monitored.

4-7-1 KAIZEN Consultation Visits to RRHs	Plan / Actual	CVs of 1st Round in 2017 were finished for all 26 RRHs and 4 NHs from March 2017 to June 2017.
4-7-2 Development of a poster of 5S-KAIZEN-TQM Approach	Plan / Actual	
4-7-3 Revision of the Implementation Guideline for 5S-KAIZEN-TQM Approach	Plan / Actual	

4-8 Institutionalization of KAIZEN TOT is promoted and facilitated.

4-8-1 Strengthen RHMT to continue follow up activities for implementation of KAIZEN activities at RRH	Plan / Actual	
4-8-2 Harmonization with Hospital Management Training	Plan / Actual	

4-9 Impact of KAIZEN approach for hospital management is assessed and reviewed.

4-9-1 Conduct case study	Plan / Actual	

Annex 233

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Timeline columns: 1st Year (2015): I, II, III, IV | 1st Year (2016): I, II | 2st Year (2016): III, IV | 2nd Year (2017): I, II, III, IV | 2nd Year (2018): I, II, III, IV | 2nd Year (2019): I, II, III, IV | 2nd Year (2020): I, II, III, IV

Activity		Remarks	Issue	Solution
Output 5: Governance of RRHs is strengthened.				
5-1 Guideline and assessment tools for Hospital Advisory Boards (HAB) is reviewed and revised.				
5-1-1 Workshop for reviewing and modifying HAB guideline and other tools related with HAB activities	Plan / Actual		Number of participants:10. Final Draft of HAB guideline is developed	
5-2 Orientation training materials and program for HAB is developed, reviewed and revised.				
5-2-1 Development of HAB orientation package	Plan / Actual		PPT of HAB training and lectures note with 2 days training program was developed	
5-3 Training for capacity building of HAB on governance and leadership is implemented.				
5-3-1 Facilitators' training for HAB orientation	Plan / Actual		Number of facilitators' trained: 12 Receive lots of input from experienced participants to improve the document	
5-3-2 HAB training for RRHMT and RHMT	Plan / Actual		109 participants from RRHMT and RHMT were trained	
5-4 Regular assessment of HAB functionality and supportive interventions to HAB are conducted.				
5-4-1 Assessment of hospital performance and HAB functions	Plan / Actual			
5-4-2 Orientation on new guideline of HAB activities to 3 RRHs	Plan / Actual		Number of health managers trained: 16 Experiences of RRHs were shared during the training, which were useful for improvement of the document	
5-5 Recommendations from HAB report are reviewed and enhanced to improve hospital performance.				
5-5-1 Provide Technical advices on HAB performance through CV	Plan / Actual		109 participants from RRHMT and RHMT were trained on HAB. However, provision of technical advice on HAB will start through the next round of CV.	
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.				
6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders.				
6-1-1 NQIF administrative and technical support	Plan / Actual		One abstract on IPC Kaizen case was accepted in 5th NQIF in 2015	
6-2 Horizontal learning among RRHs is enhanced.				
6-2-1 Progress Report Meeting of 5S-KAIZEN-TQM Approach	Plan / Actual		72 participalns from 28 RRHs, 4 National Hospitals, MoHCDGEC and NHIF(Jul, 2016) 56 participants from 28 RRHs, 4 National Hospitals, and MoHCDGEC (June,	
6-2-2 Support supplementary training on 5S-KAIZEN-TQM Approach	Plan / Actual		16 participants from 8 African countries were received and trained on KAIZEN (Aug, 2015)	
6-3 5S-KAIZEN-TQM training with a focus on commodity management is conducted to primary level health facilities and CHMTs.				
6-3-1 Development of a poster of 5S-KAIZEN-TQM Approach focusing on health commodity management	Plan / Actual			
6-3-2 Workshop for developing guideline on 5S-KAIZEN-TQM Approach for helath commodity menegement	Plan / Actual		The posters for 5S-KAIZEN-TQM for health commodity management have been distributed.	
6-3-3 Finalization of guideline on 5S-KAIZEN-TQM Approach for helath commodity management	Plan / Actual		The posters for 5S-KAIZEN-TQM for health commodity management have been distributed.	
6-3-4 Facilitators' training on 5S activities	Plan / Actual		15 facilitators were trained (May, 2016) 19 facilitators were trained (Nov, 2016)	
6-3-5 5S trainings for primary health facilities	Plan / Actual		Number of participants(Mwanza): 317 Number of Participants (Singida): 265 Number of Participants (Shinyanga): 208 Number of Participants (Simiyu): 204 Number of Participants (Tabora): 301	
6-3-6 Training on 5S-KAIZEN-TQM's monitoring and evaluation for CHMT	Plan / Actual		Number of participants: 71	
6-3-7 Finalization of the results of monitoring evaluation on 5S-KAIZEN-TQM for CHMT	Plan / Actual			
6-4 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged.				
6-4-1 KAIZEN TOT for participants from African countries	Plan / Actual		14 participants from 7 African countries were trained : Egypt, Sudan, Kenya, Malawi, Zimbabwe, Burundi, Senegal (Nov-Dec, 2016) 4 Participants from Uganda were trained (Mar, 2017)	
6-5 Regional KAIZEN TOT Training Program is acknowledged by stakeholders.				
6-5-1 Development of a booklet of "Good Practices of KAIZEN (temporary name)"	Plan / Actual			
6-6 Regional KAIZEN TOT Training is conducted with participation of other African countries.				
6-6-1 KAIZEN TOT for participants from African countries	Plan / Actual		14 participants from 7 African countries were trained : Egypt, Sudan, Kenya, Malawi, Zimbabwe, Burundi, Senegal (Nov-Dec, 2016) 4 Participants from Uganda were trained (Mar, 2017)	
Duration / Phasing	Plan / Actual			
Monitoring Plan	Plan / Actual	Remarks	Issue	Solution
Monitoring				
Joint Coordination Committee	Plan / Actual			
Monthly project meeting	Plan / Actual			
Submission of Monitoring Sheet	Plan / Actual			
Reports/Documents				
Development and submission of work plan (Japanese version - submission to JICA)	Plan / Actual			
Development and submission of work plan (English version - submission to MOHSW, JICA)	Plan / Actual			
Development and submission of Project Completion Report	Plan / Actual			
Public Relations				
–	Plan / Actual			
–	Plan / Actual			

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT,
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Chief Representative,
Japan International Cooperation Agency,
P.O.BOX 9450,
DAR ES SALAAM

RE: ACCEPTANCE OF PROJECT MONITORING SHEET FOR THE PERIOD STARTING FROM OCTOBER 2017 TO MARCH 2018

Reference is made to the above captioned subject

Project for Strengthening Regional Referral Hospital Management (RRHMP) under the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) has submitted its activities Monitoring Sheet for the period of October 2017 to March 2018

In the light of the above; please find the attached Monitoring sheet for the third Period.

Thank you for your continued cooperation.

Edward N. Mbanga
Ag. Director Policy and Planning

TO CR of JICA Tanzania Office

PROJECT MONITORING SHEET

Project Title: The Project for Strengthening Hospital Management of Regional Referral Hospitals

Version of the Sheet: Ver.6 (Term: October 2017 - March 2018)

Name: Hisahiro Ishijima

Title: Chief Advisor

Submission Date: April 2018

I. Summary

1. Progress

1-1. Progress of Inputs

Dispatch of Expert	Total Length of Stay
Chief Advisor	329 Days
Quality Management 1	306 Days
Quality Management 2	260 Days
Hospital Planning	138 Days
Training Management	160 Days

Equipment and Material
Not Applicable

Trainings		Period	Number of participants
Output 1	Basic Hospital Management Training Material Review Workshop	January, 2018	12
	Basic Hospital Management Training in Mbeya	February, 2018	34
	Basic Hospital Management Training in Morogoro	February, 2018	35
	Basic Hospital Management Training in Mwanza	March, 2018	40
Output 2	HRHIS Training 1	October, 2017	12
	HRHIS Training 2	October, 2017	14
	HRHIS Training 3	November, 2017	14
	HRHIS Training 4	November - December, 2017	16
Output 3	External Hospital Performance Assessment training for RHMT and EHPA baseline survey	October, 2017	2 RHMTs 2 RRHs
	EHPA workshop on finalization of guideline and tool	October, 2017	10
	Integration workshop of 5S-KAIZEN-TQM Approach in EHPA	November, 2017	9
	Dissemination of EHPA Baseline Survey Findings to RRH Managers in Morogoro	January, 2018	38
	Dissemination of EHPA Baseline Survey Findings to RRH Managers in Mbeya	February, 2018	21
	Dissemination of EHPA Baseline Survey Findings to RRH	March, 2018	24

	Managers in Mwanza		
Output 4	KAIZEN Consultation Visits to RRHs (the second round of 2017)	October, 2017 - January, 2018	27 RRHs, 3 NHs
	KAIZEN ToT in Dar es Salaam	December, 2017	52
	KAIZEN ToT in Mwanza	March, 2018	52

Local Costs

Not Applicable

1-2 Progress of Activities

Output 1 **Series of Basic Hospital Management Training (BHMT) were conducted**

1-1. Training materials for Basic Hospital Management Training (BHMT) was conducted

At the end of January 2018, Workshop on reviewing teaching materials for Basic Hospital Management Training (BHMT) was conducted in Morogoro. During the workshop, Participants manual and PPT presentations for all training session was reviewed for the 2nd round of BHMT. Based on the lessons learned from the previous BHMT, materials modified to emphasize the relation between topics and actual management work in RRH.

1-2. BHMT 2nd round was conducted in three zones

2nd round of BHMT was conducted in three zones between February to March in Mbeya, Morogoro, and Mwanza. In the previous BHMT in 2017, the Project invited core members of RRHMT such as Medical Officer In-charge, Matron or Patron, Hospital secretaries. This time, head of departments and other key RRHMT members were invited to the training.

Series of BHMT training were conducted between February to March as follows;

SQ	Training batches	Participants	Effect size Pre- and Post-assessment
1	BHMT for Southern Highland Zone (Mbeya)	34 participants from Mbeya, Ruvuma, Rukwa, Iringa, Njombe, Katavi, Kigoma, Songwe RRHs	$\Delta=1.31$ (large level effect)
2	BHMT for Western Zone (Morogoro)	35 participants from Tumbi, Morogoro, Sokoine, Ligura, Amana, Temeke, Mwananyamala RRHs	$\Delta=1.16$ (Large level effect)
3	BHMT for Lake Zone (Mwanza)	40 participants from Kagera, Mwanza, Shinyanga, Tabora, Mara, Geita, Simiyu RRHs	$\Delta=1.13$ (large level effect)

Output 2 **Series of HRHIS operation training and data utilization training for strengthen the capacity of Human Resource Management (HRM)**

HRHIS operation and HR management training was conducted by Department of Human Resources and University of Dar es Salaam in order to capacitate Hospital Secretaries and ICT officers, who are engaging HR planning, management, and development.

Series of HRHIS training were conducted between October to November 2017 as follows;

SQ	Training batches	Participants	Effect size from Pre-Post-assessment
1	HRHIS training for Northern Zone (Arusha)	12 participants from Mt. Meru, Mawenzi, Bombo, Babati, Dodoma, Singida RRHs	Δ=1.46 (Large level effect)
2	HRHIS training for Lake Zone (Mwanza)	14 participants from Bukoba, Sekou-toure, Shinyanga, Musoma, Geita, Bariadi, Kitete, Maweni RRHs	Δ=1.41 (Large level effect)
3	HRHIS training for Southern Highland Zone (Mbeya)	15 participants from Iringa, Kibena, Mbeya, Songea, Mpanda, Songwe, Sunbawanga RRHs	Δ=1.21 (Large level effect)
4	HRHIS training for Western Zone (Dar es Salaam)	13 participants from Amana, Temeke, Mwananyamala, Ligula, Sokoine, Tumbi, Morogoro RRHs	Δ=0.69 (Middle level effect)

Output 3 Monitoring and Evaluation of RRHs is strengthened

3-1. Conducting EHPA training for RHMT and EHPA baseline survey for RRH

The following table indicates the summary of the EHPA training for RHMT and schedule of baseline data collection in October 2017. EHPA facilitators are divided into two teams and conducted the training and data collection.

Period of the event	5 days for each RHMT and RRH: Date: 2nd-6th October; Team A: Manyara RHMT (Babati RRH); Team B: Pwani RHMT (Tumbi RRH)
Venue	Conference room of each RHMT
Number of participants	6 participants from each RHMT + RMO for the first 2 days (Orientation on the Tool)
Facilitators	Establish two teams (4 member / team) from DPP, DCS, DHQA, PORALG: Facilitators who conducted training in June 2017
Observers	Findings, observations & recommendations given @ feedback session: Members of RRHMT of target RRH including QIT were invited for feedback & discussion session of EHPA
Purpose	・To introduce External Hospital Performance/ISS guidelines to RHMT; ・To conduct External hospital performance assessment by RHMT; ・To collect baseline data of RRH; ・To identify performance strengths and weaknesses; ・To improve hospital service delivery; ・To be used for development of CHOP.
Main contents of the activity	Day 1 and 2: Orientation/ Training to RHMT on EHPA Guide and Tools; (how to conduct EHPA) Day 3 and 4: EHPA at target RRH by RHMT supported by the facilitators Day 5: Feedback session of EHPA
Challenges	Newly established RHMT was difficult to assign proper number of assessor for EHPA and newly established RRH was relatively low scored.
Recommendations	The impression and recommendations by the assessment teams was shared at the ISS/EHPA Guideline and Tools finalization workshop. The guideline has been finalized and endorsed for use.
Future aspects	Report of Baseline survey was shared at the Joint Annual Health Sector Review on November 2017. Members recommended to disseminate the results to respective regions to enable them see their gaps.

Melanie

3-2. EHPA workshop on finalization of guideline and tool

The workshop for finalization of ISS/EHPA Guideline and Tools was conducted from October 9 to 13 in Bagamoyo. Main purposes of the workshop were to adjust phrases of EHPA checklist more practical and to align EHPA annex into current standards. And also, the participants discussed how often EHPA needs to be done in a year. Originally in the drafted guideline, EHPA will be conducted annually. In the workshop, twice a year implementation of EHPA was recommended by the participants and it will he referred to the guideline. Additionally, hospital management through PDCA cycle, including CHOP, ISS, EHPA and 5S-KAIZEN-TQM, needs to be explained in the guideline. The guideline was finalized and printed in March 2018 based on the current transition of ownership of the RRHs.

3-3. Data compilation and analysis of EHPA Baseline

EHPA baseline data was analyzed on the workshop by assessors and RHMT member in Bagamoyo as mentioned 3-2. The results were compiled and reported. The average of EHPA score per RRH is following;

SQ#	RR Hospital	Average EHPA score	SQ#	RR Hospital	Average EHPA score
1	Sekou-toure	85.3%	15	Songea	65.7%
2	Mwananyamala	81.7%	16	Sumbawanga	64.3%
3	Amana	79.8%	17	Tumbi	64.0%
4	Mt. Meru	76.3%	18	Tanga	63.5%
5	Bukoba	73.2%	19	Mpanda	62.1%
6	Manyara	72.4%	20	Ligula	61.9%
7	Iringa	72.0%	21	Singida	60.1%
8	Mawenzi	69.4%	22	Kibena	59.0%
9	Dodoma	69.3%	23	Geita	58.9%
10	Morogoro	69.0%	24	Songwe	58.1%
11	Sokoine	68.9%	25	Musoma	54.0%
12	Shinyanga	68.1%	26	Kitete	49.9%
13	Mbeya	67.5%	27	Bariadi	48.1%
14	Temeke	66.9%	28	Maweni	47.3%
			National Average		**65.6%**
			Standard Deviation		**9.4%**

And then, the findings are compiled as following;

1) There is a vivid improvement in revenue collection. (Increase of revenue collection was reported by many RRHs)
2) No standardized organogram for RRH. Therefore, department and sections that providing the services are different by hospital. However, staffing level for RRH is standardized in staffing level.
3) Bed capacity is different between hospital by hospital
4) Establishment of facilities for provision of proper and safer service such as CSSD, Medical engineering department etc. was not well understood by RRHMT
5) Importance of evidence-based planning and decision making seems not well recognized by RRHMTs
6) Hospital Management has strong positive relationship with almost all areas. The results indicate that strengthening of the RRHMT is essential for improving hospital performance. This is realized from the fact that most of the identified gaps were related to improper management and inadequate supportive supervision from both RRHMTs and RHMTs
7) Staff performance, and Handling of Emergency and referral cases, have very strong positive

relationship. Moreover, it has strong positive relationship with IPC, Safety and Risk management

8) Strengthening of Clinical support areas will be influencing positively to enhancing the IPC, Safety and Risk management

Baseline Survey Report on External Hospital Performance Assessment to Regional Referral Hospitals was published and disseminated through the workshop mentioned 3-5.

3-4. Integration workshop of 5S-KAIZEN-TQM Approach in EHPA

A workshop was held at Dar es Salaam for 3 days from 8 to 10 November 2017 with 10 participants from MoHCDGEC, PORALG, 5S-KAIZEN National Facilitators and RHMT. The purpose of this workshop was to add the items of 5S-KAIZEN-TQM Approach to EHPA tools. In the workshop, group work was carried out, and each group considered on how 5S-KAIZEN-TQM Approach can be emphasized further in EHPA tools. Additionally, the participants reviewed whether the contents of Monitoring and Evaluation tools of 5S-KAIZEN activity, especially the contents of QIT function, can be integrated into existing RMSS-H. Based on the result of this workshop, the report on EHPA will finalize after further analyzing the results of EHPA and share it with the stakeholders at the Joint Annual Health Sector Review, then it will be publicized with the approval of MOHCDGEC.

3-5. Dissemination of EHPA Baseline Survey Findings to RRH Managers

Information and data obtained from all RRHs was compiled and analyzed by assessors. Then, it was realized and dissemination of analyzed EHPA results to RRHMTs before RRHMTs is preparing CHOP. Therefore, three-day dissemination meeting with RRHMTs were conducted as follows:

#	Dissemination	Period of conducting the event	# of Participants
1	Dissemination of EHPA Baseline Survey Findings to RRH Managers in Morogoro	January 29-31, 2018	39 participants from 13 RRHs
2	Dissemination of EHPA Baseline Survey Findings to RRH Managers in Mbeya	February 19-21, 2018	21 participants from 7 RRHs
3	Dissemination of EHPA Baseline Survey Findings to RRH Managers in Mwanza	March 07-09, 2018	24 participants from 8 RRHs

Medical officer in-charge, matron/patron and hospital secretary were invited to the meeting as they are the key members in RRHMTs and have influencing to other members.

On day one, analyzed EHPA results were presented to the RRHMTs. On day two, situation of HAB, CHOP and QPR, and HRH management issues were explained and discussed. Then, each RRHMT were asked to develop action plan to overcome the identified issues. Note that, RRHMTs were requested to reflect the activities mentioned in their action plan into CHOP 2018-2019.

Output 4 **Resource management and quality improvement activities are strengthened through KAIZEN approach**

4-1. Consultation Visit (CV) for 5S-KAIZEN-TQM Approach (2nd Round in 2017)

CVs of 2nd Round in 2017 were conducted for all 28 RRHs and four (4) National Hospitals from September 2017 to February 2018. The results are followings:

- Average score of 5S-KAIZEN: 38.1%
- Average score of QIT function: 48.2 (the highest is 82 (Singida) and the lowest is 23 (Ligura))
- 14 RRHs assigned "QI officer (Full-time QIT)"
- Total number of RRHs practicing KAIZEN is 26 (92.9%) and 107 KAIZEN cases were observed

among them.

In many RRHs, it was observed that:

- Hospital Management Teams do not utilize 5S-KAIZEN-TQM Approach in PDCA cycle of hospital management.
- QIT is not enough competent to train and teach others on 5S and KAIZEN activities in effective way, therefore, 5S and KAIZEN activities are not carried out with maximum-required outputs
- National KAIZEN themes in terms of NHIF revenue collection and waste management are carried out in limited RRHs
- Different levels of National Facilitators in analyzing the progress of 5S-KAIZEN and teaching hospital staff on 5S-KAIZEN etc.

4-2. KAIZEN Training of Trainers

The KAIZEN ToT were conducted for 13 RRHs and 6 foreign countries in December 2017, and for 15 RRHs in March 2018. Details of KAIZEN ToT in 2017 are described on the table below:

Date and venue	4th to 8th December 2017 at Lamada Hotel & Apartments and Muhimbili National Hospital, Dar es Salaam	19th to 23rd March 2018 at Nyakahoja Hall and Bugando Medical Center, Mwanza
Facilitators	**Total number of the facilitators: 10** - 9 from 5S-KAIZEN National Facilitators and newly trained persons on KAIZEN in Japan in August 2017 - 1 from JICA Volunteer - 4 from RRHMP	**Total number: 16** - 11 from 5S-KAIZEN National Facilitators and newly trained persons on KAIZEN in Japan in August 2017 - 1 from JICA Volunteer - 4 from RRHMP
Participants	**Total number: 52** - 3 from each 13 RRHs; 2 QIT members and 1 WIT member (Amana, Temeke, Mwananyamala, Tumbi, Morogoro, Sokoine, Ligura, Iringa, Kibena, Songea, Mbeya, Sumbawanga, Songwe) - 11 from 6 foreign countries (Bangladesh, Burundi, Kenya, Sierra Leone, Sudan, Zimbabwe)	**Total number: 52** - 3 from each 15 RRHs; 2 QIT members and 1 WIT member (Bariadi, Dodoma, Geita, Kagera, Kitete, Manyara, Maweni, Mawenzi, Mt. Meru, Mpanda, Musoma, Sekou-Toure, Tanga, Shinyanga, Singida) Note Dodoma and Kagera sent 2 more participants respectively by using each hospital budget
Observers	**Total number: 8** - 2 from PORALG - 6 from MNH - 3 from JICA Volunteer: MZRH, KCMC, Condwa DH	**Total number: 11** - 3 from MoHCDGEC (DCS, DNS) - 4 from BMC - 4 from JICA Volunteer (BMC, KCMC, Iringa RRH, Iramba DDH)
Purpose	The purpose of the training is to equip participants with knowledge and practical skills on KAIZEN Approach for improving quality of healthcare and resource management.	
Main contents of the activity	Lectures, discussions brainstorming sessions and practical sessions both 5S and KAIZEN activities were executed and interacted each other for effective training.	
Summary results of pre and post course assessment	The average score is improved from 68.0 (before) to 81.2 (after); the gap of the score is 13.2. Effect size (d) was 1.18 which shows "Large" effect.	The average score is improved from 67.4 (before) to 83.2 (after); the gap of the score is 15.8. Effect size (d) was 1.08 which shows "Large" effect.
Summary results of course evaluation	According to the results of the course evaluation done by the participants (n=59), it was observed that: - most participants were satisfied with the training programs, facilitations and teaching by the facilitators, - training materials were helpful for them to learn effectively and - some participants requested to extend the training days.	According to the results of the course evaluation done by the participants (n=57), it was observed that: - most participants responded that most lectures and practical sessions were done satisfactory and - facilitators' teaching and facilitation were helpful for them to learn KAIZEN although differences in teaching skills among some facilitators were observed.

Future aspects (way forward)	• RRHMP and National Facilitators need to conduct periodical follow up for RRHs in implementation of KAIZEN. • RRHMP needs to build knowledge and skill of National Facilitator for effective teaching and facilitating KAIZEN. • RRHMP needs to collect a progress report from 6 foreign countries (by May 2018). • RRHMP needs to continue to remind about the importance of KAIZEN in PDCA cycle of RRH's management in several scenes of project activities.	• RRHMP needs to monitor progress of KAIZEN activities in each RRH during EHPA and CV • In several scenes of RRHMP's activities, RRHMP needs to emphasize relations among CHOP, ISS, EHPA and 5S-KAIZEN-TQM Approach for RRHs to follow PDCA cycle of RRH's management properly. • MoHCDGEC and RRHMP needs to clarify how National Facilitators will be engaged into strengthening RRH's hospital management.

Additionally, 1,000 pieces of new posters on KAIZEN were printed and have been distributing to stakeholders.

Output 5 **Governance of RRHs is strengthened.**

During the dissemination of EHPA Baseline Survey Findings to RRH Managers, current situation of Regional Referral Hospital Advisory Board (RRHAB) was presented. Currently, 17 RRHs out of 28 has established RRHAB. Based on the new arrangement of RRH operation and management, the roles and responsibilities of RRHAB were clarified more. After the new arrangement of RRH operation and management is informed to RRHMTs, necessity of establishing RRHAB will be taken care seriously by RRHMT.

Output 6 **Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.**

6-1. Tanzanian experiences in implementation of 5S and KAIZEN activities were shared with 6 other countries during KAIZEN TOT

All 6 countries; Bangladesh, Burundi, Kenya, Sierra Leone, Sudan, Zimbabwe, were requested to submit own progress report on 5S-KAIZEN activities with minimum required contents to RRHMP in 6 months after KAIZEN TOT. Experience and knowledge sharing were facilitated by several discussions, displaying pictures on current 5S activities in each hospital and country, conducting field observation etc.

6-2. Quarterly reports on commodity management with 5S at district health facilities in targeted 5 regions were collected

This project collected quarterly reports from PSU-MoHCDGEC from 5 regions; Mwanza, Singida, Shinyanga, Simiyu, and Tabora. However, these reports were collected using PSU's own channel against existing reporting mechanism. Therefore, the project had a meeting with PORALG, DPP, PSU in order to discuss on how to strengthen the linkage between PORALG and MoHCDGEC and make the existing reporting mechanism work.

Achievement of Output

Output 1

- BHMT training materials and participants' manual were reviewed and used for 2nd round of BHMT. 140 RRHMT members from 28 RRHs were trained.

Output 2

- Quarterly Progress Report for CHOP for Quarter 1 and Quarter 2 were submitted by 64% of RRHs
- HRHIS and HRM training was conducted and 56 participants from all 28 RRHs were trained.
- HRH information was updated by trained RRHMT members.

Output 3

Reviewing Baseline Survey Report on EHPA for RRHs by the stakeholders

The results and findings in the EHPA report were disseminated to all RRHs. The reports on hospital performance assessment was reviewed by 84 stakeholders in RRH through dissemination meeting with RRHMTs.

ISS/EHPA guideline

Guideline for Internal Supportive Supervision (ISS) and External Hospital Performance Assessment (EHPA) for Regional Referral Hospitals was endorsed by the management of MoHCDGEC and printed.

Output 4

- It was observed that there are 26 RRHs (92.9% of 28 RRHs) practicing KAIZEN activities (107 KAIZEN cases were carried out).
- As National KAIZEN theme, 48 KAIZEN cases related with healthcare waste management were observed among 17 RRHs.

Output 5

The meeting was convened on 21st November 2017 and was chaired by Department of Curative Service (DCS). It was agreed following issued;

1) HAB should operate based on functions explained in the new HAB guideline.
2) While waiting for the National Health Service Act, selection of Chairperson should be done by the Minister responsible.

Output 6

6-1 : Tanzanian experienced in implementation of 5S and KAIZEN were shared with 6 countries.

6-2 : As of March 2018, the number of health facilities over 70% of M&E score on commodity management is as follows.

Region	Number of health facility over 70% of M&E score (%)	Number of health facilities conducted M&E by CHMT (Facilities)	Quarterly reporting rate (%)
Mwanza	53	77/250	30
Simiyu	51	77/95	81
Shinnyanga	82	45/97	46
Singida	71	101/124	85
Tabora	53	108/124	85
Average	62	408/683	59.7

1-3 Achievement of the Project Purpose

In CHOP and CHOP QPR, following information is available as quasi-indicator of the project purpose:

(1) Total hospital revenue is increased

	2017-2018		
Unit: TZS	CHOP	QPR 1	QPR 2
Average NHF revenue collection/day	1,572,574	2,843,945	2,464,223
Average cash revenue collection/day	5,543,634	2,598,206	2,765,795
total	7,116,208	5,442,151	5,230,018

(2) Number of outpatient and inpatient per hospital staff is increased

	2017-2018		
Unit: Person	CHOP	QPR 1	QPR 2
Average Number of Out-patients per day/doctor	21.4	13.7	13.6
Average Number of in-patient day /Nurses	2.8	0.7	1.6

(3) Proportion of personnel expenditure to total hospital expenditure is improved
No information regarding personnel expenditure

According to CHOP and CHOP QPR, revenue collection from NHIF was increased but that from cash revenue collection was decreased. And the number of out-patient and in-patient were decreased. We need further investigate in this matter.

1-4 Changes of Risks and Actions for Mitigation

Not Applicable

1-5 Progress of Actions undertaken by JICA

Not Applicable

1-6 Progress of Actions undertaken by Gov. of Tanzania

As the Project life is five years, the Government of Tanzania through the MoHCDGEC is taking some steps for the sustainability purposes. As it was indicated in the previous reports, Regional Referral Hospitals have been directed to gradually budget (in CHOPs) for activities that are currently funded by the RRHM Project. Other actions taken is to build the capacity of MoHCDGEC officials on issues of concern.

1-7 Progress of Environmental and Social Considerations (if applicable)

Not Applicable

1-8 Progress of Considerations on Gender/Peace Building/Poverty Reduction (if applicable)

Not Applicable

1-9 Progress of Environmental and Social Considerations (if applicable)

Not Applicable

1-10 Progress of Considerations on Gender/Peace Building/Poverty Reduction (if applicable)

Not Applicable

1-11 Other remarkable/considerable issues related/affect to the project (such as other JICA's projects, activities of counterparts, other donors, private sectors, NGOs etc.)

Pharmaccess and GIZ are supporting Department of Health Quality Assurance-MoHCDGEC to disseminate "Hospital Standards" to RRHs. However, "Hospital Standards" assessment tool is very similar to EHPA tool, and DHQA is sending assessment teams to assess the RRHs with "Hospital Standards". Due the "Hospital Standards" activity, RRHMTs is confused and affecting the responses to EHPA findings.

2. Delay of Work Schedule and/or Problems (if any)

Not Applicable

3. Modification of the Project Implementation Plan

3-1 PO

Not Applicable

3-2 Other modifications on detailed implementation plan

Based on the request from MoHCDGEC and effectiveness of EHPA, the Project decided to reallocate the budget and conducted "EHPA baseline results dissemination in three areas between January 2018 to March 2018. Findings from EHPA was presented to all RRHs. RRHMT were instructed to improve the identified weak areas and reflect action plan into coming fiscal year CHOP.

The Project is planning to conduct EHPA 2nd round to all 28 RRHs between 3rd week of July to September, instead of conducting Consultation visit. Check items for 5S-KAIZEN activities are included in the EHPA checklist and basic condition of 5S-KAIZEN implementation can be monitored through EHPA.

4. Preparation of Gov. of Tanzania toward after completion of the Project

As mentioned previously, the RRHMP is under the Directorate of Policy and Planning but works in collaboration with other departments like Quality, Human Resource and Curative. Officers from the said department work closely with RRHMP experts to make sure they acquire relevant knowledge and skills for future sustainability. However, these departments have to allocate budget for enabling them to follow up implementation of activities at regional level.

II. Project Monitoring Sheet I & II *as Attached*

Annex 246

ject Title: Project for Strengthening Hospital Management of Reginal Referral Hospitals
lementing Agency: Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC)
get Group: Regional Referral Hospitals
iod of Project: March 2015 - May 2020
ject Site: Tanzania Mainland Model Site:

Version 6
Dated April, 2018

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
erall Goal					
ality of health service is improved at gional Referral Hospitals (RRHs).	(1)Patient/client satisfaction is improved in the target hospitals (2)Number of outpatient and inpatient is increased	(1) Patient/client satisfaction survey (2) Hospital statistics			
oject Purpose					
ospital management is improved at RRHs.	(1) Total hospital revenue is increased (2) Number of outpatient and inpatient per hospital staff is increased (3) Proportion of personnel expenditure to total hospital expenditure is improved	(1) Hospital performance assessment (2) Hospital performance assessment (3) Hospital performance assessment, Quarterly technical and financial report	1. Changes in the national policy and strategies in health sector do not affect implementation of the project activities. 2. There is no negative fluctuation in budget of RRHs. 3. Resource (human, medicine, equipment, infrastructure etc.) is adequately allocated. 4. Planned budget is properly secured and timely disbursed.		
utputs					
Output 1: Basic management capacity eadership, planning, M&E, human esource management, financial nanagement, resource management, nformation management) of HMTs is mproved.	Results of internal and external managerial capacity assessment of RRHMT are improved.	Internal and external capacity assessment of RRHMT	1. Quality staffs are adequately allocated. 2. HAB members are elected preperly and committed to work proactively. 3. Internal communication in MOHSW is smoothly managed. 4. Dialogue between MOHSW and PMORALG is regularly and smoothly conducted and managed. 5. Commitment form Regional Secretariat is properly enhanced.	・BHMT training materials and participants' manual were reviewed and used for 2nd round of BHMT. 140 RRHMT members from 28 RRHs were trained.	
Output 2: Planning and reporting capacity of RRHs is improved.	(1) Number of hospitals with qualified (good quality and approved) CHOPs are increased. (2) Number of hospitals with qualified (good quality and approved) quarterly reports is increased.	(1) CHOP evaluation (2) Quarterly report evaluation		・Quarterly Progress Report for CHOP for Quarter 1 and Quarter 2 were submitted by 64% of RRHs ・HRHIS and HRM training was conducted and 56 participants from all 28 RRHs were trained. ・HRH information was updated by trained RRHMT members.	
Output 3: Monitoring and Evaluation of RRHs is strengthened.	Number of reports on hospital performance assessment reviewed by the stakeholders is increased.	Project document and Performance assessment report		・The results and findings in the EHPA report were disseminated to all RRHs. The reports on hospital performance assessment was reviewed by 84 stakeholders in RRH through dissemination meeting with RRHMTs. ・Guideline for Internal Supportive Supervision (ISS) and External Hospital Performance Assessment (EHPA) for Regional Referral Hospitals was endorsed by the management of MoHCDGEC and printed.	

Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.	KAIZEN activities are implemented in 80% of RRHs.	KAIZEN Progress Report		・It was observed that there are 26 RRHs (92.9% of 28 RRHs) practicing KAIZEN activities (107 KAIZEN cases were carried out). ・As National KAIZEN theme, 48 KAIZEN cases related with healthcare waste management were observed among 17 RRHs.	
Output 5: Governance of RRHs is strengthened.	(1) Number of HAB minutes of meetings publicly reviewed is increased. (2) Evaluation of HAB's function is improved.	(1) Number of HAB minutes of meetings publicly reviewed (2) HAB assessment report		・HAB should operate based on functions explained in the new HAB guideline. ・While waiting for the National Health Service Act, selection of Chairperson should be done by the Minister responsible.	
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.	(1) Total number of KAZEN activities are increased in participating countries. (2) Good practices shared within and outside of Tanzania is increased. (3) 85% of trained primary level health facilities adhering to good storage standards.	(1) Reports from participating countries (2) Progress Report Meetings, Reports from participating countries (3) Sampling survey of trained primary level health facilities and CHMT's, report from Big Results Now Office		・Tanzanian experienced in implementation of 5S and KAIZEN were shared with 6 countries. ・As of March 2018, the average number of health facilities over 70% of M&E score on commodity management in 5 target regions is 62%.	

