

## Summary of the Evaluation Study

<b>1. Outline of the Project</b>	
Country: Democratic Republic of the Congo	Project title: Support to Human Resource Development in health sector of DRC
Issue/Sector: Health	Cooperation scheme: Technical Cooperation Project
Division in charge: Human Development Department, JICA	301 millions JPY
Project Cooperation	(R/D): November 2010 – November 2013
	Partner Country's Implementation Organization : Human Resource for Health Department, Ministry of Health Support Organization in Japan: National Center for Global Health and Medicine (NCGM)
<b>1-1 Background of the Project</b>	
<p>The poverty rate is high in the DRC because of both domestic and international conflicts since its independence in 1960. Thus 88% of the population lives on less than USD 1.25 per day (World Bank. 2006). The health indicators of the country show a slight improvement from 1990 levels. However, it is still far from the MDGs. The maternal mortality ratio (MDG 5) is 550 deaths per 100,000 live births (2007), while the target is 332. The under-5 mortality rate is 168 deaths per 1,000 live births (2011) which is also very far from the goal of 60 per 1,000 births.</p> <p>To cope with such situation, the government of the DRC has developed DSCR II 2011-2015, incorporating development of the health sector in its 3rd pillar (“improving access to basic social services and strengthen human capital”) and has set a goal of providing health service with high quality and realistically payable cost for entire population in the DRC. To achieve the goal, the Ministry of Health (MOH) of the DRC established successively Strategy for Strengthening Health System 2011-2015 (SSRS 2011-2015) and its implementation plan, the National Health Development Plan (PNDS 2011-2015). It is mentioned that the development of HRH is one of the pillars of the SRSS and the PNDS.</p> <p>Indeed, the HRH in the DRC are far from international standards in quantity and quality. The number of nurses per 10,000 populations is only 8.23 which is woefully inadequate compared to 2.3 nurses per 1,000 population of the WHO standard. Misallocation of HRH is also a serious problem. The current situation shows that the problem of HRH in the DRC arises not only in terms of the quantity but also its allocation. The question is not only how to produce good quality of HRH but also how to allocate, retain and effectively manage existing HRH across the country.</p> <p>On this basis, the Japanese government signed in 2008 for “Great Axes of Cooperation between the DRC and Japan in Health Sector”, and decided the framework of implementation of the PADRHS as a Japanese technical cooperation. The duration of the Project is three years from 2010. Counterparts (CP) of the Project are Directions 1 (D1, General Services and Human Resources), 6 (D6, Science Education for Public Health) and 11 (D11, Continuing Education) of MOH in the DRC.</p>	
<b>1-2 Project Overview</b>	
<b>(1) Period</b>	
3years (15th November 2010 -14th November 2013)	

**(2) Overall Goal**

The PNDRHS is implemented

**(3) Project Purpose**

The capacities of the Human Resource Directorate (HRD) to implement the PNDRHS are reinforced

**(4) Outputs**

- 1) The institutional capacity of the HRD is strengthened
- 2) The PNDRHS 2011-2015 is developed and validated
- 3) The regulations and documents related to PNDRHS are developed
- 4) The management system of the HRH information is established

**(5) Inputs**

- 1) Japanese side
  - Long term experts: 3 persons, Short term experts: 5 persons
  - Trainees received in Japan: 16 persons
  - Equipment: 247,426USD (As of 31 March 2013)
  - Local cost 1,403,874USD (As of 31 March 2013)
- 2) DRC side
  - Counterparts: 14 persons
  - Project Office
  - Utilities cost

**2. Evaluation Team (hereinafter designated as “the Team”)**

Members of Evaluation Team	<p><u>Team Leader:</u> Yosuke KOBAYASHI, Director, Health Division 2, Health Group 1, Human Development Department, Japan International Cooperation Agency (JICA)</p> <p><u>Technical Advisor:</u> Chiaki MIYOSHI Director, 2nd Expert Services Division, Bureau of International Medical Cooperation, National Center for Global Health and Medicine (NCGM)</p> <p><u>Cooperation Planning:</u> Yu ABIKO, Health Division 2, Health Group 1, Human Development Department, JICA</p> <p><u>Evaluation:</u> Hirobumi MIKI, Consultant, Consulting Department II (Human Resources Development), KRI International Corp.</p> <p><u>Interpreter:</u> Mariko SEKITA</p>	
Period of Evaluation	9th June 2013 – 1 <sup>st</sup> July 2013	Type of Evaluation: Terminal Evaluation

