

Summary of the Terminal Evaluation Results

1. Outline of the Project	
Country: Cambodia	Project title: Strengthening Human Resources Development System of co-medicals in Cambodia
Issue/Sector: Health, Health System	Cooperation scheme: Technical Cooperation
Division in charge: Human Development Department, JICA	Total cost (as of Jan 2015): 250 million yen
Period of Cooperation: 22 nd June, 2010 – 21 st June, 2015	Partner Country's Implementing Organisations: Human Resources Development Department (HRDD), MOH, National Maternal and Child Health Center (NMCHC)
	Japanese Cooperating Organisation(s): National Center for Global Health and Medicine
	Related Cooperation: • Project for Human Resource Development of Co-medicals
<p>1-1 Background of the Project</p> <p>Technical cooperation in the field of Co-medical education system was started as "Project for Human Resources Development for Co-Medicals", from 2003 to 2010. The project contributed to develop regulations on the "School approval criteria" and "guidelines for approved schools"; and provided reference books to the schools for co medicals (Nurse, Laboratory technician, Physiotherapy and Radiology) with short refresher courses for school teachers in Cambodia. However, some issues still remain, i.e. lack of systematic mechanism for capacity building of teaching staff, insufficient regulations for controlling the quality of health professionals, and difficulties in harmonization and alignment among partners on pre-service and in-service training needs.</p> <p>Based on the lessons learned from the previous project, "Project for Human Recourses Development System of Co-medicals" was launched in June 2010 as taking position of phase 2 of the previous project described above. The project has two main pillars with the focus on nursing and midwifery. One is supporting to develop a regulatory framework for health professionals, another is developing overseas bachelor bridging course at Saint Louis Collage in Thailand and dispatching Cambodian nursing school teachers and clinical trainers to the course.</p> <p>Approaching to an end of the Project in June 2015, a Terminal Evaluation Team (the Team) was dispatched to review the progress and the achievement and to discuss and agree on the countermeasure to solve the challenges if any.</p>	
<p>1-2 Project Overview</p> <p>(1) Overall Goal: Quality co-medicals are produced through the human resource development system</p> <p>(2) Project Purpose: The educational basis for quality co-medicals (mainly nursing/midwifery human resources) is improved by enhancement of HRDD management capacity</p> <p>(3) Outputs:</p>	

<p>1. Drafts for Nursing Regulations are prepared.</p> <p>2. Draft for Midwifery Regulations is prepared.</p> <p>3. Quality of education by nursing and midwifery teachers with core team of bachelor holder is improved.</p> <p>(4) Inputs (as of Jan 2015)</p> <p>Japanese side:</p> <ul style="list-style-type: none"> • Japanese experts <ul style="list-style-type: none"> Long-term: 3 persons; Short-term: total 31 persons (34.5MM), • Training in Japan: total 6 participants • Overseas Activity Cost: USD 830,841 (i.e. 209,225USD in Cambodia, 552,628USD in Thailand) • Equipment: worth USD29,444 (for Office PCs and antivirus and office software, stabilizers etc.) <p>Cambodian side:</p> <ul style="list-style-type: none"> • Assignment of C/P: 9 personnel (8 from MOH, 1 from NMCHC) • Project Office: office space within MOH <p>Office facilities: meeting room, electricity, water, desks and chairs, printer, security and white board</p>		
2. Outline of the Terminal Evaluation Team		
Evaluation Team	<ol style="list-style-type: none"> 1. Team Leader, Mr. Tomoya Yoshida, Director, Health Group 2, Human Development Department, Japan International Cooperation Agency (JICA) 2. Technical Advisor, Dr. Hidechika Akashi, Director, Department of Global Network and Partnership, Bureau of International Medical Cooperation, National Center for Global Health and Medicine (NCGM) 3. Cooperation Planning, Ms. Kyoko Sakurai, Health Group 2, Human Development Department, Japan International Cooperation Agency (JICA) 4. Evaluation Analysis, Ms. Yuko Tanaka, Consultant, Tekizaitekisho LLC. 	
Period	January 7, 2015 – January 23, 2015	Type of Evaluation: Terminal Evaluation
3. Summary of Terminal Evaluation Results		
3-1 Achievements		
(1) Likelihood of Achieving the Project Purpose		
<p>Project Purpose: The educational basis for quality co-medicals (mainly nursing/midwifery human resources) is improved by enhancement of HRDD management capacity.</p> <p>At the time of Mid-term Review (March 2013), the probability of achieving the Project Purpose by the end of the Project was considered to be high. As for the indicator 1 “National Nursing Licensing System” was considered to be “in the process of achieving” because i) National Exit Exam is implemented with the endorsement from the Government, ii) responsible institution was about to be finalized, iii) Sub-decree for nursing regulation is at the final stage before approval. However, during</p>		

