

Summary the Results of the Terminal Evaluation

1. Outline of the Project	
Country: Myanmar	Project Title: Strengthening of Basic Health Staff
Issue/Sector: Health care- Health care system	Cooperation scheme: Technical Cooperation Project
Office in Charge: Health Division 3, Health Group 2, Human Development Department	Total cost: 276 million yen
Period	04 May 2009 to 03 May 2014
	Supporting Organizations in Japan: National Center for Global Health and Medicine
<p>1-1 Background of the Project</p> <p>The Republic of the Union of Myanmar (Myanmar) is facing great challenges of reducing high morbidity of infectious diseases and high maternal, infant and child mortality. For improving health service coverage and health outcomes, it is essential to ensure sufficient number of health workers capable of performing to meet the needs of population. However, in Myanmar, severe shortage of health workers has been a major challenge. Especially Basic Health Staff (BHS), who work in the vanguard of delivering basic health services to the community, are not only scarce but also their capacity and performance is still limited.</p> <p>Following a series of discussions between Japan International Cooperation Agency (JICA) and the Ministry of Health in Myanmar in 2007 and 2008, the "Project for Strengthening Capacity of Training Teams for Basic Health Staff" (the Project) was formulated and launched in May 2009. The Project aims to improve capacity of training teams at all levels (Central, State/Regional and Township level) for the quality in-service trainings for BHS.</p> <p>Approaching to an end of the Project in May 2014, the Terminal Evaluation Team (the Team) was organized in accordance with JICA evaluation guidelines. The Team aims to review the progress and achievement of the Project as well as to shape clear understanding of the course of the Project for the remaining project period.</p> <p>1-2 Project Overview</p> <p>(1) Overall Goal</p> <p>The quality and coordinated in-service trainings are provided according to the needs of different levels.</p> <p>< Indicators ></p> <p>1. 75% of T/S TT receive training for training management from S/R TT and CTT</p> <p>(2) Project Purpose</p> <p>The capacity of training teams at different levels in the in-service trainings for the BHS is strengthened</p> <p>< Indicators ></p> <p>1. CTT creates training guidelines and revise as necessary</p> <p>2. "8 S/R TTs report to CTT and feedback to T/S TTs on Supportive Supervision and Training Information System"</p> <p>3. T/S TTs under 8 S/R TTs conduct CME in line with Handbook for Training Teams as training guideline.</p>	

(3) Outputs

< Output 1 >

CTT is functioning

< Indicators for Output 1 >

1. CTT is established
2. CTT meeting is to be held quarterly
3. Information on programme based trainings is shared in CTT
4. CTT introduces Good practices regarding training management toward TTs at all levels

< Output 2 >

Training Information System (= Reporting System of Training) is established.

< Indicators for Output 2 >

1. S/R TTs report on training data to CTT quarterly
2. At least 90% of T/S TTs in Mon State report training data monthly
3. At least 50% of T/S TTs under the 8 S/R TTs report training data monthly
4. At least 50% of pilot T/S TTs under the 9 S/R TTs report training data monthly

< Output 3 >

Training Management & Teaching methodology are strengthened.

< Indicators for Output 3 >

1. The 8 S/R TTs have a respective training team meeting quarterly.
2. T/S TTs in Mon State have training team meeting monthly.
3. Pilot T/S TTs under the 8 S/R TTs have training team meeting monthly.
4. At least 90% of T/S TTs in Mon State conduct trainings in line with the curriculum sheet.
5. At least 75% of pilot T/S TTs under the 8 S/R TTs conduct trainings in line with the curriculum sheet.
6. Training Management is introduced into all the T/S TTs under the 8 S/R.
7. Training Management introduced into the 9 S/R TTs.

< Output 4 >

Supportive Supervision for training team is strengthened.

< Indicators for Output 4 >

1. CTT conducts Supportive Supervision to the 8 S/R TTs at least once a year.
2. No. of Supportive Supervision conducted by the 8 S/R TTs to T/S TTs

(4) Inputs (Up to the point of the terminal evaluation)

Japanese side

Long-term experts	5 (Chief Advisor, Coordinator)
Short-term experts	22 (Training Information Management, Monitoring and Evaluation, Training and Management Skill)
Training in Japan	16 counter parts
Provision of equipment and machinery	176,851.23 US\$
Local cost	552,263.22US\$

