

## Summary of Evaluation Result

<b>1. Outline of the Project</b>		
Country: The Dominican Republic		Project title: Samana Province Healthcare Service Improvement Project
Issue/Sector: Healthcare		Cooperation scheme: Technical cooperation project
Division in charge: Health Systems Division Health Systems and Reproductive Health Group Human Development Dept.		Total cost (at the time of evaluation): 380,000 thousand yen
Period of Cooperation	(R/D): 06/10/04 – 06/10/09	Partner Country's Implementing Organization: Secretariat of State for Public Health and Social Welfare (SESPAS), Samana Provincial Health Office
		Supporting Organization in Japan:
Related Cooperation Project:		
<p><b>1-1 Background of the Project</b></p> <p>In the Dominican Republic (hereinafter called Dominican Rep.), under the principle of “giving all citizens equal access to healthcare services”, the Ministry of Public Health and Social Welfare (SESPAS) has been playing a central role in carrying out reforms to improve healthcare services especially for low-income citizens and those in less developed regions as well as providing free medical care through national medical institutions. In 2001, General Health Law and Social Security System Law were promulgated as the basis of such reforms. These laws, enacted through the cooperation of World Bank and Inter-American Development Bank (IDB), stipulate that new social security and insurance systems shall be established in 10 years in order to enhance basic social security and healthcare services in the country. The characteristics of the new insurance system are changes in roles of SESPAS (to concentrate on policy planning and supervision), expanded functions of the Provincial Health Offices (to bear a responsibility for the provision of healthcare services) and a secured revenue source for healthcare through the introduction of the national health insurance system. It is also characterized by making efforts to improve primary healthcare services, giving priority to promotion of health and prevention of diseases of the citizens under the scheme of decentralization.</p> <p>However, as a result of long-time centralization, Provincial Health Offices (DPSs) and other local agencies lack the ability of organizational operation. As regional healthcare organizations are not well-established, reflecting the past trend of giving priority to treatment, healthcare workers need to change their mentality and improve their knowledge and skills for the achievement of the new healthcare system. Moreover, it is especially imperative to reinforce regional organizations and personnel. Against this background, SESPAS has made a request to Japan for technical support to improve primary healthcare services in Samana Province, where Japan Overseas Cooperation Volunteers (JOCV), including nurses, have been continuously dispatched.</p>		

## 1-2 Project Overview

### (1) Overall Goal

To provide high-quality preventive care services to the users by the regional healthcare units (UNAPs) through primary healthcare reinforcement activities.

### (2) Project Purpose

To establish a practical model for regional healthcare <sup>Note</sup> that provides high-quality healthcare services to the residents (especially pregnant women, nursing mothers and infants) through UNAPs in Samana Province.

Note: “Practical model for regional healthcare” means a regional healthcare model established by the Ministry of Health, Labour and Welfare which have been actually implemented in a project (FAPRISAS) with various ingenious ideas and of which feasibility has been verified.

### (3) Outputs

- 1) Functions that are focused on reproductive health (preventive healthcare and health promotion) will be improved.
- 2) The Provincial Health Offices become able to provide supervision and instructions required for proper functioning of UNAPs.

### (4) Inputs (at the time of evaluation)

#### Japanese side:

Long-term Experts	Total 6
Equipment	1,208 thousand yen
Trainees received	Total 17
Local cost	14,126 thousand yen

#### Dominican Rep.'s side:

Counterparts	Total 25
Equipment	local currency 1,772 thousand RD\$
Land and Facilities	Project office (in SESPAS and Samana Provincial DPS)
Local Cost	local currency 9,099 thousand RD\$

## 2. Evaluation Team

Leader:	Kyo Hanada, Project Formulation Advisor, JICA Regional Support Office for Central America and the Caribbean
Evaluation planning:	Miku Okada, Health Systems Division, Health Systems and Reproductive Health Group, Human Development Department, JICA
Evaluation analysis:	Yoichi Inoue, Senior Consultant, Consulting Division, Japan Development Service, Co. Ltd
Spanish interpretation:	Mari Shimazaki

Period of Evaluation: 10/5/2009 – 23/5/2009

Type of Evaluation: Terminal

### 3. Results of Evaluation

#### 3-1. Project Performance

##### (1) Performance of Project Purpose

**Project Purpose: To establish a practical model for regional healthcare that provides high-quality healthcare services to the residents (especially pregnant women, nursing mothers and infants) through UNAPs in Samana Province.**

