

## Summary

<b>I Outline of the Project</b>	
Country: Senegal	Project title: Project for Reinforcement of Health System Management in Tambacounda and Kedougou Regions
Issue/Sector: Health	Cooperation scheme: Technical cooperation
Division in charge: JICA Senegal office	Total cost: 510 million Yen
Period of Cooperation (R/D): March 2011~February 2014 (3years)	Partner Country's Implementing Organization: Ministry of Health and Social Action, Medical Region of Tambacounda, Medical Region of Kedougou
	Supporting Organization in Japan: None
<p><b>1. Background of the Project</b></p> <p>Senegal ranks as 155<sup>th</sup> out of 187 countries in Human Development Index, so the National policies such as DPES 2011-2015 and PNDS 2009-2018 emphasize the importance of improving MDGs and reducing poverty. The project's target area, Tambacounda and Kedougou regions are among the poorest regions of the country, occupying about 200,000 km<sup>2</sup> which is 1/3 of the country. These facts disadvantage the whole health indicators.</p> <p>Tambacounda and Kedougou regions were identified as priority areas for health development of Japan's cooperation in 2005. "Strengthening Health System in Tambacounda and Kedougou Regions Program" was launched in 2007, followed by its phase 2 (2012-2016). Later, the importance of health system management was raised by the Senegalese side in order to properly manage health facilities. Dispatch of short-term experts was implemented but for rather comprehensive assistance, technical cooperation has been requested. This project aims at building planning, monitoring/evaluation and resource management capacities in order to ultimately improve the quality of services in health facilities. 13 Japanese experts have been dispatched to this project as of December 2013.</p> <p><b>2. Project Overview</b></p> <p>The project aims at improving health system management by reinforcing planning and monitoring/evaluation capabilities as well as resource management by maximizing the use of limited resources.</p> <p><b>(1) Overall Goal</b></p> <p>The health status of the population of Tambacounda and Kedougou is improved.</p> <p><b>(2) Project Purpose</b></p> <p>"Managing for results" capacities of the Medical Region and Health District Offices are reinforced in Tambacounda and Kedougou regions.</p> <p><b>(3) Outputs</b></p> <ol style="list-style-type: none"> <li>1. The capacity of planning and monitoring &amp; evaluation (M&amp;E) of the Medical Region Offices and Health District Offices are improved.</li> <li>2. The capacity to manage resources (organizational management such as human resource, accounting/finance, medicines and medical equipment and facility management, etc.) in the Medical Region Offices and Health District Offices are enhanced.</li> <li>3. Lessons learned from the Project are shared within and outside Tambacounda and</li> </ol>	

Kedougou regions.

**(4) Inputs**

Japanese side :

- 13 Japanese Experts (Leader/Results-based Management/Planning/Finance, 5S-KAIZEN-TQM, Monitoring & Evaluation, Health Information System)
- Equipment: 2 Vehicles (approx. 9.56 million yen), Office equipment (approx. 1.3 million yen)
- Local cost: workshops, meeting, local consultants, printing guidelines, etc. (approx. 133 million yen)

Senegalese side:

- 11 Counterparts
- Project offices in Dakar and Tambacounda
- Utility costs for the Project offices

**II Evaluation Team**

Members of Evaluation Team	Leader (Senegalese side)	Dr. Bineta SENE	Technical Advisor, General Directorate of Health/Ministry of Health and Social Action
	Evaluation and Analysis	Mme. Saly Senghor THIAM	Community Health Unit, General Directorate of Health / Ministry of Health and Social Action
	Leader	Yosuke KOBAYASHI	Director, Health Division 1, Health Group 2, Human Development Department, JICA
	Health System Management	Mari NAGAI	Technical Advisor (JICA Expert) of the Ministry's Secretariat / Ministry of Health and Social Action
	Cooperation Planning	Yu ABIKO	Deputy Director, Health Division 1, Health Group 2, Human Development Department, JICA
	Cooperation Planning	Saki KASAHARA	JICA Senegal office
	Evaluation and Analysis	Kumiko ABE	Consultant
	Interpreter	Khadim FALL	

Period of Evaluation	21/11/2013 ~05/12/2013	Type of Evaluation: Terminal Evaluation
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**III Results of Evaluation**

**1. Project Performance**

**(1) Project Purpose**

Achievement of Project Purpose is considered high.