Myanmar side

Assignment of counterpart personnel

2. Evaluation Team			
Members	Team Leader Advisor / Human Resources for Health Cooperation & Planning Evaluation & Analysis	Mr. Yojiro ISHII Dr. Chiaki MIYOSHI Ms. Yumiko YAMASHITA Mr. Shigeru KOBAYASHI	Senior Advisor (Health), JICA Director, 2nd Expert Service Division, Bureau of International Cooperation, National Center for Global Health and Medicine Associate Expert, Health Division III, Human Development Department, JICA Consultant, System Science Consultants, Inc
Period	8th January 2014 to 25th January 2014	Type of Evaluation: Terminal Evaluation	
3. Results of Evaluation			
3-1 Project Performance			
(1) Achievement of Outputs			
< Output 1 >			
<p>Members as well as duties and responsibilities of CTT were defined and approved by the Official Letter No., Ahkhaka/Training/2010 (759). In addition, CTT meeting has been held almost on a quarterly basis and information on programme based trainings was shared at a series of the CTT meetings. Therefore, it was judged that CTT is functioned.</p> <p>According to the HANDBOOK, CTT has a duty to guide and instruct the Township TTs to prepare the plan of action (POA) for CME. However, at the later period of the Project, the State/Regional TTs were taking of the duty since the capacity of State/Regional TTs has been strengthened enough to perform to their duties through the training and experiences of the project activities.</p> <p>The duties and responsibilities of CTT have changed through the course of the Project, which are now more on provision of instructions in the training management rather than monitoring of the individual CME at township level.</p>			
< Output 2 >			
<p>All 8 S/R TTs submitted the training data to CTT quarterly although some S/R TTs could not submit the data on time.</p> <p>T/S TTs in Mon State showed 100% of the monthly TIS reporting rates from the T/Ss during January to September 2013. T/Ss under the 8 S/Rs and the pilot T/Ss under the 9 S/Rs also showed more than 50% of the monthly TIS reporting rates too.</p> <p>Therefore, it was judged that TIS is established.</p>			
< Output 3 >			
<p>7 S/Rs out of the 8 have the training team meeting quarterly or monthly. The remaining 1 TT also held the meeting semi-annually.</p> <p>All 10 T/S TTs in Mon State all pilot T/S TTs under 8 S/Rs held training team meeting monthly, and these T/S TTs are conducting the trainings in line with the curriculum sheet.</p> <p>All 17 S/Rs, all T/S TTs in the 8 S/Rs except 3, and 9 pilot T/S TTs received the introductory training on the HANDBOOK for introducing the Training Management.</p> <p>Therefore, it was judged that the Training Management & Teaching methodology are strengthened.</p>			

<Output 4>

Indicators for Output 4 were achieved at S/Rs level but not at the Central level.

Due to limitation of human resources, no CTT member attended 5 supervisions out of 6 during the 5th round of Supportive Supervision although CTT assigned team members to the series of Supportive Supervision from 1st to 4th round.

In contrast, the number of the Supportive Supervision S/R TTs conducted to T/S TTs under the Project. It was also reported that the integrated Supportive Supervision was conducted by 5 S/R TTs out of 8.

Thus, it was judged that the Supportive Supervision for training team is strengthened.

(2) Project Purpose

Indicators for the Project Purpose are set up for each TT7s level, and all indicators are achieved.

CTT developed the HANDBOOK and introduced it to all S/R TTs. CTT revised the HANDBOOK in October 2011.

All 8 S/R TTs report TIS data to CTT quarterly. The Project also confirmed through the monitoring of Supportive Supervision conducted by S/R TTs that all 8 S/R TTs provide the feedback to their T/S TTs.

In T/S level, about 90% of T/S TTs under 8 S/R TTs conducted CME, and these T/S TTs submitted TIS report to S/R TTs using forms offered by the HANDBOOK. And the pilot T/S TTs conducted CME in line with the HANDBOOK.

(3) Overall Goal

The Overall Goal is likely to be achieved.

There were 212 T/S TTs out of 330 (about 65%) already received training for training management as of January 2014. DOH intends to conduct the introductory training on the HANDBOOK continuously to all remaining townships under the 9 S/Rs. It is expected that the coverage area for training management will be reached more than 75% in the near future.

3-2 Summary or Evaluation Results

(1) Relevance

Relevance of the Project is high from the following viewpoints.

- The government of Myanmar set priorities on strengthening capacity of BHS in the National Health Plan (2011-2016). 6 program areas out of 11 in the Plan include training activities for BHS. Moreover, there are some set targets stated therein for capacity building of BHS in “Health Workforce Strategic Plan 2012-2017” too.
- According to the Ministry of Foreign Affairs, “Support for livelihood improvement for nations” is one of the economic cooperation strategies for Myanmar.
- Prime Minister Shinzo Abe stressed out the importance of Universal Health Coverage and willingness to support the development of health sector in developing countries.
- According to the position paper of JICA named “JICA’s Operation in Health Sector”, JICA set its priority on “strengthening capacity of public administration for health” and “addressing human resource for health”.