Activities	Inputs		Important Assumption
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.	**The Japanese Side**	**The Tanzanian Side**	
1-1 Situation analysis and benchmarking is conducted on management capacities of RRHs. 1-2 Existing training programs and materials on hospital management is reviewed. 1-3 Training institutions and facilitators are identified and oriented. 1-4 Training modules (basic and applied) and materials are consolidated. 1-5 National facilitators are trained on hospital management in TOT manner. 1-6 Hospital management training is conducted to RRHMTs. 1-7 Institutionalization of hospital management training program is promoted and facilitated. 1-8 Training effectiveness is assessed.	**Dispatch of Experts** 1. Chief Advisor / Hospital Management 2. Quality management (5S-KAIZEN-TQM) 3. Training Management 4. Monitoring 5. Project Coordinator / Training Management **Equipment and Material** 1. Necessary equipment and materials for the project activities **Trainings** 1. Necessary trainings. **Local Costs** 1. Trainings, workshops, seminars (cost sharing with MOHSW, RHMTs, RRHs, etc.) 2. Training material printing cost 3. Other activity costs	**Counterparts** 1. Project Director 2. Project Manager 3. Other personnel mutually agreed upon as needed. **Facilities, equipment and materials** 1. Office space for the Project 2. Necessary equipment and materials for the project activities **Local Costs** Operational costs for implementing activities	

Activities	Inputs		Important Assumption
: Planning and reporting capacity of improved.			Pre-Conditions
)P and related management : are reviewed.			1. RRHMT members are adequately assigned. 2. HAB members are adequately nominated. 3. Responsible C/Ps are assigned for each output. 4. Budget allocation to RRH is sustained. 5. Policy for decentralization by devolution is maintained. 6. Technical working groups under SWAP mechanism are sustained.
)P guideline and formats are accordingly.			
ning on CHOP is conducted. (as in 1-6)			
ta management for CHOP pment and monitoring is improved. with 3-1 and 3-2)			
ta management tool for human ces for health (HRHIS) is introduced.			
entoring support on planning and ing is strengthened.			
eport formulating skills and reporting ure are reviewed and strengthened.			
t 3: Monitoring and Evaluation of s is strengthened.			<Issues and countermeasures>
ools for internal hospital performance ssment within RRH are reviewed, loped and utilized.			
ools for external hospital performance ssment by MoHSW/PMO-RALG gh RHMT are reviewed, developed utilized.			
Results from hospital performance essment (internal and external) are lyzed and publicized.			
RMSS-H, mentoring and other support vities to RRHs are strengthened, based the results of hospital performance essment.			
RHMT's monitoring and evaluation pacity of 5S-KAIZEN-TQM activities is engthened.			
tput 4: Resource management and ality improvement activities are engthened through KAIZEN approach.			
1 Application of KAIZEN approach in provement of hospital management is nceptualized.			
-2 QIT and WIT are oriented on hospital anagement.			
-3 Target managerial areas for quality mprovement at each RRH is identified by ha result from hospital performance assessment.			
4-4 KAIZEN TOT is conducted to National Facilitators, focusing on improvement of hospital management.			
4-5 KAIZEN training is conducted to RRHMTs.			
4-6 KAIZEN activities in target managerial areas are conducted at each RRH.			

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Activities	Inputs		Important Assumption
4-7 Progress of KAIZEN activities is monitored. 4-8 Institutionalization of KAIZEN TOT is promoted and facilitated. 4-9 Impact of KAIZEN approach for hospital management is assessed and reviewed.			
Output 5: Governance of RRHs is strengthened.			
5-1 Guideline and assessment tools for Hospital Advisory Boards (HAB) is reviewed and revised. 5-2 Orientation training materials and program for HAB is developed, reviewed and revised. 5-3 Training for capacity building of HAB on governance and leadership is implemented. 5-4 Regular assessment of HAB functionality and supportive interventions to HAB are conducted. 5-5 Recommendations from HAB report are reviewed and enhanced to improve hospital performance.			
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.			
6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders. 6-2 Horizontal learning among RRHs is enhanced. 6-3 5S-KAIZEN-TQM training with a focus on commodity management is conducted to primary level health facilities and CHMTs. 6-4 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM aoproach are encouraged. 6-5 Regional KAIZEN TOT Training Program is acknowledged by stakeholders. 6-6 Regional KAIZEN TOT Training is conducted with participation of other African countries.			

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Project Monitoring Sheet II

Project Title: Project for Strengthening Hospital Management of Regional Referral Hospitals

Version 0
Date of Report: 2018

Inputs	Plan/Actual	2015 I	2015 II	2015 III	2015 IV	2016 I	2016 II	2016 III	2016 IV	2017 I	2017 II	2017 III	2017 IV	2018 I	2018 II	2018 III	2018 IV	2019 I	2019 II	2019 III	2019 IV	2020 I	2020 II	2020 III	2020 IV	Remarks
Expert ◎: Main responsible person, ○: Sub-responsible person, △: Assist person																										
Chief Advisor / Hospital Management	Plan																									
	Actual																									
Quality Management/5S-KAIZEN-TQM 1	Plan																									
	Actual																									
Quality Management/5S-KAIZEN-TQM 2	Plan																									
	Actual																									
Hospital Planning	Plan																									
	Actual																									
Training Management	Plan																									
	Actual																									

Activities / Sub-Activities	Plan/Actual	2015 4 5 6 7 8 9 10 11 12	2016 1 2 3 4 5 6 7 8 9 10 11 12	2017 1 2 3 4 5 6 7 8 9 10 11 12	2018 1 2 3 4 5 6 7 8 9 10 11 12	2019 1 2 3 4 5 6 7 8 9 10 11 12	2020 1 2 3 4 5 6 7 8 9 10 11 12	Responsible Organization: Japan	Responsible Organization: GOT	Achievements	Issue & Countermeasures
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.											
1-1 Situation analysis and benchmarking is conducted on management capacities of RRHs.											
1-1-1 Preparatory workshop for baseline survey; contents and methodologies	Plan									Number of participants:18 Baseline survey was designed	
	Actual										
1-1-2 Baseline survey on hospital management of 27 RRHs (Consultancy)	Plan									Completion of baseline survey for 27 RRHs Baseline survey report was produced	
	Actual										
1-1-3 Feedback workshop on findings of baseline survey	Plan									Number of participants:17 Findings from Baseline survey was shared to key stakeholders	
	Actual										
1-2 Existing training programs and materials on hospital management is reviewed.											
1-2-1 Workshop on reviewing current hospital management training program for RRHMTs	Plan									Number of participants:13 Field report on hospital management training was shared to the key stakeholders and agreed on the subjects to be taught in Basic Hospital Management Training	
	Actual										
1-3 Training institutions and facilitators are identified and oriented.											
1-3-1 Identification of resources personnel and training institutes for hospital management training	Plan									After completion of all modules, suitable facilitators will be identified	
	Actual										
1-4 Training modules (basic and applied) and materials are consolidated.											
1-4-1 Workshop on modifying hospital management training program and teaching materials for RRHMTs	Plan									Number of participants:20 Draft of Facilitator's guide for HMT training was reviewed for improvement of the contents in 2007 Number of participants:12 BHMT materials were reviewed in January 2018	
	Actual										
1-5 National facilitators are trained on hospital management in TOT manner.											
1-5-1 Facilitators training on basic hospital management	Plan									Number of participants: 10	
	Actual										
1-6 Hospital management training is conducted to RRHMTs.											
1-6-1 Basic hospital management training, and finding of problems and challenges	Plan									Number of participants: 42 in 2017, 35in 2018 (Western zone) Number of participants: 36 in 2017 (Northern zone) Number of participants: 42 in 2017, 40 in 2018 (Lake zone) Number of participants: 48 in 2017, 34 in 2018 (Southern Highland zone)	
	Actual										
1-6-2 Advanced hospital management training, and finding of problems and challenges	Plan										
	Actual										
1-7 Institutionalization of hospital management training program is promoted and facilitated.											
1-7-1 Basic and advance hospital management training at organization/institution to develop human resource	Plan										
	Actual										
1-8 Training effectiveness is assessed.											
1-8-1 Analysis of Quarterly internal Supportive Supervision reports, Annual External Performance Assessment reports	Plan										
	Actual										
Output 2: Planning and reporting capacity of RRHs is improved.											
2-1 CHOP and related management structure are reviewed.											
2-1-1 Identification of problems and challenges for CHOP and quarterly report	Plan									In the first WS, problems were identified and reflected to first draft of CHOP guideline.	
	Actual										
2-1-2 Technical advices to RRHMTs on CHOP development	Plan										
	Actual										
2-2 CHOP guideline and formats are revised accordingly.											
2-2-1 Finalization of CHOP guideline and format	Plan										
	Actual										
2-2-2 CHOP training program and teaching material development	Plan										
	Actual										
2-3 Training on CHOP is conducted. (as in 1-5 and 1-6)											
2-3-1 CHOP training for RRHMT and RHMT	Plan									82 participants from RRHMT and RHMT were trained	
	Actual										
2-4 Data management for CHOP development and monitoring is improved. (In line with 3-1 and 3-2)											
2-4-1 CHOP assessment	Plan									All RRHs CHOP for 2017/18 were reviewed and all scored above 60	
	Actual										
2-5 Data management tool for human resources for health (HRHIS) is introduced.											
2-5-1 HRHIS Operation Training and Data Utilization Training	Plan									Facilitator's training was conduted by UDSM in September 2017 Training materials were reviewed. The series of HRHIS training was conducted from October to December in 2017	
	Actual										
2-5-2 HRHIS Supportive Supervision	Plan									On the process of procurement of local consultant	
	Actual										
2-6 Mentoring support on planning and reporting is strengthened.											
2-6-1 Mentoring on CHOP planning and reporting through CV	Plan										
	Actual										
2-7 Report formulating skills and reporting structure are reviewed and strengthened.											
2-7-1 Provide Technical advices on reporting skills and structure through CV	Plan										
	Actual										

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Output 3: Monitoring and Evaluation of RRHs is strengthened.			
3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized.			
3-1-1 Follow up on current status of hospital performance assessment tool	Plan Actual		In the workshop, 8 hospital assessment tools were collected.
3-1-2 Workshop on integration and modification of hospital performance assessment tool (Internal SS document)	Plan Actual		External Hospital Performance Assessment and Internal supportive supervision tool and guideline was finalized.
3-2 Tools for external hospital performance assessment by MoHSW/PMO-RALG through RHMT are reviewed, developed and utilized.			
3-2-1 Planning of hospital performance assessment	Plan Actual		
3-2-2 Piloting hospital performance assessment at 3 RRHs	Plan Actual		The pilot on hospital performance assessment has been done in Morogoro RRH, Dodoma RRH (Apr, 2016) The pilot on hospital performance assessment has been done in Mwanza RRH (Feb, 2017)
3-2-3 Modification of hospital performance assessment tool	Plan Actual		
3-2-4 Training on Internal Supportive Supervision	Plan Actual		82 participants from RRHMT and RHMT were trained
3-2-5 Workshop on developing hospital performance assessment structure	Plan Actual		
3-3 Results from hospital performance assessment (internal and external) are analyzed and publicized.			
3-3-1 Analysis of hospital performance and the feedback	Plan Actual		External Hospital Performance Assessment baseline survey results were shared with regional referral hospital managers.
3-3-2 Finalization of hospital performance, structure and tools	Plan Actual		
3-3-3 Install the External Hospital Performance Assessment mechanism	Plan Actual		20 facilitators were trained (Jun, 2017) The trainings for RHMT and baseline survey were carried out in 24 RHMTs (Jul - Sep, 2017)
3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment.			
3-4-1 RMSS-H, mentoring and other support activities to RRH are strengthened through CV	Plan Actual		
3-5 RHMT's monitoring and evaluation capacity of 5S-KAIZEN-TQM activities is strengthened.			
3-5-1 Finalization of 5S-KAIZEN teaching materials for monitoring and evaluation for RHMT	Plan Actual		Material on 5S-KAIZEN M&E Training for RHMTs was developed
3-5-2 5S KAIZEN training on monitoring and evaluation for RHMT	Plan Actual		79 RHMTs from 26 regions were trained (Jun, 2017)
3-5-3 Analysis of monitoring and evaluation results based on the monitoring and evaluation conducted by RHMT	Plan Actual		RHMT members have been involved current on-going CV Skills and knowledge on M&E are transferred to them during the CV
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.			
4-1 Application of KAIZEN approach in improvement of hospital management is conceptualized.			
4-1-1 Review and modification of KAIZEN training materials	Plan Actual		KAIZEN TOT materials was reviewed and finalized.
4-2 QIT and WIT are oriented on hospital management.			
4-2-1 Emphasize during Consultation Visit	Plan Actual		During every CV, CV teams emphasized hospital management especially resource management and quality improvement, and moreover, clarify how 5S-KAIZEN-TQM Approach can contribute to improving hospital management.
4-3 Target managerial areas for quality improvement at each RRH is identified by the result from hospital performance assessment.			
4-3-1 Development of KAIZEN ToT Facilitators' Guide	Plan Actual		Facilitators' Guideline was developed
4-4 KAIZEN TOT is conducted to National Facilitators, focusing on improvement of hospital management.			
4-4-1 KAIZEN ToT Facilitators' training	Plan Actual		9 facilitators were trained on teaching KAIZEN activities to RRHs M&E tools are finalized (Mar-Apr, 2015) 7 facilitators from DPP, BMC, KCMC, MNH, and MZRH were trained on teaching KAIZEN activities (Mar, 2017) 24 facilitators enhanced knowledge and skill on teaching KAIZEN activities to RRH (Jun, 2017) New M&E tools for Monitoring and Evaluation are finalized after pilot test (Sep, 2017)
4-4-2 Revision of training materials of KAIZEN TOT based on the inputs from KAIZEN facilitators	Plan Actual		KAIZEN TOT materials was reviewed and finalized
4-5 KAIZEN training is conducted to RRHMTs.			
4-5-1 KAIZEN TOT (1) (Include the participants from foreign countries)	Plan Actual		KAIZEN TOT was conducted for 12 RRHs (Sep, 2015) - 38 participants from 12 RRHs; RRHMT members, were trained on KAIZEN Approach - 6 observers from MNH and 3 observers from JOCV participated KAIZEN TOT was conducted for 14 RRHs (Nov-Dec, 2015) - 42 participants from 14 RRHs; RRHMT members, were trained on KAIZEN Approach
4-5-2 KAIZEN TOT (2)	Plan Actual		KAIZEN TOT was conducted for 15 RRHs (Dec, 2015) - 47 participants from 15 RRHs; RRHMT members, were trained on KAIZEN Approach - 6 observers from Buganda Medical Center, 1 observer from JOCV participated KAIZEN TOT was conducted for 14 RRHs (Mar, 2017) - 42 participants from 14 RRHs; RRHMT members, were trained on KAIZEN Approach KAIZEN TOT was conducted for 15 RRHs (Mar, 2018) - 52 participants from 15 RRHs; RRHMT members, and MoHCDGEC were trained on KAIZEN Approach
4-6 KAIZEN activities in target managerial areas are conducted at each RRH.			
4-6-1 Setting a national KAIZEN theme on different managerial areas	Plan Actual		National KAIZEN Themes are set for all RRHs as follows: (2015/2016) Revenue collection of NHIF is improved (2016/2017) Healthcare waste management is improved
4-7 Progress of KAIZEN activities is monitored.			
4-7-1 KAIZEN Consultation Visits to RRHs	Plan Actual		CVs of 1st Round in 2017 were finished for all 26 RRHs and 4 NHs from March 2017 to June 2017. CVs of 2nd Round in 2017 were finished for all 26 RRHs and 4 NHs from October 2017 to January 2018.
4-7-2 Development of a poster of 5S-KAIZEN-TQM Approach	Plan Actual		
4-7-3 Revision of the Implementation Guideline for 5S-KAIZEN-TQM Approach	Plan Actual		
4-8 Institutionalization of KAIZEN TOT is promoted and facilitated.			
4-8-1 Strengthen RHMT to continue follow up activities for implementation of KAIZEN activities at RRH	Plan Actual		
4-8-2 Harmonization with Hospital Management Training	Plan Actual		
4-9 Impact of KAIZEN approach for hospital management is assessed and reviewed.			
4-9-1 Conduct case study	Plan Actual		

Activity	Plan / Actual	Issue
Output 5: Governance of RRHs is strengthened.		
5-1 Guideline and assessment tools for Hospital Advisory Boards (HAB) is reviewed and revised.		
5-1-1 Workshop for reviewing and modifying HAB guideline and other tools related with HAB activities	Plan / Actual	Number of participants:10. Final Draft of HAB guideline is developed
5-2 Orientation training materials and program for HAB is developed, reviewed and revised.		
5-2-1 Development of HAB orientation package	Plan / Actual	PPT of HAB training and lectures note with 2 days training program was develope
5-3 Training for capacity building of HAB on governance and leadership is implemented.		
5-3-1 Facilitators' training for HAB orientation	Plan / Actual	Number of facilitators' trained: 12 Receive lots of input from experienced participants to improve the document
5-3-2 HAB training for RRHMT and RHMT	Plan / Actual	109 participants from RRHMT and RHMT were trained
5-4 Regular assessment of HAB functionality and supportive interventions to HAB are conducted.		
5-4-1 Assessment of hospital performance and HAB functions	Plan / Actual	
5-4-2 Orientation on new guideline of HAB activities to 3 RRHs	Plan / Actual	Number of health managers trained: 16 Experiences of RRHs were shared during the training, which were useful for improvement of the document
5-5 Recommendations from HAB report are reviewed and enhanced to improve hospital performance.		
5-5-1 Provide Technical advices on HAB performance through CV	Plan / Actual	109 participants from RRHMT and RHMT were trained on HAB. However, provision of technical advice on HAB will start through the next round of CV.
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.		
6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders.		
6-1-1 NQIF administrative and technical support	Plan / Actual	One abstract on IPC Kaizen case was accepted in 5th NQIF in 2015
6-2 Horizontal learning among RRHs is enhanced.		
6-2-1 Progress Report Meeting of 5S-KAIZEN-TQM Approach	Plan / Actual	72 participains from 28 RRHs, 4 National Hospitals, MoHCDGEC and NHIF(Jul, 2016) 56 participants from 26 RRHs, 4 National Hospitals, and MoHCDGEC (June,
6-2-2 Support supplementary training on 5S-KAIZEN-TQM Approach	Plan / Actual	16 participants from 8 African counties were received and trained on KAIZEN (Aug. 2015)
6-3 5S-KAIZEN-TQM training with a focus on commodity management is conducted to primary level health facilities and CHMTs.		
6-3-1 Development of a poster of 5S-KAIZEN-TQM Approach focusing on health commodity management	Plan / Actual	
6-3-2 Workshop for developing guideline on 5S-KAIZEN-TQM Approach for helath commodity menegement	Plan / Actual	The posters for 5S-KAIZEN-TQM for health commodity management have been distributed.
6-3-3 Finalization of guideline on 5S-KAIZEN-TQM Approach for helath commodity management	Plan / Actual	The posters for 5S-KAIZEN-TQM for health commodity management have been distributed.
6-3-4 Facilitators' training on 5S activities	Plan / Actual	15 facilitators were trained (May, 2016) 19 facilitators were trained (Nov, 2016)
6-3-5 5S trainings for primary health facilities	Plan / Actual	Number of participants(Mwanza): 317 Number of Participants (Singida): 265 Number of Participants (Shinyanga): 208 Number of Participants (Simiyu): 204 Number of Participants (Tabora): 301
6-3-6 Training on 5S-KAIZEN-TQM's monitoring and evaluation for CHMT	Plan / Actual	Number of participants: 71
6-3-7 Finalization of the results of monitoring evaluation on 5S-KAIZEN-TQM for CHMT	Plan / Actual	
6-4 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged.		
6-4-1 KAIZEN TOT for participants from African countries	Plan / Actual	14 participants from 7 African countries were trained : Egypt, Sudan, Kenya, Malawi, Zimbabwe, Burundi, Senegal (Nov-Dec, 2016) 4 Participants from Uganda were trained (Mar, 2017) 11 participants from 5 African countries and 1 Asian country were trained : Bangladesh, Burundi, Kenya, Sierra Leone, Sudan, Zimbabwe (Dec, 2017)
6-5 Regional KAIZEN TOT Training Program is acknowledged by stakeholders.		
6-5-1 Development of a booklet of "Good Practices of KAIZEN (temporary name)"	Plan / Actual	
6-6 Regional KAIZEN TOT Training is conducted with participation of other African countries.		
6-6-1 KAIZEN TOT for participants from African countries	Plan / Actual	14 participants from 7 African countries were trained : Egypt, Sudan, Kenya, Malawi, Zimbabwe, Burundi, Senegal (Nov-Dec, 2016) 4 Participants from Uganda were trained (Mar, 2017) 11 participants from 5 African countries and 1 Asian country were trained : Bangladesh, Burundi, Kenya, Sierra Leone, Sudan, Zimbabwe (Dec, 2017)
Duration / Phasing	Plan / Actual	

Monitoring Plan	Plan / Actual	1st Year (2015)	1st Year (2016)	2st Year (2016)	2nd Year (2017)	2nd Year (2018)	2nd Year (2019)	2nd Year (2020)	Remarks	Issue	Solution
		I II III IV	I II	III IV	I II III IV	I II III IV	I II III IV	I II III IV			
Monitoring											
Joint Coordination Committee	Plan / Actual										
Monthly project meeting	Plan / Actual										
Submission of Monitoring Sheet	Plan / Actual										
Reports/Documents											
Development and submission of work plan (Japanese version - submission to JICA)	Plan / Actual										
Development and submission of work plan (English version - submission to MOHSW, JICA)	Plan / Actual										
Development and submission of Project Completion Report	Plan / Actual										
Public Relations											
-	Plan / Actual										
-	Plan / Actual										

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER ELDERLY AND CHILDREN

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University of Dodoma,
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DODOMA.

Ref. No.BC 209/213/01/106 **05th November 2018**

Chief Representative,
Japan International Cooperation Agency,
P.O.BOX 9450,
DAR ES SALAAM

RE: ACCEPTANCE OF PROJECT MONITORING SHEET FOR THE PERIOD STARTING FROM APRIL 2018 TO SEPTEMBER 2018

Reference is made to the above captioned subject

Project for Strengthening Regional Referral Hospital Management (RRHMP) under the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) has submitted its activities Monitoring Sheet for the period of April 2018 to September 2018.

In the light of the above; please find the attached Monitoring Sheet version 7.

Thank you for your continued cooperation.

Edward N. Mbanga
Ag. Director Policy and Planning

Project Monitoring Sheet version 7

(Term: April 2018 – September 2018)

Project Title: The Project for Strenghening Hospital Management of Regional Referral Hospitals in Tanzania

October 2018
Fujita Planning Co., Ltd.

TO CR of JICA Tanzania Office

PROJECT MONITORING SHEET

Project Title: The Project for Strengthening Hospital Management of Regional Referral Hospitals in Tanzania (RRHMP)

Version of the Sheet: Ver.7 (Term: April 2018 - September 2018)

Name: Hisahiro Ishijima

Title: Chief Advisor

Submission Date: October 2018

I. Summary

1. Progress

1-1. Progress of Inputs

Dispatch of Expert	Total Length of Stay
Chief Advisor	396 Days
Quality Management 1	443 Days
Quality Management 2	272 Days
Hospital Planning	237 Days
Training Management	160 Days

Equipment and Material
Not Applicable

Trainings		Period	Number of participants
Output 1	Basic Hospital Management Training (BHMT) in Moshi	April 2018	30 from 6 RRHs
	Work shop for development of BHMT facilitator manual	May 2018	11
	Applied Hospital Management Training (AHMT) on Monitoring and Evaluation in Mwanza	May 2018	26 from 13 RRHs
	Applied Hospital Management Training (AHMT) on Monitoring and Evaluation in Morogoro	May 2018	30 from 15 RRHs
Output 2	CHOP 2018-19 assessment	April 2018	8
	Quarterly Progress Report (QPR) 2017-18 (Q1) and (Q2) assessment	April 2018	8
	QPR 2017-18 (Q3) assessment	June 2018	8
	Human Resource Health Information System (HRHIS) Supportive Supervision in 28 RRHs	From July to August 2018	28 RRHs
Output 3	External Hospital Performance Assessment (EHPA) facilitator Training in Singida	July 2018	12
	Training on EHPA orientation and RRH Management cycle for Regional Health Management Teams (RHMTs) in Singida	July 2018	42 from 14 RHMTs

	Training on EHPA orientation and RRH Management cycle for RHMTs in Morogoro	July 2018	36 from 12 RHMTs
	EHPA 2018	From July to September 2018	27 RRHs
	EHPA 2018 data compilation and analysis	September 2018	10
Output 4	KAIZEN Consultation Visits (CVs) to RRHs (the first round of 2018)	From May to June 2018	MNH, KCMC, BMC, and MZRH
	KAIZEN Consultation Visits (CVs) to RRHs (the second round of 2018)	From September 2018 (on going)	27 RRHs, 3 NHs

Local Costs

Not Applicable

1-2 Progress of Activities

Output 1 — **Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved**

1-1. BHMT in Moshi

BHMT in Northern zone was conducted from 9th to 14th in April 2018. 30 peoples from 6 RRHs (Tanga, Mt. Meru, Manyara, Mawenzi, Singida, Dodoma RRH) were invited at Kilimanjaro Christian Medical Center (KCMC) in Kilimanjaro.

The effect size was calculated from pre-post assessment result, and the effect size was $\Delta = 1.57$, resulted in "Large Effect". This training was the last batch of the second round of BHMT, and we have completed the training of all 28 RRHs as planned.

The next process is to handover the hospital management training package to identified health training institutions and universities to sustain the provision of learning opportunity of hospital management for junior health managers. As the first handing over process, a lecturer of Center for Educational Development in Health, Arusha (CEDHA), and Primary Health Care Institute, Iringa were invited as an observer to know the contents of the hospital management training.

1-2. Workshop for development of BHMT facilitator manual in Morogoro

The workshop for development of BHMT facilitator's guide was conducted in Morogoro from 7th to 11th in May 2018. BHMT facilitators, officials from Department of Human Resource (DHR) of Ministry of Health Community Development, Gender, Elderly and Children (MoHCDGEC), and lecturers from health training institutions were invited to the workshop to finalize the facilitator's guide. During the workshop, outline and contents of the guide were agreed, and modification was made on the draft document. The contents of the guide are as follows;

- Preparation for training
- Disciplines and teaching methods of the facilitator
- Structure and facilitation points of participant manual
- Verification method of training effect
- Role of MoHCDGEC, Human Resources training institution, Regional Referral Hospital Management Team (RRHMT) on BHMT implementation

After the workshop, alignment of the documents between the participants manual and the facilitators' guide was carried out and finalized. Then, the final documents were sent to the MoHCDGEC management for approval and signing on the documents. Currently, the documents were in designing and proof-reading process. After completion of the proof reading, it will be printed.

1-3. AHMT on Monitoring and Evaluation in Mwanza and Morogoro

Based on the process and assessment results of QPR Q1 and Q2 as well as the assessment of CHOP 2018-2019, the project realized that RRHMTs are confused about the contents and reporting methods of CHOP

and QPR including Key Performance Indicators (KPIs) and data utilization. Therefore, the project changed the theme of AHMT from "Quality Improvement" to "Monitoring and Evaluation" to address the confusion and the following issues during the training.

- Changes and description method of CHOP and QPR format
- Sharing the assessment contents of CHOP and QPR, Understanding on the vulnerable points by self-evaluation
- Implementation and reporting method of Internal Supportive Supervision (ISS)
- Explanation of KPIs, and revised points on the calculation method
- Explanation of Client Satisfaction Survey Tool, and agreement on the contents of the tool
- Implementation of 5S-KAIZEN internal monitoring, and reporting method

AHMT for RRHMTs was carried out according to the following schedule.

- 1st batch: From 15th to 17th in May 2018 at Nakahoja centre in Mwanza region
  Health secretaries and matrons were invited from 13 RRHs (Bariadi, Bukoba, Dodoma, Geita, Kitete, Manyara, Maweni, Mawenzi, Mt. Meru, Musoma, Sekou-Toure, Shinyanga, Singida).
- 2nd batch: 22nd to 24th in May 2018 at Amabilis center in Morogoro region
  Health secretaries and matrons were invited from 15 RRH (Amana, Iringa, Kibena, Ligura, Mbeya, Morogoro, Mpanda, Mwananyamala, Sokoine, Songea, Songwe, Sumbawanga, Tanga, Temeke, Tumbi RRH). Unfortunately, Ligura RRH was absent.

Output 2

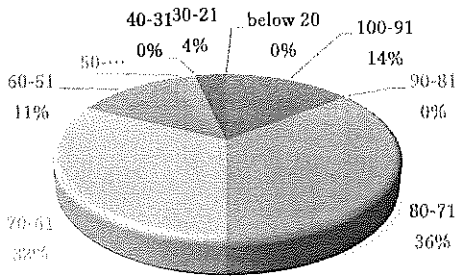
Planning and reporting capacity of RRHs is improved.

QPR 2017-18 assessment for the first and second quarters, and CHOP 2018-19 were carried out in Morogoro from 16th to 22nd in April 2018. Unfortunately, many RRHMTs were failed to submit QPR Q1 and Q2 quarter reports on time. The reason of the belated submission could be that this is the first time for RRHMTs to report the QPR, and RRHMTs were not familiar with the QPR format and its preparation. The assessment results for CHOP 2018-19 and QPR 2017-18, the first and second quarters are as follows.

1-1. CHOP 2018-19 Assessment

CHOP 2018-19 was assessed in April 2018 by MoHCDGEC. 14 RRHs out of 28 RRHs could not reach the cutoff point (70% and above) in the first assessment. Feedback that includes comments on the assessed plans has been sent to the respective RRHMT. Those hospitals that did not attain the cutoff point are required to improve own CHOP as per the comments from the assessors.

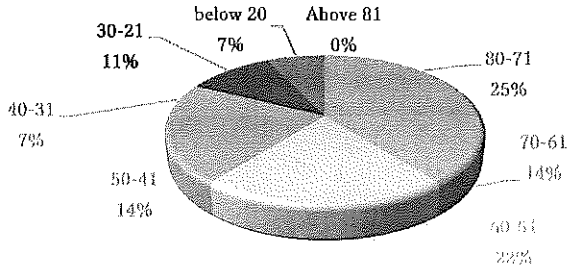
Range	100-91	90-81	80-71	70-61	60-51	50-41	40-31	30-21	below 20
Number of facilities	4	0	10	9	3	1	0	1	0
%	14%	0%	36%	32%	11%	4%	0%	4%	0%



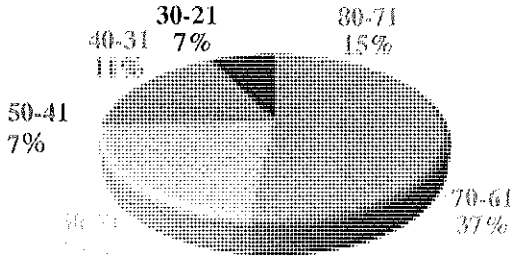
1-2. QPR 2017-18 (Q1) & (Q2) Assessment

QPR Q1 and Q2 were assessed in April 2018 by MoHCDGEC. Unfortunately, only 7 RRHs passed the cutoff point in QPR Q1, and only 5 RRHs passed the cutoff line in QPR Q2. Therefore, many RRHs were instructed to modify own QPR contents and resubmit the reports.

QPR Q1 Assessment Results								
Range	Above 81	80-71	70-61	60-51	50-41	40-31	30-21	below 20
Number of facilities	0	7	4	6	4	2	3	2
%	0%	25%	14%	21%	14%	7%	11%	7%



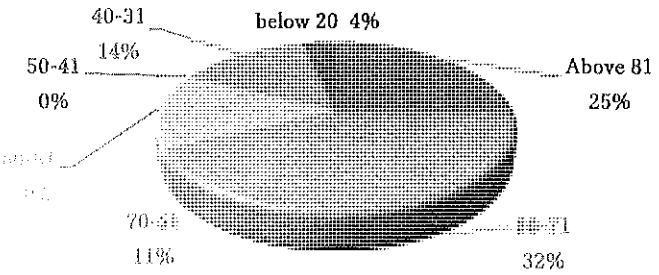
QPR Q2 Assessment Results								
Range	Above 81	80-71	70-61	60-51	50-41	40-31	30-21	below 20
Number of facilities	0	5	10	5	2	3	3	0
%	0	18%	36%	18%	7%	11%	11%	0%



1-3. QPR Q3 assessment

QPR for Quarter 3 was assessed in June 2018 by MoHCDGEC. Assessment results are improved compared with the previous QPR, 16 hospitals out of 28 hospitals (57%) have reached the cutoff point.

QPR Q3 Assessment Results								
Range	Above 81	80-71	70-61	60-51	50-41	40-31	30-21	below 20
Number of facilities	7	9	3	4	0	4	0	1
%	25%	32%	11%	14%	0%	14%	0%	4%



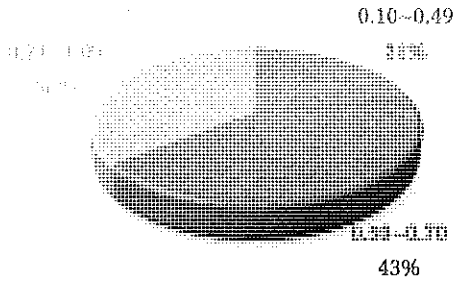
Implementation of QPR Q4 assessment was suspended due to the tight schedule of EHPA facilitator trainings and EHPA 2018 to RRHs. QPR Q4 assessment will be conducted together with QPR 2018-19 (Q1) assessment in November 2018.

4. HRHIS Supportive Supervision in 28 RRHs

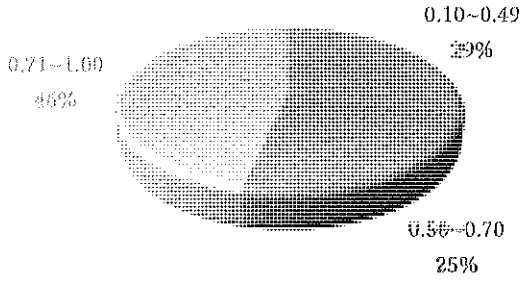
Supportive Supervision for HRHIS and human resource management has been started by the team from Department of Computer Science and Engineering, University of Dar es Salaam, and DHR and ICT section of MoHCDGEC. The purpose of this Supportive Supervision is to confirm the progress of human resource management with HRHIS at RRHs after a series of trainings, conducted between October and December 2017. Supportive Supervision to all RRHs was completed. The results are as follows:

Marking Scale: Weak/Insufficient (0.10~0.49), Moderate (0.50~0.70), Good (0.71~1.00)

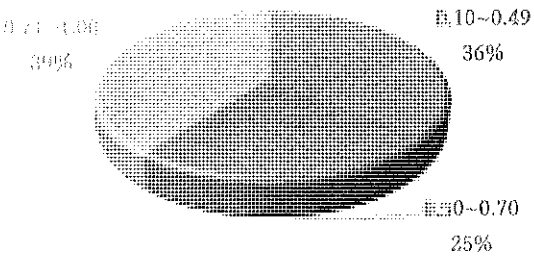
ICT Environment	0.10~0.49	0.50~0.70	0.71~1.00
	6	12	10



HRHIS Operation Structure and Data Quality	0.10~0.49	0.50~0.70	0.71~1.00
	10	7	11



HRHIS Data Use	0.10~0.49	0.50~0.70	0.71~1.00
	8	7	13



	10 out of 28 RRHs have established good IT environment and the rest of them needs to make efforts to improve it. Information gathered from HRHIS is used well for HRH management at RRHs. However, data quality for the HRHIS and its operation needs to be improved. Those findings are similar to the findings from EHPA, and it is necessary to encourage RRHMT to strengthen HRHIS use.
Output 3	**Monitoring and Evaluation of RRHs is strengthened**

3-1. EHPA facilitator training in Singida

EHPA facilitator training was held in Singida for 5 days from 2nd to 6th July 2018. 12 participants from MoHCDGEC, 5S-KAIZEN National Facilitator, RHMT in Singida, participated in this training. In order to learn the theory and practice of EHPA, the participants experienced actual EHPA implementation at Singida RRH after the first 2-days training

As a result, the participants learnt the process of EHPA implementation, the contents of EHPA checklist, and how to compile the results. In the EHPA implementation, 5S-KAIZEN National Facilitators proposed some points such as establishing Maintenance Department and improving Emergency Department. Although these proposals can be realized at National Hospital that solve the challenges on human resource, budget allocation and infrastructure, it will not be easy for RRH. In this way, this training became a good lesson for MoHCDGEC to re-recognize existing challenges at RRHs. Some participants will attend EHPA 2018 as an assessor, which starts from the end of July.

