

評価調査結果要約表（英文）

1. Outline of the Project	
Country: Myanmar	Project Title: Project on Strengthening of Rehabilitation
Issue/Sector: Assistance for persons with disabilities	Cooperation scheme: Technical Cooperation Project
Office in Charge: Human Development Department, Higher Education and Social Security Group, Social Security Division	Total cost (at the time of evaluation): 310 million yen
Period (R/D): 31 st March 2008 23 rd July 2008 – 22 nd July 2013	Partner Country's Implementing Organization: Ministry of Health
	Supporting Organizations in Japan: National Rehabilitation Center for Persons with Disabilities, Japanese Physical Therapy Association and Japanese Association of Occupational Therapists
<p>1-1 Background of the Project</p> <p>In Myanmar, the number of persons with disabilities (PWD) is estimated to be 1.2 million which is equivalent to 2.3% of the national population (2010). The Myanmar Government has provided special education, social services like vocational training and employment for PWDs via efforts of the Ministry of Social Welfare, Relief and Resettlement (MSWRR). Also the Ministry of Health (MOH) has provided medical and health services of prevention and rehabilitation. However, the services being provided were insufficient in quantity and quality. There was an urgent need for increasing opportunities of basic medical rehabilitation services for persons with disabilities and upgrading techniques of the service providers. In such circumstances, the Myanmar Government requested technical cooperation to the Japanese Government. JICA and MOH have implemented the entitled Project since July 2008 mainly at the National Rehabilitation Hospital (NRH) which is the only national hospital specialized in rehabilitation.</p> <p>The Terminal Evaluation was conducted for the purpose of evaluating the achievement of the Project.</p> <p>1-2 Project Overview</p> <p>(1) Overall Goal</p> <p>Quality of rehabilitation services in Myanmar is improved <Indicator></p> <ol style="list-style-type: none"> 1. Satisfaction of patients to rehabilitation services at Mandalay General Hospital (MGH), (Nay Pyi Taw General Hospital) NGH, and Yangon General Hospital (YGH) is increased 2. Number of patients treated for the rehabilitation service at MGH, NGH, and YGH is increased <p>(2) Project Purpose</p> <p>The system for providing quality rehabilitation services in NRH is strengthened. <Indicators></p> <ol style="list-style-type: none"> 1. Satisfaction of patients to rehabilitation services at NRH exceeds 4 in five-grade evaluation. 2. Health and mental condition of discharged patients are improved. 	

3. Hospitalization period at NRH is shortened.

(3) Outputs

<Output 1>

Training systems of NRH for rehabilitation services are improved.

<Indicators for Output 1>

- 1.1 Training materials for the Training of Trainers (TOT) are developed based of the training needs.
- 1.2 Techniques and knowledge on rehabilitation service of participants of TOT are improved.
- 1.3 Physiotherapists trained in TOT are able to train other staff.
- 1.4 Capacity of NRH staff to plan and conduct training is strengthened.

<Output 2>

The systems to improve the quality of rehabilitation services in NRH are upgraded.

<Indicators for Output 2>

- 2.1 Monitoring and evaluation system for rehabilitation service is developed in NRH.
- 2.2 Monitoring and evaluation are regularly conducted and activities to improve services are planned and carried out based on the result.
- 2.3 Rehabilitation service in NRH is delivered by team approach among each specialty.
- 2.4 Recording of rehabilitation service is shared among all the departments of NRH.
- 2.5 Risk management system is developed and maintained in NRH.
- 2.6 Printed-materials or audio-visual materials are developed based on the needs.
- 2.7 Physical accessibility of NRH is improved.

<Output 3>

The collaboration between NRH and rehabilitation related institutions including institutions from the MSWRR is enhanced.

<Indicators for Output 3>

- 3.1 Number of patients being referred to NRH from other hospitals and NGOs is increased.
- 3.2 Number of the referral programs in the Medical Social Work (MSW) section is increased.
- 3.3 Number of patients being referred to other sectors from NRH is increased.