Indicators of the project purpose consist of three pillar components; developing PTA and its monitoring/evaluation, 5S-KAIZEN-TQM and its monitoring/evaluation, and resource management.

- At the time of the mid-term review, achievement of PTA guidelines and its training was evaluated very high therefore strengthening its monitoring/evaluation was suggested for

next step. The latter was implemented by organizing a regular monitoring meeting (indicator 1, 2). Concerning evaluation, since the performance review meeting of 2013 will be conducted after March 2014, it is not possible to measure the achievement at the time of the final evaluation study. However, at the performance review meeting of 2012 it was confirmed that the presentation format developed by the project was properly utilized in the two target regions. Thus the probability of the achievement could be considered high (indicator 3).

- Training of 5S-KAIZEN-TQM supervision was conducted at two health centers in which the 5S-KAIZEN-TQM was already introduced. These two health centers were supervised by a management team of health districts during the on-site supervision training. They are also expected to establish the supervision of health centers from regional medical offices by the end of the project (indicator 4).
- For resource management, various guidelines such as series of OGRIS and accounting/financing, etc. are developed and also the trainers are already trained. Only the OGRIS training in 8 Health Districts are remaining to be done with assistance from UNICEF. The 2 districts where the OGRIS training was already provided were observed and it can be confirmed that the activity has been implemented after the training (indicator 5).

## **(2) Output 1**

Achievement of Output 1 is high in many aspects. It is expected that the output will be achieved by the end of the Project.

- The activity of health information system (indicator 1) was impeded by the strike of public service employees from August 2010 to March 2013. However as soon as the strike ended the activity was started. A guideline was developed after needs were assessed and training was provided to concerned personnel.
- The achievement of strengthening the management capacity of PTA (indicator 3) is considered very high because PTA guidelines and their modules have been approved as national documents and are properly utilized at Regional Medical offices and Health District offices. Establishing a system to strengthen the capacity of planning, monitoring and evaluation (indicator 2) was also implemented after it was suggested at mid-term review but developed manuals are expected to be approved as national documents before the end of the project.
- Supervision tools (indicator 6) are also finalized and approved as national documents but only the one for Health District level is still at the stage of first draft. It is planned to be approved after a usability trial study. Training on these tools (indicator 7) was conducted except the one for health system whose activity has been delayed as mentioned above. The developed tool is scheduled to be presented during the upcoming various meetings before the end of the project.
- The project is currently preparing to integrate the project's training package into the existing continuing education at the Tambacounda Regional Health Training Center. Organizing a committee has been agreed upon and the project will develop brochures to attract financial resources from various partners. In order to secure sustainability of the project's outcome, it will require the budget and commitment of the Senegalese side.

### **(3) Output 2**

Achievement of Output 2 is high in terms of development of various guidelines and implementation of its training sessions. However, delay in some training sessions needs to be solved or agreed with the Senegalese side for its implementation.

- Among the various activities on resource management, only the component of law and regulation of human resources is currently in process, but it is scheduled to be finished by the end of the project. Otherwise the achievement of all the other components of resource management is very high being represented by development of series of OGRIS guidelines (indicator1, 5, 6).
- Guidelines of 5S are also approved as national documents (indicator2, 4); however, training remains to be done at 4 health centers. One is scheduled in December 2013 but the other 3 centers are preparing to move to newly constructed facilities whose completions are not very certain. In case the move is not completed by the end of the project, the Senegalese side will make sure to conduct the training on their own, which has been agreed on at the 4<sup>th</sup> JCC meeting.
- Concerning the training of OGRIS, among 10 Health Districts the project conducted 2 and the other 8 Districts are planned to be done with the assistance of UNICEF. It is necessary to make sure that the training will be properly conducted.

### **(4) Output 3**

Output 3 was already highly achieved at the mid-term review, and it maintained its status at the time of the final evaluation.