The training needed to be implemented before conducting EHPA. To maintain the mechanism of EHPA, the number of EHPA facilitator/ assessor needs to be increased and EHPA facilitators/ assessors need to be selected not only from MoHCDGEC's staff but also from staff in National bospitals.

3-2. Training on PDCA cycle for RRH Management and EHPA for RHMTs in Singida and Morogoro

The training details are described on the table below:

Date and place	5 days from 9th to 13th July 2018 at Singida	5 days from 16th to 20th July 2018 at Morogoro
Participant	3 from each 14 RHMTs in Lake zone and Northern zone	3 from each 12 RHMTs in Southern highland zone and Eastern zone
Purpose	The purpose of the training is; - Re-orient RHMT on the functions of RHMT - Capacitate RHMT on the use of CHOP Planning and Reporting Guideline - Strengthen understanding of RHMTs on assessment criteria for CHOP and reports - Understand how to conduct and support 5S-KAIZEN activities - Reinforce the capacity of RHMT in conducting EHPA	
Main contents of the activity	Participants of the training were provided with several lectures, discussions and group exercises on PDCA cycle for RRH management.	
Findings of the activity	Since 10 functions of RHMT are not changed, the participants understood that RHMT needs to support RRHMT and how to support CHOP, CHOP QPR, EHPA and 5S-KAIZEN-TQM. Some participants have much supportive mind to RRHMT, but it was observed that it was not clear for some RHMTs about their role and responsibilities for RRH management due to current transition.	
Future aspects	Through EHPA 2018, EHPA assessment team will check relationship between RHMT and RRH in each region. Additionally, the team will remind RHMTs of the functions related to RRH support if necessary. Through the latest EHPA, it was confirmed that the most of RHMTs and RRH have good relationship and RHMTs were very supportive to conduct EHPA.	

The training needed to be implemented before conducting EHPA for smooth involvement of staff in RHMT.

3-3. EHPA (2018)

EHPA 2018 has started since July 30th, 2018. This year, assessment team will spend 3 days for assessment in each RRH, and complete EHPA in 28 RRHs by the first week of September. Due to transition of RRH from PORALG to MoHCDGEC, it became difficult to secure the participation in EHPA from RHMT and PORALG, therefore 3 assessment teams are organized mainly from MoHCDGEC staffs and 5S-KAIZEN National Facilitators. To ensure the quality of assessment team, the project staff including Japanese expert, staff of MoHCDGEC, medical administration staff and medical staff were allocated equally to 3 teams shown below:

List of assessors and teams

Specialties	Team A	Team B	Team C
Doctor	Dr. Angelina Sijaona (DCS, MoHCDGEC)	Dr. Abdallah Balla (RHMT Singida)	*Dr. Msafiri Kabulwa (DCS, MoHCDGEC)
Administrator	*Mr. Fares Masaule (RRHMP)	*Mr. Raynold John (Department of Policy and Planning (DPP), MoHCDGEC)	Ms. Irene Gwitaba (Pharmaceutical Service Unit (PSU), MoHCDGEC)
Nurse	Ms. Faraja Nyamle (Mbeya Zonal Referral Hospital)	Ms. Niyonizigiye Anicet (Muhinbili National Hospital)	Ms. Hyasinta Alute (RHMT Singida)
Other	Ms. Pili Mwinyiami (DCS, MoHCDGEC)	Mr. Shuichi Suzuki (RRHMP)	Ms. Violeth Mlay (RRHMP)

On the other hand, the project is requesting RHMT to assign one officer participating in EHPA as well as seminar for sharing results because RHMT must support continuously to respective RRH. The EHPA schedule in each team is as follows:

Schedule of EHPA on each team

Weeks	Team A	Team B	Team C
1st week	Mpanda RRH (Katavi) Sumbawanga RRH (Rukwa)	Tanga RRH Mawenzi RRH (Kilimanjaro)	Bukoba RRH (Kagera)
2nd week	Songwe RRH	Mt. Meru RRH (Arusha)	Geita RRH Sekou-toure RRH (Mwanza)
3rd week	Mbeya RRH	Manyara RRH Dodoma RRH	Musoma RRH (Mara) Bariadi RRH (Shimiyu)
4th week	Songea RRH (Ruvuma) Kibena RRH (Njombe)	Tumbi RRH (Pwani)	Shinyanga RRH
5th week	Iringa RRH Morogoro RRH	Ligula RRH (Mtwara) Sokoine RRH (Lindi)	Kitete RRH (Tabora) Maweni RRH (Kigoma)
6th week	Temeke RRH (Dar es salaam)	Mwananyamala RRH (Dar es salaam)	Amana RRH (Dar es salaam)

Some RRHs are accepting the medical students from the universities to provide practical training in August. Since some RRHs were busy for it, implementation period and schedule for next EHPA need to

be further reviewed.

3-5. EHPA data compilation and analysis

To analyze the results of EHPA and to summarize them in the report, the workshop was held in Morogoro from 10th to 14th September, 2018. Since the average value has risen and the variance was decreasing, the performances of RRH were improved as a whole. The outline of analysis by EHPA is as follows:

- Comparing with last year's EHPA, the overall average rose by about 8% from 65% to 73%
- The average standard deviation decreased by 2.13 from 9.42 to 7.68
- The average score of each Area for EHPA checklist increased compared with last year, however, in the Area 8; "Social Accountability", the presence or absence of Regional Referral Hospital Advisory Board (RRHAB) greatly affected the score and the variance was wide
- Issues pointed out by the assessors during EHPA 2017 were well taken care by RRHMTs and the improvements were observed in EHPA 2018.

EHPA reports needed to be submitted before commencement of CHOP development of the next fiscal year.

Output 4 — **Resource management and quality improvement activities are strengthened through KAIZEN approach**

4-1. KAIZEN CVs to National/Zonal Hospitals

CVs to National/Zonal Hospitals were conducted from May to June 2018, aiming at (i) checking their level of 5S-KAIZEN as a teaching hospital for RRHs, (ii) providing technical advices for further improvement, and (iii) collecting good practices on 5S-KAIZEN activities. As a conclusion, although some challenges were observed in implementation of 5S-KAIZEN, Muhimbili National Hospital (MNH), Bugando Medical Center (BMC) and Mbeya Zonal Referral Hospital (MZRH) are still having capacity as the teaching hospital. However, conducting KAIZEN Training of Trainers (TOT) at KCMC should be postponed due to malfunction of QIT and stagnated implementation of 5S and KAIZEN activities.

Name of hospital	Date	Overview of current progress
MNH	30th May to 1st June 2018	27 KAIZEN cases were observed; the number is gradually decreased by comparison of the previous situations (56 cases in 2016, 36 cases in 2017), and the implementation progress of each KAIZEN case is also delayed. According to the staff of MNH, the main reason of this declining of the KAIZEN cases is current transition of hospital staff to Muloganzira National Hospital in Dar es Salaam. Otherwise, well-functioning QIT, implementation structure of QI, and some good practices of 5S-KAIZEN activities can be a good model for RRHs.
KCMC	5th to 7th June 2018	The number of trained staff and units on 5S-KAIZEN were decreased. It was observed that the support from QIT to WIT has been stagnant because there is insufficient knowledge and teaching skills among QIT members, and the cooperation among QIT members is weak. JICA volunteer who was assigned to KCMC for 5S-KAIZEN activities shortened his/her assignment period and went back to Japan due to less supports and cooperation from QIT.
BMC	19th to 21st June 2018	The full-time QIT officer is concentrating only on the program of infection prevention and control. Moreover, coordination and harmonization in between QI programs including 5S-KAIZEN activities has not been well managed yet. Otherwise, it was observed

		that there were some departments which have ownership towards 5S-KAIZEN activities for continuous improvements; those good showcases of KAIZEN can be shared with other hospitals.
MZRH	26th to 28th June 2018	Since QIT is re-established with new committed members in 2017, QI activities have been smoothly advanced little by little. As a result, the number of trained staffs on 5S-KAIZEN has increased and the number of departments implementing 5S-KAIZEN activities is also recovering to the previous level. Although there are still challenges in competency of QIT and implementation of KAIZEN activities, MZRH can show operation of QIT and good practices of 5S and KAIZEN activities to other hospitals as well as among departments at MZRZ.

4-2. KAIZEN CVs to RRHs

CVs to RRHs started from September 2018. As of September 2018, CVs were completed at 10 RRHs namely Bukoba, Dodoma, Geita, Kitete, Manyara, Maweni, Morogoro, Musoma, Sekou-Toure and Singida. During the CV this time, the project counterpart and the project made decision to quit scoring by the standardized 5S-KAIZEN M&E tool. There are three reasons; (i) decreasing burden of RRHs to receive frequent evaluation by MoHCDGEC, (ii) avoiding any conflicts between EHPA results and CV results, and (iii) clearly showing proper and effective use of 5S-KAIZEN-TQM Approach towards challenges identified by EHPA. As a ripple effect of this changed approach, it seems that RRHs are able to easily reveal their challenges and difficulties without hesitating.

General findings of the most visited RRHs are reported as follows:

- Almost all RRHs assigned at least one full-time QI officer
- All RRHs improved scores of QIT functions
- 44 KAIZEN cases are carried out among 10 RRHs
- Detailed results of EHPA are not shared well with QIT as well as hospital staff yet; therefore, action plan of QIT is not updated according to the findings by EHPA assessor team
- Capacity of QIT members to train, facilitate and supervise WIT and hospital staff is not enough.
- Inadequate self-sensitization and sense of ownership of QI including 5S-KAIZEN is observed among hospital staff
- PDCA cycle for QIT-operation is not well practiced, especially in the stage of "Check"

It is recommended for MoHCDGEC collaborating with the project to:

- Identify and take any approaches to enhance RRHMT's ownership
- Enhance commitment of RRHMT towards QI
- Build capacity of QIT to promote QI activities
- Reflect lesson learnt and the findings during the CVs to the training contents of KAIZEN TOT

CVs will be finished by the end of November 2018.

Output 5	**Governance of RRHs is strengthened.**

Manyara RRH, Mawenzi RRH and Morogoro RRH have requested MoHCDGEC to send the team to provide the orientation for establishment of HAB. The project responded to their request and sent technical adviser to those three RRHs. Those RRHs succeeded in establishment and operation of the HAB.

The establishment and functionality of the HAB was monitored and evaluated through EHPA 2018, which has conducted from July to September 2018, and the achievements were reported in the section of "Achievement of Output". As compared with the baseline date, the functionality of HAB was improved.

Output 6	**Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.**

- **Networking and knowledge sharing about 5S-KAIZEN-TQM with other African countries:**

During KAIZEN TOT which was conducted in December 2017 the participants from 6 countries; Bangladesh, Burundi, Kenya, Sierra Leone, Sudan and Zimbabwe, were requested to submit a progress report after 6 months of KAIZEN TOT. All the countries except from Sudan submitted the report on time. Although their implementation progress varies, it was reported that several activities such as conducting situation analysis before starting 5S-KAIZEN activities, conducting orientation and/or training for the management and hospital staff, conducting supportive supervision and so on, were carried out in each country after KAIZEN TOT. It suggests that the lectures, practical sessions, field visit and group brainstorming etc. which were carried out during KAIZEN TOT in Tanzania was helpful for other countries to promote their 5S-KAIZEN activities.

- **Health Commodity Management:**

The project had an informal meeting with MoHCDGEC and PORALG about the reporting of commodity management with 5S-KAIZEN at district health facilities in April 2018. The frequency of reporting is not regular and the project and MoHCDGEC requested PORALG to follow up the reporting mechanism on commodity management with 5S-KAIZEN. The project has been following up the matter discussed in the meeting. However, there was no response from PORALG and PSU. The assigned task for the analysis of the commodity management with 5S-KAIZEN is not yet carried out. This issue will be raised in the next JCC again as the issue was the one of the matters raised in the previous JCC. The status will be reported from PSU to the JCC members. Then the countermeasure will be discussed in the next JCC.

1-3. Achievement of Output

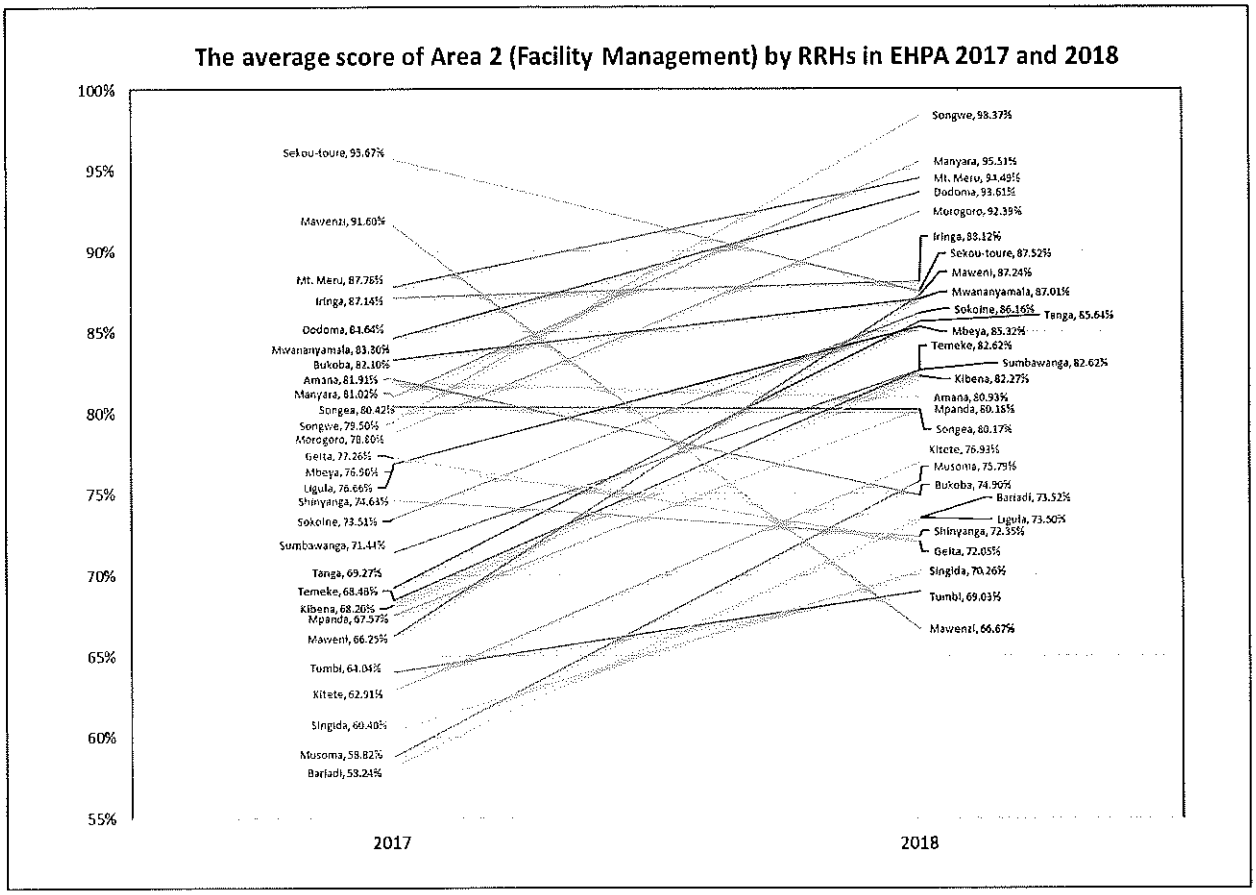
Output 1

・The achievement information

Approximately 50% of the RRHMT members were trained on management of the hospital through BHMT. Additionally, key hospital managers were further educated of strategic planning, and monitoring and evaluation for hospital management through AHMT.

According to the amount of collected data of QPR 2017-2018, total hospital revenue of 2017-2018 fiscal year was increased in 27 RRHs out of 28 RRHs, compared with the data of CHOP 2017-2018. Unfortunately, one RRH did not report.

Indicator	Achievement
Results of external managerial capacity assessment of RRHMT are improved.	According to EHPA 2018, the score of the result of external managerial capacity was increased in 71% of RRHs (20 RRHs), compared with the result in 2017. The average score of all RRHs in 2018 was also increased (81.97%) compared with that in 2017 (75.30%).



Output 2

・ The achievement information

Indicator	Achievement
(1) The number of CHOPs which are submitted timely is increased from 48% to 100%	26 RRHs out of 28 RRHs submitted timely in CHOP 2018-19.
(2) The average score of CHOP assessment is increased from 52% to 90%	The average score was 70.3% in CHOP 2018-19.
(3) 100% of QPR is submitted on time.	Monitoring the submission date of QPR was not completed properly in QPR 2017-18. An email address was created for submission of CHOP and QPR in order to clarity where to submit and record the date of submission. It started to be used from collecting QPR 2018-19 (Q1).
(4) More than 80% of RRHs obtains more than 70% of the average of 4 QPR scores.	The scores of QPR was gradually increasing from QPR 2017-18 (Q1) to (Q3), but the average score of these QPRs was still 58.1%. the assessment of QPR 2017-18 (Q4) has not been completed yet.

Output 3

・The achievement information

Indicator	Achievement
Number of EHPA reports reviewed by the stakeholders is increased	17 RRHs out of 28 RRHs took any corrective actions against the suggested points in EHPA 2017, and the improvement was observed during EHPA 2018.

To measure the achievement of output 3 'Monitoring and Evaluation of RRHs is strengthened', it proves to be unrealistic to count the number of EHPA reviewed by stakeholders since there are many conferences and meetings at which some of the participants are overlapped and cannot count them precisely.
Therefore, alternatively it was counted the number of RRHs that took any corrective actions against the suggested points in EHPA 2017. The process of reviewing the EHPA report and utilizing the findings from the report would lead to strengthen the monitoring and evaluation capacity of the hospital, which would result in improving management capacity of RRHs. Thus, the modification of the indicator would be appropriate.

Output 4

・The achievement information

Indicator	Achievement
Proportion of RRHs which implement at least one KAIZEN case is increased from 7% to more than 85% by December 2019	Proportion of RRHs which implement at least one KAIZEN case is increased is from 7% to more than 64.3% (18 RRHs) as of January 2018, based on the results of 5S-KAIZEN Consultation Visit Report.

Output 5

・The achievement information

Indicator	Achievement
(1) Number of RRH organizing HAB meeting based on planned schedule is increased from 40% to 80%.	According to EHPA2018, 18 RRHs out of 28 RRHs held the HAB meetings as scheduled. Number of RRH organizing HAB meeting based on planned schedule is increased from 40% in baseline to 64% in EHPA 2017-18.
(2) Proportion of RRHs with functional HAB is increased from 40% to 80%.	According to EHPA2018, 20 RRHs out of 28 RRH had updated list of HAB members including their contact information. Proportion of RRHs with functional HAB is increased from 40% in baseline to 71.4% n EHPA 2017-18.

Output 6

➢ **Networking and knowledge sharing about 5S-KAIZEN-TQM with other African countries:**

・The achievement information

During KAIZEN TOT conducted in Dar es Salaam in December 2017, 11 participants from 6 countries were trained on KAIZEN Approach for improving resource management and quality improvement. Based on the results of Pre&Post Course Assessment of participants from other countries, effect size (Δ) was 1.40 which shows "Large" effect, and it seems that KAIZEN TOT was also effective for them to improve knowledge on 5S-KAIZEN-TQM Approach as well as for participants from Tanzania. In several scenes of the training, information and experience were exchanged among the participants of Tanzanian and other countries through getting information from the displayed inception reports on progress of 5S-KAIZEN activities of all the participants, brainstorming and discussion sessions, field visit at Muhimbili National Hospital and so on.

In about 6 months after the training, participants from Bangladesh, Burundi, Kenya, Sierra Leone and Zimbabwe

submitted a progress report. The reports indicate that several activities for initiating and/or strengthening 5S-KAIZEN activities were carried out in respective organization.

Indicator	Achievement
(1) Total number of KAZEN activities are increased in participating countries.	Five KAIZEN cases were reported from Bangladesh.
(2) Good practices shared within and outside of Tanzania is increased.	(2) Good practices of 5S-KAIZEN activities were shared among RRHs during PRM by hospital presentations. Moreover, during KAIZEN TOT, good practices of 5S-KAIZEN activities were also shared among RRHs and other countries by sharing progress reports of 5S-AKIZEN activities of respective hospital/organization.

➢ **Health Commodity management**

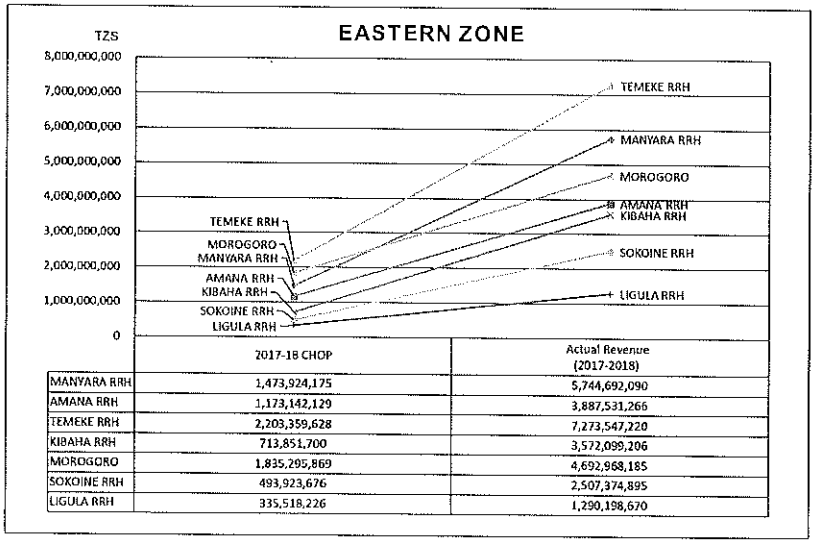
・The achievement information

Indicator	Achievement
(3) 70% of trained primary level health facilities adhere to good storage standards	There were no responses from PORALG and PSU during the period from April to September 2018. The assigned task for the analysis of the commodity management with 5S-KAIZEN has not carried out yet.

1-4 Achievement of the Project Purpose

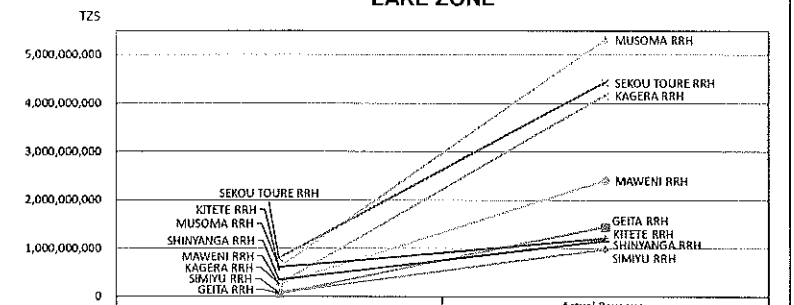
・The achievement information

Indicator	Achievement
(1) Hospital revenue (Total cash revenue collection, Total cost sharing revenue, Total NHIF revenue collection and Total amount of out-of-Pocket collection) is increased.	According to the collected data of 2017-2018 QPRs, total hospital revenue of 2017-2018 fiscal year was increased in 27 RRHs out of 28 RRHs, compared with the data of 2017-2018 CHOP. one RRH could not find out the result because of the lack of data.



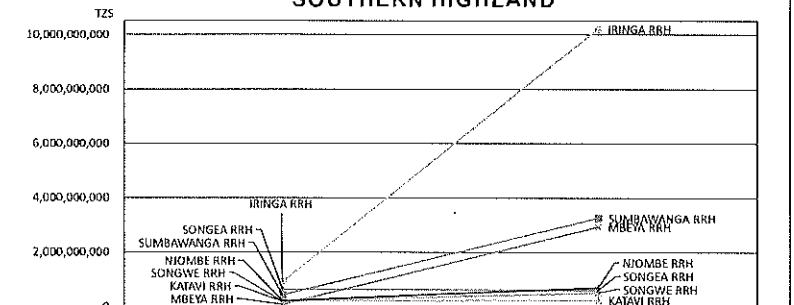
	2017-18 CHOP	Actual Revenue (2017-2018)
MANYARA RRH	1,473,924,175	5,744,692,090
AMANA RRH	1,173,142,129	3,887,531,266
TEMEKE RRH	2,203,359,628	7,273,547,220
KIBAHA RRH	713,851,700	3,572,099,206
MOROGORO	1,835,295,869	4,692,968,185
SOKOINE RRH	493,923,676	2,507,374,895
LIGULA RRH	335,518,226	1,290,198,670

LAKE ZONE



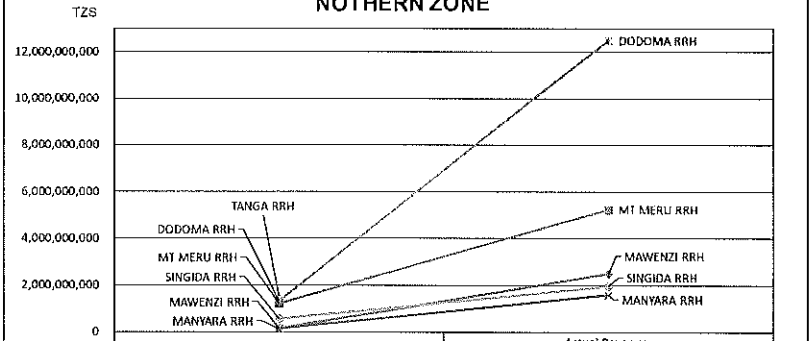
	2017-18 CHOP	Actual Revenue (2017-2018)
SIMIYU RRH	74,504,097	981,373,872
GEITA RRH	60,000,000	1,448,280,311
MUSOMA RRH	612,000,000	5,310,469,430
SEKOU TOURE RRH	798,000,000	4,429,656,320
KAGERA RRH	261,117,255	4,163,281,565
MAWENI RRH	250,192,000	2,404,795,721
KITETE RRH	606,462,271	1,215,918,496
SHINYANGA RRH	348,000,000	1,154,837,863

SOUTHERN HIGHLAND



	2017-18 CHOP	Actual Revenue (2017-2018)
SONGEA RRH	628,306,416	621,180,716
SUMBAWANGA RRH	424,914,094	3,260,112,683
KATAVI RRH	198,676,440	248,557,497
MBEYA RRH	84,660,270	2,946,481,531
SONGWE RRH	200,000,000	526,660,200
IRINGA RRH	902,355,288	10,216,917,173
NJOMBE RRH	217,682,780	715,772,080

NOTHERN ZONE



	2017-18 CHOP	Actual Revenue (2017-2018)
MAWENZI RRH	146,527,907	2,500,610,001
MT MERU RRH	1,217,033,056	5,241,075,584
TANGA RRH	1,527,243,400	
MANYARA RRH	140,569,437	1,588,661,919
DODOMA RRH	1,315,062,918	12,494,388,705
SINGIDA RRH	562,131,409	1,966,953,295

Indicator	Achievement
(2) 70% of RRHs obtain more than 70% of EHPA average score.	According to EHPA 2018, 60.7% of RRHs (17 RRHs) were over 70%, which means improvement from the previous year (in EHPA 2017, 28.6% of RRHs (8 RRHs) were over 70%).

・The perspectives of Relevance

The strengthening of the regional referral health services are clearly stated in the Health Sector Strategic Plan IV. Moreover, since the responsibility for the operation and management of RRHs was shifted to under MoHCDGEC in December 2017, MoHCDGEC especially priotarizes strengthening of the management of RRHs. Therefore, the relevance of this project is high.

・The perspectives of Effectiveness

Six outputs of the project are well linked, and activities under each output are also showing some good changes in the management of RRHs. EHPA 2018 score is improved from 65.6% in 2017 to 73.1% in EHPA 2018. Hospital revenue collection is also improved to 27 RRHs out of 28. CHOP assessment score is increased from 52% in baseline survey in 2015 to 70.3% in CHOP 2018-2019. On the other hand, weakness is observed on timely submission of QPR and quality of contents in QPR. Number of RRHs that established HAB is still 15, 4 of which are in the process. The project is going to organize the meeting of the medical officer in-charge periodically and share the good practices to encourage top management for making more efforts to improve hospital management at RRHs.

・The perspectives of Efficiency

During this reporting period, all planned activities such as BHMT trainings, KAIZEN TOT, CV, EHPA etc. have been implemented timely. However, monitoring and analyzing the progress of 5S-KAIZEN activities for improving health commodity management under the output 6, is delayed due to review of the reporting mechanism of Council Comprehensive Health Plan (CCHP) and the Planning Reporting Database for Local Authorities (PlanRep). Discussion among the project, PORALG and PSU is needed to clarify the issues.

・The perspectives of Impact

Concept of proper management and effective utilization of health resources is now well understood by RRHMT through the series of trainings. EHPA score is also on an upward trend. One of the good examples is that the majority of RRHMTs (25 out of 28 RRHs) reported in CHOP 2017-18 that they improved cash revenue collection compared with that of in 2015. This will help RRHs to improve service delivery including procurement of medicine.

・The perspectives of Sustainability

The ownership of RRHs has been officially shifted from PORALG to MoHCDGEC since July 2018, and strengthening of the management and clinical service quality at RRHs is one of the top priorities of MoHCDGEC. DCS has appointed an officer as RRH coordinator, and few staff were allocated under supervision of RRH coordinator to establish RRH section in DCS. Strengthening of the capacity of DCS for RRH's management is one of the strong positive factors to increase sustainability of the project.

CHOP and QPR; including ISS, KPIs and 5S-KAIZEN implementation status, are now well adopted by RRHMTs and regularly submitted. However, to improve the sustainability of the project outputs, commitment from DPP and DCS needs to be strengthened for assessment of CHOP and QPR periodically. Moreover, the implementation, analysis and feedback of EHPA need to be initiated by MoHCDGEC.

Additionally, the project started to hand over hospital management training package and KAIZEN training package to training institutions. This will promote the continuous education and training of hospital managers in the country, and will also enhance the sustainability of the project outcomes.

1-5. Changes of Risks and Actions for Mitigation

Shifting of the Headquarter of MoHCDGEC to Dodoma has been completed. However, the project office remains in Dar es Salaam because there is no office space in Dodoma, and budget for shifting the office is not allocated. However, it is necessary to improve communication between Coordinator of Regional Health Services (CRHS) and the project. Therefore, we have concluded to take the following actions until the end of the project;

- Have a teleconference with CRHS at least once a week
- Sending project staff occasionally to accelerate the process of approval for implementation project activities
- Select Dodoma as the venue for conducting project activities as much as possible
- Utilize various communication tools (telephone, emails and SNS) to discuss the modality of implementing the project activities

1-6. Progress of Actions undertaken by JICA

No action taken

1-7. Progress of Actions undertaken by Gov. of Tanzania

MoHCDGEC has developed a new organizational structure of MoHCDGEC and RRHs, and it is shared with relevant stakeholders. However, it is not yet approved. The project expects establishment of RRH section in DCS, hence, the project will be able to train the staff who are appointed in the section and will be able to handover the project's outputs to the section for better sustainability.

1-8. Progress of Environmental and Social Considerations (if applicable)

Not applicable

1-9. Progress of Considerations on Gender/Peace Building/Poverty Reduction (if applicable)

Not applicable

1-10. Other remarkable/considerable issues related/affect to the project (such as other JICA's projects, activities of counterparts, other donors, private sectors, NGOs etc.)

・MoHCDGEC works with various stakeholders who support the provision of health services at all levels in the country. Requirements of the financial resources are huge and MoHCDGEC appriciates supports from multiple donors to maximize the limited resources. This is why the Government emphasizes efficiency and effectiveness and tries to avoid duplications of supports from stakeholders.

The Regional Referral Hospital Management Project (RRHMP) is requesting JICA Office to raise the issue regarding the overlap of the intervention to RRHs that was caused by PharmAccess. The points are listed as below;

-The intervention by PharmAccess using the "Hospital Standards" developed by PharmAccess has been conducted to RRHs and Zonal hospitals, and have caused confusion among RRHMPs at RRHs because they were originally using the External Hospital Performance Assessment (EHPA) tool for assessing management capacity.

-The "Hospital Standards" were created by borrowing all the components from EHPA developed by RRHMP.

-EHPA and other related guidelines (Internal Supportive Supervision (ISS), Regional Management Supportive Supervision (RMSS) and 5S KAIZEN approaches) are officially approved by the MoHCDGEC, whereas the "Hospital Standards" is not officially approved. Since the RRHs are now under the MoHCDGEC, EHPA has the justification to be used at RRHs.

The validity of the "Hospital Standard" would have been recognized if the RRHs continued to remain under Regional Administration / President's Office Regional Administration and Local Government, since MoHCHEGEC can assess the result of the "Hospital Standards" from tbe perspective of a third party.

· The initiative of the Government for "Big Result Now in Health 2015-2018 (BRN)" has declined since the end of 2017. PSU has been struggling to continue M&E activities on commodity management. The project has not been getting any information from PSU on the progress of implementation of 5S-KAIZEN activities for commodity management. Currently, the project cannot carry out the analysis of the implementation of the commodity management with 5S-KAIZEN at districts. According to the Record of Discussion, PSU is responsible for collecting the data and information related with the commodity management, and the project analyzes the data. Therefore, the project requests MoHCDGEC to ensure the regular reporting on commodity management with 5S-KAIZEN at district health facilities.

2. Delay of Work Schedule and/or Problems (if any)

All planned activities are implemented on schedule.

3. Modification of the Project Implementation Plan

3-1 PO

There are no changes in Plan of Operation. However, some additional activities need to be conducted due to the shortage of the budget, EHPA results dissemination meetings cannot be conducted as last year. Therefore, the meeting for medical officers in-charge for two days was planned to disseminate the results of EHPA 2018, HRH Supportive supervision, CV results and current status of achievements of the project's Output 1-6. This meeting will be able to show MoHCDGEC's leadership and commitment to support RRHs to the hospital management, and get commitment to strengthening management of RRHs.

3-2 Other modifications on detailed implementation plan

Methodology of CV was modified. The standardized 5S-KAIZEN M&E tool was not scored. This modification is made in order to avoid confusion of the scoring between EHPA and CV. CV 2018 was started right after EHPA 2018. Thus, we thought that scoring during the CV may confuse RRHMT and QIT. Therefore, CV team was instructed and sent to concentrate on providing technical support to RRHMT and QIT to improve quality of healthcare services and resource management by implementating 5S-KAIZEN activities. Based on the reports from CV teams, RRHMTs were welcoming this methodology, and it seems to create the positive learning attitude among them.