(4) Inputs

Japanese Side:

Expert dispatch: 4 long-term experts and 12 short-term experts (physical therapy (PT), Rehabilitation Medicine, occupational therapy (OT), Rehabilitation Nursing, speech therapy (ST))

Training in Japan and China: 33 trainees

Provision of equipment and machinery: USD 413,889

Local cost: JPY41,203 thousand

Myanmar Side:

Assignment of counterpart personnel

Project office space (including telephone bills and electricity expenses)

Project cost: USD 2,210

2. Evaluation Team		
Members	Leader	Dr. KUNO Kenji (Senior Advisor on Social Security, JICA)
	Rehabilitation Medicine	Dr. ETO Fumio (President, National Rehabilitation Center for Persons with Disabilities)
	Cooperation Planning	Mr. KUWABARA Tomohiro (Social Security Division, Human Development Department, JICA)
	Evaluation Analysis	Ms. NOGUCHI Junko (Senior Researcher, Foundation for Advanced Studies on International Development)
Period	14 th February 2013 – 23 rd February 2013	Type of Evaluation: Terminal Evaluation
3. Results of Evaluation		
3-1 Project Performance		
(1) Achievement of Outputs		
<Output 1>		
<p>As materials for TOT, manuals were elaborated on spinal cord injury (SCI), cerebral palsy (CP) and stroke; all the necessary materials were developed. All of them were revised based on the feedback from the first TOT courses. As of February 2013, five TOT courses were conducted. In total, 40 trainees participated in TOT on SCI, 48 trainees participated in TOT on CP, and 25 trainees participated in TOT on stroke. In the second TOT on SCI and CP, all trainers were from the Myanmar side who had been trained in the first TOT. In the evaluation by the participants of the second TOT, the trainers received high evaluation regarding their class preparation and management. Thus, it can be said that the Myanmar personnel trained in TOT have gained sufficient knowledge and skills as trainers and are ready for the future training courses. TOT has been managed by the Human Resource Development (HRD) Team established within NRH. NRH has been upgrading its management skills through hands-on experience.</p>		
<Output 2>		
<p>As tools of monitoring and evaluation of rehabilitation services, various forms have been introduced, and regular monitoring and evaluation has been conducted. Also, NRH has made various efforts in the team approach including: Recording system; Risk management system; and Case conference.</p> <p>Several educational materials for the patients were elaborated and distributed to related hospitals and institutions. The usage of these materials was evaluated high. The physical accessibility has been improved at NRH. The most highly evaluated equipment is handrail.</p>		
<Output 3>		
<p>The number of the patients referred to NRH in 2012 increased compared to 2009. Currently 27 referral programs are available from the MSW Section of NRH. From March to December 2012, a total of 557 patients were referred to various programs with difference sources. However, there are a few patients who need but not are given a wheelchair due to lack of financial sources.</p>		
(2) Project Purpose		
<p>Patients' satisfaction survey has been conducted for four times regarding the treatment by NRH staff, equipment and referral service. The patients' satisfaction increased and remains high. Also in the</p>		

assessment of the inpatients on discharge, most patients answered that they have “no health problem”, and that they feel mentally “very good” or “good”. The average days of hospitalization decreased from the year 2008 to 2011, but increased in 2012.

(3) Overall Goal

The baseline data will be collected as one of the Project activities in the remaining period of the Project. For the future evaluation, the survey format has been agreed on SCI and stroke patients’ satisfaction, as some hospitals do not treat CP patients.

At YGH, the participants of TOT and the Study Visit to Japan have shared acquired knowledge and skills with their colleagues and improved their services. For example of the Project impacts, they got ideas from the Japanese rehabilitation services and made several assistive devices and training tools with materials available in Myanmar.

3-2 Summary or Evaluation Results

(1) Relevance

The Project relevance is evaluated high from the following reasons.

- The objectives of the Project are in accordance with the Myanmar’s health sector policy “National Health Plan (2006-2011),” which is still effective at the moment.
- The National Disability Survey (2010) indicated that Myanmar has a disability prevalence of 2.32 percent, translating to approximately 1.2 million persons living with disability. Several universities provide opportunities to train rehabilitation professionals; however it is still insufficient to cover all the needs in the country
- When the Project started, one of the priority areas of Japanese Assistance for Myanmar was “emergent and humanitarian assistance, which included support for socially vulnerable people”. The current assistance policies include “assistance for improvement of people’s livelihoods”..

(2) Effectiveness

The Project effectiveness is evaluated high from the following reasons.

