

Summary of the Terminal Evaluation

1. Outline of the Project									
Country: Republic of South Sudan	Project Title: The Project on Human Resource for Health in South Sudan.								
Issue/Sector : Health	Cooperation Scheme : Technical Cooperation								
Division in Charge: Health Division 1, Human Development Department	Total Cost: Approx. 480 million yen								
Period of Cooperation: November 2008-November 2011 (R/D) December 15, 2008	Partner Country's Executing Organizations: Ministry of Health (MOH) , State Ministry of Health (SMOH) and training institutions								
Related Cooperation: -	Supporting Organization in Japan: TA Networking Corp.								
<p>1.1 Background</p> <p>The Government of the Republic of South Sudan (then The Government of Southern Sudan) requested the Government of Japan technical cooperation for the Project on Human Resources Development for Health (hereinafter referred to as “the Project”) in September 2007. Both authorities agreed that the Ministry of Health would implement the Project in cooperation with Japan International Cooperation Agency (JICA), the implementing agency of Japanese Technical Cooperation under Official Development Assistance (ODA), and signed on the Record of Discussions on 15 December 2008. Based on the agreement, the Project started from the end of March 2009.</p> <p>As the cooperation period agreed upon in the Record of Discussions (R/D) for the Project will come to an end on March 23, 2012, the terminal evaluation was conducted from November 12 to December 9, 2011.</p> <p>1.2 Project Overview</p> <p>(1) Overall Goal:</p> <p>Health service delivery in South Sudan is improved by human resource development for health.</p> <p>(2) Project Purpose:</p> <p>Quality and effective HRD for Health is strengthened by the organizational capacity development of MOH and State MOHs</p> <p>(3) Outputs:</p> <ol style="list-style-type: none"> 1) The organizational capacities of MOH and State MOHs are strengthened to perform effective implementation of Human Resource Development Policy and Annual Plan. 2) Human Resource Information System (HRIS) is developed and operated in MOH by harmonized efforts of MOH, State MOHs, training institutions and essential partners. 3) Capacities of training management are strengthened by pilot implementation by MOH and State MOHs in a self-reliant manner. <p>(4) Inputs (As of the Terminal Evaluation) :</p> <p>Japanese side:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Experts:</td> <td style="width: 30%;">17person in total</td> <td style="width: 20%;">Equipment:</td> <td style="width: 20%;">JPY 14.7 mill.</td> </tr> <tr> <td>Training in Japan:</td> <td>-</td> <td>Local costs:</td> <td>JPY 156.3 mill</td> </tr> </table> <p>South Sudanese Side:</p>		Experts:	17person in total	Equipment:	JPY 14.7 mill.	Training in Japan:	-	Local costs:	JPY 156.3 mill
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Training in Japan:	-	Local costs:	JPY 156.3 mill						

Counterpart:	9 persons	
Land and facilities:	Space and utility cost of the Project office	
2. Evaluation Team		
Members of Evaluation Team (Japanese side)	[Leader] [Evaluation Planning] [Evaluation Analysis] [Health Sector Survey]	Mr. Ikuo Takizawa, Director, Health Division 1, Health Group 1 Human Development Department, JICA Mr. Yuki Matsuyama, Health Division 1, Health Group 1 Human Development Department, JICA Ms. Erika Fukushi, MOE Consulting Inc. Ms. Shigemi Tokeshi, Environmental and Occupational Health Institute
Evaluation Period	12nd November 2011 – 9th December 2011	Type of Evaluation : Terminal Evaluation
3. Results of Evaluation		
3.1 Achievement of the Outputs		
<p>The achievement of the outputs through the related activities is measured by the indicators of PDM Ver.2. The summary of the results is as follows.</p> <p>Output 1: The organizational capacity of MOH and State MOHs are strengthened to perform effective implementation of Human Resource Development Policy and Annual Plan.</p> <p>Achievement of Output 1 is relatively high. It covers broad areas to strengthen the organizational capacity. One of the major undertakings was a series of management trainings. Total of 10 management trainings were conducted by December 2011. Training topics such as Leadership and Communication, Supervision, AOP planning, Human Resource Information System (HRIS) and Training Cycle Management (TCM) were introduced during those trainings. According to the interviews with the HRD staff from State MOHs, the training topics were in line with their professional needs and contributed to the improvement of their managerial capacity.</p> <p>Output 2: Human Resource Information System (HRIS) is developed and operated in MOH by harmonized efforts of MOH, State MOHs, training institutions and essential partners.</p> <p>Achievement of Output 2 is not satisfactory. The human resource information system, which the Project was expected to take over from the other development partners, was not in expected condition. As a result, the Project had to develop the information system from the scratch which was not in the original design of the Project. It affected overall progress of the Project.</p> <p>Output 3: Capacities of training management are strengthened by pilot implementation by MOH and State MOHs in a self-reliant manner.</p> <p>Achievement of Output 3 is high at the central level and not satisfactory at the State MOHs level. Through the operation of three TOTs jointly conducted by MOH, JCONAM, the Project and other stakeholders, supervisors (trainers) from MOH and JCONAM became more confident in organizing and providing TOTs in nursing/midwifery. They learned how to improve the quality of trainings through repeated reviews after the trainings by applying the method of TCM. The impact would be greater in future if C/Ps could continue practicing TCM and disseminate this concept to other states. At SMOH level, TOTs were not conducted due to the budgetary restraints and less capacity of training management</p>		