4. Preparation of Gov. of Tanzania toward after completion of the Project

There are notable improvements in the applications of the tools that were developed by the project, for example, all RRHs were preparing CHOP and QPR, and conducting ISS. Furthermore, Government officials had been trained to conduct EHPA under the supervision of DPP and DCS, MoHCDGEC. Since all RRHs have been shifted to MoHCDGEC, the project will support DPP and DCS to manage a series of activities appropriately to guarantee the sustainability of the project.

II. Project Monitoring Sheet I & II *as Attached*

Project Monitoring Sheet I (Revision of Project Design Matrix)

Project Title: Project for Strengthening Hospital Management of Reginal Referral Hospitals
Implementing Agency: Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC)
Target Group: Regional Referral Hospitals
Period of Project: March 2015 - May 2020
Project Site: Tanzania Mainland Model Site:

Version 7
Oated October, 2018

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Overall Goal					
Quality of health service is improved at Regional Referral Hospitals (RRHs).	Patient/client satisfaction is improved at target hospitals	(1) Patient/client Satisfaction Survey (2) Endline Survey Report			
Project Purpose					
Hospital management is improved at RRHs.	(1) Hospital revenue (Total cash revenue collection, Total cost sharing revenue, Total NHIF revenue collection and Total amount of out-of-Pocket collection) is increased. (2) 70% of RRHs obtain more than 70% of EHPA average score.	(1) CHOP Assessment Report Quaterly Progress Report (2) EHPA Report	1. Changes in the national policy and strategies in health sector do not affect implementation of the project activities. 2. There is no negative fluctuation in budget of RRHs. 3. Resource (human, medicine, equipment, infrastructure etc.) is adequately allocated. 4. Planned budget is properly secured and timely disbursed.	-According to the collected data of 2017-2018 QPRs, total hospital revenue of 2017-2018 fiscal year was increased in 27 RRHs out of 28 RRHs, compared with the data of 2017-2018 CHOP. One RRH did not report. '-According to EHPA 2018, 60.7% of RRHs (17 RRHs) were over 70%, which means improvement from the previous year (In EHPA 2017, 28.6% of RRHs (8 RRHs) were over 70%).	
Outputs					
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.	Results of external managerial capacity assessment of RRHMT are improved.	EHPA Report	1. Quality staffs are adequately allocated. 2. HAB members are elected properly and committed to work proactively. 3. Internal communication in MOHSW is smoothly managed. 4. Dialogue between MOHSW and PMORALG is regularly and smoothly conducted and managed. 5. Commitment form Regional Secretariat is properly enhanced.	-According to EHPA 2018, the score of the result of external managerial capacity was increased in 71% of RRHs (20 RRHs), compared with the result in 2017. The average score of all RRHs in 2018 was also increased (81.97%) compared with that in 2017 (75.30%).	
Output 2: Planning and reporting capacity of RRHs is improved.	Objectively Verifiable indicators (1) The number of CHOPs which are submitted timely is increased from 48% to 100% (2) The average score of CHOP assessment is increased from 52% to 90% (3) 100% of QPR is submitted on time. (4) More than 80% of RRHs obtains more than 70% of the average of 4 QPR scores.	CHOP Assessment Reports Quarterly Progress Report		(1) 26 RRHs out of 28 RRHs submitted timely in CHOP 2018-19. (2) The average score was 70.3% in CHOP 2018-19. (3) Monitoring the submission date of QPR was not completed properly in QPR 2017-18. An email address was created for submission of CHOP and QPR in order to clarity where to submit and record the date of submission. It started to be used from collecting QPR 2018-19 (Q1). (4) The scores of QPR was gradually increasing from QPR 2017-18 (Q1) to (Q3), but the average score of these QPRs was still 58.1%. The assessment of QPR 2017-18 (Q4) has not been completed yet.	

Annex 272

Output 3: Monitoring and Evaluation of RRHs is strengthened.	Number of EHPA reports reviewed by the stakeholders is increased	(1) Project Activity Reports (2) EHPA Report		17 RRHs out of 28 RRHs took any corrective actions against the suggested points in EHPA 2017, and the improvement was observed during EHPA 2018.	To measure the achievement of output 3, it proves to be unrealistic to count the number of EHPA reviewed by stakeholders since there are many conferences and meetings at which some of the participants are overlapped and cannot count them precisely. Therefore, alternatively it was counted the number of RRHs that took any corrective actions against the suggested points in EHPA 2017. The process of reviewing the EHPA report and utilizing the findings from the report would lead to strengthen the monitoring and evaluation capacity of the hospital, which would result in improving management capacity of RRHs.
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.	Proportion of RRHs which implement at least one KAIZEN case is increased from 7% to more than 85% by December 2019	(1) 5S-KAIZEN Consultation Visit Report (2) ISS Report/Quarterly Progress Report (3) EHPA Report		Proportion of RRHs which implement at least one KAIZEN case is increased from 7% to more than 64.3% (18 RRHs) as of January 2018, based on the results of 5S-KAIZEN Consultation Visit Report.	
Output 5: Governance of RRHs is strengthened.	(1) Number of RRH organizing HAB meeting based on planned schedule is increased from 40% to 80%. (2) Proportion of RRHs with functional HAB is increased from 40% to 80%.	EHPA Report Quarterly Progress Report		(1) According to EHPA2018, 18 RRHs out of 28 RRHs held the HAB meetings as scheduled. Number of RRH organizing HAB meeting based on planned schedule is increased from 40% in baseline to 64% in EHPA 2017-18. (2) According to EHPA2018, 20 RRHs out of 28 RRH had updated list of HAB members including their contact information. Proportion of RRHs with functional HAB is increased from 40% in baseline to 71.4% n EHPA 2017-18.	
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.	(1) Total number of KAZEN activities are increased in participating countries. (2) Good practices shared within and outside of Tanzania is increased. (3) 70% of trained primary level health facilities adhere to good storage standards	(1) Reports from participating countries (2) Progress Report Meetings, Reports from participating countries (3) Sampling survey of trained primary level health facilities and CHMT's, report from MoHCDGEC		(1)Five KAIZEN cases were reported from Bangladesh. (2) Good practices of 5S-KAIZEN activities were shared among RRHs during PRM by hospital presentations. Moreover, during KAIZEN TOT, good practices of 5S-KAIZEN activities were also shared among RRHs and other countries by sharing progress reports of 5S-AKIZEN activities of respective hospital/organization. (3) There were no responses from PORALG and PSU during the period from April to September 2018. The assigned task for the analysis of the commodity management with 5S-KAIZEN has not carried out yet.	

Activities	Inputs		Important Assumption
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.	The Japanese Side	The Tanzanian Side	
1-1 Situation analysis and benchmarking is conducted on management capacities of RRHs. 1-2 Existing training programs and materials on hospital management is reviewed. 1-3 Training institutions and facilitators are identified and oriented. 1-4 Training modules (basic and applied) and meterials are consolidated. 1-5 National facilitators are trained on hospital management in TOT manner. 1-6 Hospital management training is conducted to RRHMTs. 1-7 Institutionalization of hospital management training program is promoted and facilitated. 1-8 Training effectiveness is assessed.	<u>Dispatch of Experts</u> 1. Chief Advisor / Hospital Management 2. Quality management (5S-KAIZEN-TQM) 3. Training Management 4. Monitoring 5. Project Coordinator / Training Management <u>Equipment and Material</u> 1. Necessary equipment and materials for the project activities <u>Trainings</u> 1. Necessary trainings. <u>Local Costs</u> 1. Trainings, workshops, seminars (cost sharing with MOHSW, RHMTs, RRHs, etc.) 2. Training material printing cost 3. Other activity costs	<u>Counterparts</u> 1. Project Director 2. Project Manager 3. Other personnel mutually agreed upon as needed. <u>Facilities, equipment and materials</u> 1. Office space for the Project 2. Necessary equipment and materials for the project activities <u>Local Costs</u> Operational costs for implementing activities	
Output 2: Planning and reporting capacity of RRHs is improved.			**Pre-Conditions**
2-1 CHOP and related management structure are reviewed. 2-2 CHOP guideline and formats are revised accordingly. 2-3 Training on CHOP is conducted. (as in 1-5 and 1-6) 2-4 Data management for CHOP development and monitoring is improved. (in line with 3-1 and 3-2) 2-5 Data management tool for human resources for health (HRHIS) is introduced. 2-6 Mentoring support on planning and reporting is strengthened. 2-7 Report formulating skills and reporting structure are reviewed and strengthened.			-Pharmaccess and Department of Health Quality Assurance-MoHCDGEC is still conducting star rating activities with "Hospital Standards" to RRHs. This issue was raised in the previous JCC that was held in April 2018. However, there is no action taken for harmonization or coordination between EHPA and Star rating of RRHs.

Activities	Inputs		Important Assumption
Output 3: Monitoring and Evaluation of RRHs is strengthened.			
3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized. 3-2 Tools for external hospital performance assessment by MoHSW/PMO-RALG through RHMT are reviewed, developed and utilized. 3-3 Results from hospital performance assessment (internal and external) are analyzed and publicized. 3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment. 3-5 RHMT's monitoring and evaluation capacity of 5S-KAIZEN-TQM activities is strengthened.			**<Issues and countermeasures>** -Pharmaccess and Department of Health Quality Assurance-MoHCDGEC is still conducting star rating activities with "Hospital Standards" to RRHs. This issue was raised in the previous JCC that was held in April 2018. However, there is no action taken for harmonization or coordination between EHPA and Star rating of RRHs. -The initiative of the Government for "Big Result Now in Health 2015-2018 (BRN)" has declined since the end of 2017. Pharmaceutical Service Unit (PSU) has been struggling to continue the M&E activities on commodity management.
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.			
4-1 Application of KAIZEN approach in improvement of hospital management is conceptualized. 4-2 QIT and WIT are oriented on hospital management. 4-3 Target managerial areas for quality improvement at each RRH is identified by the result from hospital performance assessment. 4-4 KAIZEN TOT is conducted to National Facilitators, focusing on improvement of hospital management. 4-5 KAIZEN training is conducted to RRHMTs. 4-6 KAIZEN activities in target managerial areas are conducted at each RRH. 4-7 Progress of KAIZEN activities is monitored. 4-8 Institutionalization of KAIZEN TOT is promoted and facilitated. 4-9 Impact of KAIZEN approach for hospital management is assessed and			

Activities	Inputs		Important Assumption
Output 5: Governance of RRHs is strengthened.			
5-1 Guideline and assessment tools for Hospital Advisory Boards (HAB) is reviewed and revised. 5-2 Orientation training materials and program for HAB is developed, reviewed and revised. 5-3 Training for capacity building of HAB on governance and leadership is implemented. 5-4 Regular assessment of HAB functionality and supportive interventions to HAB are conducted. 5-5 Recommendations from HAB report are reviewed and enhanced to improve hospital performance.			
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.			
6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders. 6-2 Horizontal learning among RRHs is enhanced. 6-3 5S-KAIZEN-TQM training with a focus on commodity management is conducted to primary level health facilities and 6-4 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged. 6-5 Regional KAIZEN TOT Training Program is acknowledged by stakeholders. 6-6 Regional KAIZEN TOT Training is conducted with participation of other African countries.			

Project Monitoring Sheet II

Version 7
Dated April, 2018

Project Title: Project for Strengthening Hospital Management of Regional Referral Hospitals

Inputs	Plan/Actual	2015 I	2015 II	2015 III	2015 IV	2016 I	2016 II	2016 III	2016 IV	2017 I	2017 II	2017 III	2017 IV	2018 I	2018 II	2018 III	2018 IV	2019 I	2019 II	2019 III	2019 IV	2020 I	2020 II	2020 III	2020 IV	Remarks	Monitoring: Issue	Monitoring: Solution
Expert ◎: Main responsible person, ○: Sub-responsible person, △: Assist person																												
Chief Advisor / Hospital Management	Plan																											
	Actual																											
Quality Management/5S-KAIZEN-TQM 1	Plan																											
	Actual																											
Quality Management/5S-KAIZEN-TQM 2	Plan																											
	Actual																											
Hospital Planning	Plan																											
	Actual																											
Training Management	Plan																											
	Actual																											

Activities / Sub-Activities	Plan/Actual	2015 4 5 6 7 8 9 10 11 12	2016 1 2 3 4 5 6 7 8 9 10 11 12	2017 1 2 3 4 5 6 7 8 9 10 11 12	2018 1 2 3 4 5 6 7 8 9 10 11 12	2019 1 2 3 4 5 6 7 8 9 10 11 12	2020 1 2 3 4 5 6 7 8 9 10 11 12	Responsible Organization: Japan	Responsible Organization: GOT	Achievements	Issue & Countermeasures
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.											
1-1 Situation analysis and benchmarking is conducted on management capacities of RRHs.											
1-1-1 Preparatory workshop for baseline survey; contents and methodologies	Plan							◎	○	Number of participants:18 Baseline survey was designed	
	Actual										
1-1-2 Baseline survey on hospital management of 27 RRHs (Consultancy)	Plan							◎	○	Completion of baseline survey for 27 RRHs Baseline survey report was produced	
	Actual										
1-1-3 Feedback workshop on findings of baseline survey	Plan							◎	△	Number of participants:17 Findings from Baseline survey was shared to key stakeholders	
	Actual										
1-2 Existing training programs and materials on hospital management is reviewed.											
1-2-1 Workshop on reviewing current hospital management training program for RRHMTs	Plan							◎	△	Number of participants:13 Field report on hospital management training was shared to the key stakeholders and agreed on the subjects to be taught in Basic Hospital Management Training	
	Actual										
1-3 Training institutions and facilitators are identified and oriented.											
1-3-1 Identification of resource personnel and training institutes for hospital management training	Plan							◎	○	After completion of all modules, suitable facilitators will be identified	
	Actual										
1-4 Training modules (basic and applied) and materials are consolidated.											
1-4-1 Workshop on modifying hospital management training program and teaching materials for RRHMTs	Plan							◎	△	Number of participants:20 Draft of Facilitator's guide for HMT training was reviewed for improvement of the contents in 2007 Number of participants:12 BHMT materials were reviewed in January 2018	
	Actual										
1-5 National facilitators are trained on hospital management in TOT manner.											
1-5-1 Facilitators training on basic hospital management	Plan							◎	△	Number of participants: 10	
	Actual										
1-6 Hospital management training is conducted to RRHMTs.											
1-6-1 Basic hospital management training, and finding of problems and challenges	Plan							◎	○	Number of participants: 42 in 2017, 35 in 2018 (Western zone) Number of participants: 36 in 2017 , 31 in 2018 (Northern zone) Number of participants: 42 in 2017, 40 in 2018 (Lake zone) Number of participants: 48 in 2017, 34 in 2018 (Southern Highland zone)	
	Actual										
1-6-2 Advanced hospital management training, and finding of problems and challenges	Plan							◎	○	Number of participants: Number of participants: 54 in May 2018 (on Monitoring and Evaluation)	
	Actual										
1-7 Institutionalization of hospital management training program is promoted and facilitated.											
1-7-1 Basic and advance hospital management training at organization/institution to develop human resource	Plan							◎	○		
	Actual										
1-8 Training effectiveness is assessed.											
1-8-1 Analysis of Quarterly Internal Supportive Supervision reports, Annual External Performance Assessment reports	Plan							◎	○	Conducted regularly Internal supportive supervision by RRHMT. Conducted EHPA	
	Actual										
Output 2: Planning and reporting capacity of RRHs is improved.											
2-1 CHOP and related management structure are reviewed.											
2-1-1 Identification of problems and challenges for CHOP and quarterly report	Plan							○	△	In the first WS, problems were identified and reflected to first draft of CHOP guideline.	
	Actual										
2-1-2 Technical advices to RRHMTs on CHOP development	Plan							○	△		
	Actual										
2-2 CHOP guideline and formats are revised accordingly.											
2-2-1 Finalization of CHOP guideline and format	Plan							○	△		
	Actual										
2-2-2 CHOP training program and teaching material development	Plan							○	△		
	Actual										
2-3 Training on CHOP is conducted. (as in 1-5 and 1-6)											
2-3-1 CHOP training for RRHMT and RHMT	Plan							◎	○	82 participants from RRHMT and RHMT were trained	
	Actual										
2-4 Data management for CHOP development and monitoring is improved. (in line with 3-1 and 3-2)											
2-4-1 CHOP assessment	Plan							◎	○	All RRHs CHOP for 2017/18 were reviewed and all scored above 50 All RRHs CHOP for 2017/18 were reviewed, and 14 RRHs out 28 RRHs could not reach the passing line (70% and above) in the first assessment.	
	Actual										
2-5 Data management tool for human resources for health (HRHIS) is introduced.											
2-5-1 HRHIS Operation Training and Data Utilization Training	Plan							○	△	Facilitator's training was conduted by UDSM in September 2017 Training materials were reviewed. The series of HRHIS training was conducted from October to December in 2017	
	Actual										
2-5-2 HRHIS Supportive Supervision	Plan							○	△	Conducted from July to August 2018 for all RRHs	
	Actual										
2-6 Mentoring support on planning and reporting is strengthened.											
2-6-1 Mentoring on CHOP planning and reporting through CV	Plan							◎	△	Thtough the assessment of CHOP, comments and suggestions have been made which help to improve the CHOP.	
	Actual										
2-7 Report formulating skills and reporting structure are reviewed and strengthened.											
2-7-1 Provide Technical advices on reporting skills and structure through CV	Plan							◎	△	Thtough the assessment of QPR, comments and suggestions have been made which help to improve the QPR.	
	Actual										

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Output 3: Monitoring and Evaluation of RRHs is strengthened.

3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized.

3-1-1 Follow up on current status of hospital performance assessment tool	Plan / Actual	In the workshop, 6 hospital assessment tools were collected.
3-1-2 Workshop on integration and modification of hospital performance assessment tool (Internal SS document)	Plan / Actual	External Hospital Performance Assessment and internal supportive supervision tool and guideline was finalized.

3-2 Tools for external hospital performance assessment by MoHSW/PMO-RALG through RHMT are reviewed, developed and utilized.

3-2-1 Planning of hospital performance assessment	Plan / Actual	
3-2-2 Piloting hospital performance assessment at 3 RRHs	Plan / Actual	The pilot on hospital performance assessment has been done in Morogoro RRH, Dodoma RRH (Apr, 2016) The pilot on hospital performance assessment has been done in Mawenzi RRH (Feb, 2017)
3-2-3 Modification of hospital performance assessment tool	Plan / Actual	
3-2-4 Training on Internal Supportive Supervision	Plan / Actual	82 participants from RRHMT and RHMT were trained
3-2-5 Workshop on developing hospital performance assessment structure	Plan / Actual	

3-3 Results from hospital performance assessment (internal and external) are analyzed and publicized.

3-3-1 Analysis of hospital performance and the feedback	Plan / Actual	External Hospital Performance Assessment baseline survey results were shared with regional referral hospital managers.
3-3-2 Finalization of hospital performance, structure and tools	Plan / Actual	
3-3-3 Install the External Hospital Performance Assessment mechanism	Plan / Actual	26 facilitators were trained (Jun, 2017) The trainings for RHMT and baseline survey were carried out in 24 RHMTs (Jul - Sep, 2017)

3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment.

3-4-1 RMSS-H, mentoring and other support activities to RRH are strengthened through CV	Plan / Actual	

3-5 RHMT's monitoring and evaluation capacity of 5S-KAIZEN-TQM activities is strengthened.

3-5-1 Finalization of 5S-KAIZEN teaching materials for monitoring and evaluation for RHMT	Plan / Actual	Material on 5S-KAIZEN M&E Training for RHMTs was developed
3-5-2 5S KAIZEN training on monitoring and evaluation for RHMT	Plan / Actual	75 RHMTs from 25 regions were trained (Jun, 2017)
3-5-3 Analysis of monitoring and evaluation results based on the monitoring and evaluation conducted by RHMT	Plan / Actual	RHMT members have been involved current on-going CV Skills and knowledge on M&E are transferred to them during the CV

Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.

4-1 Application of KAIZEN approach in improvement of hospital management is conceptualized.

4-1-1 Review and modification of KAIZEN training materials	Plan / Actual	KAIZEN TOT materials was reviewed and finalized

4-2 QIT and WIT are oriented on hospital management.

4-2-1 Emphasize during Consultation Visit	Plan / Actual	During every CV, CV teams emphasized hospital management especially resource management and quality improvement, and moreover, clarify how 5S-KAIZEN-TQM Approach can contribute to improving hospital management.

4-3 Target managerial areas for quality improvement at each RRH is identified by the result from hospital performance assessment.

4-3-1 Development of KAIZEN ToT Facilitators' Guide	Plan / Actual	Facilitators' Guideline was developed

4-4 KAIZEN TOT is conducted to National Facilitators, focusing on improvement of hospital management.

4-4-1 KAIZEN ToT Facilitators' training	Plan / Actual	9 facilitators were trained on teaching KAIZEN activities to RRHs M&E tools are finalized (Mar-Apr, 2016) 7 facilitators from DPP, BMC, KCMC, MNH, and MZRH were trained on teaching KAIZEN activities (Mar, 2017) 24 facilitators enhanced knowledge and skill on teaching KAIZEN activities to RRHs (Jun, 2017) New M&E tools for Monitoring and Evaluation are finalized after pilot test (Sep, 2017)
4-4-2 Revision of training materials of KAIZEN TOT based on the inputs from KAIZEN facilitators	Plan / Actual	KAIZEN TOT materials was reviewed and finalized

4-5 KAIZEN training is conducted to RRHMTs.

4-5-1 KAIZEN TOT (1) (include the participants from foreign countries)	Plan / Actual	KAIZEN TOT was conducted for 12 RRHs (Sep, 2016) - 36 participants from 12 RRHs; RRHMT members, were trained on KAIZEN Approach - 6 observers from MNH and 3 observers from JOCV participated KAIZEN TOT was conducted for 14 RRHs (Nov-Dec, 2016) - 42 participants from 14 RRHs; RRHMT members, were trained on KAIZEN Approach
4-5-2 KAIZEN TOT (2)	Plan / Actual	KAIZEN TOT was conducted for 15 RRHs (Dec, 2015) - 47 participants from 15 RRHs; RRHMT members, were trained on KAIZEN Approach - 6 observers from Buganda Medical Center, 1 observer from JOCV participated KAIZEN TOT was conducted for 14 RRHs (Mar, 2017) - 42 participants from 14 RRHs; RRHMT members, were trained on KAIZEN Approach KAIZEN TOT was conducted for 15 RRHs (Mar, 2018) - 52 participants from 15 RRHs; RRHMT members, and MoHCDGEC were trained on KAIZEN Approach

4-6 KAIZEN activities in target managerial areas are conducted at each RRH.

4-6-1 Setting a national KAIZEN theme on different managerial areas	Plan / Actual	National KAIZEN Themes are set for all RRHs as follows: (2015/2016) Revenue collection of NHIF is improved (2016/2017) Healthcare waste management is improved (2017/2018) From KAIZEN TOT in December 2017, each RRH is requested own KAIZEN theme based on the results of EHPA instead of National KAIZEN theme given by MoHCDGEC

4-7 Progress of KAIZEN activities is monitored.

4-7-1 KAIZEN Consultation Visits to RRHs	Plan / Actual	CVs of 1st Round in 2017 were finished for all 28 RRHs and 4 NHs from March 2017 to June 2017. CVs of 2nd Round in 2017 were finished for all 28 RRHs and 4 NHs from October 2017 to January 2018. CVs of 1st Round in 2018 were finished for 4 NHs from May 2018 to June 2018 CVs of 1st Round in 2018 started for 28 RRHs from September 2018 (plan to finish by November 2018)
4-7-2 Development of a poster of 5S-KAIZEN-TQM Approach	Plan / Actual	
4-7-3 Revision of the Implementation Guideline for 5S-KAIZEN-TQM Approach	Plan / Actual	

4-8 Institutionalization of KAIZEN TOT is promoted and facilitated.

4-8-1 Strengthen RHMT to continue follow up activities for implementation of KAIZEN activities at RRH	Plan / Actual	Although RRHs are transferred to under MoHCDGEC from PORALG (RHMT) in 2018, RRHMP still continued to try to involve RHMT especially into ConsultationVisit. However, the most RHMT did not send any persons who can accompany with the CV teams. (as of now October 2018)
4-8-2 Harmonization with Hospital Management Training	Plan / Actual	Topic especially on monitoring and evaluation of 5S-KAIZEN activities were taught during Applied Hospital Management Training in May 2018.

4-9 Impact of KAIZEN approach for hospital management is assessed and reviewed.

4-9-1 Conduct case study	Plan / Actual	

Output 5: Governance of RRHs is strengthened.

5-1 Guideline and assessment tools for Hospital Advisory Boards (HAB) is reviewed and revised.

5-1-1 Workshop for reviewing and modifying HAB guideline and other tools related with HAB activities	Plan		Number of participants:10. Final Draft of HAB guideline is developed
	Actual		

5-2 Orientation training materials and program for HAB is developed, reviewed and revised.

5-2-1 Development of HAB orientation package	Plan		PPT of HAB training and lectures note with 2 days training program was developed
	Actual		

5-3 Training for capacity building of HAB on governance and leadership is implemented.

5-3-1 Facilitators' training for HAB orientation	Plan		Number of facilitators' trained: 12 Receive lots of input from experienced participants to improve the document
	Actual		
5-3-2 HAB training for RRHMT and RHMT	Plan		109 participants from RRHMT and RHMT were trained
	Actual		

5-4 Regular assessment of HAB functionality and supportive interventions to HAB are conducted.

5-4-1 Assessment of hospital performance and HAB functions	Plan		
	Actual		
5-4-2 Orientation on new guideline of HAB activities to 3 RRHs	Plan		Number of health managers trained: 16 Experiences of RRHs were shared during the training, which were useful for improvement of the document
	Actual		

5-5 Recommendations from HAB report are reviewed and enhanced to improve hospital performance.

5-5-1 Provide Technical advices on HAB performance through CV	Plan		109 participants from RRHMT and RHMT were trained on HAB. However, provision of technical advice on HAB will start through the next round of CV.
	Actual		

Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.

6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders.

6-1-1 NQIF administrative and technical support	Plan		One abstract on IPC Kaizen case was accepted in 5th NQIF in 2015
	Actual		

6-2 Horizontal learning among RRHs is enhanced.

6-2-1 Progress Report Meeting of 5S-KAIZEN-TQM Approach	Plan		72 participains from 28 RRHs, 4 National Hospitals, MoHCDGEC and NHIF(Jul, 2016) 56 participants from 28 RRHs, 4 National Hospitals, and MoHCDGEC (June, 2017)
	Actual		
6-2-2 Support supplementary training on 5S-KAIZEN-TQM Approach	Plan		16 participants from 8 African countries were received and trained on KAIZEN (Aug. 2016)
	Actual		

6-3 5S-KAIZEN-TQM training with a focus on commodity management is conducted to primary level health facilities and CHMTs.

6-3-1 Development of a poster of 5S-KAIZEN-TQM Approach focusing on health commodity management	Plan		
	Actual		
6-3-2 Workshop for developing guideline on 5S-KAIZEN-TQM Approach for helath commodity management	Plan		The posters for 5S-KAIZEN-TQM for health commodity management have been distributed.
	Actual		
6-3-3 Finalization of guideline on 5S-KAIZEN-TQM Approach for helath commodity management	Plan		The posters for 5S-KAIZEN-TQM for health commodity management have been distributed.
	Actual		
6-3-4 Facilitators' training on 5S activities	Plan		15 facilitators were trained (May, 2016) 19 facilitators were trained (Nov, 2016)
	Actual		
6-3-5 5S trainings for primary health facilities	Plan		Number of participants(Mwanza): 317 Number of Participants (Singida): 285 Number of Participants (Shinyanga): 208 Number of Participants (Simiyu): 204 Number of Participants (Tabora): 301
	Actual		Number of participants: 71
6-3-6 Training on 5S-KAIZEN-TQM's monitoring and evaluation for CHMT	Plan		
	Actual		
6-3-7 Finalization of the results of monitoring evaluation on 5S-KAIZEN-TQM for CHMT	Plan		
	Actual		

6-4 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged.

6-4-1 KAIZEN TOT for participants from African countries	Plan		14 participants from 7 African countries were trained : Egypt, Sudan, Kenya, Malawi, Zimbabwe, Burundi, Senegal (Nov-Dec, 2016) 4 Participants from Uganda were trained (Mar, 2017) 11 participants from 5 African countries and 1 Asian country were trained : Bangladesh, Burundi, Kenya, Sierra Leone, Sudan, Zimbabwe (Dec, 2017)
	Actual		

6-5 Regional KAIZEN TOT Training Program is acknowledged by stakeholders.

6-5-1 Development of a booklet of "Good Practices of KAIZEN (temporary name)"	Plan		Good practices of 5S and KAIZEN activities are collected during Consultation Visit in 2016
	Actual		

6-6 Regional KAIZEN TOT Training is conducted with participation of other African countries.

6-6-1 KAIZEN TOT for participants from African countries	Plan		14 participants from 7 African countries were trained : Egypt, Sudan, Kenya, Malawi, Zimbabwe, Burundi, Senegal (Nov-Dec, 2016) 4 Participants from Uganda were trained (Mar, 2017) 11 participants from 5 African countries and 1 Asian country were trained : Bangladesh, Burundi, Kenya, Sierra Leone, Sudan, Zimbabwe (Dec, 2017)
	Actual		

Duration / Phasing

	Plan		
	Actual		

Monitoring Plan

		1st Year (2015)				1st Year (2016)		2st Year (2016)		2nd Year (2017)				2nd Year (2018)				2nd Year (2019)				2nd Year (2020)				Remarks	Issue	Solution
	Plan / Actual	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV			
Monitoring																												
Joint Coordination Committee	Plan																											
	Actual																											
Monthly project meeting	Plan																											
	Actual																											
Submission of Monitoring Sheet	Plan																											
	Actual																											
Reports/Documents																												
Development and submission of work plan (Japanese version - submission to JICA)	Plan																											
	Actual																											
Development and submission of work plan (English version - submission to MOHSW, JICA)	Plan																											
	Actual																											
Development and submission of Project Completion Report	Plan																											
	Actual																											
Public Relations																												
---	Plan																											
	Actual																											
---	Plan																											
	Actual																											

Annex 279

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER ELDERLY AND CHILDREN

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Ref. No.BC.170/255/04/1421st **May 2019**

Chief Representative,
Japan International Cooperation Agency,
P.O.BOX 9450,
DAR ES SALAAM

RE: ACCEPTANCE OF PROJECT MONITORING SHEET FOR THE PERIOD STARTING FROM OCTOBER 2018 TO MARCH 2019

Reference is made to the above captioned subject

Project for Strengthening Regional Referral Hospital Management (RRHMP) under the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) submit its activities Monitoring Sheet for the period of October 2018 to March 2019.

In the light of the above; please find the attached Monitoring Sheet version 8.

Thank you for your continued cooperation.

Edward N. Mbanga
Director Policy and Planning

Project Monitoring Sheet version 8

(Term: October 2018 – March 2019)

Project Title: The Project for Strenghening Hospital Management of Regional Referral Hospitals in Tanzania

April 2019
Fujita Planning Co., Ltd.

TO CR of JICA Tanzania Office

PROJECT MONITORING SHEET

Project Title: The Project for Strengthening Hospital Management of Regional Referral Hospitals in Tanzania (RRHMP)

Version of the Sheet: Ver.8 (Term: October 2018 - March 2019)

Name: Hisahiro Ishijima

Title: Chief Advisor

Submission Date: April 2019

I. Summary

1. Progress
1-1. Progress of Inputs

Dispatch of Expert	Total Length of Stay
Chief Advisor	512 Days
Quality Management 1	512 Days
Quality Management 2	272 Days
Hospital Planning	237 Days
Training Management	244 Days

Equipment and Material

Not Applicable

	Trainings	Period	Number of participants
Output 1	Workshop on handing over Basic Hospital Management Training (BHMT) to Teaching Institutions (TIs) in Morogoro	October 2018	9 from 3 TIs
	Meeting of Regional Referral Hospital (RRH) Medical Officer In-charge	October 2018	28 from 28 RRHs
	Workshop on handing over KAIZEN training to TIs	January 2019	19 from 3 TISs
Output 2	Comprehensive Hospital Operation Plan (CHOP) 2018 Quarterly Progress Report (QPR) Q 1 assessment	November 2018	8
	CHOP 2018 QPR Q 2 assessment	January-February 2019	8
Output 3	Follow-up External Hospital Performance Assessment (EHPA)	February-March 2019	9 RRHs
Output 4	KAIZEN Training of Trainers (ToT) in Dar es Salaam	November 2018	57 from 18 RRHs
	KAIZEN ToT in Mbeya	November 2018	30 from10 RRHs,
	Consultation Visit (CV) of 5S-KAIZEN-TQM Approach in 2018	From September 2018 to November 2018	28 RRHs
	CV of 5S-KAIZEN-TQM Approach in 2019	From February 2019 (on going)	18 RRHs
Output 6	KAIZEN ToT in Mbeya	November 2018	8 from 4 foreign countries
	Ghana MoH Study tour	March 2019	10

Local Costs

Not Applicable

1-2 Progress of Activities

Output 1

Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of Hospital Management Teams (HMTs) is improved

1-1. Workshop on handing over BHMT and KAIZEN training to TIs in Morogoro

The workshop was held from October 15 to October 19, 2018 at Amahilis Center in Morogoro with the participation of lecturers from Center for Educational Development in Health, Arusha (CEDHA), Iringa Primary Health Care Institute (PHCI Iringa), and Mzumbe University (MU). The main objectives and specific objectives were as follows;

Main objective

To capacitate TIs to conduct BHMT and KAIZEN training to hospital managers

Specific Objectives

- To orient lecturers of the TIs on the methodologies and contents of BHMT and KAIZEN training;
- To develop effective and implementable training plan and budget plan for the TIs
- To have commitments from TIs to organize and carry out BHMT

At the end of the workshop, the participants achieved the expected outcomes of the workshop (i.e. Structuring the training on hospital management and 5S-KAIZEN including logistic preparation (announcement, financing, material preparation, time table etc.) and preparation of the contents (syllabus, setting of aims and objectives etc.))

The project informed that 5S-KAIZEN training for CEDHA, PHCI and MU will be conducted in January 2019 so that full training package will be understood by the tutors and lecturers from the invited TIs who will conduct pilot training. The participants agreed that pilot training will be conducted at CEDHA in May 2019, where the tutors and lecturers from PHCI and MU will attend the pilot training as observers to learn organization of the training and teaching methodologies of BHMT and 5S-KAIZEN during the pilot training.

1-2. Meeting of RRH Medical Officer In-charge (MOI)

The meeting was held from October 29 to 30, 2018 in Dodoma.

- Present and discuss results and findings of EHPA 2018 to all in-charges of the RRHs;
- Discuss progress made by RRHs in addressing gaps and challenges identified during EHPA and share good practices;
- Provide an opportunity to the MOIs to discuss challenges they face in addressing the gaps with MoHCDGEC management;
- Agree on joint strategies as way forward for RRHs to improve service delivery at RRH.

At the plenary session on the first day, the results of EHPA 2018 were shared to the participants and MoHCDGEC officials. The current situation of each hospital was explained. Usage of the Human Resource for Health Information System (HRHIS) was also reported as a part of the performance of Human Resource (HR) management at RRHs. After that, a review was conducted on the content of each hospital's report, and discussions were held on a way to share problems and improve the situation.

