

Simplified Ex-Post Evaluation for Technical Cooperation Project

Evaluator, Affiliation	Junko Miura Global Link Management Inc.	Duration of Evaluation Study
Project Name	The Project for the Development of Human Resources in Health (Projet d' Appui au Développement des Ressources Humaines dans le domaine de la Santé, "PADRHS")	March 2010—December 2010

I Project Outline

Country Name	Republic of Senegal		
Project Period	November 2001-October 2006		
Executing Agency	Human Resources Department (Direction des Ressources Humaines, "DRH"), Ministry of Health and Prevention, National School of Health and Social Development (Ecole Nationale de Développement Sanitaire et Social, "ENDSS"), Primary Health Care Division of Health Department (Division de Soins de Santé Primaires, Direction de la Santé, "DSSP"), Ministry of Health and Prevention		
Cooperation Agency in Japan	International Medical Center of Japan (IMCJ) and others		
Total Cost	Approximately 623 million Japanese yen		
Related Projects (if any)	<ol style="list-style-type: none"> 1) Grant Aid Project for the Improvement of ENDSS in 2002 and follow-up cooperation in 2010. In-school technique practice was performed in this Project by using the facilities and equipment provided by the above grant aid project. 2) Dispatch of two Technical Advisors to the Cabinet of the Ministry of Health and Prevention, from 2003 to 2005 and from 2005 to 2007. They assisted the project formulation, follow-up for on-going and completed projects including this Project. 3) Technical Cooperation by Spain, "Assistance for Decentralization in Training System for Nursing Staff" was implemented by DRH in Kaolach, Saint Louis, Tambacounda (same target regions of this Project) from November 2006 to May 2008. The national guide for the Chief of Health Posts (Infirmier Chef de Poste, "ICP") were updated and re-printed. 		
Overall Goal	To contribute to the growth of human resources capable of working in the primary healthcare system in Senegal		
Project Objective(s)	Training system of health workers who work in primary healthcare is strengthened.		
Output[s]	<ol style="list-style-type: none"> 1) The capacity of healthcare personnel training schools to foster human resources, particularly the capacity to foster human resources working in the primary healthcare system is reinforced. 2) The process for establishing the in-service education system targeted for nursing staff in the primary healthcare system is improved. 3) An appropriate training system for Community Health Workers (Agent de Santé Communautaire, ASC¹) is established in the test health zone (District Sanitaire, "DS"), Gossas. 		
Inputs (Japanese Side) Note: At the time of the Final Evaluation		Inputs (Senegal Side)	
Experts	10 for Long term (234M/M), 17 for Short term (252M/M)	Staff allocated	39
Equipments	41 million yen	Equipments	None
Local Cost	85 million yen	Local Cost	Expenses for Project Office and per diem for seminars at ENDSS
Trainees Received	34 persons	Land etc provided	Project Offices in ENDSS and Ministry of Health and Prevention
Others	Equipment carried by experts: 8 million yen	Others	None

II Result of the Evaluation

Summary of the evaluation
<p>• This project has been highly relevant with the country's development plan, development needs, as well as Japan's ODA policy, therefore its relevance is high. Although the achievement of the indicators for the Overall Goal has not been confirmed, this project has largely achieved its objectives, therefore its effectiveness is high. In spite of the delay in dispatching the experts and the limited inputs by the counterparts, the Outputs and the Project Purpose have been largely achieved within the planned project period and cost, therefore efficiency of the project is high. The number of registered nurses and midwives are increasing every year, and the contents of the national guide for ICP were updated through the assistance by Spain. Operation and maintenance system of the equipment and financial situation of the counterparts are also improving, therefore, sustainability the project effects is high. In light of the above, this project is evaluated to be highly satisfactory.</p> <p><Recommendations to Ministry of Health and Prevention></p> <ul style="list-style-type: none"> • To ensure issuing the in-service training annual report every year. <p><Constraints of this evaluation study></p> <ul style="list-style-type: none"> • This evaluation is a simplified version without a field visit, and the evaluation was performed based solely on a review of

¹ Local volunteer without certificates.

materials and data obtained from questionnaires given to the implementing agencies. Accordingly, when using the data for indicators provided in the responses to the questions and in JICA's documents, the raw data on which these indicators were based was not confirmed.