of MOH.

3.2 Achievement of Project Purpose: Quality and effective HRD for Health is strengthened by the organizational capacity development of MOH and SMOHs.

The achievement of the overall project purpose as stated in the PDM is moderate. However, the Team recognized several outstanding achievements of the Project. While the Project introduced essential tools for the improvement of organizational capacity of MOH and SMOHs, it will take time and continued effort for those tools to be integrated and utilized in routine practice of their human resource management, for the purpose of strengthening quality and effective HRD for health. It should be noted that the Project was implemented when South Sudan was in transition to an independent country and had to deal with serious lack of resources and frequent changes in government organizations.

3.3 Evaluation by Five Criteria

Through the evaluation study, the Team assessed the project's relevance, effectiveness, efficiency, impact and sustainability.

(1) Relevance

The relevance of the Project is high. The Project Purpose and Overall Goal remain relevant to the current national policies and priorities in South Sudan. "Human Resources for Health (HRH)" is among the important issues in South Sudan Development Plan (SSDP 2011-2013) and also one of the six priority issues in Health Sector Development Plan (HSDP 2011-2015). Particularly, planning of Annual Operational Plan (AOP) is raised as the first step of the implementation of HSDP, which is consistent with the Project approach.

(2) Effectiveness

The effectiveness of the Project is moderate, though there are several outstanding achievements as described in 3-1 and 3-2 above. The Project was effective in providing essential tools for quality and effective HRD planning (output1), monitoring (output2) and implementation (output3) and introductory training was conducted to the core members of MOH and SMOHs. However it will still take time and continuous effort for those tools to be integrated and utilized in routine practice of their human resource management. Time may not have been sufficient for MOH and SMOHs to articulate the decisive organizational capacity under the environment of frequent restructuring of their organizations.

(3) Efficiency

Overall efficiency of the Project is high as the Team did not find any major inputs which did not contribute to the Outputs. However, the fact that South Sudan was undergoing a transition to an independent republic inevitably affected smooth implementation of the Project.

(4) Impact

The impact of the Project, particularly the long-term impact, is potentially high, even though it is difficult to foresee the impact in a country like South Sudan where political, socio-economic and human resource environment is rapidly changing.

(5) Sustainability

Policy environment

Political sustainability is high as Human Resources for Health is given high priority in the current health policy.

Organizational and financial aspect

There are some challenges in terms of organizational and financial sustainability. Frequent restructuring still ongoing at MOH and more significantly at SMOHs is a potential threat to the organizational sustainability, even though improved management practices may remedy the negative impact of organizational restructuring to some extent.

Technical aspect

Overall technical sustainability is relatively high. At central level, it was observed that C/Ps have acquired relatively high skills in AOP planning and training operation with TCM in self-reliant manner, even though there are variations in technical capability among SMOHs.

There is a major challenge in technical sustainability for HRIS. Currently, there is no technical resource in South Sudan who can provide services for system maintenance and future customization as need arises.

3.4 Factors promoting the realization of effects

(1) Planning

Focus on human resources information as public goods. Information on human resources for health is essential both for the government and for the development partners in effective planning. As the Project contributed to make such information available as public goods, it raised interest and commitment from the government and the development partners.

(2) Process

Establishing a good relationship with counterpart. The team kept good communication with counterpart and that contributed to promoting implementation of the Project.

Establishing functional donor coordination mechanisms. The Project supported MOH in coordinating activities of relevant development partners through regular working groups and other mechanisms (e.g, support for HRIS and JCONAM) and increased effectiveness of investment, which is often difficult particularly in reconstruction phase. Working group on human resources for health was widely recognized as one of the best performing such coordination mechanisms in health sector.

