

Summary Learning report Tanzania 2008

Impact of the Health programme

This report is a summary of the Monitoring & Evaluation (M&E) report on the Tanzania Health sector programme in 2008. Summaries are published on the IICD website to show the work of our local project partners and the results that these partners and IICD have achieved. Important to point out is that evaluation reports are meant for learning, hence they focus on the outcomes and impact of the projects as well as their successes and challenges, rather than checking on project progress or money spent, which is done via progress reports.

Evaluations are based on questionnaires for different stakeholders. Depending on the country, the evaluation includes project teams (reflecting on IICD's support), participants of trainings (reflecting on capacity development) and end users (reflecting on the projects they take part in). Data from these questionnaires is analysed by a local M&E partner, who also facilitates a subsequent Focus Group meeting with the partners who implement the different projects. The discussions in this meeting result in more qualitative data from the projects (what is actually happening on the ground) as well as exchange of experiences (successes and challenges), and lessons learned for partners and IICD.

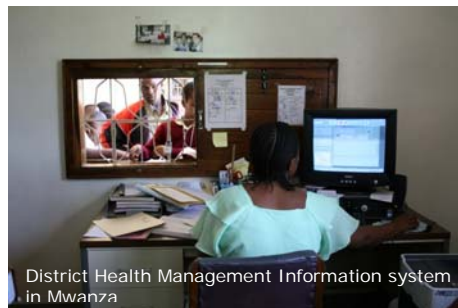
The evaluation report below is the unmodified original work of Clement Kwayu of BUMACO, the M&E partner for Health in Tanzania. It gives an overview of both the data collected and the discussions that followed in the Focus Group. Though sensitive information from specific partners has been removed to maintain a trust relationship with and between partners, M&E reports are an honest representation of the processes and lessons concerning the Country Programme. In 2008, the Health Programme in Tanzania Ghana consisted of 7 projects in implementation. 106 questionnaires have been collected by the Health projects since 2007.

IICD in collaboration with CORDAID have been supporting various health institutions to acquire, install and use management information systems to achieve higher degrees of efficiency and effectiveness in health care. The support has been in supplying the hard and software facility, training cum mentoring, monitoring and evaluation, and sharing of learning and experiences.

Data from Health project users in 4 institutions namely District Health Management Information Systems (D-HMIS) Mwanza (59%), St. Elisabeth hospital (9%), ELCT - Selian hospital (19%) and ELCT - Marangu hospital (13%) was collected in 54 questionnaires and analyzed. Below is a summary of the analysis.

Profile of the users

92% of users of the ICT services were below 50 years with the mode of 44% being within the age category 31-40 years of age. The number of females was higher than that of males particularly in the age group below 40 years, 45%, 45% and 10% had tertiary, secondary and primary education respectively. In



primary education males outnumber females while in secondary education females outnumber males. In tertiary education the number is quite the same.

Position of directors and managers were mainly held by females while administrative position was mainly held by males. Other positions had varying numbers gender wise. 52% of respondents live in the rural areas.

Motivation, use and satisfaction

Better keeping of records was the main motive for joining the project. Other motives include the need to improve institutions' health services, attaining knowledge, self development and improving communication. In

94% of respondents use the project every day while the rest use it every week. This is a very high frequency of use.

With regard to how they get information about the project, 26%, 33% and 13 get information electronically, orally and in written form respectively. The stated reason for low use of electronics in getting information is due to lack of connectivity.

69% of respondents appreciated their participation in the project as they now understand the uses of computer; reports are prepared easily and timely with high accuracy. Trainers' commitment, cooperation, love, and encouragement and own initiative all contributed to attainment of goals. 31% have not achieved their goals, main reasons being little knowledge in information communication technology among projects users, lack of cooperation in all of their departments, and inadequacy of computers, short period of training and periodic power cuts.

College graduates achieved their goals more often compared to those having secondary education.

Impact

The impact of the project on the individual and the larger organization follows.

Awareness – the extent to which users of the project have become more aware of the possibilities of ICTs for Health, in their work or daily life at 69% in 2008 was higher than in the previous year when this was 57%. This is a considerable difference pointing to a good trend. This is lauded by the statement "Through this project I see opportunities in information and communication technology I had not seen before".

Empowerment indicates the extent to which users apply their new knowledge and skills in practice, for instance by using the computer to search information, or by helping others. Empowerment is very high, with 65% of users claiming to feel more empowered as a result of the project (compared to 44% in 2007). This is evidenced by such statements as "Because of this project I participate more actively in my institution" and "I have gained more and better knowledge as a result of this project."

Economic impact in the Health sector is about indirect economic benefits, such as greater efficiency for the hospital or better job perspectives for the individual. In 2007, only 48% of users saw an economic impact

to the project. In 2008, this number increased to 57%. This is promising as witnessed: "Through this project I see better job opportunities;" "my job description has been changed for the better" and "this project resulted in lower administration costs".