On the second day, the report on CHOP-QPR and the quality of the documents were reported. Additionally, implementation status of 5S-KAIZEN activities, TQM concepts and Customer Satisfaction were shared, afterwards the participants discussed on how to proceed them at RRHs.

Refer the Annex 1: "SUMMARY REPORT ON "MONITORING MEETING with REGIONAL REFERRAL HOSPITAL MEDICAL OFFICER IN CHARGES" for more details of the meeting.

1-3. Workshop on handing over KAIZEN training to TIs

The workshop was held from January 21 to January 25, 2019 at PHCI Iringa with the participation of tutors and lecturers from CEDHA, PHCI Iringa, and MU. This workshop is a series of events for handing over BHMT Package to TIs and university. The main objectives and specific objectives were as follows;

Main objective

The purpose of the workshop is to equip tutors and lecturers of selected TIs and university with the knowledge and skills on 5S-KAIZEN-TQM approach to train health managers.

Specific Objectives

At the end of the workshop, the participants will be able:

- To understand the concept of 5S-KAIZEN-TQM approach
- To understand the methodology of implementing 5S-KAIZEN-TQM approach
- To understand the methodology of teaching 5S-KAIZEN-TQM approach

During the workshop, the participants were actively participated and obtained basic knowledge on 5S-KAIZEN-TQM approach and its teaching methodologies. They have also visited Tosamaganga Council Designated Hospital to observe implementation of 5S-KAIZEN on the ground to understand the approach clearer. Unfortunately, time was not enough to practice KAIZEN with Quality Control (QC) stories. Therefore, some of them are invited to the next KAIZEN ToT.

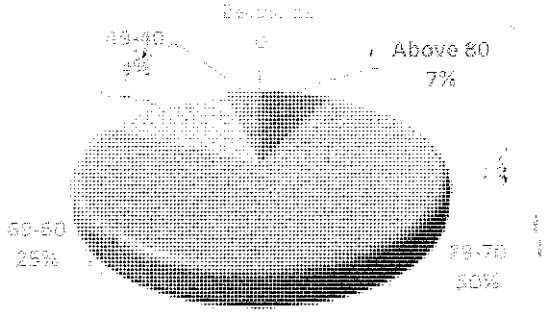
Output 2 — **Planning and reporting capacity of RRHs is improved.**

1-1. CHOP 2018-19 QPR Q 1 Assessment

CHOP 2018-19 QPR Q 1 was assessed in November 2018 by MoHCDGEC. 26 RRHs out of 28 RRHs completed on time submission through the email address created to identify submission of CHOP and QPR. The left 2 RRHs made delay of submission due to the problem of communication environment. 16 RRHs out of 28 RRHs passed the cutoff point, and the average score of 28 RRHs was 67.5%.

QPR Q 1 Assessment Results

Range	Above 80	79-70	69-60	59-50	49-40	39-30	29-20	below 19
Number of Facilities	2	14	7	4	1	0	0	0
%	7%	50%	25%	14%	3%	0%	0%	0%



1-2. CHOP 2018-19 QPR Q 2 assessment

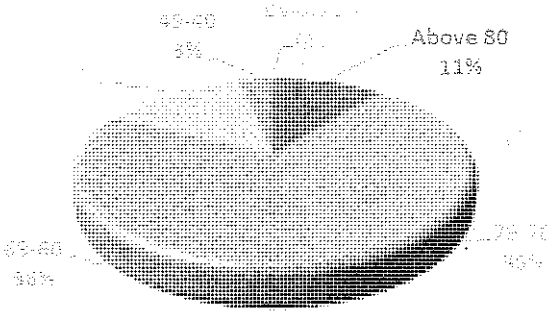
CHOP 2018-19 QPR Q 2 was assessed in January-February 2019 by MoHCDGEC. 26 RRHs out of 28 RRHs completed on time submission through the email address created to identify submission of CHOP and QPR. The left 2 RRHs made delay of submission due to the problem of communication environment.

13 RRHs out of 28 RRHs passed the cutoff point. Though the number of RRH passed the cutoff point

was lower than CHOP 2018-19 QPR Q 1, the average score of 28 RRHs was gradually improving compare with the result of CHOP 2017-18 QPR Q 1 to Q 4. On the other hand, the scores of several RRHs were not stable in each QPR. The negative factors affecting to the scores must be clarified.

QPR Q 2 Assessment Results

Range	Above 80	79-70	69-60	59-50	49-40	39-30	29-20	below 19
Number of Facilities	3	10	10	4	1	0	0	0
%	10%	35%	35%	14%	3%	0%	0%	0%



Output 3 — **Monitoring and Evaluation of RRHs is strengthened**

3-1. Follow-up EHPA

The purpose of the follow up was to identify challenges and setbacks RRHMTs are facing in implementing the EHPA 2018 Recommendations/suggestion for improvement of the weak areas and provide technical support and advice to both RRHs and MoHCDGEC on the way forward.

The Follow-up EHPA was conducted on March 2019 for 9 RRHs which were selected considering their weak management pointed in the result of EHPA 2018. The selected RRHs were as below.

Bukoba RRH (Kagera)	Tanga RRH (Tanga)	Shinyanga RRH (Shinyanga)
Bariadi RRH (Simiyu)	Ligula RRH (Mtwara)	Kitete RRH (Tabora)
Musoma RRH (Mara)	Maweni RRH (Kigoma)	Singida RRH (Singida)

During the Supportive Supervision Follow up on the EHPA 2018, almost in all visited RRHs, Supervisors noticed a remarkable improvement in the Areas that the Hospital performed low. The hospitals with great improvement had Action Plan for implementation of the recommendations/suggestions given in the 2018 EHPA Report. The action plans were prepared by the RRHMTs after Feedback sessions and updated in MOIs meeting in Dodoma in October 2018. RRHs that were found to have not prepared an Action Plan, had also shown some progress but indeed uncoordinated. As a result, it was difficult to determine whether the achievements were linked to 2018 EHPA recommendations; 5S KAIZEN CV or otherwise. Ligula in Mtwara, Maweni in Kigoma and Kitete in Tabora which emerged among last 5 RRHs in the 2018 EHPA proved to have implemented over 2/3s of the recommendations especially activities that had no large Funding implications (required routine work commitment and could use internal source of funds). Other long-term activities that required large amount of funds were accommodated in the 2019/20 CHOP (submitted at the end of March).

Output 4 — **Resource management and quality improvement activities are strengthened through KAIZEN approach**

4-1. KAIZEN ToT

KAIZEN ToT in 2018 were conducted as follows:

Date and venue	November 5 to 9, 2018 at Muhimbili National Hospital (MNH), Dar es Salaam	November 12 to 16, 2018 at Mbeya Zonal Referral Hospital (MZRH), Mbeya
Facilitators	**Total number: 14** - 10 from 5S-KAIZEN National Facilitators - 4 from RRHMP	**Total number: 15** - 10 from MoHCDGEC and 5S-KAIZEN National Facilitators - 1 from JICA Volunteer - 4 from RRHMP
Participants	**Total number: 57** - 3 from each 18 RRHs; Amana, Bariadi, Geita, Kitete, Ligura, Maweni, Mawenzi, Manyara, Mwananyamala, Musoma, Mt.Meru, Sekou-Toure, Shinyanga, Sokoine, Tanga, Tumbi, Temeke - Note that Amana RRH sent 3 more participants by their own budget	**Total number: 38** - 3from each 10 RRHs; Bukoba, Dodoma, Iringa, Mbeya, Motorogo, Mpanda, Kibena, Songea, Songwe and Sumbawanga - 8 from 4 countries; Burundi, Kenya, Uganda and Zimbabwe
Observers	**Total number: 6** - 4 from MNH - 2 from JICA Volunteer	**Total number: 11** - 3 from MoHCDGEC (DCS) - 6 from MZRH - 2 from MU
Purpose	The purpose of the training is to equip health professions with positive attitude, basic knowledge and practical skills on KAIZEN Approach for improving quality of healthcare and resource management.	
Main contents of the activity	Lectures, discussions, brainstorming sessions and practical sessions on both of 5S and KAIZEN activities were executed and interacted each other for effective training.	
Summary results of pre and post course assessment	The average score is improved from 70.9 (before) to 78.7 (after); the gap of the score is 7.8. Effect size (Δ) was 0.72 which shows "Medium" effect.	The average score is improved from 72.7 (before) to 82.1 (after); the gap of the score is 9.4. Effect size (Δ) was 0.87 which shows "Large" effect.
Summary results of conrse evaluation	According to the results of the course evaluation done by the participants (n=51), it was observed that: - More than 90% of the respondents were satisfied with all lectures and practical sessions - 96% of the participants responded that the training materials were helpful for them to learn effectively and conduct in-house KAIZEN Training	According to the results of the course evaluation done by the participants (n=59), it was observed that: - More than 90% of the respondents were satisfied with all lectures and practical sessions - More than 95% of the respondents responded that Facilitator's facilitation and teaching were helpful

Moreover, RRHMP started preparations of KAIZEN ToT which will be conducted in June 2019.

4-2. Consultation Visit (CV) of 5S-KAIZEN-TQM Approach

CV in 2019 started from February 2019 and finished for 19 RRHs as of March 2019. 18 CV reports out of 19 reports were submitted by 5S-KAIZEN National Facilitator. According to the CV reports, number of RRHs practicing KAIZEN activities is 15 RRHs out of 18 RRHs, which is equivalent to 83.3%.

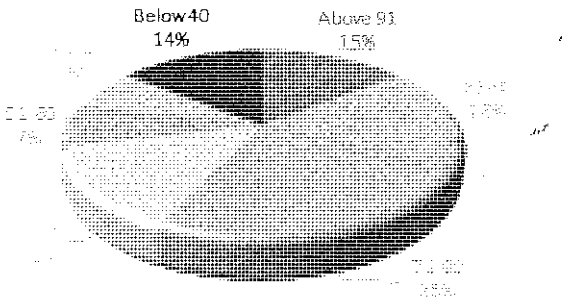
Year	2016	2017 1st	2017 2nd	2018	2019 (on going)
Number of RRHs	27	28	28	28	18
Number of RRHs practicing KAIZEN	19	18	25	26	15
% RRHs practicing KAIZEN	70.4	64.3	89.3	92.9	83.3

Output 5 — **Governance of RRHs is strengthened.**

Current situation of HAB operation through the EHPA

The self-evaluation of HAB functions was conducted during the MOI meeting in October 2018, using the tools for the self-monitoring extracted from HAB guideline page 24. According to that result, 20 RRHs out of 28 RRHs had established HAB (71.4%) as of that time, and 12 RRHs out of the 20 RRHs evaluated their HAB as "functional" (above 70% in total score).

Self-Monitoring of HAB Functions							
Range	Above 91	81-90	71-80	61-70	51-60	41-50	Below 40
Number of facilities	3	4	5	3	1	1	3
%	15%	20%	25%	15%	5%	5%	15%



It was confirmed that all 28 RRHs had applied on establishment of HAB as of March 2019. However, the number of accepted RRHs were 24 RRHs, and the left 4 RRHs (Kibena RRH, Maweni RRH, Singida RRH and Songwe RRH) are still in the process. Out of these, 2 are new RRH for the New Regions which had to drop the Council Health Service Boards and establish Regional Referral Hospital Advisory Board (RRHAB).

Output 6 — **Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.**

- **KAIZEN ToT in Mbeya:**

8 participants from 4 countries such as Burundi, Kenya, Uganda and Zimbabwe participated in KAIZEN ToT in Mbeya, which was conducted from November 12 to 16, 2018. As a result of pre and post course assessment among those four countries, Effect size (Δ) was 0.9 which showed "Large effect"; it was assumed that the training was effective to enhance knowledge on 5S-KAIZEN-TQM Approach among not only Tanzanian participants but also other countries' participants.

All participants including Tanzanian participants were requested to develop and submit an implementation progress report on own 5S-KAIZEN activities in respective organization before

participating in KAIZEN ToT, and then all the reports were displayed in the training venue aiming at sharing good practices and experience in 5S-KAIZEN activities among the participants.

- **Ghana MoH Study Tour:**

A mission team from Ghana Ministry of Health visited for observation of 5S-KAIZEN-TQM approach in Tanzania health sector from March 2 March to 8, 2019. During their staying in Tanzania, they have visited MNH, MZRH, Mbalizi District Hospital and Amana RRH.

The mission team received presentation from each hospital on the way 5S-KAIZEN approach is introduced into the hospital, implementation structures, and sustainability mechanism of 5S-KAIZEN activities. Then, hospital tour was conducted to observed 5S-KAIZEN activities at each hospital. The mission team members appreciated the hospitals' efforts to improve working environment and service provision as well as hospital management using 5S-KAIZEN-TQM approach.

- **Health Commodity Management:**

It was reported by Pharmaceutical Service Unit (PSU) that 5S activities and Supportive Supervision by Council Health Management Teams (CHMTs) in the district health facilities have been continuously conducted in all regions (Mwanza, Singida, Shinyanga, Simiyu and Tabora) that the project intervened. According to the reported M&E results on 5S implementation of Health Commodity Management at district health facilities, the implementation level varied among the districts. Some health facilities showed improvements of the implementation status compared with the previous status, however, the others did not make good progress. Therefore, the project is planning to conduct a consultation visit for those health facilities to identify the bottlenecks of the progress, and to make progresses on 5S activities in health commodity management.

1-3. Achievement of Output

Output 1

- **The achievement information**

Indicator	Achievement
Result of external managerial capacity assessment of RRHMT are improved.	According to EHPA 2018, 71% of RRHs (20 RRHs out of 28 RRHs) increased their score of external managerial capacity, comparing to the result of EHPA 2017. The average score of all RRHs in 2018 was also increased (73.09%) compared with that in 2017 (65.6%).

The follow-up EHPA on 2018 was conducted on March 2019 to 9 RRHs which were scored under 70% and pointed out their weak management in the result of EHPA 2018. In the follow-up EHPA, it was confirmed that almost all visited RRHs had started to implement some countermeasures to their challenges according to their action plan. It is expected that the result of EHPA 2019 would be improved.

Output 2

- **The achievement information**

Indicator	Achievement
(1) The number of CHOPs which are submitted timely is increased from 48% to 100%.	(1) 24 RRHs out of 28 RRHs (85%) submitted CHOP 2019-20 timely. The left 4 RRHs could not submitted on time because of the turnover of the manager.
(2) The average score of CHOP assessment is increased from 52% to 90%.	(2) The average score was 70.3% in CHOP 2018-19. The assessment workshop on CHOP 2019-20 will be

	implemented in April 2019.
(3) 100% of QPR is submitted on time.	(3) 26 RRHs out of 28 RRHs (92%) submitted QPR Q 1 in 2018-19 on time, and the same number of RRHs submitted QPR Q 2 in 2018-19 on time. The left 2 RRHs could not submit on time due to the problem of internet connection, and they had submitted the QPR one day behind schedule.
(4) More than 80% of RRHs obtains more than 70% of the average of 4 QPR scores.	(4) The number of RRHs scored over 70% on QPR was not increased from quarter 1 to 2 in 2018-19; 16 RRHs out of 28 RRHs scored over 70% on QPR Q 1 in 2018-19, and 13 RRHs out of 28 RRHs scored over 70% on QPR Q 2 in 2018-19. However, the average score of 28 RRHs was slightly increased from 67.5% on QPR Q 1 in 2018-19 to 67.9% on QPR Q 2 in 2018-19.

Output 3

- **The achievement information**

Indicator	Achievement
Number of EHPA reports reviewed by the stakeholders is increased.	17 RRHs out of 28 RRHs took corrective actions against the suggested points in EHPA 2017, and the improvements were observed during EHPA 2018.

MoHCDGEC and the project members conducted EHPA follow-up for 9 RRHs that scored under 70% in EHPA 2018. The follow-up team confirmed the progress of the action plans at each RRH, which was developed based on the results of EHPA 2018.

Output 4

- **The achievement information**

Indicator	Achievement
Proportion of RRHs which implement at least one KAIZEN case is increased from 7% to more than 85% by December 2019.	Proportion of RRHs that implement at least one KAIZEN case is increased from 7% (before RRHMP starts) to 83.3% (15 RRHs out of 18) as of March 2019, based on the results of 5S-KAIZEN CV reports which started from February 2019.

Output 5

- **The achievement information**

Indicator	Achievement
(1) Number of RRH organizing HAB meeting based on planned schedule is increased from 40% to 80%.	According to QPR Q 1 and 2 in 2018-19, 24 RRHs out of 28 RRHs have established HAB. 9 RRHs out of the 24 RRHs (45%) are following the meeting schedule. 7 RRHs out of the 24 RRHs (35%) could not meet the meeting schedule. They could manage to hold the meeting once in the two quarters. The left 4 RRHs did not hold the HAB meeting in the two quarter.
(2) Proportion of RRHs with functional HAB is increased from 40% to 80%.	The self-evaluation of HAB functions was conducted during the MOI meeting in October 2018, using the tools for the self-monitoring extracted from HAB

	guideline page 24. According to that result, 20 RRHs out of 28 RRHs had established HAB (71.4%) as of that time and 12 RRHs out of the 20 RRHs evaluated their HAB as "functional" (above 70% in total score).

Output 6

➢ **Networking and knowledge sharing about 5S-KAIZEN-TQM with other African countries:**

• **The achievement information**

Indicator	Achievement
(1) Total number of KAZEN activities are increased in participating countries.	KAIZEN cases in participating countries are followings: - In November 2016, Egypt and Malawi reported 8 KAIZEN cases in total - In December 2017, Bangladesh, Kenya, Burundi and Zimbabwe reported 15 KAIZEN cases in total
(2) Good practices shared within and outside of Tanzania is increased.	During KAIZEN ToT, good practices of 5S-KAIZEN activities were shared among RRHs and other countries by displaying progress reports of RRHs and other countries. Additionally, MoHCDGEC and RRHMP received a study tour from Ghana to share experiences and good practices of 5S-KAIZEN each other.

➢ **Health Commodity management**

• **The achievement information**

Indicator	Achievement
(3) 70% of trained primary level health facilities adhere to good storage standards	It was reported by PSU that 5S activities and Supportive Supervision by CHMTs in the district health facilities have been continuously conducted in all regions (Mwanza, Singida, Shinyanga, Simiyu and Tabora) that the project intervened. Sampling survey of trained primary level facilities will be conducted in June 2019.

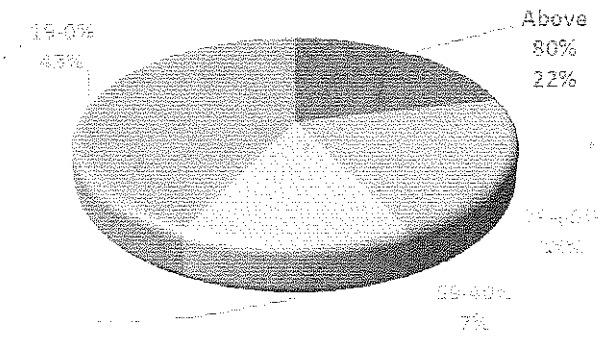
1-4. Achievement of the Project Purpose

• **The achievement information**

Indicator	Achievement
(1) Hospital revenue (Total cash revenue collection, Total cost sharing revenue, Total NHIF revenue collection and Total amount of out-of-Pocket collection) is increased.	According to the collected data from the QPR Q 2 in 2018-19, increase of the total revenue collection was observed at 14 RRHs compared with the report in the QPR Q 2 in the previous fiscal year. Unfortunately, decrease of the total revenue collection was observed at 8 RRHs in the same period of the previous fiscal year. 6 RRHs had not reported the data in the QPR Q 2 in 2017-18, therefore, the status could not be compared with the current fiscal year.

Growth Rate of Total Revenue Collection of Quarter 2 in 2018-19 Compared with Quarter 2 in 2017-18					
Growth Rate	Above 80%	79-60%	59-40%	39-20%	19-0%
Number of facilities	3	2	1	2	6
%	21%	14%	7%	14%	43%

Note:
Growth Rate was calculated by the formula of (Amount of Quarter 2 in 2018 fiscal year / Amount of Quarter 2 in 2017 fiscal year) *100



Indicator	Achievement
(2) 70% of RRHs obtain more than 70% of EHPA average score.	(2) According to EHPA 2018, 60.7% of RRHs (17 RRHs) were over 70%, which means improvement from the previous year (In EHPA 2017, only 28.6% of RRHs (8 RRHs) were over 70%).

The follow-up EHPA was conducted in March 2019 for 9 RRHs that scored under 70% in EHPA 2018. It was confirmed that almost all visited RRHs had started to implement some countermeasures against their challenges based on their action plan. It is expected that the result of EHPA 2019 would be improved.

1-5. DAC Evaluation Criteria

- **The perspectives of Relevance**

The strengthening of the regional referral health services is clearly stated in the Health Sector Strategic Plan IV (HSSP IV). After the responsibilities for the operation and management of RRHs transferred to MoHCDGEC in December 2017, now the Regional Hospitals Service Section (RHSS) is newly established under Directorate of Curative Services (DCS) in July 2018 and 7 staffs (2 health secretaries, 3 doctors and 2 nurses) were allocated for RHSS in March 2019. RHSS prioritizes strengthening the management of RRHs as is emphasized in the HSSP IV, thus, the relevance of this project is high.

- **The perspectives of Effectiveness**

Six outputs of the project are well linked, and activities under each output also show some good changes in the management of RRHs. EHPA 2018 score is improved from 65.6% in 2017 to 73.1%. According to the collected data from the QPR Q 2 in 2018-19, increase of the total revenue collection was observed at 14 RRHs compared with the report in the QPR Q 2 in the previous fiscal year. CHOP assessment score was increased from 52% in baseline survey in 2015 to 70.3% in CHOP 2018-2019. Moreover, on time submission of QPR is improved; 93% of RRHs (26 RRHs) submitted QPR Q 2 of 2018-19 on time. The average score of QPR of 28 RRHs was slightly increased from 67.5% on QPR Q 1 in 2018-19 to 67.9% on QPR Q 2 in 2018-19. In terms of establishment of HAB, all 28 RRHs had applied on establishment of HAB, and 24 RRHs were accepted the establishment as of March 2019.

- **The perspectives of Efficiency**

During this reporting period, all planned activities such as BHMT, KAIZEN ToT, CV, EHPA etc. have been implemented timely.

- **The perspectives of Impact**

Concept of proper management and effective utilization of health resources is now well understood by Regional Referral Hospital Management Team (RRHMT) through the series of trainings. EHPA score is also on an upward trend. As one of the good examples, in CHOP 2017-18, the majority of RRHMTs (25 RRHs out of 28 RRHs) reported that they improved cash revenue collection compared with that of in 2015. This will help RRHs to improve service delivery including procurement of medicine.

- **The perspectives of Sustainability**

The ownership of RRHs has been officially shifted from President Office, Regional Administration and Local Government (PORALG) to MoHCDGEC since July 2018, and RHSS was newly established under the DCS. Since strengthening of the management and clinical service quality at RRHs is one of the top priorities of MoHCDGEC, capacity development of DCS for RRH's management is crucial to increase sustainability of the project outcomes.

CHOP and QPR, which include ISS, KPIs and 5S-KAIZEN implementation status, are now well adopted by RRHMTs and regularly submitted. EHPA will be more considered as the essential tool to analyze functions of hospitals by MoHCDGEC. However, for improving the sustainability of the project outputs, commitment from Directorate of Policy and Planning (DPP) and DCS needs to be strengthened for assessment of CHOP and QPR periodically. It is also required for MoHCDGEC to have more ownership for conducting analysis and feedback of EHPA.

Additionally, the project implemented the trainings for handing over of BHMT package and the KAIZEN training package to TIs. The pilot training of hospital management course is planned to be conducted by the trained TIs as a next step. Establishment of this course will enable the continuous education and training of hospital managers with enough knowledge, resulting in enhancing the sustainability of the project outcomes.

1-6. Changes of Risks and Actions for Mitigation

Not applicable

1-7. Progress of Actions undertaken by JICA

Not applicable

1-8. Progress of Actions undertaken by Gov. of Tanzania

Major personnel transfer was made in MoHCDGEC in February 2019. The key personnel such as PS, directorates were transferred from other departments in MoHCDGEC. The Regional Health Service Coordinator has planned to hold an orientation of the project activities for the new managements in April 2019 to make them familiar with the project's purpose and outputs, implement status, and current progress.

1-9. Progress of Environmental and Social Considerations (if applicable)

Not applicable

1-10. Other remarkable / considerable issues related / affect to the project (such as other JICA's projects, activities of counterparts, other donors, private sectors, NGOs etc.)

Many personnel transfers were made from February to March 2019. As a result, the human relationships, as well as CHOP, QPR and EHPA assessors, which have been built up and trained, have now fallen weak and appears to affect

the smooth implementation of the project activities. Especially, personnel transfer in DCS and Department of Human Resource (DHR) is already signaling to have a big impact for the implementation of hospital management training at TIs. Therefore, there is a need to establish a mechanism, in which the skills and knowledge of planning and assessment to implement the project activities are followed properly, so that even if personnel transfers are made sustainability of the RRHMP activities is not affected. On the other hand, MoHCDGEC has submitted a proposal to merge DHQA with DCS and the process are ongoing. As for star rating activities they are ongoing because the budget had been approved for implementation. Once the allocated funds are over it is expected no extra funds will be set for this activity and thus EHPA will be strengthened since actual requirements will be submitted at the DCS.

2. Delay of Work Schedule and / or Problems (if any)

All planned activities are implemented on schedule.

3. Modification of the Project Implementation Plan

3-1. PO

Not applicable

3-2. Other modifications on detailed implementation plan

Not applicable

4. Preparation of Gov. of Tanzania toward after completion of the project

DPP has been emphasizing on involving any relevant departments of MoHCDGEC, such as DCS, DHR, Chief Accountant, Government Communication Unit and so on, in all outputs of RRHMP. Currently the project activities are well known to all the departments of MoHCDGEC from the latest implementation status and achievements. The tools and the guidelines developed by MoHCDGEC and RRHMP were also introduced to the relevant departments. Getting the precious information of the tools and guidelines, the departments can consider the budgets for the necessary activities in their annual plans for sustainability and continuity. The proper coordination among the departments will be able to make the staffs from the different departments engaged and involved smoothly for sustainable implementation of RRHMP activities after the completion of the project. Moreover, BHMT and the training program on 5S-KAIZEN-TQM Approach has been introduced to TIs i.e. CEDHA, PHCI and MU. MoHCDGEC will assist those TIs to conduct the trainings, hence, in the future newly appointed HMT members will be trained to take up their roles at respective RRH.

II. Project Monitoring Sheet I & II *as Attached*

Project Monitoring Sheet II

Version 8
Dated April, 2019

Project Title: Project for Strengthening Hospital Management of Regional Referral Hospitals

Inputs	Plan/Actual	2015 I	2015 II	2015 III	2015 IV	2016 I	2016 II	2016 III	2016 IV	2017 I	2017 II	2017 III	2017 IV	2018 I	2018 II	2018 III	2018 IV	2019 I	2019 II	2019 III	2019 IV	2020 I	2020 II	2020 III	2020 IV	Remarks	Monitoring: Issue	Monitoring: Solution
Expert ◎: Main responsible person, ○: Sub-responsible person, △: Assist person																												
Chief Advisor / Hospital Management	Plan																											
	Actual																											
Quality Management/5S-KAIZEN-TQM 1	Plan																											
	Actual																											
Quality Management/5S-KAIZEN-TQM 2	Plan																											
	Actual																											
Hospital Planning	Plan																											
	Actual																											
Training Management	Plan																											
	Actual																											

Activities / Sub-Activities	Plan/Actual	2015 4 5 6 7 8 9 10 11 12	2016 1 2 3 4 5 6 7 8 9 10 11 12	2017 1 2 3 4 5 6 7 8 9 10 11 12	2018 1 2 3 4 5 6 7 8 9 10 11 12	2019 1 2 3 4 5 6 7 8 9 10 11 12	2020 1 2 3 4 5 6 7 8 9 10 11 12	Responsible Organization: Japan	Responsible Organization: GOT	Achievements	Issue & Countermeasures
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.											
1-1 Situation analysis and benchmarking is conducted on management capacities of RRHs.											
1-1-1 Preparatory workshop for baseline survey; contents and methodologies	Plan									Number of participants:18 Baseline survey was designed	
	Actual										
1-1-2 Baseline survey on hospital management of 27 RRHs (Consultancy)	Plan									Completion of baseline survey for 27 RRHs Baseline survey report was produced	
	Actual										
1-1-3 Feedback workshop on findings of baseline survey	Plan									Number of participants:17 Findings from Baseline survey was shared to key stakeholders	
	Actual										
1-2 Existing training programs and materials on hospital management is reviewed.											
1-2-1 Workshop on reviewing current hospital management training program for RRHMTs	Plan									Number of participants:13 Field report on hospital management training was shared to the key stakeholders and agreed on the subjects to be taught in Basic Hospital Management Training	
	Actual										
1-3 Training institutions and facilitators are identified and oriented.											
1-3-1 Identification of resource personnel and training institutes for hospital management training	Plan									After completion of all modules, suitable facilitators will be identified	
	Actual										
1-4 Training modules (basic and applied) and materials are consolidated.											
1-4-1 Workshop on modifying hospital management training program and teaching materials for RRHMTs	Plan									Number of participants:29 Draft of Facilitator's guide for HMT training was reviewed for improvement of the contents in 2307 Number of participants:12 BHMT materials were reviewed in January 2018	
	Actual										
1-5 National facilitators are trained on hospital management in TOT manner.											
1-5-1 Facilitators training on basic hospital management	Plan									Number of participants: 10	
	Actual										
1-6 Hospital management training is conducted to RRHMTs.											
1-6-1 Basic hospital management training, and finding of problems and challenges	Plan									Number of participants: 42 in 2017, 35 in 2018 (Western zone) Number of participants: 36 in 2017 , 31 in 2018 (Northern zone) Number of participants: 42 in 2017, 40 in 2018 (Lake zone) Number of participants: 48 in 2017, 34 in 2018 (Southern Highland zone)	
	Actual										
1-6-2 Advanced hospital management training, and finding of problems and challenges	Plan									Number of participants: Number of participants: 54 in May 2018 (on Monitoring and Evaluation)	
	Actual										
1-7 Institutionalization of hospital management training program is promoted and facilitated.											
1-7-1 Basic and advance hospital management training at organization/institution to develop human resource	Plan									Number of Participants: 9 from 3 Teaching Institutions (Tis) (Work shop on handing over Basic Hospital Management Training (BHMT) to Tis) Number of participants: 19 from 3 Tis (Workshop on handing over KAIZEN training to Tis)	
	Actual										
1-8 Training effectiveness is assessed.											
1-8-1 Analysis of Quarterly Internal Supportive Supervision reports, Annual External Performance Assessment reports	Plan									Conducted regularly internal supportive supervision by RRHMT. Conducted EHPA	
	Actual										
Output 2: Planning and reporting capacity of RRHs is improved.											
2-1 CHOP and related management structure are reviewed.											
2-1-1 Identification of problems and challenges for CHOP and quarterly report	Plan									In the first WS, problems were identified and reflected to first draft of CHOP guideline.	
	Actual										
2-1-2 Technical advices to RRHMTs on CHOP development	Plan										
	Actual										
2-2 CHOP guideline and formats are revised accordingly.											
2-2-1 Finalization of CHOP guideline and format	Plan										
	Actual										
2-2-2 CHOP training program and teaching material development	Plan										
	Actual										
2-3 Training on CHOP is conducted. (as in 1-5 and 1-6)											
2-3-1 CHOP training for RRHMT and RHMT	Plan									82 participants from RRHMT and RHMT were trained	
	Actual										
2-4 Data management for CHOP development and monitoring is improved. (in line with 3-1 and 3-2)											
2-4-1 CHOP assessment	Plan									All RRHs CHOP for 2017/18 were reviewed and all scored above 60 All RRHs CHOP for 2017/18 were reviewed, and 14 RRHs out 28 RRHs could not reach the passing line (70% and above) in the first assessment.	
	Actual										
2-5 Data management tool for human resources for health (HRHIS) is introduced.											
2-5-1 HRHIS Operation Training and Data Utilization Training	Plan									Facilitator's training was conduted by UDSM in September 2017 Training materials were reviewed. The series of HRHIS training was conducted from October to December in	
	Actual										
2-5-2 HRHIS Supportive Supervision	Plan									Conducted from July to August 2018 for all RRHs	
	Actual										