**3. Result of Evaluation****3-1 Achievement****(1) Achievement of the Outputs****Output 1: The institutional capacity of Human Resource Directorate(HRD)is strengthened**

The probability of achieving the Output 1 is high. Working environment of HRD has been improved by rehabilitation of buildings, providing equipment, and introduction of 5S. Activities for strengthening

administrative and coordinating capacities of HRD, such as trainings in and out of the country, regular C-HRH meetings and consultations with other Ministries, have been almost completed as planned. Monitoring and evaluation of HRH management are in progress, through implementation and monitoring of the Jury National, and the Observatory for development of HRH which has been officially launched in April 2013. All of three concerned Directorates (HRDs) established annual operational plan in accordance with PNRHS.

#### **Output 2: The PNRHS 2011-2015 is developed and validated**

The Output 2 is considered as achieved, given that the PNRHS2011-2015 was validated in April 2011 just six months after being launched the Project. The Team confirmed that the process of elaboration allowed the three HRDs to work in close mutual collaboration: the HRDs elaborated the PNRHS on the basis of the sub-plan which each Directorate drafted within its sub-commission.

#### **Output 3: The regulations and documents related to PNRHS are developed**

The probability of achieving the Output 3 is high. Following the validation of PNRHS, different texts such as standards of staffing, the referential document for competence of A2 midwife, the referential document for training and evaluation for A2 midwife course (for the first grade) have been developed. The referential document for training and evaluation for A2 midwife course has been validated for use as a pilot in some IEM and ITM since 2012, which marks a significant success of the Project.

Issues related to the status of IEM Kinshasa as the national pilot school, need still to be paid close attention. The procedure for the signature by the Minister of Health is not yet accomplished, despite drafts of decrees for opening IEM Kinshasa in September 2013 were elaborated in February 2013.

#### **Output 4: The management system of the HRH information is established**

The Output 4 is considered as Achieved. The planned activities are: i) to define items for establishment of a HRH database, ii) to select appropriate software, iii) to standardize a format of reporting lists (existing since 2009), iv) to update the staff directory, and v) to support HRD to conduct training and supervision for data managers and provincial officers. These activities have been systematically implemented..

### **(2) Achievement of the Project Purpose**

#### **“The capacities of the HRD to implement the PNRHS are reinforced”**

Even though the Team did not confirm any specific “annual plan of activities related to a HRH development plan at Provincial level” (objectively verifiable indicator for the Project Purpose), it is worth noting that each DPS develops the “annual operational plan (PAO)” which includes HRH-related activities in accordance with the HRH-related indicators stipulated in PPDS of the Province.

These indicators cannot be necessarily considered as relevant enough so that necessary activities are planned at the Provincial level in accordance to PNRHS. Nevertheless, the PAO can be considered as the most relevant document to serve as a means of checking the degree of achievement of the Indicator 1 at the evaluation moment. Moreover, there is no doubt that the process of developing the PAO has been directly or indirectly promoted by the activities of the Project, and the outcomes of the Project activities such as the result of Jury National and the development of staff directory have made it possible to get the most accurate information of HRH.

Given these observations and analysis, the Team concluded that Indicator 1 is generally completed, but

for the sake of clarity, the Japanese side proposed to amend the wording of Indicator 1 as follows:

Proposed Indicator 1: “The PAO of more than half of DPS stipulates the activities for the development of HRH.”

In addition, the content of the PAO developed respectively by the HRD includes the content of the four sub-plans PNDRHS, namely: i) Career Management (D1), ii) basic education (D6) iii) continuous education (D11), iv) retention (D1, D7). It can be concluded that the PAO is relevant document to implement the PNDRHS at the Provincial level.

### **3-2 Evaluation by Five Criteria**

#### **(1) Relevance**

The Relevance of the Project is considered very high for the following reasons.

The Human Development Index (HDI) ranked the DRC as 187th out of 187 countries, and the Gross National Income (GNI) per capita is far from the average of the Sub-Saharan Africa. The life expectancy in years at birth is 48.4, Maternal Mortality Ratio and Under-5 mortality rate are still high and considered to be difficult to achieve the MDGs target. These indicators testify the important need in the field of health development in the DRC.