the preliminary consultation for draft Sub-decree with the Council of Ministers, the lawyers pointed out that there were some discrepancies between the draft Sub-decree and existing law(s) and regulations, and that a law is required to support the licensing system. Therefore, a new Law on health professionals was identified as crucial step before proceeding to the approval of draft Sub-decree.

Overall, the level of achievement of the Project Purpose, it is considered to be partly achieved. As is mentioned earlier, indicator 1 is not achieved while the rest of the indicators are either mostly achieved or close to be achieved. In order to fulfill the indicator 1, drafting of regulations is set in PDM (as Output 1 and 2), and these outputs are complemented by several external conditions. The second external condition “Responsible organization for licensing and registration is decided promptly” is agreed but it has to wait till the enactment of new law, while the third external condition “Draft of nursing regulations (licensing) are approved and issued by the relevant level of authorities of the government” would not be fulfilled by the end of the Project. On the other hand, the first external factor “The National Exit Exam is implemented as planned” is already fulfilled; however the Evaluation Team notes that there are several more important steps to examine and reach to agreement among relevant stakeholders (MOH and 5 professional councils) in order to be able to initiate a National Licensing System in Cambodia. These important steps were not clearly addressed within the current PDM as part of the Project activities, and with some influence of implementing structure it was very difficult for the Project to bring forward each process leading to National Licensing System.

(2) Level of Achievements: Outputs

Output 1: Drafts for Nursing Regulations are prepared.

Support for regulatory development for National Licensing System became more important issue for Cambodia after the initiation of the Project, so in response to strong request from Cambodian side the Project agreed to modify its scope by shifting more focus from training of existing and new teachers onto strengthening regulatory framework through development of regulations relating to National Licensing System. The modified content of Output 1 was officially agreed during the consultative mission in Dec 2011 as to develop drafts for nursing regulations. At the beginning of the Project, legislative support at higher level (i.e. Law level) was also discussed within MOH, however considering the project scope such as cooperation time and implementing structure the Project decided to focus at Sub-decree and Prakas level.

During the development process of draft Sub-decree, not only HRDD but also related departments (such as Legislative Department and Hospital Service Department of MOH) as well as Health Professions Councils were also involved as technical working group and consultative working group members. During the drafting process, core counterpart members were also given opportunities to learn about licensing and registration system in other countries (especially in Japan and in Thailand) through training courses in Japan and technical exchange meetings.

Since then, it took a long time to determine the highest responsible body for management of registration and licensing system. Recommendation from working group and consultative group to have the Minister of Health to issue the license within transitional period of 5 years because the process for

licensing application is not developed yet in Cambodia. Recommendation was also made to establish a National Board to assist development process for licensing system and work together for the quality of education and health professional.

The final draft of “Sub-decree for Nursing Regulation” was submitted to the Minister of Health in February 2014, however during the preliminary consultative meeting with lawyers of Council of Ministers, lawyers pointed out that there are duplications with the existing law and suggested that the amendment of existing law⁸ or development of new law would be necessary in order to bring further the process of approval of the draft Sub-decree. Based on the agreement in JCC September 2014, a technical working group was formed to develop a draft for amendment, as a result of a series of discussion within the working group and consultation meeting among senior members of MOH and Health Professions Councils, a new Law on health professionals was agreed to be developed.

Output 2: Draft for Midwifery Regulations is prepared.