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2-6 Mentoring support on planning and reporting is strengthened.			
2-6-1 Mentoring on CHOP planning and reporting through CV	Plan / Actual		Through the assessment of CHOP, comments and suggestions have been made which help to improve the CHOP.
2-7 Report formulating skills and reporting structure are reviewed and strengthened.			
2-7-1 Provide Technical advices on reporting skills and structure through CV	Plan / Actual		Through the assessment of QPR, comments and suggestions have been made which help to improve the QPR.
Output 3: Monitoring and Evaluation of RRHs is strengthened.			
3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized.			
3-1-1 Follow up on current status of hospital performance assessment tool	Plan / Actual		In the workshop, 6 hospital assessment tools were collected.
3-1-2 Workshop on integration and modification of hospital performance assessment tool (Internal SS document)	Plan / Actual		External Hospital Performance Assessment and Internal supportive supervision tool and guideline was finalized.
3-2 Tools for external hospital performance assessment by MoHSW/PMO-RALG through RHMT are reviewed, developed and utilized.			
3-2-1 Planning of hospital performance assessment	Plan / Actual		
3-2-2 Piloting hospital performance assessment at 3 RRHs	Plan / Actual		The pilot on hospital performance assessment has been done in Morogoro RRH, Dodoma RRH (Apr, 2016) The pilot on hospital performance assessment has been done in Mawenzi RRH (Feb, 2017)
3-2-3 Modification of hospital performance assessment tool	Plan / Actual		
3-2-4 Training on Internal Supportive Supervision	Plan / Actual		82 participants from RRHMT and RHMT were trained
3-2-5 Workshop on developing hospital performance assessment structure	Plan / Actual		
3-3 Results from hospital performance assessment (internal and external) are analyzed and publicized.			
3-3-1 Analysis of hospital performance and the feedback	Plan / Actual		External Hospital Performance Assessment (EHPA) baseline survey results were shared with RRH managers. EHPA 2018 were conducted to 28 RRHs (Jul-Sep, 2018) EHPA 2018 results were shared with RRH managers (Nov, 2018) Follow-up EHPA was conducted to 9 RRHs (Mar, 2019)
3-3-2 Finalization of hospital performance, structure and tools	Plan / Actual		
3-3-3 Install the External Hospital Performance Assessment mechanism	Plan / Actual		20 facilitators were trained (Jun, 2017) The trainings for RHMT and baseline survey were carried out in 24 RHMTs (Jul - Sep, 2017)
3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment.			
3-4-1 RMSS-H, mentoring and other support activities to RRH are strengthened through CV	Plan / Actual		
3-5 RHMT's monitoring and evaluation capacity of 5S-KAIZEN-TQM activities is strengthened.			
3-5-1 Finalization of 5S-KAIZEN teaching materials for monitoring and evaluation for RHMT	Plan / Actual		Material on 5S-KAIZEN M&E Training for RHMTs was developed
3-5-2 5S KAIZEN training on monitoring and evaluation for RHMT	Plan / Actual		75 RHMTs from 25 regions were trained (Jun, 2017)
3-5-3 Analysis of monitoring and evaluation results based on the monitoring and evaluation conducted by RHMT	Plan / Actual		RHMT members have been involved current on-going CV Skills and knowledge on M&E are transferred to them during the CV
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.			
4-1 Application of KAIZEN approach in improvement of hospital management is conceptualized.			
4-1-1 Review and modification of KAIZEN training materials	Plan / Actual		KAIZEN TOT materials was reviewed and finalized
4-2 QIT and WIT are oriented on hospital management.			
4-2-1 Emphasize during Consultation Visit	Plan / Actual		During every CV, CV teams emphasized hospital management especially resource management and quality improvement, and moreover, clarify how 5S-KAIZEN-TQM Approach can contribute to improving hospital management.
4-3 Target managerial areas for quality improvement at each RRH is identified by the result from hospital performance assessment.			
4-3-1 Development of KAIZEN ToT Facilitators' Guide	Plan / Actual		Facilitators' Guideline was developed
4-4 KAIZEN TOT is conducted to National Facilitators, focusing on improvement of hospital management.			
4-4-1 KAIZEN ToT Facilitators' training	Plan / Actual		9 facilitators were trained on teaching KAIZEN activities to RRHs M&E tools are finalized (Mar-Apr, 2015) 7 facilitators from DPP, BMC, KCMC, MNH, and MZRH were trained on teaching KAIZEN activities (Mar, 2017) 24 facilitators enhanced knowledge and skill on teaching KAIZEN activities to RRHs (Jun, 2017) New M&E tools for Monitoring and Evaluation are finalized after pilot test (Sep, 2017)
4-4-2 Revision of training materials of KAIZEN TOT based on the inputs from KAIZEN facilitators	Plan / Actual		KAIZEN TOT materials was reviewed and finalized
4-5 KAIZEN training is conducted to RRHMTs.			
4-5-1 KAIZEN TOT (1) (include the participants from foreign countries)	Plan / Actual		KAIZEN TOT was conducted for 12 RRHs (Sep, 2015) - 36 participants from 12 RRHs; RRHMT members, were trained on KAIZEN Approach - 6 observers from MNH and 3 observers from JOCV participated KAIZEN TOT was conducted for 14 RRHs (Nov-Dec, 2016) - 42 participants from 14 RRHs; RRHMT members, were trained on KAIZEN Approach - 36 participants from 10 RRHs on KAIZEN Approch (Nov, 2018)
4-5-2 KAIZEN TOT (2)	Plan / Actual		KAIZEN TOT was conducted for 15 RRHs (Dec, 2015) - 47 participants from 15 RRHs; RRHMT members, were trained on KAIZEN Approach - 6 observers from Bugando Medical Center, 1 observer from JOCV participated KAIZEN TOT was conducted for 14 RRHs (Mar, 2017) - 42 participants from 14 RRHs; RRHMT members, were trained on KAIZEN Approach KAIZEN TOT was conducted for 15 RRHs (Mar, 2018) - 52 participants from 15 RRHs; RRHMT members, and MoHCDGEC were trained on KAIZEN Approach - 56 participants from 15 RRHs were trained on KAIZEN Approach (Nov, 2018)

4-8 KAIZEN activities in target managerial areas are conducted at each RRH.			
4-8-1 Setting a national KAIZEN theme on different managerial areas	Plan Actual		National KAIZEN Themes are set for all RRHs as follows: (2015/2016) Revenue collection of NHIF is improved (2016/2017) Healthcare waste management is improved (2017/2018) From KAIZEN TOT in December 2017, each RRH is requested own KAIZEN theme based on the results of EHPA instead of National KAIZEN theme given by MoHCDGEC
4-7 Progress of KAIZEN activities is monitored.			
4-7-1 KAIZEN Consultation Visits to RRHs	Plan Actual		CVs of 1st Round in 2017 were finished for all 28 RRHs and 4 NHs from March 2017 to June 2017. CVs of 2nd Round in 2017 were finished for all 28 RRHs and 4 NHs from October 2017 to January 2018. CVs of 2018 were finished for 4 NHs from May 2018 to June 2018 CVs of 2018 started for 28 RRHs from September 2018 to November 2018 CVs of 2019 started from Feb, 2019 (It will be finished by May 2019)
4-7-2 Development of a poster of 5S-KAIZEN-TQM Approach	Plan Actual		
4-7-3 Revision of the Implementation Guideline for 5S-KAIZEN-TQM Approach	Plan Actual		
4-8 Institutionalization of KAIZEN TOT is promoted and facilitated.			
4-8-1 Strengthen RHMT to continue follow up activities for implementation of KAIZEN activities at RRH	Plan Actual		Although RRHs are transferred to under MoHCDGEC from PORALG (RHMT) in 2018, RRHMP still continued to try to involve RHMT especially into ConsultationVisit. However, the most RHMT did not send any persons who can accompany with the CV teams. (as of now October 2018)
4-8-2 Harmonization with Hospital Management Training	Plan Actual		Topic especially on monitoring and evaluation of 5S-KAIZEN activities were taught during Applied Hospital Management Taining in May 2018.
4-9 Impact of KAIZEN approach for hospital management is assessed and reviewed.			
4-9-1 Conduct case study	Plan Actual		
Output 5: Governance of RRHs is strengthened.			
5-1 Guideline and assessment tools for Hospital Advisory Boards (HAB) is reviewed and revised.			
5-1-1 Workshop for reviewing and modifying HAB guideline and other tools related with HAB activities	Plan Actual		Number of participants:10. Final Daft of HAB guideline is developed
5-2 Orientation training materials and program for HAB is developed, reviewed and revised.			
5-2-1 Development of HAB orientation package	Plan Actual		PPT of HAB training and lectures note with 2 days training program was developed
5-3 Training for capacity building of HAB on governance and leadership is implemented.			
5-3-1 Facilitators' training for HAB orientation	Plan Actual		Number of facilitators' trained: 12 Receive lots of input from experienced participants to improve the document
5-3-2 HAB training for RRHMT and RHMT	Plan Actual		109 participants from RRHMT and RHMT were trained
5-4 Regular assessment of HAB functionality and supportive interventions to HAB are conducted.			
5-4-1 Assessment of hospital performance and HAB functions	Plan Actual		
5-4-2 Orientation on new guideline of HAB activities to 3 RRHs	Plan Actual		Number of health managers trained: 16 Experiences of RRHs were shared during the training, which were useful for improvement of the document
5-5 Recommendations from HAB report are reviewed and enhanced to improve hospital performance.			
5-5-1 Provide Technical advices on HAB performance through CV	Plan Actual		109 participants from RRHMT and RHMT were trained on HAB. However, provision of technical advice on HAB will start through the next round of CV.
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.			
6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders.			
6-1-1 NQIF administrative and technical support	Plan Actual		One abstract on IPC Kaizen case was accepted in 5th NQIF in 2016
6-2 Horizontal learning among RRHs is enhanced.			
6-2-1 Progress Report Meeting of 5S-KAIZEN-TQM Approach	Plan Actual		72 participatns from 28 RRHs, 4 National Hospitals, MoHCDGEC and NHIF(Jul, 2016) 66 participants from 28 RRHs, 4 National Hospitals, and MoHCDGEC (June,
6-2-2 Support supplementary training on 5S-KAIZEN-TQM Approach	Plan Actual		16 participants from 8 African countries were received and trained on KAIZEN (Aug. 2018)
6-3 5S-KAIZEN-TQM training with a focus on commodity management is conducted to primary level health facilities and CHMTs.			
6-3-1 Development of a poster of 5S-KAIZEN-TQM Approach focusing on health commodity management	Plan Actual		
6-3-2 Workshop for developing guideline on 5S-KAIZEN-TQM Approach for helath commodity menegement	Plan Actual		The posters for 5S-KAIZEN-TQM for health commodity management have been distributed.
6-3-3 Finalization of guideline on 5S-KAIZEN-TQM Approach for helath commodity management	Plan Actual		The posters for 5S-KAIZEN-TQM for health commodity management have been distributed.
6-3-4 Facilitators' training on 5S activities	Plan Actual		15 facilitators were trained (May, 2018) 19 facilitators were trained (Nov, 2018)
6-3-5 5S trainings for primary health facilities	Plan Actual		Number of participants(Mwanza): 317 Number of Participants (Singida): 265 Number of Participants (Shinyanga): 208 Number of Participants (Simiyu): 204 Number of Participants (Tabora): 301
6-3-6 Training on 5S-KAIZEN-TQM's monitoring and evaluation for CHMT	Plan Actual		Number of participants: 71
6-3-7 Finalization of the results of monitoring evaluation on 5S-KAIZEN-TQM for CHMT	Plan Actual		

Activity	Plan / Actual	Remarks	Issue	Solution
6-4 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged.				
6-4-1 KAIZEN TOT for participants from African countries	Plan / Actual		14 participants from 7 African countries were trained : Egypt, Sudan, Kenya, Malawi, Zimbabwe, Burundi, Senegal (Nov-Dec, 2016) 4 Participants from Uganda were trained (Mar, 2017) 11 participants from 5 African countries and 1 Asian country were trained : Bangladesh, Burundi, Kenya, Sierra Leone, Sudan, Zimbabwe (Dec, 2017) 8 participantd from 4 countries were trained : Burundi, Kenya, Uganda and Zimbabwe (Nov, 2018)	
6-5 Regional KAIZEN TOT Training Program is acknowledged by stakeholders.				
6-5-1 Development of a booklet of "Good Practices of KAIZEN (temporary name)"	Plan / Actual		Good practices of 5S and KAIZEN activities are collected during Consultation Visit started from Feb, 2019	
6-6 Regional KAIZEN TOT Training is conducted with participation of other African countries.				
6-6-1 KAIZEN TOT for participants from African countries	Plan / Actual		14 participants from 7 African countries were trained : Egypt, Sudan, Kenya, Malawi, Zimbabwe, Burundi, Senegal (Nov-Dec, 2016) 4 Participants from Uganda were trained (Mar, 2017) 11 participants from 5 African countries and 1 Asian country were trained : Bangladesh, Burundi, Kenya, Sierra Leone, Sudan, Zimbabwe (Dec, 2017) 8 participantd from 4 countries were trained : Burundi, Kenya, Uganda and Zimbabwe (Nov, 2018)	
Duration / Phasing	Plan / Actual			

Monitoring Plan	Plan / Actual	Remarks	Issue	Solution
Monitoring				
Joint Coordination Committee	Plan / Actual			
Monthly project meeting	Plan / Actual			
Submission of Monitoring Sheet	Plan / Actual			
Reports/Documents				
Development and submission of work plan (Japanese version - submission to JICA)	Plan / Actual			
Development and submission of work plan (English version - submission to MOHSW, JICA)	Plan / Actual			
Development and submission of Project Completion Report	Plan / Actual			
Public Relations				
–	Plan / Actual			
–	Plan / Actual			

Schedule columns: 1st Year (2015) I II III IV; 1st Year (2016) I II; 2st Year (2016) III IV; 2nd Year (2017) I II III IV; 2nd Year (2018) I II III IV; 2nd Year (2019) I II III IV; 2nd Year (2020) I II III IV

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Project Monitoring Sheet I (Revision of Project Design Matrix)

Project Title: Project for Strengthening Hospital Management of Reginal Referral Hospitals
Implementing Agency: Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC)
Target Group: Regional Referral Hospitals
Period of Project: March 2015 - May 2020
Project Site: Tanzania Mainland Model Site:

Version 8
Dated April, 2019

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumption	Achievement	Remarks
Overall Goal					
Quality of health service is improved at Regional Referral Hospitals (RRHs).	Patient/client satisfaction is improved at target hospitals	(1) Patient/client Satisfaction Survey (2) Endline Survey Report			
Project Purpose					
Hospital management is improved at RRHs.	(1) Hospital revenue (Total cash revenue collection, Total cost sharing revenue, Total NHIF revenue collection and Total amount of out-of-Pocket collection) is increased. (2) 70% of RRHs obtain more than 70% of EHPA average score.	(1) CHOP Assessment Report Quaterly Progress Report (2) EHPA Report	1. Changes in the national policy and strategies in health sector do not affect implementation of the project activities. 2. There is no negative fluctuation in budget of RRHs. 3. Resource (human, medicine, equipment, infrastructure etc.) is adequately allocated. 4. Planned budget is properly secured and timely disbursed.	(1)According to the collected data from the QPR Q 2 in 2018-19, the increasement of the total revenue collection was observed at 14 RRHs compared with the report in the QPR Q 2 in the previous fiscal year. Unfortunately, decrease of the total revenue collection was observed at 8 RRHs in the same period of the previous fiscal year. 6 RRHs had not reported the data in the QPR Q 2 in 2017-18, therefore could not compare the status with the current fiscal year. (2)According to EHPA 2018, 60.7% of RRHs (17 RRHs) were over 70%, which means improvement from the previous year (In EHPA 2017, 28.6% of RRHs (8 RRHs) were over 70%).	
Outputs					
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.	Results of external managerial capacity assessment of RRHMT are improved.	EHPA Report	1. Quality staffs are adequately allocated. 2. HAB members are elected properly and committed to work proactively. 3. Internal communication in MOHSW is smoothly managed. 4. Dialogue between MOHSW and PMORALG is regularly and smoothly conducted and managed. 5. Commitment form Regional Secretariat is properly enhanced.	According to EHPA 2018, 71% of RRHs (20 RRHs out of 28 RRHs) increased their score of external managerial capacity, comparing to the result of EHPA 2017. The average score of all RRHs in 2018 was also increased (73.09%) compared with that in 2017 (65.6%).	
Output 2: Planning and reporting capacity of RRHs is improved.	Objectively Verifiable Indicators (1) The number of CHOPs which are submitted timely is increased from 48% to 100% (2) The average score of CHOP assessment is increased from 52% to 90% (3) 100% of QPR is submitted on time, (4) More than 80% of RRHs obtains more than 70% of the average of 4 QPR scores.	CHOP Assessment Reports Quarterly Progress Report		(1) 24 RRHs out of 28 RRHs (85%) submitted timely in CHOP 2019-20. The left 4 RRHs could not submitted on time because of the turnover of the manager. (2) The average score was 70.3% in CHOP 2018-19. The Assessment workshop on CHOP 2019-20 will be implemented in April 2019. (3) 26 RRHs out of 28 RRHs (92%) submitted QPR Q 1 in 2018-19 on time, and the same number of RRHs submitted QPR Q 2 in 2018-19 on time. The left 2 RRHs could not submit on time due to the problem of internet connection, and they had submitted the QPR one day behind schedule. (4) The number of RRHs scored over 70% on QPR was not increased from Q 1 to Q 2 in 2018-19; 16 RRHs out of 28 RRHs scored over 70% on QPR Q 1 in 2018-19 and 13 RRHs out of 28 RRHs scored over 70% on QPR Q 2 in 2018-19. However, the average score of 28 RRHs was slightly increased from 67.5% on QPR Q1 in 2018-19 to 67.9% on QPR Q 2 in 2018-19.	

Output 3: Monitoring and Evaluation of RRHs is strengthened.	Number of EHPA reports reviewed by the stakeholders is increased	(1) Project Activity Reports (2) EHPA Report		17 RRHs out of 28 RRHs took any corrective actions against the suggested points in EHPA 2017, and the improvement was observed during EHPA 2018.	To measure the achievement of output 3, it proves to be unrealistic to count the number of EHPA reviewed by stakeholders since there are many conferences and meetings at which some of the participants are overlapped and cannot count them precisely. Therefore, alternatively it was counted the number of RRHs that took any corrective actions against the suggested points in EHPA 2017. The process of reviewing the EHPA report and utilizing the findings from the report would lead to strengthen the monitoring and evaluation capacity of the hospital, which would result in improving management capacity of RRHs.
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.	Proportion of RRHs which implement at least one KAIZEN case is increased from 7% to more than 85% by December 2019	(1) 5S-KAIZEN Consultation Visit Report (2) ISS Report/Quarterly Progress Report (3) EHPA Report		Proportion of RRHs implement at least one KAIZEN case is increased from 7% (before RRHMP starts) to 83.3% (15 RRHs out of 18) as of March 2019, based on the results of 5S-KAIZEN CV reports which started from February 2019.	
Output 5: Governance of RRHs is strengthened.	(1) Number of RRH organizing HAB meeting based on planned schedule is increased from 40% to 80%. (2) Proportion of RRHs with functional HAB is increased from 40% to 80%.	EHPA Report Quarterly Progress Report		(1) According to QPR Q1 and Q2 in 2018-19, 24 RRH out of 28RRHs have established HAB. 9 RRHs out of the 24 RRHS (45%) are following the meeting schedule. 7 RRHs out of the 24 RRHs (35%) could not meet the meeting schedule. They could manage to hold the meeting once in the two quarters. The left 4 RRHs did not hold the HAB meeting in the two quarter. (2) The Self-evaluation of HAB functions was conducted during the MOI meeting in October 2018, using the tools for the self-monitoring extracted from HAB guideline page 24. According to that result, 20 RRHs out of 28 RRHs had established HAB (71.4%) as of that time and 12 RRHs out of the 20 RRHs evaluated their HAB as "functional" (above 70% in total score).	
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.	(1) Total number of KAZEN activities are increased in participating countries. (2) Good practices shared within and outside of Tanzania is increased. (3) 70% of trained primary level health facilities adhere to good storage standards	(1) Reports from participating countries (2) Progress Report Meetings, Reports from participating countries (3) Sampling survey of trained primary level health facilities and CHMT's, report from MoHCDGEC		(1) KAIZEN cases in participating countries are followings: - In November 2016, Egypt and Malawi reported 8 KAIZEN cases in total - In December 2017, Bangladesh, Kenya, Burundi and Zimbabwe reported 15 KAIZEN cases in total (2) Good practices of 5S-KAIZEN activities were shared among RRHs and other countries during KAIZEN ToT by displaying progress report by RRHs and other countries. Additionally, MoHCDGE and RRHMP received a study tour from Ghana to share experiences and good practices of 5S-KAIZEN each other. (3) It was reported by PSU that 5S activities in the facilities and Supportive Supervision by CHMTs have been continuously conducting in all Regions (Mwanza, Singida, Shinyanga, Simiyu and Tabora) intervened by the project. Sampling survey of trained primary level facilities will be	

Activities	Inputs		Important Assumption
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of RMTs is improved.	**The Japanese Side**	**The Tanzanian Side**	
1-1 Situation analysis and benchmarking is conducted on management capacities of RRHs. 1-2 Existing training programs and materials on hospital management is reviewed. 1-3 Training institutions and facilitators are identified and oriented. 1-4 Training modules (basic and applied) and materials are consolidated. 1-5 National facilitators are trained on hospital management in TOT manner. 1-6 Hospital management training is conducted to RRHMTs. 1-7 Institutionalization of hospital management training program is promoted and facilitated. 1-8 Training effectiveness is assessed.	<u>Dispatch of Experts</u> 1. Chief Advisor / Hospital Management 2. Quality management (5S-KAIZEN-TQM) 3. Training Management 4. Monitoring 5. Project Coordinator / Training Management <u>Equipment and Material</u> 1. Necessary equipment and materials for the project activities <u>Trainings</u> 1. Necessary trainings. <u>Local Costs</u> 1. Trainings, workshops, seminars (cost sharing with MOHSW, RHMTs, RRHs, etc.) 2. Training material printing cost 3. Other activity costs	<u>Counterparts</u> 1. Project Director 2. Project Manager 3. Other personnel mutually agreed upon as needed. <u>Facilities, equipment and materials</u> 1. Office space for the Project 2. Necessary equipment and materials for the project activities <u>Local Costs</u> Operational costs for implementing activities	
Output 2: Planning and reporting capacity of RRHs is improved.			**Pre-Conditions**
2-1 CHOP and related management structure are reviewed. 2-2 CHOP guideline and formats are revised accordingly. 2-3 Training on CHOP is conducted. (as in 1-5 and 1-6) 2-4 Data management for CHOP development and monitoring is improved. (in line with 3-1 and 3-2) 2-5 Data management tool for human resources for health (HRHIS) is introduced. 2-6 Mentoring support on planning and reporting is strengthened. 2-7 Report formulating skills and reporting structure are reviewed and strengthened.			-Pharmaccess and Department of Health Quality Assurance-MoHCDGEC is still conducting star rating activities with "Hospital Standards" to RRHs. This issue was raised in the previous JCC that was held in April 2018. However, there is no action taken for harmonization or coordination between EHPA and Star rating of RRHs.

Activities	Inputs		Important Assumption
Output 3: Monitoring and Evaluation of RRHs is strengthened.			
3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized.			<Issues and countermeasures> -Pharmaccess and Department of Health Quality Assurance-MoHCDGEC is still conducting star rating activities with "Hospital Standards" to RRHs. This issue was raised in the previous JCC that was held in April 2018. However, there is no action taken for harmonization or coordination between EHPA and Star rating of RRHs. -The initiative of the Government for "Big Result Now in Health 2015-2018 (BRN)" has declined since the end of 2017. Pharmaceutical Service Unit (PSU) has been struggling to continue the M&E activities on commodity management.
3-2 Tools for external hospital performance assessment by MoHSW/PMO-RALG through RHMT are reviewed, developed and utilized.			
3-3 Results from hospital performance assessment (internal and external) are analyzed and publicized.			
3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment.			
3-5 RHMT's monitoring and evaluation capacity of 5S-KAIZEN-TQM activities is strengthened.			
Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.			
4-1 Application of KAIZEN approach in improvement of hospital management is conceptualized.			
4-2 QIT and WIT are oriented on hospital management.			
4-3 Target managerial areas for quality improvement at each RRH is identified by the result from hospital performance assessment.			
4-4 KAIZEN TOT is conducted to National Facilitators, focusing on improvement of hospital management.			
4-5 KAIZEN training is conducted to RRHMTs.			
4-6 KAIZEN activities in target managerial areas are conducted at each RRH.			
4-7 Progress of KAIZEN activities is monitored.			
4-8 Institutionalization of KAIZEN TOT is promoted and facilitated.			
4-9 Impact of KAIZEN approach for hospital management is assessed and reviewed.			

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Activities	Inputs		Important Assumption
Output 5: Governance of RRHs is strengthened.			
5-1 Guideline and assessment tools for Hospital Advisory Boards (HAB) is reviewed and revised. 5-2 Orientation training matarials and program for HAB is developed, reviewed and revised. 5-3 Training for capacity building of HAB on governance and leadership is implemented. 5-4 Regular assessment of HAB functionality and supportive interventions to HAB are conducted. 5-5 Recommendations from HAB report are reviewed and enhanced to improve hospital performance.			
Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.			
6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders. 6-2 Horizontal learning among RRHs is enhanced. 6-3 5S-KAIZEN-TQM training with a focus on commodity management is conducted to primary level health facilities and CHMTs. 6-4 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged. 6-5 Regional KAIZEN TOT Training Program is acknowledged by stakeholders. 6-6 Regional KAIZEN TOT Training is conducted with participation of other African countries.			

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SUMMARY REPORT ON "MONITORING MEETING with REGIONAL REFERRAL HOSPITAL MEDICAL OFFICER IN CHARGES" 29TH - 30TH OCTOBER 2018 AT DODOMA

1. Introduction

Ministry of Health Community Development Gender Elderly and Children (MoHCDGEC) through JICA RRHMP support and in collaboration with different stakeholders has developed and produced various Guidelines to be used by RRHMTs for improvement of service delivery at Regional Referral Hospital. The guidelines include: Comprehensive Hospital Operational Plan (CHOP) for development of the annual RRH operational plan and reporting of progress of its implementation on Quarterly basis (QPR); Internal Supportive Supervision (ISS) & External Hospital Performance Assessment (EHPA) that guides the RRHMTs in conducting internal supportive supervision to their departments and units/section and MoHCDGEC in conducting RRH performance assessment; 5S-KAIZEN-TQM Implementation Monitoring and Evaluation for improvement of health care services through the approach and Regional Referral Hospital Advisory Board for establishment and operationalization of the Boards.

The implementation of these guidelines demands close monitoring/follow up by the ministry to safeguard realization of quality of the aspired outputs and ultimate outcomes. The recently completed 2018 EHPA exercise conducted to 28 RRHs from 31 July to 7th September 2018, was part of the ministry close monitoring of the implementation of the same.

2. Rationale for the Meeting

From the ISS/EHPA Guideline, EHPA is a tool to monitor performance of RRHMTs in implementing priority activities planned in CHOP. Understanding this notion is important as there is always a tendency to equate EHPA with star rating. It is from this fact, that immediately after conducting EHPA in each RRH, a feedback and discussions were held with the management of the RRH with emphasis to RRHMT to critically: review and analyse the results and findings, and issues that do not require funds be intervened forthwith and rest aligned with findings from ISS, internal 5S-KAIZEN M&E, and QPR as priorities in the next CHOP. However, the feedback that was given to each RRH could not provide the RRHMTs with good standpoint of their RRH performance in the 28 RRHs in all assessed 12 areas. It was thus necessary to present the 2018 results to MOIs from all 28 RRHs in one single meeting so as; to provide them with opportunity not only to share and learn from each other, but also to express concerns and discuss with MoHCDGEC management issues hindering progress to improve delivery of quality services in their Hospitals and agree on the way forward.

3. Objectives

After the exercise the MoHCDGEC through RRHMP organised 2 days Regional Referral Medical Officer In-Charges meeting with a view to:

i. Present and discuss results and findings of 2018 EHPA to all in-charges of the RRHs;
ii. Discuss progress made by RRHs in addressing gaps and Challenges identified during EHPA and share Good practices;
iii. Provide opportunity to the MOIs to discuss challenges they face in addressing the gaps with MoHCDGEC management;
iv. Agree on joint strategies as way forward for the RRHs to improve service delivery at RRH.

The two days working meeting was conducted from 29th to 30th October 2018 in Dodoma.

4. Official Opening

The working meeting was officially set off by Dr. Gowelle, Director of Human Resources for Health, on behalf of the Government Chief Medical Officer. In her remarks she welcomed all members for attending and emphasized on the MOIs of RRHs to be conversant with their managerial roles and all what is expected of RRHs towards the community they serve. Participants were also reminded on the importance of using meetings effectively as a platform to discuss pertinent issues on the improvement of quality of services being delivered by the RRHs. She specifically pointed out clinical meetings could be a useful tool to discuss and improve mortality rate at RRHs if effectively and efficiently conducted. She therefore, urged MOI from each RRH to ensure having a plan on how to work as a team to resolve complaints from clients and from the community.

5. Approach/Methodology

The working meeting was divided into:

1. Presentations of EHPA Results & Findings
2. Individual Assignments
3. Sharing of Success stories/ Good Practices
4. Explanation on Challenges on failure to achieve
5. Plenary discussions & lessons learnt from EHPA results
6. RRHMP suggestions on improvement
7. General concerns & MOIs Resolutions

5.1. Presentations

Presentation on the 2018 EHPA results was divided into: i) Summary of general overview results by Area, ii) Detailed results by sub-areas which were presented in two parts.

i) Overview results, general outlook of the results of the 28 RRHs was pointed out with main observations being:

Increased average score from 65.14% to 73.09% as compared to the EHPA Baseline of 2017; and that according to the findings of EHPA 2018:- there is critical shortage of staff at almost 50% of RRHs, weak documentation, non-adherence to IPC standards and guidelines and poor infrastructure in most of the old RRHs and newly upgraded ones. It was emphasized, that the EHPA results won't have a meaning, if MOIs and their teams do not make thorough analysis and develop appropriate interventions to address the identified gaps, as well sustaining the achievements noted. Detailed presentation is attached as annex.

ii) Results by Sub-areas

From the EHPA report a more detailed presentation that portrayed results and findings of all 12 assessed areas by every assessed sub-area/section of each RRH was given. The presentation was conducted in two folds by two presenters due to length list of hospitals. 1st was composed of 14 RRHs, namely: Dodoma, Tumbi, Ligula, Sokoine, Mwananyamala, Bukoba, Geita, Sekou-Toure, Musoma, Bariadi, Shinyanga, Kitete, Maweni and Amana. The rest were in the 2nd presentation. Both presentations leaned on explanation of which sub-areas the RRH performed well and major contributing factors and which ones were weakly performed. Being CEOs of the RRH, participants were urged to make themselves conversant with the detailed results so that they efficiently start reflecting on how to go about improving the situation when back. Importantly they were advised to use the Excel Sheet to get down to the real issues. The presenters reminded participants that some of the weaknesses identified in the 2018 EHPA were un-addressed issues which spilled over from the 2017 and it was a result of failing to review the excel sheet.

5.2. Individual Assignment

Participants were given an assignment to be carried out by every individual MOI, which wanted them to go through the results and identify challenges and gaps as per each sub-area and answer:-

i) Why did the RRH scored low?
ii) Why in some sub areas the RRH scored high in 2017 and in 2018 the same scored low?
iii) Why was it that gaps identified in EHPA 2017 for most of sub areas remained unchanged as observed in EHPA 2018?
iv) Come up with appropriate interventions to all questions. and the Ministry will closely follow up on their progress
v) To prepare an action plan

Participants spent more than an hour to carry out the assignment.

5.3. Sharing of Good Practices

Selection of the RRH that presented good practices was done on zone basis focusing on best performing hospitals: Lake Zone – Sekou-Toure, Northern Zone – Mt. Meru, Southern

Highlands – Mbeya and from **new regions** Songwe. Maweni and Morogoro were asked to also share success stories as they made notable strides in terms of scores but also raking. With an exception of Mount Meru, all other RRH presented what they thought were good practices that could be taped by others. Main factors pointed out as contributing to high performance in the selected RRH were:-

i) Mbeya:
Mbeya - QIT focal person is a member of the HMT and is fulltime; as a result, Quality activities are permanent agenda at all HMT meetings; and above all, Improvement of customer care through client feedback and complaints handling

ii) Sekou-Toure:
They have scheduled monthly QIT meeting to discuss QI activities; like Mbeya, the QIT chair is a member of HMT, and therefore, QI issues are also part of the HMT monthly meetings agenda. Presence of motivation mechanism -(Pay for Performance -P for P) has boosted morale of staff. In addition, the hospital has well controlled movement of staff during working hours with security cameras and bio-metric register.

iii) Songwe:
It was reported that the success was attributed to: well established QI functions with QI focal person being member of the HMT; Mechanism to listen to customer needs through client feedback on weekly review basis. Commitment to ISS schedule and addressing its findings was also mentioned as one of the factors.

iv) Morogoro:
Achieve of Morogoro RRH was a result of: Well established and active QIT & WITs with awarding mechanism that ranges from certificates of recognition to Lunch or dinner; Awareness of most of the hospital staff on the use 5S approach; Commitment of RRHMTs on their assigned tasks given as TOR in their letters of appointment; and existence of internal feedback mechanism between Management and sections/units with well documented reports

v) Maweni:
Maweni RRH which ranked last in the EHPA Baseline of 2017 having shown commendable progress in 2018 EHPA, they associated their success with: Appointment of permanent individuals including Chairperson and secretary to handle QIT activities and inclusion of the chair in HMT meetings; Allocation of budget for QI activities in CHOP; and preparation and implementation of action plan for the EHPA/ISS identified gaps and HMT close follow up of progress on the implementation.

5.4. Challenges on failure to achieve

Bukoba RRH was among the top five in the 2017 EHPA but dropped drastically in scores and ranking in the 2018 EHPA. As a result, they were required to provide explanation on what went wrong. Likewise Ligula-Mtwara dropped 9 steps from the 2017 EHPA ranking to last in the list of 2018 EHPA. They were as well required to account for the situation.

i) Bukoba:

The hospital reported the dropping being attributed to: Shortage of staff especially HMIS, knowledge gap on Health Promotion Planning and QI, Lack of commitment of some staff including PPM unit and newly employed staff not oriented yet. In addition, laxity in following up issues identified during the 2017 EHPA.

ii) Ligula- Mtwara:

The meeting was informed that though there are many factors that contributed to the dropping e.g. shortage of HMIS staff, knowledge gap on 5S-KAIZEN etc. but the main one lacks commitment and seriousness in addressing the challenges and gaps identified during the 2017 EHPA.

5.5. Plenary Discussion

The plenary discussion was designed in such that issues emanated from the individual assignment, sharing of good practices and Challenges on failure to achieve would be discussed together in the plenary session. From the discussions, participants were led to draw lessons learnt and strive to do what is applicable in their own environment.

Among the main lessons learnt and agreed by all MOIs as is that: if RRHMT seriously implement ISS as instructed by the ISS/EHPA Guideline and make a close follow up in addressing issues identified, there will be major improvement of quality of services rendered by RRHs. With this lesson, gaps/ challenges identified during EHPA would be mostly those requiring long term planning/ funding; Having QIT focal person as a member of HMT with activities being prioritised and budgeted in the CHOP, hasten improvement of quality services in RRH; Making QI an agenda in HMT meetings as well as commitment of RRHMTs in sharing and addressing findings of EHPA and other QI assessments will improve to a great deal most of the situations currently facing the RRHs. Detailed issues kindly see the attachments.

5.6. RRHMP suggestions on improvement

Through monitoring reports from QPR, EHPA and 5S KAIZEN Consultation Visits (CV), RRHMP identified areas that needed the attention of the MOIs as CEO of the RRHs to ensure maximum comprehension of the areas and delivery of the expected outputs. These areas were presented to participants by RRHMP. The Presentations included:

i) CHOP Planning and Submission

It was emphasized that MOIs should make sure that RRH has Clear Vision that will guide the RRHMTs lead CHOP Planning to the right direction, right hospital policy and right strategies. Hence, policy management level is carried out by the RRHMTs while operational planning/and or implementation is done in departments, sections/ units.

The need for the MOIs to be conversant with the application of the PDCA Cycle was accentuated and that following the PDCA management cycle will lead to effective and efficient management of the RRHs and proper utilization of QPR, ISS, internal

5S-KAIZEN M&E. They were also reminded to ensure all submissions (CHOP & QPR) are in accordance with the format and the schedule explained in CHOP Guidelines.

ii) 5S-KAIZEN implementation & Addressing Identified Challenges through KAIZEN Approach

This presentation, just like the CHOP one was to remind MOIs on their role in ensuring RRHMTs adopt the approach in their hospitals especially 5S in implementation of activities planned but also KAIZEN to address challenges and the gaps identified in QPR, ISS, CV and EHPA.

Status of each visited RRH during CV was given and among other challenges the following was mentioned

- Although a number of RRHs assigning the officer(s) who is dedicating themselves to QI activities, it is observed that function of QIT is still insufficient and competency of QIT members is not developed sufficiently
- Health care workers have not internalized the 5S-KAIZEN TQM approach yet
- In-house trainings are not capable to train and coach others by considering the current levels of understanding among health care workers and implementation of 5S-KAIZEN activities
- KAIZEN cases are not completed in number of RRH
- Internal M&E is not done regularly.
- Internal declaration about introducing and continuous practice of QI including 5S-KAIZEN activity by MOI and/or RRHMT is not done yet in majority of RRHs

iii) Total Quality Management Concept

From 2017 /2018 EHPAs observations, it was clear that most of the MOIs and undeniably most of doctors are not involved in QI activities nor do they view QI activities as of paramount importance in their daily line of assignment. QI initiatives are viewed as belonging to nurses it was thus, vital for RRHMP to encourage and inspire MOIs to clearly understand the concept and be champions of their own RRH to instil the same not only to the doctors but to all RRH staff.

iv) HAB Establishment and Current Status

The presentation highlighted on the current status of the RRHAB establishment, and provided an opportunity to MOIs to share challenges RRHs are facing in their endeavour to establish the Advisory Boards. Only 15 RRHs out of 28 have established RRHABs. From the experiences of many of the RRHs, it was apparent that the delay to have the RRRHAB was a result of confounding instructions from the Ministry. Participants did request the Ministry to simplify the procedure.