- The approved PTA Guideline has been already disseminated and utilized in all of Senegal, and also Guidelines of 5S and series of OGRIS are being prepared to be expanded to other regions by development partners. This success is the results of good programming of the project activities which emphasized the importance of coordination with other development partners and having anticipated the expansion and sustainability of the project with limited resources. The good coordination with other partners is expected to continue and to be further promoted in order to secure the sustainability.

## **2. Summary of Evaluation Results**

### **(1) Relevance**

The relevance of the Project is high in terms of consistency with the Senegalese health policies, with target needs and with Japan's Aid policy.

The Ministry of Health and Social Action of Senegal emphasizes the importance of improvement of governance in the PNDS 2009 – 2018. PNDS 2009- 2018 is aimed at achieving the Millennium Develop Goals (MDGs), consisting of four pillars namely ①Reducing infant and maternal mortality rate, ②Disease prevention, ③Strengthening sustainable health system, and ④Improvement of governance. One of the strategies for the ④improvement of governance is to strengthen result-based management which is exactly the purpose of the project.

Concerning target areas, Tambacounda and Kedougou regions are recognized to have high poverty rate in the country, which is attributed to low performance of overall health indicators such as high infant mortality rate (100/1,000 in Tambacounda, 154/1,000 in Kedougou compared to 121/1,000 of national

average<sup>1</sup>). These facts indicate a weak structure of the health system. Since the direct beneficiary of the project are Regional Health offices, Health districts and Health centers which are the major actors to compose the health system, the project purpose clearly meets the needs of the target group. Japanese Government's assistance policy for Senegal is to promote economic and social development by assisting economic infrastructure and reducing poverty in rural areas. One of the strategies for the latter is to improve basic social services in which "the achievement of the MDGs in a sustainable manner" has been clearly stated. In addition, in "Japan's Global Health Policy 2011-2015" promotion of health system strengthening by evidence-based management has been adopted. Besides, JICA has been implementing a "Health System Strengthening Program" which is designed to improve the maternal health care services and consists of other JICA's related schemes. The project is one of the main components of this program and is expected to contribute to the health system aspect in order to accelerate its progress.

### **(2) Effectiveness**

The effectiveness of the Project is very high for the following reasons.

The composition and the combination of the three outputs are a perfect match in order to reach the objective of the project.

First of all, Output 1 enables the personnel at Regional Medical offices and Health District offices to develop PTA by setting up their goals and priorities after identifying their problems. This way, concrete activities are planned which are the bases of health system management. Furthermore, monitoring and evaluation of PTA activities were established in a clear manner, introducing a standardized reporting format for performance presentation at regular meetings is an example. Having this standardized format allows to better identify what activities were done and not done and discuss both the cause and possible solutions.

Output 2 plays an important role in supporting Output 1, optimizing limited resources. In other words, resource management tools such as 5S and OGRIS help to effectively mobilize all existing resources especially at field level in order to collect and manage actual health information. If health facilities such as health posts and health centers are able to manage health data, these data are reported and reflected to not only PTA monitoring and evaluation but also PTA development for coming year. This way, all actors at practice level and management level play their proper roles in the health system.

Finally, Output 3 is to expand the activities of Output 1 and Output 2 to other areas of the country. This is essential for the sustainability of the project.

Thus, the three Outputs are logically composed in order to achieve the project purpose. In fact, the achievement of the project purpose is considered high.

### **(3) Efficiency**

The efficiency of the project is high for the following reasons.

All the Outputs are expected to be achieved by the end of the project. The progress of the activities were accelerated after having established the "working group" because it served not only as a better communication tool but also as an occasion of pre-agreement before JCC among the concerned actors, which made it very efficient. During the project, many meetings

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<sup>1</sup> Source ;Enquête Démographique et de Santé à Indicateurs Multiples, Sénégal (EDS-MICS) 2010 -2011, Agence National de la Statistique et de la Démographie (ANSD) Dakar, Sénégal, Février 2012

and workshops were conducted, but it was confirmed that they were all well-organized with a clear purpose, and efficiently managed. Moreover, many guidelines and manuals developed during the last three years of the project were highly appreciated by the Senegalese side because of their quality. Therefore, all the inputs such as Japanese experts and local costs were appropriate in terms of quantity, quality and timing for the produced results.