- The Project Purpose has been achieved. In other words, NRH provides rehabilitation services which satisfy the patients, and they are discharged with good physical and mental conditions.
- The Project Outputs have been produced as planned and these have contributed to the achievement of the Project Purpose. First, every TOT courses were conducted satisfactorily and NRH staff now can treat the patients with more upgraded knowledge, skills and confidence. Second, NRH has reinforced various rehabilitation services through the patient report system, case conferences, barrier-free facilities, risk management system. Third, the extended and enriched referral system has connected the discharged patients and various programs such as vocational training, provision of wheel chairs, etc.
- There was no influence of the external factors to the achievement of the Project Purpose.

(3) Efficiency

Considering the following, overall, efficiency of the Project is evaluated as high.

The Project Outputs have been produced mostly as expected. First, NRH has upgraded its functions as the HRD center in the county. NRH has developed training curriculum and materials on CP, SCI and stroke, and trainers have been trained. It also produced various pamphlets on rehabilitation services. Second, NRH strengthened its functions also as the rehabilitation hospital. Third, the

referral programs have been extended.

- Both Myanmar and Japanese government allocated resources mostly as planned, except a few delays in the early period, namely the postponed dispatch of the short-term JICA experts due to the delayed issue of the visa. However, since the Project members changed by the Japanese side, the inputs and activities have been speeded up to make up for the delay by much improved communication and project management.
- There was no influence of the external factors to the achievement of the Outputs.

(4) Impact

Several positive impacts have been observed at NRH and YGH. More positive impacts can be expected in the near future. No negative impact has been reported.

- The Specialized Training Courses have not started yet, so it is too early to expect the Overall Goal at the moment. If the courses are conducted as planned, there will be upgraded services and patients' satisfaction at the hospitals whose staff participates in the courses.
- Besides, the following positive impacts have come out. First, at NRH and YGH, the participants of TOT and the Study Visit got ideas from the Japanese rehabilitation services and made several assistive devices and training tools on their own. Second, expectations have been raised for HRD in the areas of OT and ST, although currently PT covers needs of OT and ST in the rehabilitation services.

(5) Sustainability

It is assumed that NRH would maintain and upgrade rehabilitation services by itself after the Project. And, if the training courses are conducted with the developed resources at NRH in the near future, sustainability of the Project effect will be assured.

- Staff of NRH has acquired sufficient knowledge and skills for rehabilitation services. And, NRH is now equipped with many of the latest rehabilitation facilities and resources such as the training and reference materials. Thus, sustainability will be assured in technical aspects. However, there is one concern, which is cost for repair of the procured equipment.
- As organizational factors, NRH has upgraded various systems. The Medical Superintendent and staff share the purpose and understand its role in each system. It can be considered that these systems have become ingrained at NRH. It needs to be considered how to maintain these systems without extra burden after the Project.
- As for the continuity of the future training courses for HRD in the country, HRD members has started planning of the "Specialized Training for PT" on SCI in September 2013. The curriculum and materials are ready, as those of the second TOT on SIC can be utilized. Trainers have also been trained.
- For the necessary budget of the Specialized Training which will be held 6 times in total from 2013 to 2018, DOH confirmed the continuous support and necessary financing in the meeting held in September 2012. And, YGH has offered to provide part of accommodation for the participants.

3-3 Factors that Promoted Realization of Effects

(1) Factors Concerning the Planning

Not in particular.

(2) Factors Concerning the Implementation Process

- HRD members, as well as JICA experts, have devoted huge time and efforts for various activities which include curriculum and material development of TOT courses, lectures, elaboration of evaluation forms for rehabilitation services, meetings, etc. Their dedication has enabled timely and effective implementation of the Project.
- The Project has placed much importance in the team approach in project management, especially in the composition of HRD Team and selection of the participants of the study visit to Japan. For example, the participation as a team of doctor, nurse and PT promoted understanding from multiple perspectives and helped the learning to be applied as a team when they came back to the hospitals.
- There was communication difficulty at the beginning of the Project, but this was resolved in the latter half. Both HRD members and JICA experts have worked at NRH. They communicate with each other whenever necessary, and have held regular monthly HRD meetings for project management. Communication within the Project has been smooth and productive. So as the communication with the Project and JICA, monitoring reports have been submitted with sufficient information on project management from the Project to JICA.
- Feedback functions effectively in the Project. For example, when the training is finished, the Project conducts an evaluation to review that training and prepare for a better next training. Thus, activities are implemented in the Plan-Do-Check-Action cycle.
- The Project has recorded the Project implementation process and results. Besides, the Project monitors its progress by collecting data and related information based on the indicators set in the PDM. These records help the Project members understand the progress precisely.