5.7. General Concerns and MOIs Resolutions

Participants were given time to air their concerns as regard to issues discussed:

i) HRH deficiency – HRH planning has recently been dealt with. A meeting was held in Morogoro, involving RRH Health Secretaries (RRHS) to identify the human resource for health deficit in their respective RRH, thereafter, re-plan to address all related

issues. It is therefore, expected that if this exercise was correctly done by the RRHS, then it will soon start to fade out as it is on the Ministry's priorities.

ii) Salaries for newly posted HCWs was reported and the responsible directorate explained that the Ministry is well informed on the situation and has done its' part to prepare list of newly employees and submit to the Presidents' Office – Public Service Management (PO-PSM) for request of approval to be included in the payroll.

iii) Procedures of obtaining loans from the banks – The Ministry is working on the procedure, that the signatories to be the MOI, HHS and Administration Officer. Additional to that, it was proposed that the loans from Treasury have to be made available to RRHs.

iv) Participants suggested to the ministry, that RRHs should open the deposit accounts for RRHs which is one of the safe measures to secure revenues of RRHs

v) They also requested the ministry to review the use of Government agencies i.e. TEMESA, GIPSA and TBA. These have been found to be obstacles to implementation of planned activities. Additionally, RRHs expressed concerns over issues requiring use of QS; that they are quite few and sometimes difficult to get from their area of jurisdiction. They therefore advised the MoHCDGEC to revisit the issue and provide alternative that would speed implementation of the work that lying in many RRH due to failing to obtain QS timely. Dar es Salaam RRHs were greatly affected by this concern.

vi) Critical shortage of ambulances was reported but the ministry did respond that Ambulances are planned and budgeted under Development Budget and will be provided to RRHs in phases. First phase is expected to cover Singida RRH (2), Geita RRH (2), Mawenzi RRH (1) and Kitete RRH (1).

vii) Existence of exemptions by 70% of attended patients was reported. It was responded that the Government is working on it and funds to be sent to the Primary Health Care facilities. RRHs have been requested to work and document on the expense of each exemption.

6. WAY FORWARD

All MOIs were given the EHPA reports to work on and told to work on action plan and submit within 14 working days (20th Nov. 2018).

MOIs were informed about the coming EHPA and asked to work on the gaps identified.

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MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER ELDERLY AND CHILDREN

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Ref. No. CB. 138/323/01/118

08th October 2019

Chief Representative
Japan International Cooperation Agency
P.O. Box 9450
DAR ES SALAAM

RE: ACCEPTANCE OF PROJECT MONITORING SHEET FOR THE PERIOD STARTING FROM APRIL 2019 TO SEPTEMBER 2019

Reference is made to the above captioned subject.

Project for Strengthening Regional Referral Hospital Management (RRHMP) under the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) has submitted its activities Monitoring Sheet for the period of April2019 to September 2019.

In light of the above, please find the attached Monitoring Sheet version 9.

Thank you for your continued cooperation.

Edward N. Mbanga
DIRECTOR, POLICY AND PLANNING

TO CR of JICA Tanzania Office

PROJECT MONITORING SHEET

Project Title: The Project for Strengthening Hospital Management of Regional Referral Hospitals in Tanzania (RRHMP)

Version of the Sheet: Ver.9 (Term: April 2019 - September 2019)

Name: Hisahiro Ishijima

Title: Chief Advisor

Submission Date: September 2019

I. Summary

1. Progress

1-1. Progress of Inputs

Dispatch of Expert	Total Length of Stay
Chief Advisor	611 Days
Quality Management 1	627 Days
Quality Management 2	351 Days
Hospital Planning	266 Days
Training Management	285 Days

Equipment and Material

The project office was relocated from the compound of Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGCE) Headquarter on 29th July 2019due to the changing ownership of the building from MoHCDGEC to National Housing Cooperation. The costs for relocation and preparing working environment were expensed by the project budget.

	Trainings	Period	Number of participants
Output 1	Pilot training on Basic Hospital Management in Center for Educational Development in Health, Arusha (CEDHA)	May 2019	39
	Applied Hospital Management Training (AHMT) on Comprehensive Hospital Operation Plan (CHOP) and Quarterly Progress Report (QPR)	June 2019	3 from 27 RRHs and 5 from 1 RRH
	Pilot training on Basic Hospital Management in Primary Health Care Institute Iringa (PHCI)	July 2019	49
Output 2	CHOP 2019-20 assessment	April 2019	28 RRHs
	CHOP 2019-20 QPR Q 3 assessment	April-May 2019	28 RRHs
	CHOP 2019-20 QPR Q 4 assessment	July 2019	28 RRHs
	Human Resource for Health Information System (HRHIS) Supportive Supervision 2019	May-June 2019	28 RRHs
Output 3	Refreshers' training for assessors of External Hospital Performance Assessment (EHPA)	July-August 2019	25
	EHPA 2019	August-September 2019	28 RRHs
	Workshop on compilation of data of EHPA 2019	September 2019	12
Output 4	KAIZEN Training of Trainers (ToT) in Dar es Salaam	June 2019	3 from 15 RRHs and 5 from 1 RRH

	KAIZEN ToT in Mbeya	June 2019	3 from 12 RRHs
	Consultation Visit (CV) of 5S-KAIZEN-TQM Approach in 2019	April-May 2019 (started from February 2019)	9 RRHs 4 tertiary hospitals
Output 6	KAIZEN ToT in Mbeya	June 2019	14 from 8 foreign countries
	Bangladesh MoH Study tour	July 2019	7
	CV on 5S implementation of Health Commodity Management at district health facilities	May-June 2019	36 facilities in 5 regions

Local Costs

Not Applicable

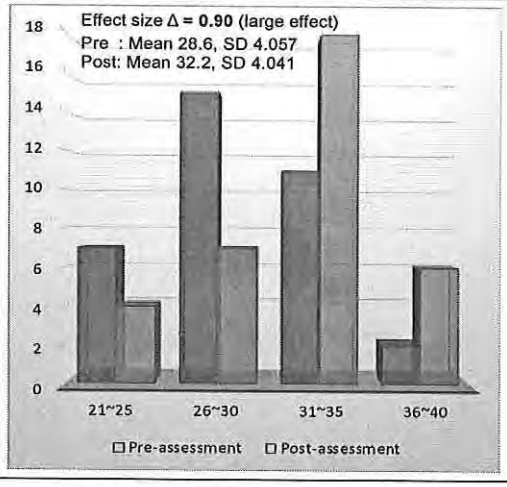
1-2 Progress of Activities

Output 1 — **Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of Hospital Management Teams (HMTs) is improved**

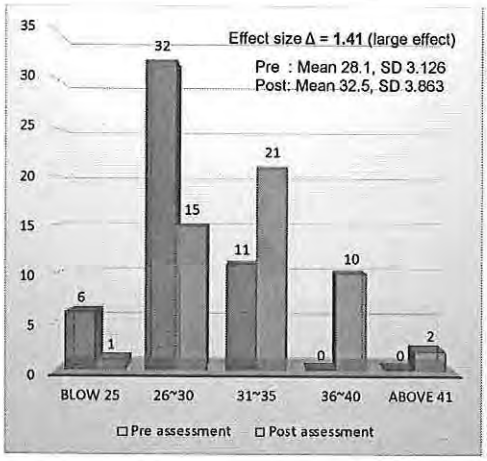
1-1. Pilot training on Basic Hospital Management

Department of Human Resource Development of MoHCDGEC selected Center for Educational Development in Health, Arusha (CEDHA) and Primary Health Care Institute (PHCI) as the training centers for HMT members. It was to sustain the training mechanism for HMT members by MoHCDGEC. RRHMP has worked for capacity development for CEDHA and PHCI to conduct HMT training. Pilot HMT trainings were conducted at CEDHA in May and PHCI in July.

"Effect size (Δ) " was measured for both pilot training at CEDHA and PHCI to assess the effectiveness of the training. These trainings obtained large effect size (above 0.80), which can be regarded that Basic Hospital Management Training was effective to increase the knowledge and skills on hospital management among RRHMT members. Figure 1 shows the results of measuring the effect size of the pilot Hospital Management Training at CEDHA and PHCI. This package of training courses is expected to be implemented continuously at CEDHA and PHCI in the future.



Comparison of HMT pre and post assessment @ CEDHA



Comparison of HMT pre and post assessment @ PHCI

Figure 1: An example of training effectiveness check

1-2. Applied Hospital Management Training (AHMT) on New Comprehensive Hospital Operation Plan (CHOP) and Quarterly Progress Report (QPR)

3 key persons from each 28 RRH who were going to be responsible for developing CHOP and QPR were trained on the topics related to New CHOP guideline and QPR; such as introduction to the new CHOP, reviewing development process. During the training, the participants were requested to identify

and analyze factors which lead to late submission or insufficient quality in CHOP and QPR. "Effect size (Δ)" of the training measured by the results of pre and post course assessment was 0.94, which means positive impact.

Output 2

Planning and reporting capacity of Regional Referral Hospitals is improved.

2-1. CHOP 2019-20 assessment

CHOP 2019-20 was assessed in April 2019 by MoHCDGEC. The number of hospitals that scored more than 70 points rose slightly compared with the previous data (57% in 2018-19 to 61% in 2019-20). However, the average score of CHOP assessment is still low (70.2% in CHOP 2019-20), which is still far from the target (90%).

CHOP 2019-20 Assessment Results								
Range	Above 80	79-70	69-60	59-50	49-40	39-30	29-20	below 19
Number of Facilities	5	12	8	1	1	0	0	1
%	18%	43%	29%	4%	4%	0%	0%	4%

The project revised the CHOP evaluation criteria in 2018 and directed the CHOP / QPR evaluators to improve the evaluation skills. In March 2019, the CHOP guidelines were reviewed. Unfortunately, the new CHOP guidelines could not be distributed before the development of CHOP 2019-20. The average score for CHOP 2019-20 was not satisfactory. Therefore, the project utilized AHMT scheme to train key Regional Referral Hospital Management Team (RRHMT) members in new CHOP guidelines and new forms of CHOP and QPR.

2-2. CHOP 2018-19 QPR Q 3 assessment

CHOP 2018-19 QPR Q3 was assessed in April-May 2018 by MoHCDGEC. 26 RRHs out of 28 RRHs submitted QPR Q3 by the deadline. 2 RRHs out 28 RRHs submitted the report with one day delay. 14 RRHs out of 28 RRHs (50%) exceeded the target of 70 %.

QPR Q 3 Assessment Results								
Range	Above 80	79-70	69-60	59-50	49-40	39-30	29-20	below 19
Number of Facilities	4	10	7	6	0	0	1	0
%	14%	36%	25%	21%	0%	0%	4%	0%

2-3. CHOP 2018-19 QPR Q 4 assessment

CHOP 2018-19 QPR Q4 was assessed in July 2019 by MoHCDGEC. 22 RRHs out of 28 RRHs submitted QPR Q4 by the deadline. 5 RRHs out 28 RRHs submitted the report with one to two days delay, and Njombe RRHs failed to submit the report in time and delayed for more than a week. 11RRH out of 28 RRHs (39.2%) exceeded the target of 70 %.

QPR Q 4 Assessment Results								
Range	Above 80	79-70	69-60	59-50	49-40	39-30	29-20	below 19
Number of Facilities	3	8	3	11	2	0	0	0
%	10%	28%	10%	39%	7%	0%	0%	0%

2-4. Human Resource for Health Information System (HRHIS) Supportive Supervision 2019

HRH management supportive supervision 2nd round was conducted from May to June in 2019. It is revealed that the current situation of Information and Communication Technology (ICT) environment such as how HRHIS is operated and how information is created from the HRHIS has been utilized at RRHs.

Compared to the findings from the 1st round Supportive Supervision (SS), ICT environment at RRHs is

improving. RRHs that obtained a satisfactory level (more 70% of score) are increasing from 36% to 57% (16 RRHs out of 28 RRHs). However, the situation of HRHIS Operation Structure / Data Quality and HRHIS Data use are worse than the previous SS survey results. Number of RRHs that achieved satisfactory level (more 70% of score) in HRHIS Operation Structure / Data Quality decreased from 39% to 29%. Also, RRHs that achieved satisfactory level (more 70% of score) in HRHIS data use fell from 46% to 25%.

EHPA assessment teams are instructed to identify the reasons why HRHIS Operation Structure / Data Quality is weak and HRHIS Data is not being fully utilized.

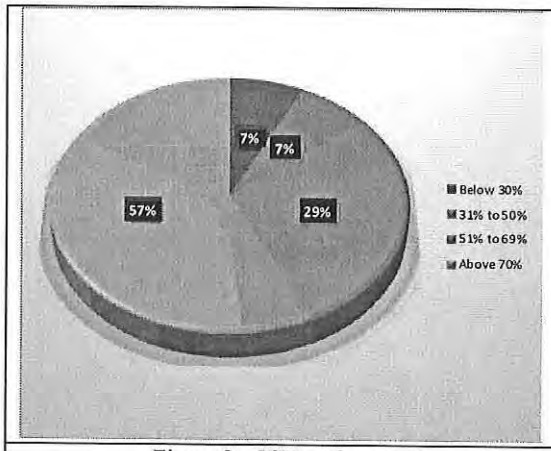


Figure 2a: ICT environment

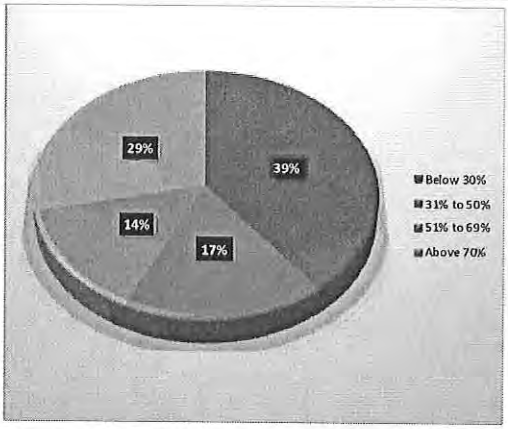


Figure 2b: HRHIS Operation Structure / Data Quality

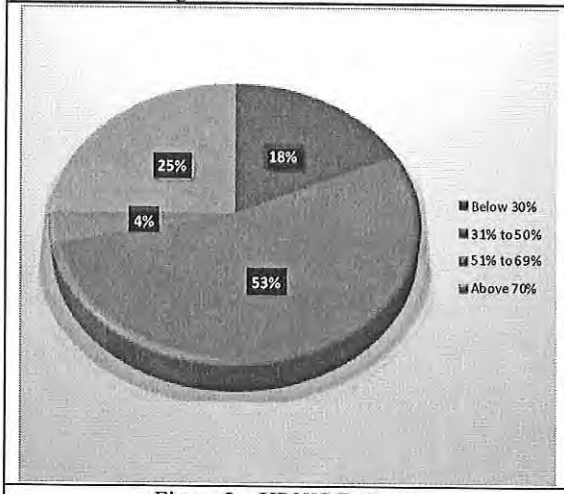
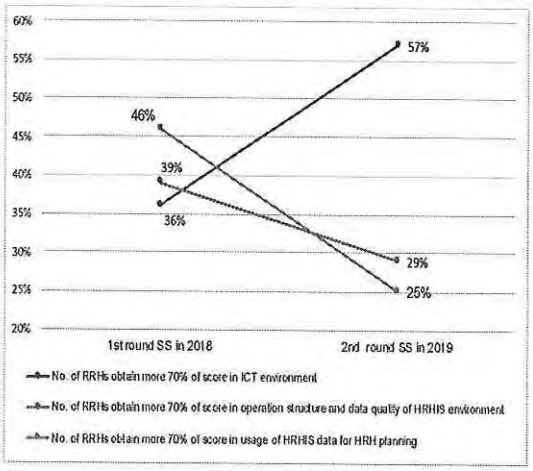


Figure 2c: HRHIS Data use



Comparison between 1st round SS and 2nd round SS. No. of RRHs obtained more than 70% of score in ICT, HRHIS operation and data use

Figure 2a, b, and c: Finding from HRH SS

Output 3 — **Monitoring and Evaluation of RRHs is strengthened**

3-1. Refreshers' training for EHPA

The refresher training was conducted from 30th July to 2nd August 2019 at Dodoma. 25 participants and 10 facilitators took part in the training. The main objective of the training is to introduce EHPA to MoHCDGEC and President Office, Regional Administration and Local Government (PORALG) staff to acquire it and to feedback the learning from the training to their policy decisions. They learned the contents of the checklists and how to conduct External Hospital Performance Assessment (EHPA) through lectures and practices at Dodoma RRH. As a result, three new assessors are participating in

EHPA 2019

3-2. EHPA 2019

EHPA 2019 conducted from 5th August to 14th September 2019 by three assessment teams. To save the traveling days, the visiting schedule of target hospitals by each team are re-arranged. RRHMTs seem to be highly motivated through supervision by EHPA since 2017; however, the behavior of the staff varies. It seemed that communication among the different WITs is a challenge because good examples were not disseminated in the RRH.

Weeks	Team A	Team B	Team C
1st week	Temeke RRH (Dar es salaam)	Mwananyamala RRH (Dar es salaam)	Amana RRH (Dar es salaam)
2nd week	Katavi RRH Sumbawanga RRH (Rukwa)	Tanga RRH Mawenzi RRH (Kilimanjaro)	Bukoba RRH (Kagera) Geita RRH
3rd week	Songwe RRH Mbeya RRH	Mt. Meru RRH (Arusha) Manyara RRH	Sekou-toure RRH (Mwanza) Musoma RRH (Mara)
4th week	Mbeya RRH (Cont.) Njombe RRH	Manyara RRH(Cont.) Singida RRH	Musoma RRH (Mara)(Cont.) Shimiyu RRH
5th week	Songea RRH (Ruvuma) Ligula RRH (Mtwara)	Dodoma RRH Iringa RRH	Shinyanga RRH Kitete RRH (Tabora)
6th week	Sokoine RRH (Lindi)	Morogoro RRH Tumbi RRH (Pwani)	Maweni RRH (Kigoma)

3-3. Workshop (WS) on compilation of data of EHPA 2019

WS on data compilation for EHPA 2019 was held in Morogoro from September 16th to 24th, 2019. All collected information and data were cleaned and analyzed through the WS. EHPA 2019 report was drafted to share the results at coming Joint Annual Health Sector Review.

Output 4 — **Resource management and quality improvement activities are strengthened through KAIZEN approach**

4-1. KAIZEN ToT

KAIZEN ToT in 2019 were conducted as follows:

Date and venue	June 17 to 21, 2019 at Muhimbili National Hospital (MNH), Dar es Salaam	June 24 to 28, 2019 at Mbeya Zonal Referral Hospital (MZRH), Mbeya
Facilitators	**Total number: 13** - 10 from 5S-KAIZEN National Facilitators - 3 from RRHMP	**Total number: 15** - 12 from 5S-KAIZEN National Facilitators - 3 from RRHMP
Participants	**Total number: 50** - 3 from each 16 RRHs; Amana, Bariadi, Geita, Kagera, Kitete, Ligula, Manayra, Maweni, Mawenzi, Mt. Meru, Musoma, Sekou-Toure, Sokoine, Tanga, Temeke, Tumbi - Note that Amana RRH sent 2 more participants by their budget	**Total number: 50** - 3 from each 12 RRHs; Dodoma, Iringa, Kibena, Mbeya, Morogoro, Mpanda, Mwananyamala, Singida, Shinayanga, Songea, Songwe, Sumbawanga - 14 from 8 countries; Benin (3), Ghana (1), Liberia (1), Malawi (2), Sierra Leone (1), Sudan (2), Uganda

			(2), Zimbabwe (2)
	Observers	**Total number: 16** - 4 from MNH - 2 from MoHCDGEC (DCS) - 6 from CEDHA, PHCI Iringa, Muzumbe University - 2 from BMC - 2 from JICA Volunteer	**Total number: 10** - 2 from MoHCDGEC (DCS) - 4 from MZRH - 2 from Tosamaganga DDH - 2 from JICA Volunteer
	Purpose	The purpose of the training is to equip health professions with a positive attitude, basic knowledge and practical skills on KAIZEN Approach for improving the quality of healthcare and resource management.	
	Summary results of pre and post course assessment	The average score is improved from 52.7 (before) to 61.6 (after). Effect size (Δ) was 0.58 which shows "Medium" effect.	The average score is improved from 58.2 (before) to 63.0 (after). Effect size (Δ) was 0.44 which shows "Small" effect.

4-2. Consultation Visit (CV) of 5S-KAIZEN-TQM Approach

CV in 2019 started from February 2019 to May 2019 and finished for 28 RRHs and 4 tertial hospitals. According to the CV reports, the number of RRHs practicing KAIZEN activities is 22 RRHs out of 28 RRHs which is equivalent to 78.6%.

Year	2016	2017 (1)	2017 (2)	2018	2019
Number of RRHs	27	28	28	28	28
Number of RRHs practicing KAIZEN	19	18	25	26	22
% RRHs practicing KAIZEN	70.4	64.3	89.3	92.9	78.6

Output 5

Governance of RRHs is strengthened.

5-1. Current situation of Hospital Advisory Board (HAB) operation through the EHPA 2019

The establishment and functionalization of HAB at RRHs have been monitored with EHPA, QPRs, and self-evaluation of HAB functions by RRHMTs. 18 out of 28 RRHs has currently established functional HAB. The rest of 10 RRHs are on the process of establishing HAB. Among those 10 RRHs, 6 RRHs are waiting for approval from MoHCDGEC, and 4 RRHs are on the process of selecting HAB members.

Output 6

Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.

6-1. KAIZEN Training of Trainers (ToT) in Mbeya

14 participants from 8 countries such as Benin, Ghana, Liberia, Malawi, Sierra Leone, Sudan, Uganda and Zimbabwe participated in KAIZEN ToT in Mbeya from June 24th to 28th, 2019. As a result of pre and post course assessment among those four countries, Effect size (Δ) was 0.37 which means "Small effect". All international participants including Tanzanian participants were requested to submit an implementation progress report on own 5S-KAIZEN activities in respective organizations before participating in KAIZEN ToT, and then all the reports were displayed in the training venue aiming to share good practices and experience in 5S-KAIZEN activities among the participants.

6-2. Bangladesh Ministry of Health Study Tour

A mission team from the Ministry of Health, Bangladesh visited for observation of the 5S-KAIZEN-TQM approach in Tanzania health sector from July 8th to 12th, 2019. During the stay in Tanzania, they have visited MNH and Amana RRH.

The mission team received a presentation from each hospital on how the 5S-KAIZEN approach is introduced into the hospital, implementation structures, and sustainability mechanism of 5S-KAIZEN

activities. Hospital tour was conducted to observe 5S-KAIZEN activities at each hospital. The mission team members appreciated the hospitals' efforts to improve the working environment and quality of service as well as hospital management using the 5S-KAIZEN-TQM approach.

6-3. WS for developing Implementation guideline (4th edition) of 5S-KAIZEN-TQM Approach and Good Practice Booklet of 5S-KAIZEN in Tanzania

8 from 5S-KAIZEN National Facilitators and 2 Japanese Experts of RRHMP completed to develop the 4th edition implementation guideline and Good Practice Booklet of 5S-KAIZEN in Tanzania from July 15th to 19th, 2019. Both documents will be submitted and officialized by November 2019.

6-4. Consultation Visit on 5S implementation of Health Commodity Management at district health facilities

Due to low reliability of the reports from Council Health Management Teams (CHMTs), the project decided to conduct field visits to see the reality and monitor the 5S activities for commodity management at the district level. The field visits were conducted from May to June 2019. The field survey team visited 36 district health facilities in five regions (Mwanza, Singida, Tabora, Simiyu, Shinyanga) as sample facilities.

As a result of the M&E of the field visit, the average score was 58.2%. On the other hand, the average score of M&E submitted recently by CHMT was 78.2%. There was a gap between these results although there was a difference in the number of facilities, which indicates that there was no confirmation on whether CHMT had conducted the M&E properly. Some district pharmacists raised an issue of transportation, budget and time in conducting the M&E.

These findings were shared with the ministry through the report on the follow-up visit. (The details are shown in Annex: Report on Follow up visit for 5S-KAIZEN-TQM Approach to Improve Health Commodities Management at council health facilities)

1-3. Achievement of Output

Output 1

- **The achievement information**

Indicator	Achievement
Result of external managerial capacity assessment of RRHMT are improved.	Achieved the value set in the indicator. According to EHPA 2019, 75% of RRHs (21 RRHs out of 28 RRHs) increased their score of managerial capacity (Area 2), comparing to the result of EHPA 2018. 89% of RRHs (25 RRHs out of 28 RRHs) increased their score of the managerial capacity, comparing to the result of EHPA 2017. The total average score of all RRHs in 2019 was also increased (77.47%) comparing to that in 2018 (73.09%) and in 2017 (65.6%).

Output 2

- **The achievement information**

Indicator	Achievement
(1) The number of CHOPs which are submitted timely is increased from 48% to 100%.	Almost achieved the value set in the indicator. (1) 24 RRHs out of 28 RRHs (85%) submitted CHOP 2019-20 timely. The remaining 4 RRHs could not submit on time because of the turnover of the manager.
(2) The average score of CHOP assessment is increased from 52% to 90%.	Not achieved the value set in the indicator. (2) The number of hospitals that scored more than 70

	points increased slightly compared with the previous data (57% in 2018-19 to 61% in 2019-20). However, the average score of CHOP assessment is still low (70.2% in CHOP 2019-20).
(3) 100% of QPR is submitted on time.	Almost achieved the value set in the indicator. (3) The rate of submission of QPR by the deadline is rising. However, two to four hospitals fail to submit on time, and the submission rate remains between 85% and 96%. For example, 22 RRHs out of 28 RRHs submitted CHOP 2018-19 QPR Q4 by the deadline. 5 RRHs out 28 RRHs submitted the report one day delay and 2RRHs out 28 RRHs submitted the report a few days later, and rest one RRH submitted it more than a week later.
(4) More than 80% of RRHs obtains more than 70% of the average of 4 QPR scores.	Almost achieved the value set in the indicator. (4) The average assessment scores for CHOP 2018-19 QPR Q1 to Q4 was reported as 67%. The number of RRHs that scored above 70% was 16 out of 28 RRH (57%) at the time of the second quarter. However, the average score on 4 QPR dropped in 11 out of 28 RRHs (39%).

Output 3

- **The achievement information**

Indicator	Achievement
Number of EHPA reports reviewed by the stakeholders is increased.	Almost achieved the value set in the indicator. 25 RRHs out of 28 RRHs (except Njombe RRH, Temeke RRH and Songwe RRH) took corrective actions against the points suggested in EHPA 2018, and it is observed some improvement during EHPA 2019. Since Njombe RRH moved to newly built buildings in July 2019, suggested points of EHPA 2018 were not fit.

Output 4

- **The achievement information**

Indicator	Achievement
Proportion of RRHs which implement at least one KAIZEN case is increased from 7% to more than 85% by December 2019.	Almost achieved the value set in the indicator. Proportion of RRHs that implement at least one KAIZEN case is increased from 7% (before RRHMP starts) to 78.6% (22 RRHs out of 28) as of September 2019, based on the results of 5S-KAIZEN CV reports from February 2019 to May 2019.

Output 5

- **The achievement information**

Indicator	Achievement
(1) Number of RRH organizing HAB meeting based on planned schedule is increased from 40% to 80%.	Almost achieved the value set in the indicator. (1) 18 out of 28 RRHs have established functional HAB as of September 2019. The remaining 10 RRHs are in the process of establishing HAB. Of the remaining 10 RRHs, 6 RRHs are awaiting approval from MoHCDGEC, and 4 RRHs are in the process of selecting HAB members.
(2) Proportion of RRHs with functional HAB is	Almost achieved the value set in the indicator.

increased from 40% to 80%.	(2) The results of HAB self-monitoring indicates that the number of RRH that have organized Hospital HAB meetings based on planned schedule is increased, as 76% of RRHs scored 2 (highest score) in item 3: "Are RRHAB meeting quarterly to monitor progress of CHOP implementation?". Therefore, Indicator (1) for Output 5 is achieved.

Output 6

➢ **Networking and knowledge sharing about 5S-KAIZEN-TQM with other African countries:**

• **The achievement information**

Indicator	Achievement
(1) Total number of KAZEN activities are increased in participating countries.	Achieved the value set in the indicator. (1) KAIZEN cases in participating countries are followings: - In November 2016, Egypt and Malawi reported 8 KAIZEN cases in total - In December 2017, Bangladesh, Kenya, Burundi, and Zimbabwe reported 15 KAIZEN cases in total In September 2019, Uganda and Zimbabwe reported 15 KAIZEN cases in total
(2) Good practices shared within and outside of Tanzania is increased.	Achieved the value set in the indicator. (2) During KAIZEN ToT, good practices of 5S-KAIZEN activities were shared among RRHs and other countries by displaying progress reports of RRHs and other countries. Additionally, MoHCDGEC and RRHMP received a study tour from Ghana and Bangladesh to share experiences and good practices of 5S-KAIZEN each other.

➢ **Health Commodity management**

• **The achievement information**

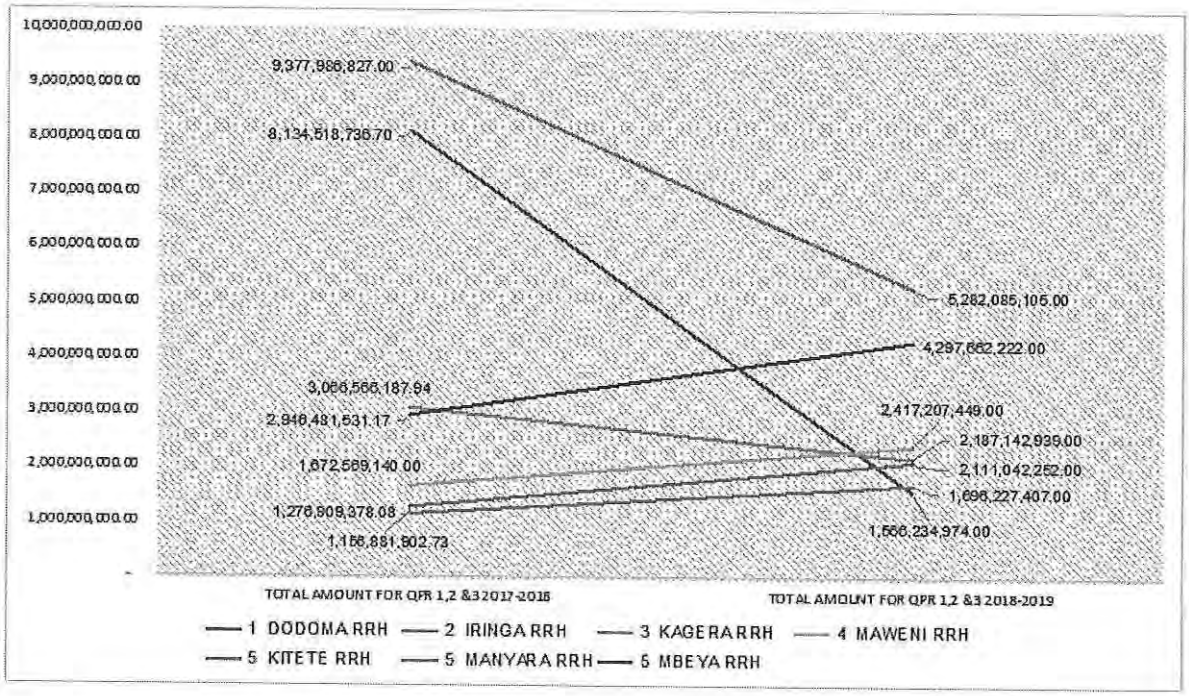
Indicator	Achievement
(3) 70% of trained primary level health facilities adhere to good storage standards	Almost achieved the value set in the indicator. (3) Based on the report from Pharmaceutical Supply Unit, 69% (473/681) of trained primary level health facilities have reported their 5S activities for commodity management as of September 2019, and 77.6% (367/473) of them adhere to good storage standards.

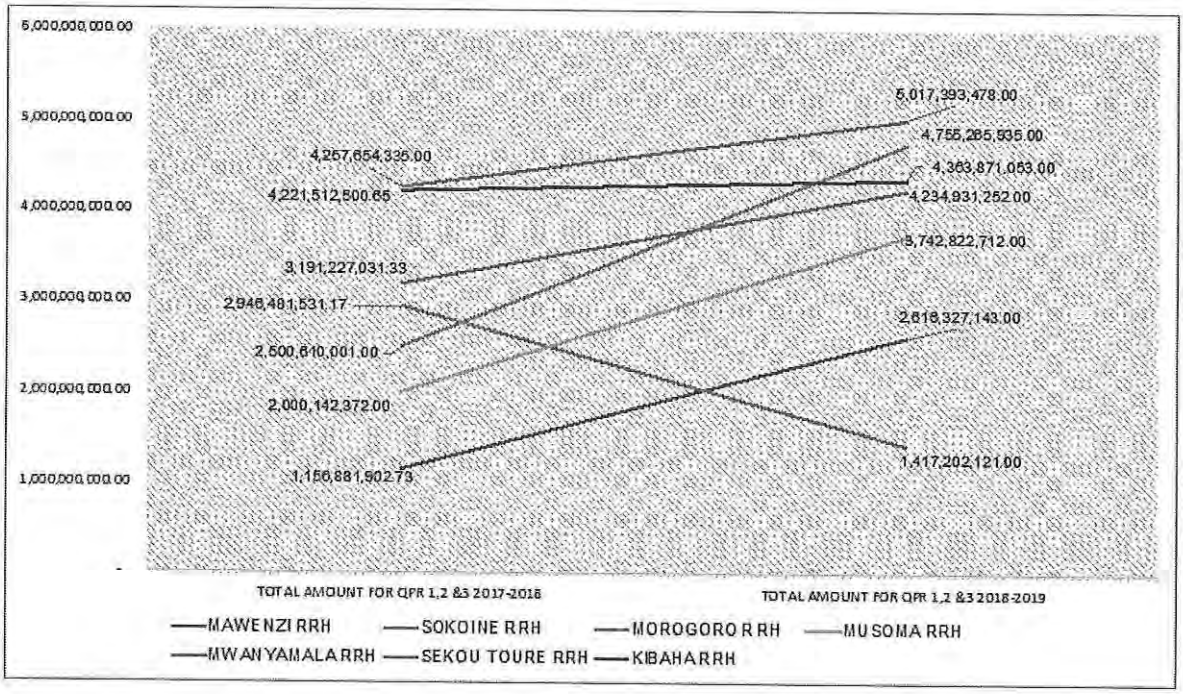
1-4. Achievement of the Project Purpose

• **The achievement information**

Indicator	Achievement
(1) Hospital revenue (Total cash revenue collection, Total cost sharing revenue, Total NHIF revenue collection and Total amount of out-of-Pocket collection) is increased.	Almost achieved the value set in the indicator. (1) Based on the Key Performance Indicators that have reported with QPR, the total amount of revenue collection in quarter 1, 2 and 3 of 2017-18 and quarter 1, 2 and 3 of 2018-19 were compared. As a result of comparison, 21 RRHs out of 28 RRHs (75%) has increased revenue collection compared to the previous fiscal year. On the other hand, some RRHs showed the sudden decline of cash revenue collection as shown in

	figure 9. For example, Dodoma RRH reported that their revenue collection is decreased from TZS 8,134,518,736 to TZS 1,566,234,974. Therefore, it is necessary to identify the reasons for the sharp decline in the revenue collection.