Furthermore, optimization of local resources was observed. Trainings on planning and monitoring/evaluation, accounting/financing were sub-contracted to local consultants such as CESAG. Currently training on law and regulation of human resources is also being prepared by a local consultant because this subject is better managed by a local person than a Japanese expert, and it is also more cost-efficient.

Optimization of trainees in Japan was observed as well. Although there was no plan of training in Japan in the project, there were several personnel in the project who went to trainings in Japan in the framework of the “Health System Strengthening Program” of JICA in Senegal. Especially in the field of 5S, a staff who received the training phase 1 and phase 2 of “5S-KAIZEN-TQM” in Japan in the framework of AAKCP is now in charge of the program of 5S-KAIZEN-TQM in the Ministry and highly contributed to the project activities.

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

The following impacts are confirmed or expected after the project activities. The prospect of achieving overall goal is relatively high at the time of the final evaluation.

- **Probability of achievement of the Overall Goal**

The overall goal is to improve health status of the population in Tambacounda and Kedougou regions and its indicators are health indicators of the Millennium Development Goals such as reducing infant mortality, improving maternal health care and preventing infectious diseases, etc. At the time of the final evaluation, it was not possible to see changes in these indicators but baseline data was obtained from national health census published in February 2012, which secured the possibility to evaluate the achievement of the overall goal. On the other hand, it was observed that many counterparts have an impression of improvement of quality of health services after having introduced 5S and OGRIS. In fact, 5S and OGRIS could highly contribute to create a more hygienic environment, so it directly has a positive impact on reducing infant and maternal mortality rate caused by nosocomial infection.

Thus, the probability of achievement of the overall goal can be high but continuous activities are essential.

- **Synergy effect with other projects in “Health System Strengthening Program”**

PARSS and PRESSMN are the two major components of the program. Synergy effect of the two projects can clearly be found in the fact that both projects have 5S activity. In addition, PRESSMN is expected to benefit from the foundation of health system management developed by PARSS in order to improve maternal health care services.

AAKCP is another component of the program whose major activity was 5S-KAIZEN-TQM in order to improve quality of service in hospitals. During the project period, a National Quality Program was established in the Ministry and 5S-KAIZEN-TQM has been officially started. PARSS benefitted in a great deal from this experience, mobilizing the personnel in the National Quality Program for 5S activities. Furthermore, the National Quality Program is preparing Guidelines of 5S-KAIZEN-TQM for hospitals by themselves after having participated in development of guidelines for Health Centers in PARSS project.

- Other unexpected impacts

It is noteworthy that many development partners such as UNICEF, USAID, CTB, LuxDev and AFD have committed to disseminate the project activities to other regions as a result of the project's effort to involve them in the activity process. In addition, PAGOSAN is preparing ePTA based on PTA guideline developed by PARSS. e-PTA is an online PTA form for the purpose of easy access for everybody to follow annual planning and its activities. Currently the training is being provided and the system is to complete by 2014 after a pilot test in 116 concerned services and facilities. No negative impact caused by the project has been recognized.

## **(5) Sustainability**

The sustainability of the project is relatively high in political and technical aspects, but some effort is required to secure financial support.

- In political/institutional aspect the sustainability is secured because the PNDS 2009-2018 gives importance to improvement of MDGs indicators, and more importantly, almost all the guidelines/manuals developed by the project have been approved as national documents and adopted as the implementation strategies of PNDS 2009-2018. Furthermore, since 5S is highly appreciated for its effectiveness of quality improvement, now the Health Minister emphasizes the dissemination of 5S in the country. When the training package of PARSS is integrated into the continuous education at Tambacounda Regional Health Training Center, which the project is preparing, the sustainability will be highly guaranteed in the political/institutional aspect.
- In technical aspect the sustainability is also guaranteed since the technical transfer was implemented through project activities especially development of guidelines/manuals in total participative way. It was also recognized that 5S activities were voluntarily started at a health post which has not had the training. It is noteworthy that 5S could easily be applied because of its visible effectiveness and very low cost. On the other hand, in order to continue the activities, supervision is inevitable. Coordination with other vertical programs to conduct integrated supervision needs to be considered.
- The financial aspect needs some effort to achieve sustainability, especially for the supervision activities from central and regional level. At health post level, on the other hand, it was recognized that health committees support the continuous activity of resource management and 5S, again because of its visible effectiveness and good cost efficiency.