- Due to the lack of a field survey, there was no opportunity to hold discussions with the executing agency regarding the recommendations.
- Specifically, there were three constraints on the data collection:
 - 1) It was not possible to obtain numerical data and case studies for indicator (1) for Output 1 (reduction in time spent on financial management) when the final evaluation and the ex-post evaluation were carried out, so this indicator was deemed to have been achieved on the basis of the results of interviews in the final evaluation.
 - 2) There was no baseline for the indicator for the Overall Goal (increase rate of the number of personnel working in the primary healthcare system in Senegal), and data could be obtained neither at project completion nor in the ex-post evaluation, so it was not possible to determine the extent to which the Overall Goal had been achieved.
 - 3) The final evaluation pointed to the use of the nursing education materials and matron training manuals developed in the project by other organizations (private schools, NGOs) as the impact the project had had. However, since the names of these organizations were not given, it was not possible to confirm this with the organizations when the ex-post evaluation was carried out. The questionnaires given to C/P also failed to acknowledge their utilization.
- The shortcomings of the PDM² structure are 1) Important Assumptions, 2) Indicators for Outputs and 3) Activities.
 - 1) Important Assumptions: "The required number of healthcare workers is hired" and "The hired healthcare workers are appointed in accordance with the national development plan" were indicated as Important Assumptions that were essential for the achievement of the Super Goal. However, they were Important Assumptions that must be satisfied to achieve the Overall Goal. Moreover, "the attrition rate of healthcare workers in the primary healthcare system would not increase" should be added to the Important Assumptions that must be satisfied to achieve the Overall Goal. For the achievement of the Project Purpose, "The working conditions of healthcare workers will improve" should be replaced by "the working conditions of healthcare workers will not worsen". Moreover, "all private schools preparing to open will meet the standards for establishment set by the Ministry of Education" must be added to the Important Assumptions needed to achieve the Outputs.
 - 2) Indicators for Outputs: A more appropriate indicator for indicator (5) for Output 1 ("All private schools will be run in accordance with the DRH standards for the establishment of private schools") would have been "The project will draft the standards for the establishment of private schools and all private schools will be established based on the standards approved by the Ministry of Education (MoE). It is because a) only the MoE can set standards for the establishment of private schools and b) this project cannot control the administration of all private schools.
 - 3) Activities: 1-C-3 "Set standards for the establishment of private nurse and midwife training schools" will should be replaced by "Draft the standards" and "Conduct audit based on these standards" for the reason given in a) above. Moreover, the training manual for Community Health Workers (Agent de Santé Communautaire, "ASC") includes material on matron³ training, and matron training is also provided, so the activities for matrons should be added to the PDM as Activities.

1 Relevance

(1) Relevance with the Development Plan of Senegal

At the time of project planning, the National Plan for Healthcare Development (Plan National de Développement Sanitaire, "PNDS," 1998-2007) raised the following issues as priorities related to human resources: 1) implementing the National Human Resources Training Plan (Plan National de Formation, "PNF"); 2) increasing the number of students and improving the quality of its teachers at ENDSS; and 3) increasing the quality of health and medical personnel. At the time of project completion, PNDS Phase II (2004-2008) continued to make securing healthcare workers and improving their quality its main priority, and also included the reinforcement of ENDSS's capacity to accept students. Accordingly, training healthcare workers was consistent with Senegal's healthcare policy from the plan's inception to its completion.

(2) Relevance with the Development Needs of Senegal

At the time of project planning, Senegal had seven doctors and 35 nurses per 100,000 people, which was lower than the average for developing countries overall (78 doctors and 98 nurses). At the time of project completion, the number of doctors and nurses per 100,000 people had declined compared to the numbers before the plan at 1.14 and 10, respectively. This indicates that the need for healthcare worker training has heightened. Moreover, DRH's Human Resource Management Strategy (2006) to Achieve the Millennium Development Goals (MDGs) states that in order to achieve the MDGs related to the health sector by 2015, Senegal needs 987 more nurses at hospitals and health centers, 1,824 more at health posts and midwife clinics and needs 206 more midwives at hospitals and health centers and 462 more at health posts and midwife clinics. The need to assign human resources remains high in order to improve residents' access to healthcare services.

(3) Relevance with Japan's ODA Policy

Support for healthcare worker training was consistent with the Japanese government's priority assistance areas for Senegal as agreed in the 1998 policy consultation as well as the basic human need areas (including water supply, education, and healthcare and medical services; the development of human resources was added in 2005) listed in JICA's Project Implementation Plan for Senegal in 2005. Accordingly, support for healthcare worker training can be deemed consistent with Japan's aid policies from the project planning to its completion.

²This evaluation study was performed based on PDM3 which was used at the final evaluation.

³Different from traditional midwives, matrons have received training from registered medical personnel with certificates for a certain period. They perform not only in communities but also in health facilities. Although they do not hold certificates, when they work in health facilities, they receive salaries.

This project has been highly relevant with the Senegal's development plan, development needs, as well as Japan's ODA policy, therefore its relevance is high.