Compared to awareness and empowerment, economic impact is slightly lower. At times economic impact may be marred by lack of transparency and good will by the management of institutions. Suggestion for improvement as stated in the Focus Group include the need of institutions to be transparent in income, motivation of individuals as income increases and change of management through advocacy.

Sector Impact which looks at the improvements in quality of hospital and healthcare in general at 56% is satisfactory, as witnessed by such statements as like "this project has resulted in more customized patient records" and "this project has resulted in better health care".

Negative impact measures negative aspects of the project, such as only catering for privileged people. Compared to the 2007 17% level of negative impact, negative impact in 2008 is very high, with 49% of users claiming to see negative impact of the project. The reasons for the increased level of negative impact as discussed in the Focus Group include the fading of interest with lapse of time, inadequate follow up, scramble for limited computers as number of users increase, new entrants in the middle of training somehow causing retardation and gaps left when a trained person quits.

Capacity development in the Health sector

Capacity building is the cornerstone of HICD programs. Trainings concentrate on training of technicians in use of ICT while Seminars aim at enabling institutional leadership to assimilate ICT in their institutions and programs. 39 questionnaires on training courses and 80 questionnaires on Seminars were collected and analyzed to facilitate the projects monitoring and evaluation process. The analysis has been used in drawing some of the conclusions in this paper.

Participants represent an interesting diversity in positions within their organizations, age, sex, education and income. The majority of participants are working in health.

It is interesting to see that while trainings (capacity development 1) focus more on technical and support staff (executors), seminars focus more on managers and directors (decision makers). This probably has to do with the nature of the activity (practical trainings versus awareness raising seminars).

The goals for attending courses include knowing how computers operate, maintaining ICT equipments, troubleshooting, repairing and maintenances, programming, assembling of computer, improving online health information services, knowledge sharing, improving understanding of care2X for betterment of project and oneself future carrier

Seminar participants attended seminars for slightly different reasons: to be informed about Afya Mtandao (the Tanzanian ICT for Health Network) and how it works; networking; to gain knowledge on ICT and telemedicine in particular; to share knowledge with colleagues on the problems of telecentres and their solution; to be informed about other technologies; to learn of more opportunities and means of updating and improving performance in their institutions and organizations.

All trainees affirmed to have achieved their training goals as evident by enhanced ability to use, maintain and assemble computers; managing daily work comfortably including planning, programming and scheduling of presentation; troubleshooting and sharing knowledge with other ICT experts.

99% of all seminar attendants declared achievement of their objectives. Such a high goal achievement was possible because of the participatory nature of seminars that gave participants the chance to discuss in groups and in plenary; provision of handouts; enhanced ability to exchange

experiences; formulation of the network with clear vision, mission, structure and action plans. Complementary to these achievements is the ability to come up with solutions for health problems using ICT in such area as e-learning and telemedicine. Many participants were surprised with joy in discovering at the end of the seminar that they knew something new. They cite Afya Mtandao, ICT, HMIS, E-Learning, Telemedicine and websites like www.afyamtandao.org. The one, who didn't meet her personal goal, said she needed at least two weeks in order to have more exercises and practice.

Suggestions for improvement

Suggestions from the users for enhancing the benefits of the project and trainings include; conducting more seminars or workshops on other aspects of computer uses since the computer systems is continuously improving, providing more computers to guarantee the improvement of the services, issuing certificates to workshop or seminar participants, supporting the provision of batteries in the institutions to augment power cuts and disseminating the project and its benefits to other parts of the country.

To improve courses and seminars the length of training should be extended, theory and practice should be combined with a tilt to practice, good venues with facilities should be used. Simple language combined with Kiswahili should be used. Living allowances should be the same rate as that of the government and more transparent. People should have room to decide the use of per diems on their own.

With the right tools, people in developing countries can considerably improve their livelihoods and quality of life. Better access to information and communication technology (ICT) is particularly vital in enabling them to achieve their goals. This is why the International Institute for Communication and Development (IICD) creates practical and sustainable solutions that connect people and enable them to benefit from ICT. As an independent not-for-profit foundation, we put knowledge, innovation and finance to work with partners from the public, private and not-for profit sectors. Together, we can make a world of difference.

IICD is active in Africa, Latin-America and the Caribbean, where we create and enhance development opportunities in education, good governance, livelihoods, health and the environment. Our approach includes linking local, national and international organisations as well as formulating and implementing ICT-supported development policies and projects.

IICD was established by the Netherlands Ministry of Foreign Affairs in 1996. Our core funders include the Dutch Directorate-General for Development Cooperation (DGIS) and the Swiss Agency for Development and Cooperation (SDC). For more information, please visit www.iicd.org.