## **3. Factors promoting better sustainability and impact**

### **(1) Factors concerning Planning**

The high consistency of the project purpose and national health policy of Senegal contributed to promote the relevance and sustainability of the project. The fact that the guidelines and manuals developed by the project have been smoothly approved as national documents indeed proves the proper intervention of the project. Also, the programming of coordination with developing partners in the project greatly contributed to extend the project activities to other regions at a rather early stage. It produced a big impact and also sustainability in technical and financial aspect.

### **(2) Factors concerning the Implementation Process**

The project took a strictly participative method when developing guidelines and manuals, having had a consensus on every decision. It was confirmed that such method helped the participants to have a sense of appropriation, which accelerated the efficiency of the activities. In addition, when developing the guidelines, a practical methodology based on actual work rather than explaining theories was well accepted by counterparts.

#### **4. Factors inhibiting better sustainability and impact**

##### **(1) Factors concerning Planning**

- For the project input concerning the component of medical equipment and facility management in Output2, it was not clear that the project had to discuss to make an agreement on this matter, which affected the efficiency of the project activity. It was finally agreed that this component could be covered by 5S activities from the view of resource management, so there was no further input in this field. It can be said that the scope of the project component shall be agreed as concrete as possible at the time of project formulation.
- While the project is attached to DGS, the activity of Output1 was to be managed by DPRS. Thus, some additional efforts were needed to coordinate the activity between the two departments. Although it did not impede the progress of activity, it would have been ideal if these two departments were officially assigned as a project counterpart organization.

##### **(2) Factors concerning the Implementation Process**

- It was raised at the mid-term review that the Action plan of the project had not been shared with the Senegalese side. Therefore a working group was rapidly established, which solved this problem by having discussed jointly the concrete action plan.
- The activity on health information system was impeded because of a strike of public employees, but as soon as the strikes ended the project started the activity and achieved the goal, which was making a guideline and providing training.
- The 5S trainings have fallen behind at three health centers (Saraya, Koumpentoum and Kidira) because of their delay in moving to newly constructed facilities whose electricity work has not yet been finished by the Senegalese side. It has been agreed that the project would not support the trainings if they could not complete the move by the end of December 2013.
- It was revealed that personnel trained on 5S were all transferred so there was no more responsible person of 5S in a certain health center. This situation could have been prevented by disseminating the knowledge to other staff before the transfer. However, in order to make a rather sustainable system, more effective method should be considered.

#### **5. Conclusion**

It has been confirmed that the relevance and the effectiveness of the project are very high, as well as high efficiency is recognized because of various project approaches. The extension of the project activities to other regions produced a positive impact as well. On the other hand, the degree of sustainability stays relatively low in financial aspect while political/institutional aspects keep high status. Together with technical aspect, financial support needs to be secured by various approaches. Overall, the project purpose is expected to be achieved by the end of the project, so it can be concluded that the project will finish as initially planned. Furthermore, while the succeeding project has been requested by the Senegalese side, the recommendations in the following chapter need to be implemented by the end of this project.



## 6. Recommendations

### By the end of the project:

	Recommendations	Responsible body
1	Monitoring of 5S and OGRIS shall be integrated into regular supervision of the management team at Regional Medical Offices and District Medical Offices.	Regional Medical Offices, District Medical Offices
2	Trainings developed by the project (OGRIS, PTA, POCL) shall be conducted in Tambacounda and Kedougou regions with UNICEF support which has been committed and allocated.	Regional Medical Offices, District Medical Offices
3	The three newly constructed health centers (Saraya, Koumpentoum and Kidira) shall be quickly launched and 5S training shall be conducted. In case the moves are not completed by the end of December 2013, the project will not support the training.	Ministry of Health and Social Action