(2) Effectiveness

Effectiveness of the Project is high from the following viewpoints.

- The Project Purpose is almost achieved as of January 2014 when the Terminal Evaluation was conducted. The Team observed that the four Outputs have effectively contributed to the achievement of the Project Purpose.
- The approach for strengthening the BHS by introducing the systematic training management of CME worked well.
- CTT compiled the essence of training management into the HANDBOOK, which reflects the in-service training system in Myanmar. In the course of development of the HANDBOOK, training management capacity of CTT was also strengthened.
- Learning through the theory and practice with effective use of the HANDBOOK improved capacity on training management of State/Regional TTs and Township TTs. CME is now conducted systematically by the Township TTs under 8 States/ Regions.
- Supportive Supervision on training management was exercised by State/Regional TTs during the project period. Although CTT and State/Regional TTs have financial concerns to continue Supportive Supervision, both parties already started to integrate the Supportive Supervision into the supervision activities of other programs.
- BHS reported the improvement of CME such as:
 - ✓ CME has been implemented more systematically. Audio system and Power Point are used for presentation. Handout also prepared too.
 - ✓ Topics of CME were used to be selected randomly. However, CME has been implemented in line with the annual plan. Seasonal topics were selected and duplication was avoided.
 - ✓ CME has become bidirectional training.
- On the other hand, there are still some gaps between the contents of the HANDBOOK and the field realities, particularly of the duties and responsibilities of CTT and State and Regional TTs since the situation has been changed from October 2011 when the Project revised the HANDBOOK.

(3) Efficiency

Efficiency of the Project is evaluated as relatively high from the following viewpoints.

- While the number of the target Township TTs increased from 17 to 177, the Project managed to conduct all necessary trainings for these targeted Township TTs in time.
- Although CTT could not conduct annual Supportive Supervision as planned, CTT collected necessary information by integration of Supportive Supervision for Training Management into the supervision activities of other programs.
- The HANDBOOK and recording forms developed and distributed by the Project are practical for State/Regional TTs and Township TTs for smooth preparation and implementation of CME. In addition, intensive works in the initial stage of the Project such as the HANDBOOK preparation, and series of trainings for the Pilot TTs enabled the Project to expand the number of target TTs.

(4) Impacts

Impact is evaluated as high from the following viewpoints.

- It is expected that indicator of the Overall Goal “75% of total Township TTs receive training on training management from State and Regional TT and CTT” will become realized in the near future since DOH already started to conduct introductory training on the HANDBOOK for remaining Townships in the 9 State/Region.

- Coding system of TIS of the Project was adapted to the coding system for the National HMIS operated under Department of Health Planning (DHP).
- Training tools developed by the Project are utilized by CTT when the CTT members conduct trainings organized by DOH or other donor agencies.

(5) Sustainability

Sustainability is evaluated as moderate because there are still some issues remain in institutional and financial aspects as follows.

- Strengthening of BHS is one of the priorities of MOH. In addition, the training for BHS is one of the key elements in the “Health Workforce Strategic Plan 2012-2017” published in November 2013.
- Revision of duties and responsibilities of each TT is necessary at least for continuing the activities for training management based on the HANDBOOK.
- State/Regional TTs and Township TTs already existed before the Project started as the permanent team. There is no significant institutional problem observed for State/Regional TT and Township TT to continue the activities after termination of the Project.
- On the other hand, CTT has to revise their duties and responsibilities upon the current situation in terms of management body of TIS and Supportive Supervision. According to the DOH, Public Health Division will take the role of the overall supervisor of the activities for training management based on the HANDBOOK.
- CME and relevant training activities, TIS, and Supportive Supervision are the activities of which Myanmar side requires financial input for continuing the activities for training management based on the HANDBOOK. Regular operational costs for TIS and CME have been borne by Myanmar side since the beginning of the Project, so it appears to have no financial concern to continue the TIS and CME by Myanmar side.
- Supportive Supervision is the activity of which Japanese side financially supported during the Project. There are financial concerns for continuing the Supportive Supervision. It is expected that CTT and State/Regional TTs would devise integrated Supportive Supervision to manage the financial issues for continuing Supportive Supervision for training management.
- Considering some possibilities of revision of the HANDBOOK and the needs of the refresher training in the future, it has to be bear in mind to ensure necessary budget to be able to conduct such activities by the MOH.
- CTT, all State/Regional TTs, Township TTs under the 8 S/Rs and the pilot Township TTs in the 9 S/Rs acquired necessary technique for continuing the activities for training management based on the HANDBOOK.
- The guideline (the HANDBOOK), recording and reporting forms, and other training materials for training of trainers were already developed by the Project. CTT has enough capability for conducting internal trainings by themselves.