The component of drafting midwifery regulation was not started at the time of mid-term review (March, 2013) and the Japanese side suggested to exclude this component out of the scope of the Project. However, as a result of discussion in JCC, both sides agreed to keep this component within the Project scope. On the other hand, HRDD, being in charge of many tasks such as accreditation of private schools and management of national exams, does not have further human capacities to take up role of regulatory development in this component, director of NMCHC was appointed as an additional counterpart to be responsible for the drafting of midwifery regulations based on the amendment of R/D in May 2014. The technical working group was formed in December 2014 and the group is now at the preparation stage for drafting midwifery regulations. The expected timelines for the working group is to finish the first draft by the end of February, followed by revision of the draft by April. The Project aims to submit the final draft to Minister of Health around May 2015⁹. Nevertheless, in order to proceed with the approval process of draft Sub-decree, Law on health professionals mentioned earlier need to be developed as well. In addition, contents of the draft Sub-decree need to be revised so that it is compatible with the new law on health professional once it is drafted.

Overall, the level of achievement of Output 2 at the time of terminal evaluation is still limited. However, the Project has recently taken up activities to start a drafting process with technical working group members so it is expected that the draft will be developed according to the planned timelines mentioned above.

Output 3: Quality of education by nursing and midwifery teachers with core team of bachelor holder is improved.

The original project design (PDM ver.1) placed more focus on strengthening the education system of teachers, and the focus was shifted to the support for regulatory framework of National Licensing

⁸ Law on Management of Medical, Paramedical, and Medical Aide Profession

⁹ According to the interview with Director of NMCHC on 9 Jan 2015.

System during the consultative mission in December 2011. The component for nursing and midwifery teachers education was modified and integrated into one of the outputs (Output 3), i.e. improved quality of education for nursing and midwifery teachers through upgrading academic qualification of teachers and preceptors hence forming a “core team of bachelor holder”. As of January 2015, 13 teachers and 19 preceptors (27 nurses, 5 midwives, total 32) have been sent to take a bridging course in SLC Thailand developed by the Project with its technical and financial support¹⁰. The SLC course has more focus (about 2/3 of total teaching hours) on clinical training in order to enforce the clinical experience of teachers¹¹.

As for the level of achievement, it is considered that Output 3 is mostly achieved. Most of the SLC graduates interviewed during the terminal evaluation study are either continuing to be in a position of teaching students (as preceptors or teachers) or providing some advice for other colleagues who are preceptors or teachers.

3-2 Results as per Five Evaluation Criteria

(1) Relevance

The relevance of the Project remains high for the following reasons:

- The Project design is in line with national policies of Cambodia, namely “Cambodia Health Strategic Plan 2008-2015” and “Second National Health Workforce Development Plan 2006-2015”, both of which elaborate the needs of improvement of human resources for health.
- The Project is consistent with priority areas for Japan’s Assistance Policy for Cambodia (April 2012). The Project is located under the development program for “Strengthen Health System”, under the priority area (development subject) of “Enhancement of Health and Medical Care”.
- The requirement from ASEAN Economic Community (AEC) for mutual recognition arrangement is another factor to enhance relevance of the Project approach to urgently develop a National Licensing System.

(2) Effectiveness

The effectiveness of the Project is considered to be moderate for the following reasons:

- The possibility of achieving the Project Purpose “The educational basis for quality co-medicals (mainly nursing/midwifery human resources) is improved by enhancement of HRDD management capacity.” by the end of the Project is considered to be moderate in terms of achievement of indicators. Achievement of indicator 1 of the Project Purpose is affected by some of the external conditions specified in PDM (ver.3), in addition a Law on health professionals turned out to be necessary in order to start a National Licensing System.
- Regarding the logical relationship between Outputs and indicator 1 of the Project Purpose, drafting of nursing/midwifery regulations (Outputs 1 and 2) is not sufficient for starting National Licensing System.

¹⁰ Including those who are currently studying in SLC; they are expected to complete their study in February 2015.

¹¹ In Cambodia at least three years of clinical experience is required for teachers, however number of teachers cannot fulfil this requirement (according to the questionnaire and personal communications with JICA experts in January 2015) .

- Besides the achievement of indicators, Output 1, 2 and 3 contributed to the enhancement of HRDD management capacity especially through the experience of developing the nursing/midwifery regulations, as well as monitoring and follow-up of BSN bridging course. Therefore, Output 1, 2 and 3 contributed to the improvement of educational basis.
- The effectiveness of the Project would increase if nursing/midwifery regulations drafted by the Project (Output 1 and 2) are approved and enacted by MOH. In order to start a National Licensing System MOH also decided to develop a Law on health professionals, therefore it is hoped that the drafting and approval process of this law would go smoothly and effectively.