2 Effectiveness / Impact

(1) Achievement of Project Outputs and Project Objective(s)

【Achievement of the Outputs】

Indicator (1) (the annual report on in-service education issued by Ministry of Health and Prevention will be available for use every year) of Output 2 (Improvements to in-service education system) was not achieved in fiscal 2005 (the final fiscal year of the project). All the indicators for Outputs except the above were almost achieved.

【Achievement of the Project Purpose】

Indicator (1) for the Project Purpose was partially achieved. Although the number of registered midwives increased by 274%, compared to a target of 50% increase from 2004 to 2006, the number of registered nurses only increased by 34%, compared to a target of 50% increase. Indicator 2 (usage rates of ICP guide by those in charge of health education in the three model regions: target of 80%) and Indicator (3) (percentage of health cabins in the test area functioning under ASC working in accordance with the standard module: Target of 80%) have been achieved. Therefore, the Project Purpose has generally been achieved.

【Contribution of the Outputs to the Project Purpose】

It is judged that Outputs 1-3 (reinforcement of the initial education system, improvements to the in-service education system, and establishment of an ASC system) all contributed to the strengthening of the healthcare worker training system. It is also considered that all the Outputs were adequate for the achievement of Project Purpose. All the Important Assumptions seem to have been fulfilled.

Another contributing factor for the project's achievement which relates to the plan content was the ability to provide a higher quality of in-school technique practice and practical training in the field with the use of facilities and equipment provided in the grant-aid project for ENDSS. Other contributing factor for the project's achievement related to the implementation process was that the following factors all strengthened the healthcare worker education system: 1) an increase in the number of regular entrants to the nurse and midwife programs at ENDSS; 2) the start of assistant nurse training and in-service education at three regions at the Regional Health Training Center (Centre Regional de Formation en Sante, "CRFS") through cooperation from the World Bank; and 3) an increase in the number of nurse and midwife training private schools (from three in 2000 to 16 in 2006). Contributing factors related to the process also include that project activities were facilitated by the newly-built DRH and the dispatch of technical advisors to the Cabinet of the Ministry of Health and Prevention.

At the same time, there were several problems and factors causing problems: 1) because the PDM, including indicators, had not been adequately reviewed in the planning stage, once the project started time had to be spent resolving problems over interpretations of the PDM with a broad range of those involved, breaking down issues in detail, and revising the PDM and 2) the reorganization of the Ministry of Health's Department of Education, Research and Study (Direction des Etudes de la Recherche et de la Formation, "DERF") as DRH resulted in the loss of a project manager, which affected activities.

(2) Achievement of Overall Goal, Intended and Unintended Impacts

Data on the indicators for the Overall Goal (increase rate of the number of personnel working in the primary healthcare system in Senegal) could not be obtained, thus the extent to which it has been achieved is not clear. Other positive indirect effects that we were able to confirm were that the project encouraged the establishment of DRH, which had been recommended by the World Bank and others, at the time of the final evaluation, and that the development of relationships with private nursing and midwife training schools was encouraged through the invitation of private schools to ENDSS seminars.

Although the achievement the Overall Goal has not been confirmed, this project has largely achieved its objectives, therefore its effectiveness is high.

3 Efficiency

(1) Inputs

For the Japanese side, although there were minor changes in the timing and number of Japanese experts dispatched, the inputs were generally in line with plans. Inputs that failed to contribute to the Output have not been reported. There were two changes in the initial plan regarding the dispatch of experts: 1) since Senegal is a French-speaking country, it was difficult to find long-term experts and the dispatch was delayed and 2) there were few visitors to the maternal and child health clinic so the clinic was not able to provide enough practical training for students, and as a result the planned dispatch of a short-term expert to instruct midwives was cancelled. The former issue is a problem shared by other projects in French-speaking Africa and was unavoidable, and the latter change was considered appropriate. Meanwhile, it was pointed out by Counterparts (C/P) that the specialty of some short-term experts did not completely fit the required terms of reference and that a one-month dispatch was too short considering their inadequate skills in French language.

For the Senegalese side, the following three problems can be noted, and thus the inputs by the Senegalese side were generally limited. 1) Since the transition for DRH's reorganization took time, there was a period when there was no project manager; 2) there was only one actual C/P at DSSP; and 3) the ENDSS teachers were so busy that they had little time to participate in activities together. However, the Outputs were generally achieved, as shown by the effectiveness criteria, and the trainees who participated in the training in Japan helped to advance the project activities after their return home, so we cannot conclude that the input on the C/P side was inadequate. Meanwhile, since the test health zone for Output 3 was outside of the three targeted regions in Output 2, it could have been more effective if the test health zone for Output 3 had been in one of the target regions for Output 2.