3.5 Factors inhibiting the realization of effects

(1) Planning

Planned duration was limited. In order to provide information on human resources for health as public goods, it was necessary to cover all 10 states and major professional categories. However, it required more time to fully strengthen organizational capacity of MOH and all 10 State MOHs due to constraints in infrastructure and travel restrictions on Japanese experts. Also, the Project needed to start from sorting professional categories as there existed variety of health cadres trained through humanitarian assistance and professional licensing was being gradually established. The process required more time than originally expected.

(2) Process

Lack of mutual understanding among stakeholders and frequent restructuring of MOH and SMOH. Due partly to multiplicity of development needs in reconstruction period, it took time to establish mutual understanding of the Project among stakeholders and to make coordination to conduct activities in the beginning of the Project, which resulted in the delay of implementation. Also, frequent restructuring of

MOH and SMOH in transitional period affected the implementation of activities.

4. Conclusion

The Project was successful in introducing essential management tools for HRD planning, monitoring and implementation, which can strengthen organizational capacity of MOH and SMOHs. Such organizational capacity will be a foundation for long-term and sustainable human resource development for health in South Sudan. The Project played a catalytic role in strengthening communication among development partners through HRD-TWG, which is critical for coordinated and collaborated partner investment in HRD. The Project demonstrated a successful model of joint work for the capacity development of HRH training institutions, working through JCONAM Partners Meeting. Based on such achievements, early signs of quality and effective HRD were already observed.

5. Recommendation and Lesson Learned

5.1 Recommendations

(1) Recommendation to the Project, before its completion

- a) Following materials should be finalized and disseminated.
 - AOP guidelines
 - Supervisory guidelines
 - HTIs supervisory check list
 - HRIS operational manual
 - TCM manual
 - Report on HRD in South Sudan
- b) Development of AOPs in SMOHs, using initial data from HRIS as a reference, should be promoted where it is yet to be formulated. Budgeting process should be monitored for MOH and SMOHs after development of AOPs.
- c) Problems regarding development of AOPs particularly at SMOH level and possible solutions should be identified.
- d) Problems regarding maintenance and continued use of HRIS (such as technical specification and future customization, regular and timely update, analytical use in AOP development and other purposes, etc.) and possible solutions should be identified.
- e) The result of the trial in WBG State should be analyzed and try out of HRIS to County level should be conducted in one additional State with different capacity.
- f) TCM utilization in training programs other than midwifery in-service training should be facilitated.
- g) Construction work of JCONAM and DTPD office should be completed as planned.

(2) Recommendations to South Sudan side

- a) Staff in charge of HRD-TWG should be appointed in DTPD, MOH as soon as possible, to allow for gradual capacity development of MOH in managing HRD-TWG.
- b) Efforts should be made to continue the application of management tools introduced by the Project, such as AOPs, HRIS, and TCM, in MOH and SMOHs even after the completion of the Project. Linkage with various programs and funding sources, such as Health Pooling Fund, should be elaborated to ensure continuity of activities at all levels.
- c) Efforts should be made as much as possible and as the environment allows to ensure organizational and personnel stability.

(3) Recommendations to Japanese side

- a) Extension of the Project by approximately three-month period should be considered to ensure completion of the activities recommended in (1) above.
- b) Further long-term support should be considered even after the completion of the Project for the improvement of HRH management and HRD for health, as it is critical building block for sustainable health systems development in South Sudan and better health of its people. It is in line with protection of human security and inclusive development which are the principles of JICA's operations.

5.2 Lessons Learned

- a) Strengthening of both intra- and inter- organizational capacity of MOH and SMOHs is essential in ensuring long-term and sustainable HRD for health in South Sudan. Coordination and collaboration between MOH and SMOHs even in a decentralized setting of South Sudan, is indispensable. While organizational capacity development of MOH and SMOHs can have a significant impact on the health systems, the Counties need to be brought into the picture in some areas such as HRIS.
- b) Better coordination and collaboration among the development partners and stakeholders are essential, particularly in the context of the present South Sudan where reliance on donor fund is inevitably high. By bringing together the strengths of different partners, impact of the investment can be maximized as observed in JCONAM.
- c) While the HRD for health requires long-term visions and commitment, frequent organizational restructuring and personnel turnover may undermine the effort. To remedy for the negative impact from the unstable government structure which may be inevitable for South Sudan for the near future, technical backup may need be sought and placed outside of its structure such as universities.