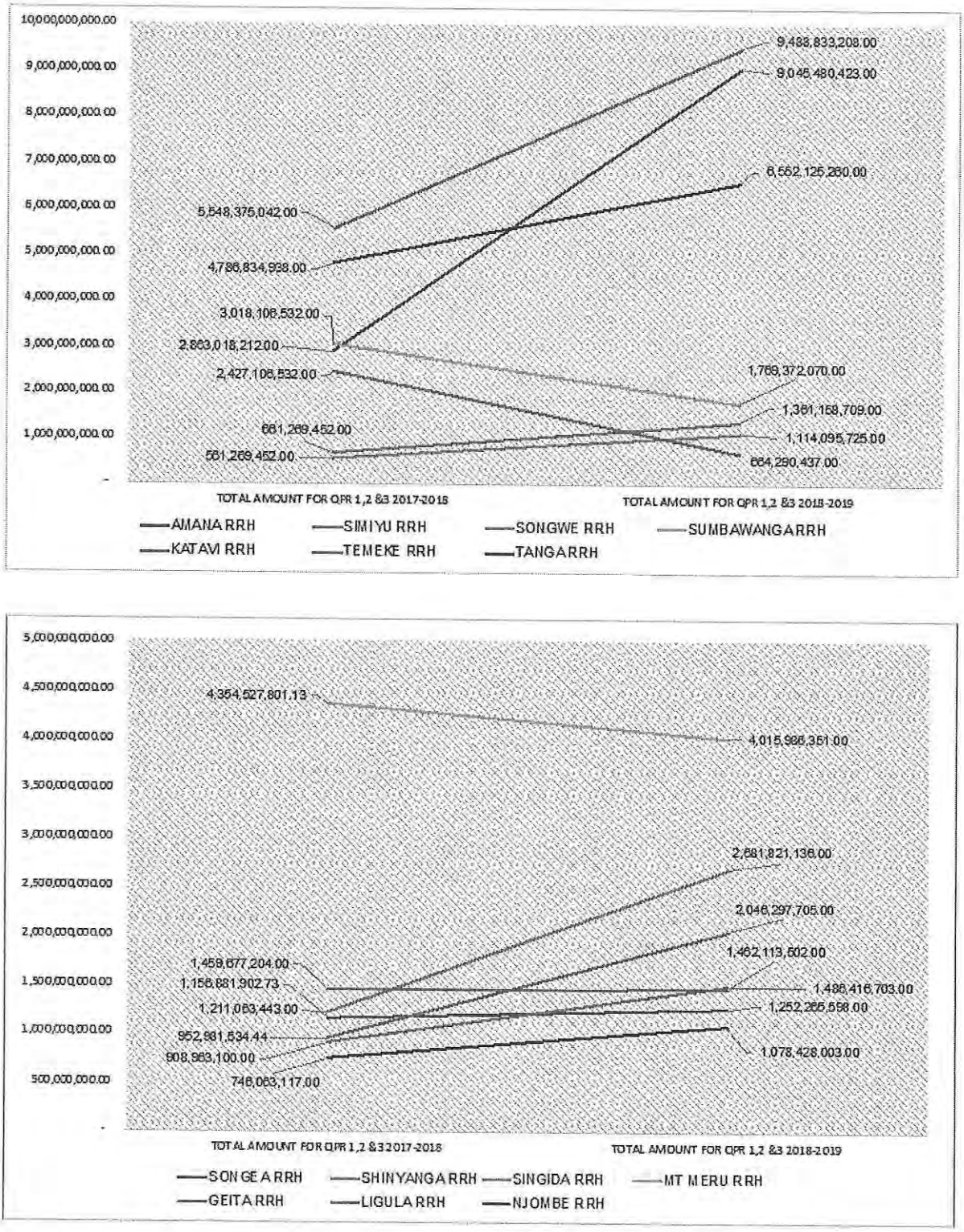


Figure 3: Trend of revenue collection by RRH comparison between 2017-18 and 2018-19

Indicator	Achievement
(2) 70% of RRHs obtain more than 70% of EHPA average score.	Achieved the value set in the indicator. (2) According to EHPA 2019, 82.1% Of RRHs (23 RRHs) were scored over 70%. It showed the improvement from the previous year (In EHPA 2018, 60.7% of RRHs (17 RRHs) were over 70% and only 28.6% of RRHs (8 RRHs) were over 70% in EHPA 2017).

1-5. DAC Evaluation Criteria

- **The perspectives of Relevance**

"Relevance" is high.

The strengthening of the regional referral health services is clearly stated in the Health Sector Strategic Plan (HSSP) IV and expected to see the same direction in HSSP V. In July 2019, RMO/DMO and MOI meeting was conducted in Dodoma with the initiative of both MoHCDGEC and PORALG. In this meeting, PS of MoHCDGEC and DPS for Health in PORALG agreed to work closely to improve regional health services and utilizing good practices from RRHMP to district hospital.

- **The perspectives of Effectiveness**

"Effectiveness" is high.

Six outputs of the project are well linked, and activities under each output also show some good improvement in hospital management of RRHs.

Effect size (Δ) of all BHMT training assessment shows "large effect", which indicates that BHMT is effective to transfer the knowledge and skills on hospital management to RRHMTs.

CHOP 2019-20 assessment score is not improved much compared to CHOP 2018-19. However, the number of RRHs that obtained more than 70% of the total score increased from 57% to 63%. Although the average score of QPR Q1, Q2 and Q3 assessment were about 67%r, it was slightly decreased to 64.4% in Q4.

Total amount of revenue collection calculated from CHOP 2017-18 QPR 1,2 &3 was compared with the amount calculated from CHOP 2018-19 QPR 1,2 &3, and 21 out of 28 RRHs has increased revenue collection from the previous fiscal year

Status of HAB establishment is changed. 17 out of 28 RRHs have established functional HAB and the remaining 11 RRHs are on the process of establishment. Functionality of HAB is also improving. As a result of the self-assessment of HAB functionality, 94% of the RRHs scored their HAB functionality above 70%. It is expected that all RRHs show the improvement in the status of the performance in the result of EHPA 2019.

- **The perspectives of Efficiency**

"Efficiency" is high.

During April to September 2019, pilot hospital management training at training institutions, KAIZEN ToT, CV, EHPA follow-up have been implemented. The above mentioned project activities were carried out as scheduled. The project costs for these activities were on budget. Because the project office had to be relocated, it took unexpected expenses and time to relocate and establish the new office. However, project staff managed to work to minimize the impact of the office relocation.

Pilot HMT training at CEDHA and PHCI has improved the sustainability of project outputs (BHMT and 5S-KAIZEN) efficiently. 70% of training costs were borne by RRHMTs, and more than 120 RRHMT members were interested in attending this training program.

- **The perspectives of Impact**

"Impact" is moderate.

Importance of hospital management and effective utilization of health resources is well understood by RRHMT as well as MoHCDGEC and PORALG. PORALG requested MoHCDGEC to share good experiences of using CHOP for hospital operation planning, and also requested to support technically on the introduction of CHOP and QPR to district hospitals. Additionally, PORALG considers the possibility to introduce ISS to district hospitals. The outputs of the project put a positive impact on the improvement of hospital management at the district level.

Ghana MoH and Bangladesh MoH have sent a mission to study 5S-KAIZEN activities in Tanzania. 8 African countries have dispatched trainees to KAIZEN ToT to acquire 5S-KAIZEN techniques. In these 8countries, it was reported that KAIZEN activities expanded gradually and showed good practices of 5S-KAIZEN activities.

- **The perspectives of Sustainability**

"Sustainability" is moderate.

Policy and Strategy Issues:

Strengthening of RRH management is substantially supported by Health Sector Strategic Plan (HSSP) 4. Preparations of HSSP 5 are currently in progress, and enhancement of the project outputs such as CHOP, EHPA are to be included in HSSP 5. Therefore, the outputs of the project can be expected to be continuously positioned as major issues at the national and regional levels.

Finance Issues:

One of the notable outcomes is the establishment of a cost sharing mechanism. This is to educate hospital staff through hospital management training (HMT) at training institutions under MoHCDGEC. HMT for Regional Referral Hospital Management Team (RRHMT) members were organized and conducted by the Center for Educational Development for Health, Arusha (CEDHA) on May 2019, and Primary Health Care Institute (PHCI), Iringa in July 2019.

The course fees, Daily Substitutional Allowance (DSA) and travel allowance of the training participants were paid by RRHMT to which the participants belong. Lecturers' fees of the CEDHA were also covered by the course fee. The project paid DSA for the external facilitators and observers of other institutions.

The cost sharing system (costs that covered by the regional referral hospital management team) is the first trial in Tanzania health sector. Implementers of the technical cooperation projects have requested that MoHCDGEC takeover these training costs to sustain the training program after the compilation of the projects. However, due to the insufficient allocation of health budget, many training programs were discontinued and could not be sustained.

This new cost sharing mechanism is considered to work because it has been successfully piloted in the trainings in two institutions. This indicates that the sustainability of the training program for hospital management is high from a financial perspective.

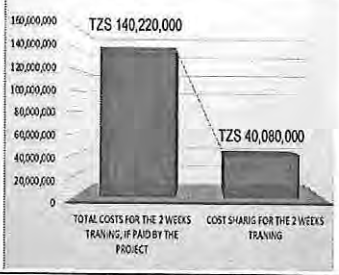


Figure 1a: Gap analysis of the costs sharing for HMT at CEDHA

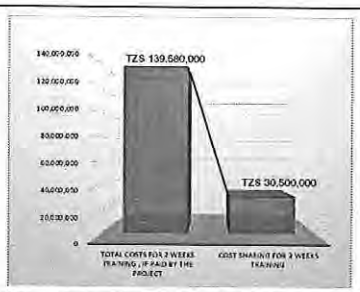


Figure 1b: Gap analysis of the costs sharing for HMT at PHCI

Structure Issues:
MoHCDGEC appointed the assistant director of Regional Hospitals Service Section in February 2019 and start capacitating the section to take over the RRHMP outputs. MoHCDGEC has assigned seven officers to the section and plans to add four more officers.

On the other hand, it has been reported that RRHMT members frequently leave or change jobs. There have also been reports of changes in personnel trained by RRHMP. These HR moves may weaken the effects of project intervention and affect the sustainability of the project result.

Technical Issues:
Pilot training for hospital management targeting RRHMTs has been conducted by CEDHA and PHCI at Iringa. MoHCDGEC announced the start of the RRHs training program. The official announcement of the training by the Ministry was successful, and more than 120 health managers applied for the training. Due to the physical capacity of training institutions, 39 participants were enrolled in the training at CEDHA and 49 participants were enrolled in training at PHCI. However, it is likely that full-scale training could be conducted at the Ministry's initiatives.

1-6. Changes of Risks and Actions for Mitigation
Not applicable

1-7. Progress of Actions undertaken by JICA
Not applicable

1-8. Progress of Actions undertaken by Gov. of Tanzania
Major personnel transfer was made in MoHCDGEC in February 2019. The key personnel such as PS, directorates were transferred from other departments in MoHCDGEC. The Regional Health Service Coordinator has planned to hold an orientation of the project activities for the new managements on 2nd April 2019 to make them familiar with the project's purpose and outputs, implement status, and current progress. In the orientation, PS remarked that the project had contributed to strengthen the hospital management capacity of RRH through developing various materials on CHOP, HAB, 5S-KAIZEN-TQM, Hospital Management and so on, and training to disseminate the materials. It is strongly desired to be implemented continuously for further effects.

1-9. Progress of Environmental and Social Considerations (if applicable)
Not applicable

1-10. Other remarkable / considerable issues related / affect to the project (such as other JICA's projects, activities of counterparts, other donors, private sectors, NGOs etc.)

2. Delay of Work Schedule and / or Problems (if any)
All planned activities are implemented on schedule.

3. Modification of the Project Implementation Plan
3-1. PO
Not applicable

3-2. Other modifications on detailed implementation plan
Not applicable

4. Preparation of Gov. of Tanzania toward after completion of the project

The Project has a goal of strengthening RRHMTs in order to improve quality of services provided at the regions. Since it was known that the RRHMP that commenced in May 2015 will end in May 2020, MoHCDGEC directed for the aligning of the ongoing activities of the project into health training institutions and Departments under the Ministry. In that arrangement CEDHA and PHCI were trained and prepared to offer a course on Basic Hospital Management Training to the RRHMTs especially new appointed members. Also, from the beginning of the Project, DCS, DHR and Directorate of Health Quality Assurance (DHQA) were involved in developing all the guidelines applied in strengthening RRHMTs. Moreover, MoHCDGEC has established Regional Referral Hospital Unit under the DCS and all the staff in that Unit were oriented and provided with the guidelines of the Project in order to continue budgeting and follow up on the development of CHOP, QPR, conducting EHPA and ensuring all other activities under the Project are implemented and sustained.

II. Project Monitoring Sheet I & II *as Attached*

Project Monitoring Sheet II

Version 9
Dated September, 2019

Project Title: Project for Strengthening Hospital Management of Regional Referral Hospitals

Inputs (Plan / Actual; 2015–2020, quarters I–IV)

Expert ◎: Main responsible person, ○: Sub-responsible person, △: Assist person

- Chief Advisor / Hospital Management
- Quality Management/5S-KAIZEN-TQM 1
- Quality Management/5S-KAIZEN-TQM 2
- Hospital Planning
- Training Management

Remarks | Monitoring: Issue | Solution

Responsible Organization: Japan | GOT

Activities / Sub-Activities	Chief Advisor / Hospital Management	Quality Management/5S-KAIZEN-TQM 1	Quality Management/5S-KAIZEN-TQM 2	Hospital Planning	Training Management	Achievements	Issue & Countermeasures
Output 1: Basic management capacity (leadership, planning, M&E, human resource management, financial management, resource management, information management) of HMTs is improved.							
1-1 Situation analysis and benchmarking is conducted on management capacities of RRHs.							
1-1-1 Preparatory workshop for baseline survey; contents and methodologies	◎	○			○	Number of participants:18 Baseline survey was designed	
1-1-2 Baseline survey on hospital management of 27 RRHs (Consultancy)	◎	○			○	Completion of baseline survey for 27 RRHs Baseline survey report was produced	
1-1-3 Feedback workshop on findings of baseline survey	◎	○			△	Number of participants:17 Findings from Baseline survey was shared to key stakeholders	
1-2 Existing training programs and materials on hospital management is reviewed.							
1-2-1 Workshop on reviewing current hospital management training program for RRHMTs	◎	○			△	Number of participants:13 Field report on hospital management training was shared to the key stakeholders and agreed on the subjects to be taught in Basic Hospital Management Training	
1-3 Training institutions and facilitators are identified and oriented.							
1-3-1 Identification of resource personnel and training institutes for hospital management training	◎			○		After compilation of all modules, suitable facilitators will be identified	
1-4 Training modules (basic and applied) and materials are consolidated.							
1-4-1 Workshop on modifying hospital management training program and teaching materials for RRHMTs	◎	○			△	Number of participants:20 Draft of Facilitator's guide for HMT training was reviewed for improvement of the contents in 2007 Number of participants:12 BHMT materials were reviewed in January 2018	
1-5 National facilitators are trained on hospital management in TOT manner.							
1-5-1 Facilitators training on basic hospital management	◎	○			△	Number of participants: 10	
1-6 Hospital management training is conducted to RRHMTs.							
1-6-1 Basic hospital management training, and finding of problems and challenges	◎	○		○	○	Number of participants: 42 in 2017, 56 in 2018 (Western zone) Number of participants: 36 in 2017 , 31 in 2018 (Northern zone) Number of participants: 42 in 2017, 40 in 2018 (Lake zone) Number of participants: 48 in 2017, 34 in 2018 (Southern Highland zone)	
1-6-2 Advanced hospital management training, and finding of problems and challenges	◎	○		○	○	Number of participants: Number of participants: 54 in May 2018 (on Monitoring and Evaluation) Number of participants: 88 in June 2019 (on CHOP/QPR)	
1-7 Institutionalization of hospital management training program is promoted and facilitated.							
1-7-1 Basic and advance hospital management training at organization/institution to develop human resource	◎	○		○	○	Number of Participants: 9 from 3 Teaching Institutions (TIs) (Work shop on handing over Basic Hospital Management Training (BHMT) to TIs) Number of participants: 19 from 3 TIs (Workshop on handing over KAIZEN training to TIs) The pilot training course on Basic Hospital Management was held in CEDHA in May 2019 and 39 participants were trained. The pilot training course on Basic Hospital Management was held in PHCI in July 2019 and 49 participants were trained.	
1-8 Training effectiveness is assessed.							
1-8-1 Analysis of Quarterly Internal Supportive Supervision reports, Annual External Performance Assessment reports	◎	○		○	○	Conducted regularly internal supportive supervision by RRHMT. Conducted EHPA	
Output 2: Planning and reporting capacity of RRHs is improved.							
2-1 CHOP and related management structure are reviewed.							
2-1-1 Identification of problems and challenges for CHOP and quarterly report	○	△		◎	△	In the first WS, problems were identified and reflected to first draft of CHOP guideline.	
2-1-2 Technical advices to RRHMTs on CHOP development	○	△		◎	△		
2-2 CHOP guideline and formats are revised accordingly.							
2-2-1 Finalization of CHOP guideline and format	○	△		◎	△		
2-2-2 CHOP training program and teaching material development	○	△		◎	△		
2-3 Training on CHOP is conducted. (as in 1-5 and 1-6)							
2-3-1 CHOP training for RRHMT and RHMT	◎			○		82 participants from RRHMT and RHMT were trained	
2-4 Data management for CHOP development and monitoring is improved. (In line with 3-1 and 3-2)							
2-4-1 CHOP assessment	◎			○		All RRHs CHOP for 2017/18 were reviewed and all scored above 60 All RRHs CHOP for 2018/19 were reviewed, and 14 RRHs out 28 RRHs could not reach the passing line (70% and above) in the first assessment. All RRHs CHOP for 2019/20 were reviewed, and 11 RRHs out 28 RRHs could not reach the passing line (70% and above) in the first assessment.	
2-5 Data management tool for human resources for health (HRHIS) is introduced.							
2-5-1 HRHIS Operation Training and Data Utilization Training	○	△		◎	△	Facilitator's training was conduted by UDSM in September 2017 Training materials were reviewed. The series of HRHIS training was conducted from October to December in 2017	
2-5-2 HRHIS Supportive Supervision	○	△		◎	△	Conducted from July to August 2018 for all RRHs Conducted from May to June 2019 for all RRHs	
2-6 Mentoring support on planning and reporting is strengthened.							
2-6-1 Mentoring on CHOP planning and reporting through CV	○	△		◎	△	Through the assessment of CHOP, comments and suggestions have been made which help to improve the CHOP. Conducted the AHMT on CHOP/ QPR in June 2019	
2-7 Report formulating skills and reporting structure are reviewed and strengthened.							
2-7-1 Provide Technical advices on reporting skills and structure through CV	○	△		◎	△	Through the assessment of QPR, comments and suggestions have been made which help to improve the QPR.	

Output 3: Monitoring and Evaluation of RRHs is strengthened.

3-1 Tools for internal hospital performance assessment within RRH are reviewed, developed and utilized.

3-1-1 Follow up on current status of hospital performance assessment tool	Plan / Actual	In the workshop, 6 hospital assessment tools were collected.
3-1-2 Workshop on integration and modification of hospital performance assessment tool (Internal SS document)	Plan / Actual	External Hospital Performance Assessment and internal supportive supervision tool and guideline was finalized.

3-2 Tools for external hospital performance assessment by MoHSW/PMO-RALG through RHMT are reviewed, developed and utilized.

3-2-1 Planning of hospital performance assessment	Plan / Actual	
3-2-2 Piloting hospital performance assessment at 3 RRHs	Plan / Actual	The pilot on hospital performance assessment has been done in Morogoro RRH, Dodoma RRH (Apr, 2016) The pilot on hospital performance assessment has been done in Mawenzi RRH (Feb, 2017)
3-2-3 Modification of hospital performance assessment tool	Plan / Actual	
3-2-4 Training on Internal Supportive Supervision	Plan / Actual	82 participants from RRHMT and RHMT were trained
3-2-5 Workshop on developing hospital performance assessment structure	Plan / Actual	

3-3 Results from hospital performance assessment (Internal and external) are analyzed and publicized.

3-3-1 Analysis of hospital performance and the feedback	Plan / Actual	External Hospital Performance Assessment (EHPA) baseline survey results were shared with RRH managers. EHPA 2018 were conducted to 28 RRHs (Jul-Sep, 2018) EHPA 2018 results were shared with RRH managers (Nov, 2018) Follow-up EHPA was conducted to 9 RRHs (Mar, 2019) EHPA 2018 were conducted to 28 RRHs (Aug-Sep, 2019) WS on compilation of the results of EHPA were conducted (Sep 2019)
3-3-2 Finalization of hospital performance, structure and tools	Plan / Actual	
3-3-3 Install the External Hospital Performance Assessment mechanism	Plan / Actual	20 facilitators were trained (Jun, 2017) The trainings for RHMT and baseline survey were carried out in 24 RHMTs (Jul - Sep, 2017) Refresher's training were conducted for 17 participants

3-4 RMSS-H, mentoring and other support activities to RRHs are strengthened, based on the results of hospital performance assessment.

3-4-1 RMSS-H, mentoring and other support activities to RRH are strengthened through CV	Plan / Actual	

3-5 RHMT's monitoring and evaluation capacity of 5S-KAIZEN-TQM activities is strengthened.

3-5-1 Finalization of 5S-KAIZEN teaching materials for monitoring and evaluation for RHMT	Plan / Actual	Material on 5S-KAIZEN M&E Training for RHMTs was developed
3-5-2 5S KAIZEN training on monitoring and evaluation for RHMT	Plan / Actual	25 RHMTs from 25 regions were trained (Jun, 2017)
3-5-3 Analysis of monitoring and evaluation results based on the monitoring and evaluation conducted by RHMT	Plan / Actual	RHMT members have been involved current on-going CV Skills and knowledge on M&E are transferred to them during the CV

Output 4: Resource management and quality improvement activities are strengthened through KAIZEN approach.

4-1 Application of KAIZEN approach in improvement of hospital management is conceptualized.

4-1-1 Review and modification of KAIZEN training materials	Plan / Actual	KAIZEN TOT materials was reviewed and finalized

4-2 QIT and WIT are oriented on hospital management.

4-2-1 Emphasize during Consultation Visit	Plan / Actual	During every CV, CV teams emphasized hospital management especially resource management and quality improvement, and moreover, clarify how 5S-KAIZEN-TQM Approach can contribute to improving hospital management. From Aug. to Sep. 2019, EHPA 2019 round was conducted instead of CV. Therefore, during the EHPA 2019, hospital management was oriented to QIT and WITs.

4-3 Target managerial areas for quality improvement at each RRH is identified by the result from hospital performance assessment.

4-3-1 Development of KAIZEN ToT Facilitators' Guide	Plan / Actual	Facilitators' Guideline was developed

4-4 KAIZEN TOT is conducted to National Facilitators, focusing on improvement of hospital management.

4-4-1 KAIZEN ToT Facilitators' training	Plan / Actual	9 facilitators were trained on teaching KAIZEN activities to RRHs M&E tools are finalized (Mar-Apr, 2015) 7 facilitators from DPP, IMC, KCMC, MNH, and MZRH were trained on teaching KAIZEN activities (Mar, 2017) 24 facilitators enhanced knowledge and skill on teaching KAIZEN activities to RRHs (Jun, 2017) New M&E tools for Monitoring and Evaluation are finalized after pilot test (Sep, 2017)
4-4-2 Revision of training materials of KAIZEN TOT based on the inputs from KAIZEN facilitators	Plan / Actual	KAIZEN TOT materials have been reviewed continuously every after KAIZEN TOT

4-5 KAIZEN training is conducted to RRHMTs.

4-5-1 KAIZEN TOT (1) (include the participants from foreign countries)	Plan / Actual	KAIZEN TOT was conducted for 12 RRHs (Sep, 2015) - 36 participants from 12 RRHs; RRHMT members, were trained on KAIZEN Approach - 6 observers from MNH and 3 observers from JOCV participated KAIZEN TOT was conducted for 14 RRHs (Nov-Dec, 2016) - 42 participants from 14 RRHs; RRHMT members, were trained on KAIZEN Approach - 38 participants from 10 RRHs on KAIZEN Approch (Nov, 2018) - 36 participants from 12 RRHs on KAIZEN Approch (Jun, 2019)
4-5-2 KAIZEN TOT (2)	Plan / Actual	KAIZEN TOT was conducted for 15 RRHs (Dec, 2015) - 47 participants from 15 RRHs; RRHMT members, were trained on KAIZEN Approach - 6 observers from Bugando Medical Center, 1 observer from JOCV participated KAIZEN TOT was conducted for 14 RRHs (Mar, 2017) - 42 participants from 14 RRHs; RRHMT members, were trained on KAIZEN Approach KAIZEN TOT was conducted for 15 RRHs (Mar, 2018) - 52 participants from 15 RRHs; RRHMT members, and MoHCDGEC were trained on KAIZEN Approach - 58 participants from 19 RRHs were trained on KAIZEN Approach (Nov, 2018) - 50 participants from 19 RRHs on KAIZEN Approch (Jun, 2019)

4-6 KAIZEN activities in target managerial areas are conducted at each RRH.

4-6-1 Setting a national KAIZEN theme on different managerial areas	Plan / Actual	National KAIZEN Themes are set for all RRHs as follows: (2015/2016) Revenue collection of NHIF is improved (2016/2017) Healthcare waste management is improved (2017/2018) From KAIZEN TOT in December 2017, each RRH is requested own KAIZEN theme based on the results of EHPA instead of National KAIZEN theme given by MoHCDGEC (2018/2020) MoHCDGEC recommended RRHs to use the results of EHPA as one of source for selecting KAIZEN theme, however, all RRHs can select any KAIZEN theme based at their discretion.

Activity							Achievements	Remarks
4-7 Progress of KAIZEN activities is monitored.								
4-7-1 KAIZEN Consultation Visits to RRHs	O	◘			Δ	Plan	CVs of 1st Round in 2017 were finished for all 28 RRHs and 4 NHs from March 2017 to June 2017. CVs of 2nd Round in 2017 were finished for all 28 RRHs and 4 NHs from October 2017 to January 2018. CVs of 2018 were finished for 4 NHs from May 2018 to June 2018 CVs of 2018 started for 28 RRHs from September 2018 to November 2018 CVs of 2019 was conducted from February to May 2019	
						Actual		
4-7-2 Development of a poster of 5S-KAIZEN-TQM Approach	O	◘			Δ	Plan		
						Actual		
4-7-3 Revision of the Implementation Guideline for 5S-KAIZEN-TQM Approach	O	◘			Δ	Plan	Fina draft of implementation guideline of 5S-KAIZEN-TQM Approach (4th editoin) was developed in July 2019. The final draft will be sent to MoHCDGEC for official approval in September 2019.	
						Actual		
4-8 Institutionalization of KAIZEN TOT is promoted and facilitated.								
4-8-1 Strengthen RHMT to continue follow up activities for implementation of KAIZEN activities at RRH	O	◘			Δ	Plan	Although RRHs are transferred to under MoHCDGEC from PORALG (RHMT) in 2018, RRHMP still continued to try to involve RHMT especially into Consultation Visit. However, the most RHMT did not send any person who can accompany with the CV teams. (as of now October 2018)	
						Actual		
4-8-2 Harmonization with Hospital Management Training	O	◘			Δ	Plan	Topic especially on monitoring and evaluation of 5S-KAIZEN activities were taught during Applied Hospital Management Taining in May 2018. The pilot training course on Basic Hospital Management which contains the topics of Quality Improvement and 5S-KAIZEN-TQM Approach was held in CEDHA in May 2019 and 39 participants from RRHs were trained. 6 from CEDHA, PHCI Iringa and Muzumbe University were trained on 5S-KAIZEN-TQM Approach during KAIZEN ToT in Jun. 2019 The pilot training course on Basic Hospital Management which contains the topics of Quality Improvement and 5S-KAIZEN-TQM Approach was held in PHCI in July 2019 and 49 participants from RRHs were trained.	
						Actual		
4-9 Impact of KAIZEN approach for hospital management is assessed and reviewed.								
4-9-1 Conduct case study	O	◘			Δ	Plan		
						Actual		

Output 5: Governance of RRHs is strengthened.

5-1 Guideline and assessment tools for Hospital Advisory Boards (HAB) is reviewed and revised.

5-1-1 Workshop for reviewing and modifying HAB guideline and other tools related with HAB activities	Plan / Actual		Number of participants:10. Final Draft of HAB guideline is developed

5-2 Orientation training materials and program for HAB is developed, reviewed and revised.

5-2-1 Development of HAB orientation package	Plan / Actual		PPT of HAB training and lectures note with 2 days training program was developed

5-3 Training for capacity building of HAB on governance and leadership is implemented.

5-3-1 Facilitators' training for HAB orientation	Plan / Actual		Number of facilitators' trained: 12 Receive lots of input from experienced participants to improve the document
5-3-2 HAB training for RRHMT and RHMT	Plan / Actual		109 participants from RRHMT and RHMT were trained

5-4 Regular assessment of HAB functionality and supportive interventions to HAB are conducted.

5-4-1 Assessment of hospital performance and HAB functions	Plan / Actual		
5-4-2 Orientation on new guideline of HAB activities to 3 RRHs	Plan / Actual		Number of health managers trained: 18 Experiences of RRHs were shared during the training, which were useful for improvement of the document

5-5 Recommendations from HAB report are reviewed and enhanced to improve hospital performance.

5-5-1 Provide Technical advices on HAB performance through CV	Plan / Actual		109 participants from RRHMT and RHMT were trained on HAB.

Output 6: Tanzania's experience and knowledge on hospital management and QI are shared within Tanzania and with other African countries.

6-1 Annual Quality Improvement Coordination Forum (QI Forum) is organized jointly by stakeholders.

6-1-1 NQIF administrative and technical support	Plan / Actual		One abstract on IPC Kaizen case was accepted in 5th NQIF in 2015

6-2 Horizontal learning among RRHs is enhanced.

6-2-1 Progress Report Meeting of 5S-KAIZEN-TQM Approach	Plan / Actual		72 participalns from 28 RRHs, 4 National Hospitals, MoHCDGEC and NHIF(Jul. 2016) 56 participants from 28 RRHs, 4 National Hospitals, and MoHCDGEC (June,
6-2-2 Support supplementary training on 5S-KAIZEN-TQM Approach	Plan / Actual		16 participalns from 8 African countries were received and trained on KAIZEN (Aug. 2016)

6-3 5S-KAIZEN-TQM training with a focus on commodity management is conducted to primary level health facilities and CHMTs.

6-3-1 Development of a poster of 5S-KAIZEN-TQM Approach focusing on health commodity management	Plan / Actual		
6-3-2 Workshop for developing guideline on 5S-KAIZEN-TQM Approach for helath commodity menegement	Plan / Actual		The posters for 5S-KAIZEN-TQM for health commodity management have been distributed.
6-3-3 Finalization of guideline on 5S-KAIZEN-TQM Approach for helath commodity management	Plan / Actual		The posters for 5S-KAIZEN-TQM for health commodity management have been distributed.
6-3-4 Facilitalors' training on 5S activities	Plan / Actual		15 facilitators were trained (May, 2016) 19 facilitators were trained (Nov, 2016)
6-3-5 5S trainings for primary health facilities	Plan / Actual		Number of participants(Mwanza): 317 Number of Participants (Singida): 265 Number of Participants (Shinyanga): 208 Number of Participants (Simiyu): 204 Number of Participants (Tabora): 301
6-3-6 Training on 5S-KAIZEN-TQM's monitoring and evaluation for CHMT	Plan / Actual		Number of participants: 71
6-3-7 Finalization of the results of monitoring evaluation on 5S-KAIZEN-TQM for CHMT	Plan / Actual		Conducted CV on 5S implamentation of Health Commodity Managament at 38 district health facilitiesactivities in 5 regions

6-4 Networking and knowledge sharing with other African countries implementing 5S-KAIZEN-TQM approach are encouraged.

6-4-1 KAIZEN TOT for participants from African countries	Plan / Actual		14 participants from 7 African countries were trained : Egypt, Sudan, Kenya, Malawi, Zimbabwe, Burundi, Senegal (Nov-Dec, 2016) 4 Participants from Uganda were trained (Mar, 2017) 11 participants from 5 African countries and 1 Asian country were trained : Bangladesh, Burundi, Kenya, Sierra Leone, Sudan, Zimbabwe (Dec, 2017) 8 participantd from 4 countries were trained : Burundi, Kenya, Uganda and Zimbabwe (Nov, 2018) (Study tour) 11 officers from Ghana visited Tanzania and were trained on 5S-KAIZEN activities (Mar, 2019) (Study tour) 7 officers from Bandladesh visited Tanzania and were trained on 5S-KAIZEN activities (Jul. 2019) 14 participantd from 8 countries were trained : Benin (3), Ghana (1), Liberia (1), Malawi (2), Sierra Leone (1), Sudan (2), Uganda (2), Zimbabwe (2) (Jun. 2019)

6-5 Regional KAIZEN TOT Training Program is acknowledged by stakeholders.

6-5-1 Development of a booklet of "Good Practices of KAIZEN (temporary name)"	Plan / Actual		Good practices of 5S and KAIZEN activities are collected during Consultation Visit started from Feb, 2019 WS for developing a booklet of Good Practices of 5S-KAIZEN (Jul. 2019) and printed (Sep. 2019)

6-6 Regional KAIZEN TOT Training is conducted with participation of other African countries.

6-6-1 KAIZEN TOT for participants from African countries	Plan / Actual		14 participants from 7 African countries were trained : Egypt, Sudan, Kenya, Malawi, Zimbabwe, Burundi, Senegal (Nov-Dec, 2016) 4 Participants from Uganda were trained (Mar, 2017) 11 participants from 5 African countries and 1 Asian country were trained : Bangladesh, Burundi, Kenya, Sierra Leone, Sudan, Zimbabwe (Dec, 2017) 8 participantd from 4 countries were trained : Burundi, Kenya, Uganda and Zimbabwe (Nov, 2018) 14 participantd from 8 countries were trained : Benin (3), Ghana (1), Liberia (1), Malawi (2), Sierra Leone (1), Sudan (2), Uganda (2), Zimbabwe (2) (Jun. 2019)

Duration / Phasing — Plan / Actual

Monitoring Plan	Plan / Actual	1st Year (2015) I	II	III	IV	1st Year (2016) I	II	2st Year (2016) III	IV	2nd Year (2017) I	II	III	IV	2nd Year (2018) I	II	III	IV	2nd Year (2019) I	II	III	IV	2nd Year (2020) I	II	III	IV	Remarks	Issue	Solution
Monitoring																												
Joint Coordination Committee	Plan / Actual																											
Monthly project meeting	Plan / Actual																											
Submission of Monitoring Sheet	Plan / Actual																											
Reports/Documents																												
Development and submission of work plan (Japanese version - submission to JICA)	Plan / Actual																											
Development and submission of work plan (English version - submission to MOHSW, JICA)	Plan / Actual																											
Development and submission of Project Completion Report	Plan / Actual																											
Public Relations																												
...	Plan / Actual																											
...	Plan / Actual																											

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