It is concluded that the Activities implemented were sufficient to generate all of the Outputs. Output 1 was intended 1) to improve

ENDSS's school administration and management capacity by improving the financial management and equipment management systems, 2) to enhance the initial educational material at ENDSS by providing support for practice in the field, holding seminars to improve teacher capacity in the nursing and midwifery subjects, and adopting guidance for the ICP guide and the ASC training manuals into an initial education curriculum for nurses and midwives, and 3) to improve the functions of initial education through support for the formulation of standards for the establishment of private nurse and midwife training schools.

In Output 2, the procedures for establishing an in-service education system has been improved with the formulation of the national ICP guide, TOT implementation for those in charge of healthcare education in the three target regions by using this guide, and the preparation and distribution of annual reports on in-service education.

In Output 3, an ASC training system was established in the test health zone with the formulation of a training module for ASC and the education of trainers and ASC.

(2) Period of Cooperation

Both the planned and actual project period was 60 months. Thus, the period of cooperation is as planned.

(3) Project Cost

The planned cost was approximately 750 million JPY whereas the actual cost was 623 million JPY. Therefore, the project cost was almost as planned.

In spite of the delay in dispatching the experts and the limited inputs by the counterparts, the Outputs and the Project Purpose have been largely achieved within the planned project period and cost, therefore efficiency of the project is high.

4 Sustainability

(1) Related Policy towards the Project

Even after the completion of this project, the training of healthcare workers is viewed as a priority in the Senegalese government's policy. The sustainable reinforcement of the healthcare system is one of the four key areas in PNDSIII (2009-2018), which clearly states the importance of securing and raising the quality of human resources. At the same time, the training of ACS (Output 3) was being carried out by local governments, not the Ministry of Health and Prevention, as of the ex-post evaluation.

(2) Institutional and Operational Aspects of the Executing Agency

Enough personnel have been appointed to DRH and ENDSS, but DSSP did not provide a response so its situation is not known. DRH increased the teachers at CRFS after this project was completed in order to decentralize initial education, and teachers were increased in all of this project's three target regions. Moreover, DRH is setting up regional human resource departments in the regional medical departments to strengthen human resource management at the regional level, and these departments have already been set up in one of the three target regions, as well as other regions.

(3) Technical Aspects of the Executive Agency

As stated below in (5), the evaluation of the practical field training achievements showed impressive results, even after the project was complete. Thus, it is considered that ENDSS's technical level (teachers' capacity, practical training content) is high and that the transferred technology is maintained. Regarding the operation and maintenance (O&M) of the equipment, an equipment manager was appointed for each department, and the resident manager is contacted by those equipment managers in the event of a malfunction. The resident manager makes rounds, and also manages contracts with six management companies. Therefore, it can be said that the O&M situation has been improved compared to the time of the project completion.

(4) Financial Aspects of the Executive Agency

ENDSS had a deficit in 2006 and 2007, but posted a profit in 2008 and 2009. At the time of final evaluation, there had been concerns about maintenance costs, including equipment in the multi-purpose practical training wing, but ENDSS made stable expenditures for the maintenance from 2008 to 2010. This is because ENDSS applies about 15% of its own revenue (tuition fees, medical treatment fees) to equipment maintenance fees. Revenue from tuition fees has increased as a result of the increase in students since 2008. In addition, the revenue from treatment fees has also increased now that practical training in dentistry is being offered within the facility.

(5) Continuity of Effectiveness and Impact

The status of the ACS passed on by the Ministry of Health and Prevention to local governments (Output 3) is not known, but the Outputs 1 and 2 are considered to be sustainable. As regards Output 1, even after this project's completion, all the students taking the practical field training achieve at least 80% of the training goals every year. As described in (3) above, the equipment is regularly maintained. As regards Output 2, the results of the annual report on in-service education are posted in the Health Management Information System, but it is not being published every year. In addition, the in-service education plan has been updated every year in two of three target areas even after the project's completion.

Among the Indicators (1) for the Project Purpose, although the number of registered nurses did not achieve the target by 2006, the number of registered nurses had reached 1,272, exceeding the target in 2008.

As for indicator (2) (usage rates of the national ICP guide), the guidance was updated after this project with the technical cooperation from Spain. Over 90% of the health education managers in the three target regions are using them. In conjunction, a guide for education managers and a guide for trainees were also formulated and used at private schools and seven CRFS. As recommended in the final evaluation, the nursing technique video, nursing technique sheets and nursing technology texts developed in this project are used in initial education and in-service education in ENDSS and CRFS.

No major problems have been observed in the policy background, technical, financial aspects of the executing agency, and the effects by the project is continuously maintained, therefore sustainability the project effects is high.