The issues of HRH development are listed in the strategic priorities for strengthening the health system among the official documents of the national policies on different levels, namely, the DSCR 2011-2015, the SRSS 2011-2015 and PNDS 2011-2015. This stresses the point of view of compliance with the National Development Plan. In addition, the Project was designed through the problem analysis by HRD themselves allowing the Project to meet the maximum needs of the target groups.

#### **(2) Effectiveness**

The degree of effectiveness of the Project is high.

The Project Purpose is approximately achieved. As for the structure of the four Outputs, it proves very rigorous.

First, for the Output 1 it is expected to improve work environment in HRD, and to strengthen their capacity to develop the PNDRHS and the PAO, and to collaborate with other concerned departments or ministries. The Output 2 is the development and validation of PNDRHS, which is on the basis of capacities strengthened through Output 1 activities. In order to implement the PNDRHS and the PAO effectively, the various regulations and the HRH information system are established through activities related to the Output 3 and 4. So it turns out that the four Outputs are well structured and the Project Purpose would not have been achieved if some elements from these Outputs were missing.

In the first stage of the Project, the PNDRHS was developed and validated. This has contributed significantly to achievement of the Project Purpose and allowed HRD to identify their operational directions.

#### **(3) Efficiency**

The degree of efficiency of the Project is high.

The project has saved time and cost by combining with the activities or budget of the other development partners in the health sector.

The project took the opportunity for discussion organized by NEPI, whose activities involve MOH and MOHE, to promote the inter-relationships between those ministries deeper. The project has also exploited

resources from GAVI and WHO for opening of the Observatory and organizing various workshops. Furthermore, the HRD managers have participated international conference, workshops and trainings by using WHO's and other partners' funding, and these trials have contributed to the efficiency of the Project.

The directors and managers with rich professional experiences have been carefully selected from the three HRD. Project activities coincide exactly with the original work of HRD, which helped to avoid additional costs for the CP. It is also worth noting that, thanks to the involvement of several departments in the Project activities, the possible stagnation of activities in certain department did not stop the progress of activities in other departments provided.

The fact that the providing equipments and the repair of the workplace of the HRD were made in the first stage of the Project has facilitated the implementation of the remaining activities.

In addition, the fact that the PNDRHS was approved just six months after the launch of the Project. This has contributed significantly to implement activities through the PAO in 2012 and 2013 developed by HRD on the basis of PNDRHS.

#### **(4) Impact**

The project generated positive levels of impact.

The direct impact to the achievement of the Overall Goal, such as the integration of the contents of PNDRHS into the PAO of MOH and DOH, and building capacity to develop the PPDRHS in DOH, has been acquired. The impact on the preconditions of the Overall Goal, such as demonstrated in other ministries and donors' commitment, as well as technical contribution to HRD in other countries of Francophone Africa, has been acquired.

Furthermore, negative impact has not founded through the Project.

#### **(5) Sustainability**

The degree of sustainability is relatively high.

MOH did not need to build new specific organizations to implement the Project. The organizational viability will be naturally maintained by HRD even after finishing the Project, even if reform or reorganization of MOH is discussed for some time.

Regarding financial sustainability, it cannot be denied the possible need of support by other development partners in order to perform additional activities to achieve the Overall Goal.

The ACCESS software has been selected and used for HRH information system in the Project. However, it turns out that DFID/IMA introduces and provides another software, iHRIS, for the database for HRH in some provinces and health zones. In case of the introduction of the second software to DOH already adopted the ACCESS, it will cause an additional cost. There will be some need for coordination about HRH information system. It is highly expected to clarify the HRD's perspective for development database, so that the data collected during the Project are fully utilized and that the mechanism and the know-how which were established and accumulated throughout the process of data collection in HRD and DOH can be made continuously.

HRD could use all outcomes from the Project consistently and effectively throughout its activities. Although the joint evaluation team keeps some concerns about the financial aspects and technical viability, it considers that, through the Project activities, HRD obtained abilities to advance its activities and play its role even with limited resources.

### **3-3 Conclusion**

As a result of evaluation by the five criteria, the joint evaluation team has concluded that the degree of relevance, effectiveness and impact of the Project has demonstrated very high.