Indicator	Performance
1. A practical model for regional healthcare services <sup>Note</sup> established through project activities has been approved by the Ministry of Health, Labor and Welfare by the end of the project.	SESPAS highly appreciates the project outcome and has officially announced that this is a good example of practice.
2. The rate of unnecessary visits to hospital <sup>1</sup> decreases from 28% to 14% by the end of the project.	2003: 28% 2007: 21.2% 2009: 10%

This project has dramatically improved the primary healthcare services in the region through various efforts such as introduction of a reproductive health training system for assistant nurses, introduction of reproductive health handbooks, introduction of an appointment books and cards system for checkups, strengthening of cooperation between UNAPs and hospitals, diagnoses of regions through family registration, reinforcement of regional healthcare activities through organization of residents (health committees), introduction of a system for DPS to supervise UNAP, and PR activities through newsletters etc.

##### (2) Performance of Outputs

**Output 1: Functions focused on reproductive health (preventive healthcare and health promotion) that involve resident participation is improved.**

Indicator	Performance
1. At least 80% of UNAPs is functioning <sup>2</sup> by the end of the project.	Dec 2006: 6%      2008 average: 81% 2007 average: 6.9%      2009 Feb: 81%
2. 80% of the UNAPs that have become functioning maintains the functions <sup>3</sup> at the end of the project	2007: 1 UNAP 2008: 8 UNAPs

The indicators for Output 1 are expected to be accomplished by the end of the project.

More than 70% of the DPS functions to supervise UNAP are maintained. DPS's supervision of UNAP, in which the effect of monitoring seems to be seen, has been established as a routine activity of DPS and has significantly contributed to the improvement and maintenance of UNAP functions. Moreover, the cooperation between UNAPs and Health Committees has been gradually improving since 2007, when regional diagnosis training of a resident participation type was carried out. In some areas where the local Health Committees are actively functioning, the committees are playing a major role in the reinforcement of UNAP activities, providing supports by participating in planning, implementation and monitoring of regional activities in cooperation with doctors and assistant nurses of UNAPs and involving UNAPs in their independent activities.

**Output 2: The Provincial Health Offices become able to provide supervision and instructions required for proper functioning of UNAPs.**

Indicator	Performance
1. The executing rate of DPS supervision items will be 80% or above by the end of the project.	2007: 100% 2008: 100% 2009: 100% (at the time of terminal evaluation)
2. The number of pending issues that have been found through supervision and not been solved at the end of the project decreases to 5 or less.	2007: 4.8 2008: 4.1
3. The evaluation score of UNAP's supervision of DPS personnel will be 70 or above at the end of the project.	Evaluation underway

The indicators for Output 2 are also expected to be mostly accomplished by the end of the project.

Whether or not Japanese experts are present, DPS personnel are now able to conduct monthly supervision proactively as their routine activity. They are also able to provide precise explanation to UNAP personnel as to why they conduct such supervision and to carry out their duties with a sense of responsibility. It is probably because the DPS directors are now required to enhance their supervisory capability and they have become more conscious after the major role of DPS became supervision through the reforms of the health sectors.

It takes long to solve issues that UNAP identifies through the monitoring of DPS, as most of such issues are in the scope of the responsibilities of regional Health Offices (SRSs). Thanks to the support of the project, cooperation with SRS-GA and SRS has been improving little by little, and SRS understands the necessity of cooperation with DPS.

### **3-2 Summary of Evaluation Results (5 items)**

#### **(1) Relevance: Relevance is high.**

- The Dominican Rep. tried to stabilize a revenue source for healthcare and enhance quality and efficiency of healthcare services in order to improve the existing weak healthcare services and, as a concrete measure, established “Primary Healthcare Service Reinforcement Strategy” in February 2002, which defines the policy for primary healthcare service reinforcement. However, in most areas, the quality of the services did not reach the level that SESPAS deemed ideal. In this situation, our project is considered as a case example of provision of primary healthcare service in line with the above-mentioned strategy, and the project purpose is fully consistent with the country’s health policy.
- The maternal and infant mortality rates in the Dominican Rep. are still high. Especially in the third health area and other areas where healthcare service is not easily accessible, the project purpose still matches the needs of the target groups because there has not been any significant improvements in such areas even after the initiation of “Primary Healthcare Service Reinforcement Strategy”. In addition, in Samana Province, where more than 60% of the population is in rural areas, there is a pressing need to improve the primary healthcare services provided by UNAP.