3-4 Factors that Impeded Realization of Effects

(1) Factors Concerning the Planning

- At the first half of the Project, there was not a clear definition and understanding on “collaboration for referral” and “improvement of rehabilitation services in other hospitals.”

(2) Factors concerning the Project Implementation

- Dispatch of two JICA short-term experts was delayed or canceled because the timing of visa approval was not corresponded appropriately. As a result, part of TOT curriculum had to be modified and a training course was postponed. This was solved in the latter half of the period.

3-5 Conclusion

As described above, the Project has high relevance, effectiveness and efficiency, and more positive impacts and the effects sustainability can be expected in the near future. Thus, the Project shall be completed as scheduled in July 2013. Thus, the Project has been successful. Based on this success, the rehabilitation sector in Myanmar has now risen to the next level where it addresses the challenge of widening the geographical areas of service provision and expanding the range of rehabilitation services including the field of OT and ST.

3-6 Recommendations and Lessons Learned

(1) Recommendations

<To DOH>

- To prioritize HRD in the sector of medical rehabilitation in the National Health Plan.
- To widen further the range of services in the field of OT and ST, besides the existing rehabilitation

services.

- To conduct at least one Specialized Training course per year. If conditions permit, it is recommended to increase the courses per year.
- To allocate budget and administrative staff at NRH and other relevant hospital for effective management of the Specialized Training.
- To encourage the hospital of the trainer to send him/her to the Specialized Training course.
- To give relevant acknowledgement to the trainers of the Specialized Training for their motivation.
- To conduct patients' satisfaction surveys to monitor the impacts of the Specialized Training courses.
- To include new topics as well as OT and ST, when the training curriculum is revised in the future.
- To spread the outcome of the Project all over the country.
- To keep a budget for maintenance of the equipment procured to NRH

<To NRH>

- To consider how each of the systems upgraded by the Project should be operated after the Project.
- To make a concrete action plan for the activities to be implemented after the Project in order to sustain upgraded services of NRH.
- To share and disseminate the experience from the Project with other hospitals through various opportunities.

<To HRD with Myanmar Consultants>

- To elaborate an action plan for the Specialized Training before the Project is completed.
- To establish a preparatory committee for the Specialized Training (management unit for the Specialized Training courses).
- To manage the Specialized Training in close cooperation with the Department, NRH, YGH, NGH, MGH, NOGH, UMT, etc.
- To conduct evaluation at the end of each Specialized Training course for improvement of the next course.

<To Other Stakeholders>

- (It is recommended to YGH) To continue its dedicated support for the Specialized Training.
- (It is recommended to NGH, MGH, NOGH, UMT, etc.) To get actively involved in management of the Specialized Training, as they have been so in the Project.

<To JICA>

- To consider necessary inputs to support the Myanmar side in order to enhance the outcome of the Project, if appropriate.
- To keep paying attention to the development of the rehabilitation sector and to consider further collaboration, if appropriate.

(2) Lessons Learned

- In this Project, aside from the official counterpart members indicated in R/D, task teams and groups have been organized by function with principal participation of NRH where most project activities are implemented. By organizing teams this way, the team approach of NRH has been strengthened. However, these ad-hoc teams should be absorbed in the existing system in a sustainable way. Before the Project is completed.
- The Project has started discussion and planning for the Specialized Training for PT which will start after the Project is completed. To ensure sustainability of the Project outcome and achieve the Overall Goal, planning should be strategic, by incorporating activities in the Project which may be continued even after the Project. Also, external factors which may influence the Overall Goal should

be internalized as much as possible.

- In this Project, “Hospitalization period at NRH is shortened” is set as third indicator of the Project Purpose. Through the evaluation, it was judged that utilizing the indicator for the evaluation of the Project Purpose is difficult since variables which affect quality of rehabilitation service are present in other than hospitalization period. The above mentioned discussion should be considered in future cooperation.