3-3 Promoting Factors

- According to the HANDBOOK, CTT was expected as a main implementation body of the Project. However, capacity of State/Regional TTs was significantly improved after expansion of number of target Township TTs in 2012. Accordingly, some of its duties and responsibilities such as guidance and instruction for Township TTs to prepare Plan of Action for CME, Analysis of Township TIS

reports were taken on by State/Regional TTs. This significant improvement of State/Regional TTs' capacity accelerated the project activities smoothly.

- The Project employed two National Consultants who retired MOH for supporting JICA experts. National Consultants took a role to bridge the communication gap between JICA experts and CTT members since they have personal relationship in DOH and State/Regional Departments of Health. In addition to the technical support of National Consultants, their administrative coordination also accelerated the smooth implementation of the project activities.

3-4 Hindering Factors

- Project office of JICA experts locates in Yangon, and CTT members, core of the Project work at DOH in Nay Pyi Taw. This physical distance caused communication gap between JICA experts and CTT members. Since CTT is core of the Project and all activities in the field are required instruction from CTT to State and Regional TTs and Township TTs, JICA experts devoted considerable efforts to communicate with CTT for smooth implementation of the project activities.
- Some JICA experts were dispatched behind the schedule due to delays of visa approval. Although activities were completed on time due to intensive work of JICA experts and National Consultants, it required close coordination with State/ Regional TTs and Township TTs.

3-5 Conclusion

The Project shows high relevance, effectiveness, and relatively high efficiency. Positive impacts of the Project were also observed. Although there need some efforts for improving institutional and financial sustainability, no serious obstacles were observed for ensuring sustainability. Thus, the Team concludes that the Project is on the right track to fully accomplish by May 2014 as planned.

The Team expects to the authority of Myanmar to exert its leadership to further strengthening the capacity of BHS in Myanmar.

3-6 Recommendations and Lessons Learned

(1) Recommendations

【To the Ministry of Health】

- Strengthening Central Management Function : Revising management duties and responsibilities of CTT to function intensively to oversee, make central decisions, and provide policy guidance and direction in regards to training management, and securing administrative coordination body at the central level, which coordinates and supports CTT to perform its function by the official notification of the Ministry
- To update the HANDBOOK when necessary to reflect any changes and ensure its content to stay in accordance with the scope of training management in Myanmar.
- To enhance capacity of State/Regional TTs to be able to fulfill its duties in training management, which are to collect training information from townships to grasp the overall picture, analyze and make practical use of training information for effective trainings for BHS, and regularly exercise Supportive Supervision for townships.
- To support township TTs to continue to improve quality of CME through devising and adopting good practices in training management like training follow-ups
- To make better use of training information for provision of adequate in-service trainings for BHS to address their needs.

【To JICA】

- In Myanmar, strengthening of health systems and human resources for health still remains important. In view of the future JICA's cooperation for health sector in Myanmar, it is suggested for JICA to make the best use of the training management system developed in the Project with a wider scope of its target for generating greater output of new cooperation.

(2) Lessons Learned

- Selection of a horizontal management approach: The horizontal training management approach taken by the Project has been well adopted by the Townships and the States/Regions of the Project area because of its usefulness for the coordination of the trainings and the selection of the training subjects reflecting the needs of BHS. It was a good learning that a horizontal management approach can contribute.
- Narrowing and focusing the Project activities: At the time of the revision of the Project area to be expanded, the project activities were also revised to squeeze and focused. As the result of the revision, the Project could have achieved the drastic increase of the number of the target Township training teams. It was learned that a flexible amendment of the scope of the Project narrowing and focusing certain activities would be required when a drastic quantitative or areal increase is required.
- Merit of expanding strategy: The Project chose expanding strategy to scale up the number of target Township horizontally rather than refining the developed model deeply at the selected model area. As the results, various kinds of Good Practices regarding training management were reported from the State/Regional TTs and Township TTs in the expanded area. Training management system was improved through the information sharing of those Good Practices among all levels of TTs.
- Selection of existing activities/mechanisms for assuring the sustainability: The existing CME at the Township Health Center was selected as one of the Project target subjects. CME is run by the Township Health Department without much financial input such as transportation cost and daily allowance since the CME trainings are held on the pay days when the participants (BHS) visit the Township Health Center by their own expenses for receiving salary. This approach contributed to improve the financial and institutional sustainability of the CME activities.