#### **(2) Effectiveness: Effectiveness is found to be relatively high.**

- Project purpose and indicators are both expected to be mostly achieved by the end of the project. Although there are many issues remaining that are not seen in the goal indicators, the performance of the indicators substantially exceeds the target values for the indicators. Activities of this project have helped to significantly improve the primary healthcare service provided by UNAP with a focus on reproductive health in Samana Province, where the project is taking place. Especially, supervision of UNAP has been established as a routine activity of DPS and is significantly contributing to the improvement and maintenance of UNAP functions. Moreover, regional healthcare activities led by the Health Committees are also becoming active and a multidimensional approach has been realized.
- With some roles transferred from DPS as part of the social insurance reform, SRS is now responsible for providing healthcare services including the primary level services. While DPS is now holding supervisory responsibility for the implementation of healthcare programs including preventive service programs, SRS is in charge of the allocation and maintenance of human resources and equipments required for the implementation of such programs. Although DPS is taking care of the intangible aspect of healthcare services, the services are not smoothly implemented, because SRS, weak both in human resources and supervisory abilities, fails to take good care of the tangible aspect.
- JOCV teams (of nurses, midwives, public health nurses, Rural Community Development Officers and film production), dispatched to Samana Province and ESPAS since 2003, have also raised the project’s effectiveness by carrying out their own activities and effectively cooperating with the project.

**(3) Efficiency: Efficiency is found to be relatively high.**

- As most project activities have been carried out as planned, results have also been achieved. The overall appropriateness of the number, area of expertise and time of dispatch of experts for technical transfer has been proved by the fact that most outcomes have been achieved.
- Provision of equipments was properly conducted. The minimum equipments necessary for the provision of reproductive health services were provided in the initial stage of the project activities. Since then the management of equipments has been conducted under the responsibility of SRS, but the distribution and repair of equipments and consumable goods are often delayed.
- Ex-participants in training in Japan and third countries are contributing to the establishment of the project execution system, developing expertise, improvement of the regional healthcare activities and promotion of the project activities.
- The Dominican Rep. had never failed to pay the local cost since the project initiation until July 2008, when the payment stopped. The payment has been stopped since then and it is affecting the implementation of the project activities. The Dominican government explains it is due to the reform of the national accounting system.
- JOCV continuously dispatched personnel to Samana Province and the long-term experts of this project also carried out independent activities before the project was initiated. Such experiences accumulated before the project initiation have significantly enhanced the project efficiency.

**(4) Impact: A certain level of impact is expected.**

- Exclusively targeted at pregnant women, nursing mothers and infants, this project has been working on the reinforcement of the abilities of UNAP with a focus on the preventive services. A certain level of positive impact on the overall goal of primary healthcare reinforcement is expected to be achieved through DPS's supervision of UNAPs and other activities. The experience of this project can be utilized in other provinces as a case example where primary healthcare services are provided in line with the country's policy. A certain level of impact can be expected if the Dominican government makes a strong commitment. On the other hand, considering the facts that counter-referral is not successfully carried out due to the dysfunction of referral hospitals and lack of doctors' cooperation, as found out in this project, and that doctors' skill level is to be further enhanced, functions of higher-level hospitals and medical education need to be improved in order to produce enough impact to accomplish the indicators for the overall goal of the maternal and child mortality rate reduction.
- SESPAS has created supervision guidelines based on those used in Samana Province and distributed them to the DPSs throughout the country. The ministry also organized a supervision study tour in Samana Province with the participation of the DPSs in the country.
- As a result of activity support and approach (issue analysis workshop) to the health committees, actions have been initiated for environmental and health problems such as disposal of garbage, disposal of medical waste and installation of lavatories.

- Although Health Committees have largely expanded their activities since the project's intervention, the level of activities varies depending on the committee. In order to address this issue, the National Council of Health Committees, consisting of the responsible officials of all Health Committees, was established in February 2008 almost at their own initiative. The major purpose of the council is to encourage inactive Health Committees through visits. With the support of Japanese experts, JOCV and DPS, the council has been carrying out activities and playing a major role in activating Health Committees and reviving totally inactive ones.
- As a result of encouragements given to SESPAS and SRS through project activities, UNAP personnel have increased. However, the working hours of each doctor has decreased as they often work on shifts.