### After the end of the project:

	Recommendations	Responsible body
1	The integration of the project's training package in the continuing education at Tambacounda Regional Health Training Center shall be ensured: The management system shall be established and the necessary budget needs to be secured as agreed on the operational plan.	Human Resource Development / Ministry of Health and Social Action
2	Training shall be provided followed by training of trainees in order to ensure the knowledge transfer to all concerned personnel.	Regional Medical Offices, District Medical Offices
3	Dissemination of the project activity shall be done: The financial support is already committed to by PAGOSAN, AFD, LuxDev, etc. but needs to be effectively invested.	Directorate of Health / Ministry of Health and Social Action
4	PTA shall have more practical effect by making sustainable coordination with various partners such as donors, local governments and enterprises, etc.	Regional Medical Offices, District Medical Offices

## 7. Lessons Learned

### (1) For health system strengthening projects

- **The scope of the project input/activities needs to be determined as clearly as possible at the time of project formulation:**

Leaving an unclear component for the project implementers to determine after the launch of the project could cause some troubles to reach an agreement with the counterpart. In this project, since many components were included in resource management without fixing the range of possible assistance, the Senegalese side was expecting too much on this component so that it was difficult to reach an agreement on the limitation of the input. Therefore, fixing

the project range and agreeing on it with the counterpart at the time of project formulation should lead to a smoother implementation of the project.

- **Selection of counterpart:**

It is important to select counterpart organizations according to the project content. Project content should be shared with the other party to identify the proper department or institution. If the project covers several different activities, more than one department/institution could be assigned to be counterparts so that the result can be a smooth project implementation.

- **Measures to bring about ownership:**

The participative method in the process of development of guidelines played a very important role to bring about a sense of ownership. Guidelines are considered as Senegalese part's proper documents which also led to sustainable use of the guidelines. The project took the following steps: development of a first draft, test of its effectiveness and usability, review based on the test and discussion, finalization and validation. While developing guidelines itself tends to be a goal of a project, these steps allow counterparts to engage in the whole process in order to create ownership.

In addition, establishing a working group was an effective way to communicate, allowing everybody to participate in discussions of project activities. It also contributed to create the feeling of ownership.

- **Coordination with other partners for financial sustainability:**

The project benefitted from the financial assistance of other donor partners not only for the implementation of the project's proper activities but also for the dissemination of the project to other regions. It was because the project made a lot of effort to involve the concerned partners by inviting them to meetings and workshops to introduce the activities. Also a brochure of project activities with necessary budget for its implementation was created to attract financial support. While financial sustainability is often an issue, these measures could be very effective.

- **Coordination among all levels (district-region-central):**

When a project intervenes at regional or at district level, it is essential to engage with the central level in view of institutionalization and sustainability of the project's output.

Especially in the cooperation for health system management, all levels must interact with each other in order to function as a whole system and ultimately improve quality of health services. Thus, it is crucial to work with central level in addition to every other field level actor.

## **(2) Program approach**

This project constitutes the core of JICA's "Health System Strengthening Program" for Senegal, and the results of the project highly contribute to achieve the program goal in the following ways:

1. Good management of health facilities which were constructed with Japan's grant aid
2. Reinforcement of the management capacity (improvement of working environment, development of strategic plan, etc.) of personnel who received training in Japan and third countries in the field of ENDSS and CNFTMH
3. Establishment of a base for PRESSMN2 to improve the quality of health services and increase the number of visits.

Concerning the synergy effect in technical aspect, PARSS involved well the personnel who benefitted from AAKCP program in 5S-KAIZEN activities. As a result, 5S activities are being promoted in all

Senegal, and 5S guideline for hospitals is being developed by the Senegalese side based on the one for health centers made by PARSS.

All these synergy effects within the program mentioned above are to be attributed to strong commitment of the Senegalese side who globally comprehends the program, and also to great effort provided by the technical advisor at the Ministry of Health and Social Action to coordinate all projects and the Senegalese side in the program framework to ensure smooth communication.

Every component of the program was well designed to properly interact and thus produce a synergy effect. This, together with good commitment of the Senegalese side and presence of JICA technical advisor who directs the whole program towards the right direction makes it a good case study of program approach.