Regarding efficiency, it is relatively high due to various measures taken by the staff of the Project. In terms of sustainability, the team called for greater efforts financially and technically in CP, while noting the relatively satisfactory level of achievement of this criterion. Overall, the Project Purpose is estimated to be sufficiently achievable by the end of the Project, thus the team concluded that it is appropriate to complete the Project at the end of the period originally fixed. With regard to the planning the second phase of the Project, already adopted by the Government of Japan, it is necessary to consider the progress of implementation of recommendations as well as points of lessons, mentioned below.

### **3-4 Recommendations**

#### **(1) Activities expected to be completed by the end of the Project**

- Preparation for opening IEMK in September 2013 by organizing the Preparatory Committee and the monitoring of the progress of the roadmap for opening
- Support the Minister of Health to sign on the Inter-Ministerial Order concerning the establishment of interdepartmental consultation framework
- Strengthen cooperation between MOH and MOHE to implement the Inter-Ministerial Order after it is validated
- Development and validation of training and evaluation standards for the second year of the midwifery course in A2
- Development of the Country Profile

#### **(2) Activities expected to be completed to achieve the Overall Goal after finishing the Project**

- Monitoring and evaluation of PNDRHS (additional chapter on the analysis of the situation and the strategy for the training of midwife)
- Securing of budget and development of an operational guideline for implementation of the Jury National
- Continuation of the regular holding of the C-HRH meeting
- Development of training and evaluation standards for all years of the midwifery course in A2
- Harmonization between the draft of updated standards of staffing of HRH in ZS and WISN
- Operating functions of the Observatory as a platform for development of HRH

#### **(3) Activities expected to be performed by HRD for medium and long term**

- Introduction of a common vision on training HRH in A1 level and A2 level in the PNDRHS 2016-2020
- Technical contribution to the conceptualization of strategy focusing on the development of HRH in the process of developing the next PNDS

### **3-5 Lessons**

#### **(1) A Lesson from the Project conducted in a country affected by conflict**

The project adopted an approach of giving priority to capacity building for HRD in MOH to play role as headquarters which is supposed to support and oversee DOH. This approach is effective in a country undergoing conflict influences, where it is urgent to restore the administrative system across the vast country

as the DRC, in that it actually helps to prepare the first steps for the development and implementation of provincial plans that are intended to conform to those of the central level.

**(2) A Lesson from the Project addressing issues of HRH development**

HRH is one of the crucial elements of health system that can provide satisfactory service in terms of both quantity and quality. It is therefore important not only to tackle on issues for HRH with comprehensive and balanced point of view but also to plan project to maximize the synergy and linkage between the Outputs because the intervention area of the Project is limited.

**(3) A Lesson from the Project focusing on better coordination between the central and provincial level**

Capacity building for HRD in MOH has two aspects; one is the capacity enhanced as a result of direct support to HRD, second one is the capacity acquired as a result of the process in which HRD strengthen the capacity of the provincial level.

It is therefore, when a project aims to improve coordination between the central and provincial governments, to clarify the interest of each of these two aspects and combine them according to the capacity of the central government considered necessary to strengthen.

**(4) A Lesson from the Project consisted as a part of a program**

The achievement of the Project Purpose owes much to the synergy that occurred between the Project activities and other inputs, namely the meetings initiated by the technical adviser to the SG, training in Japan, the derivative network as an outcome from the training in Japan, the tripartite cooperation between the DRC, Senegal and Japan, etc.. This synergy could occur if these activities were correlated by the proper orientation in the program, and the each oriented activities in the program must be recognized by its Counterpart.

From this point of view, the bilateral cooperation program in health sector in the DRC has two benefits that will contribute to the achievement of the validation PNDRHS. The first is that the needs of health sector in the DRC has been thoughtfully provided through the process of problem analysis in which various stakeholders including executive members from MOH and DOH officers, with support by technical adviser to the SG, participated.

The second advantage is that the process of problem analysis allowed MOH to prepare for the development of PNDRHS in terms of motivation and capacity. Add to this, even after the program was developed, the Counterpart showed strong ownership for the Project by understanding of the overall direction of the program and the function of each input in the entire program.

All these examples showing effectiveness of the program of cooperation in health sector in the DRC developed on the basis of the participatory process.