**(5) Sustainability: In the present circumstances, it is difficult to achieve sustainable development without SESPAS policy reinforcement.**

- Thanks to the efforts of the project staff and counterparts, project goals have been mostly achieved. However, concrete supporting actions of SEPAS, the national health insurance (SENASA) and other bodies are still required to expand the object areas and eventually to enhance the primary healthcare services throughout the country. The Dominican government recognizes this project as a successful case of primary healthcare services in the country and has made statements that the project achievements are highly appreciated. Although SEPAS shows willingness to maintain and utilize the experience acquired in this project (especially for the third health areas), there is no concrete plan to expand such experience to other provinces.
- In order to expand the scope of activities while continuing the existing activities, a certain amount of budget has to be secured. However, as stated earlier, the budget implementation has been delayed. As there are some concerns remaining about securing a continuous revenue source in the future, sustainable development cannot be ensured without strong commitment of SESPAS.
- In order to maintain and expand the project achievements, it is imperative to transfer to SRS the knowledge and knowhow DPS acquired through the project, to strengthen the cooperation between the two organizations and also to improve the function of SRS itself. Concrete actions such as stronger commitment and policy support of the higher-level organizations are required.
- Whether or not experts are present, DPS personnel are now able to conduct the supervision activity by consulting guidelines. However, preparation, result input into data base, analysis and editing are still conducted by the project coordinator as the DPS personnel do not have enough capabilities. This is still an issue to be solved in the future. Training on preparation for supervision, data management, analysis and editing has started so that DPS personnel can conduct all the processes starting after March 2009.
- Currently, the course of action after the closure of the project is being discussed with the government. An operations manual for primary healthcare services is also being created to show the concrete and comprehensive guidelines for the activities of DPS and SRS.

### **3-3 Conclusion**

This project has helped to improve UNAP functions mainly for reproductive healthcare. As the supervisory ability of DPS has improved, the primary healthcare service in Samana Province has also been enhanced significantly. In order to maintain the project achievements in the future, continuous support from all the bodies involved in the project is imperative. This project, as a case example of “Primary Healthcare Service Reinforcement Strategy”, defined in the SEPAS policy, has experience of working on the improvement of regional healthcare and producing proper results in spite of various issues. It can be a good reference case when similar activities are carried out in other provinces in the future.

### **3-4 Recommendations**

In order to maintain the project achievements in the future, continuous support from all the bodies involved in the project is imperative. More specifically, the following actions should be taken.

- Support from SESPAS in the aspects of policies and finances

SESPAS highly appreciates the project as a good case example of regional healthcare services. The project plans to create a manual for the implementation of primary healthcare services by the end of the project. It is hoped that SESPAS will approve this manual.

However, to expend the project achievements to the provinces outside Samana, strong initiative of SEPAS for financial matters is necessary. More specifically, budget allocation for continuous activities of UNAP and Health Committees, cultivation of human resources, commodity procurement, etc. are required.

- Enhancement of DPS functions and cooperation with SRS

In order to maintain and enhance functions of UNAP, which is in charge of primary healthcare services in the region, both DPS and SRS have to function well. Maintenance and enhancement of DPS functions and closer cooperation with SRS need to be further pursued in the future. The group health department (Subsecretaría de Salud Colectiva) of SESPAS needs to prepare a plan and carry out monitoring of knowledge transfer from DPS to SRS of the knowledge that DPS learned during the project period, with the support of the capability improvement department of SRS.

- Maintenance and enhancement of UNAP functions

Maintenance and enhancement of UNAP functions require more advanced actions than those achieved in the project, such as activities of UNAP and Health Committees, proper placement of UNAP personnel, maintenance of UNAP functions (data management, family registration etc.) and continuous training of assistant nurses.

### **3-5 Lessons Learned**

The following lessons have been learned through the implementation of the project.

- A progress management system that enables timely project activity review and other discussions helps us to flexibly respond to such issues as change of the counterpart organization.



- In case it is expected that personnel change of counterparts etc. will affect activities, we should try to prepare written manuals, guidelines, forms and other documents to secure sustainable development.
- In order to encourage the activities of local residents, entry points should not be limited and autonomy of the residents should be emphasized.
- Too much dependence on an efficient counterpart can result in insufficient technical transfer to other counterparts.