(3) Efficiency

Overall, the level of efficiency of the Project is considered to be intermediately high for the following reasons:

- Some inhibiting factors affected efficient implementation of the Project activities. These include; delay of decision making within MOH and a general election affected the progress of the Project. In addition, it was not until the last moment of the Project cooperation period that a new law is required to support Sub-decrees for Nursing/Midwifery Regulations developed by the Project.
- Regarding the bridging course in SLC Thailand, all of 32 students¹² successfully completed the BSN course and returned to their respective schools and teaching hospitals. Upon returning to Cambodia, SLC graduates continue to be involved in educational activities to share their experiences to their colleagues and students in schools and teaching hospitals.

(4) Impact

Impact is a viewpoint that asks “whether expected or unexpected long-term effects are brought about as a result of the Project”. Overall Goal, which is expected to be achieved within three to five years after the Project completion, is one of the expected impacts of the Project.

As for the level of achievement of Overall Goal “Quality co-medicals are produced through the human resources development system”, it is still premature to examine to what extent the outcome of the Project could contribute to fulfill the Overall Goal. MOH is still in the preparatory phase in terms of setting up a National Licensing System, therefore it is hoped that the Overall Goal “quality of co-medicals are produced” will be fulfilled once National Licensing system is set up in Cambodia.

As for another impact besides the Overall Goal, following are reported as potential impact of the Project.

- Core members of professional councils were also involved in some project activities such as working groups, training seminars and technical exchanges. This contributed to enhance knowledge of Health Professions Council members.
- One SLC graduate was assigned to HRDD and this will contribute to the human resource development in nursing and midwifery in the future.
- Self-support group “BSN-GG” including SLC graduates was formulated during the Project. This

¹² Including batch 4 who will complete their studies in February 2015.

may be a potential platform for continuous knowledge sharing, which could lead to the formation of an academic society in the future.

(5) Sustainability

1) Policy aspects

The sustainability of the Project from policy aspects is considered to be high for the following reasons:

- Development of human resources for health is likely to remain one of the priority areas of health sectors in Cambodia. MOH is now preparing “Cambodia Health Strategic Plan (HSP)” and “Second National Health Workforce Development Plan (HWFDP)” for the next phase starting from 2016, and human resources for health is one of the 6 priority areas of HWFDP.
- Law on health professionals is now in a preparatory phase within MOH. Once this Law is established and related regulations (including Sub-decrees of Nursing/Midwifery Regulations) are enacted, it will reinforce the sustainability of the effects of the Project.

2) Institutional and financial aspects

In terms of organizational and financial aspects, sustainability is moderately assured.

- In terms of National Licensing System, responsible organization for licensing is agreed to be the Minister of Health and it will be transferred to Health Professions Councils in about 5 years’ time. Technical working group also suggested establishing a national board to assist development process for licensing system. The institutional arrangement will be officially documented either in Law on health professionals or in related regulations.
- Regarding BSN bridging course in Thailand (SLC), there is no financial or institutional arrangement within MOH to continue sending teachers/preceptors to SLC after the Project. On the other hand, in-country bridging course was supported by WHO/Ausaid during Feb 2013 – Dec 2014, and recently Korean government (through KOICA) started to support in-country bridging course in partnership with UHS during Jan 2015-Dec 2016¹³.

3) Technical aspects

The sustainability of the Project from technical aspects is considered to be intermediately high for the following reasons:

- During the process of regulatory development, key stakeholders from MOH and Health Professions Councils participated in working groups, technical exchange meetings, and trainings. Some of them were also involved in the drafting of Nursing/Midwifery Regulations. Through these activities counterpart members enhanced their knowledge and experiences of regulatory development in National Licensing System.
- 22 SLC graduates among 26 returned are in position to improve teaching –learning activities at school (i.e. working group mentioned above, technical bureau staff) and at hospital (ie head or vice head nurse at ward, member of nursing department).

¹³ According to the information collected by JICA Cambodia Office, the total budget is USD 1 million, and KOICA provides both technical and financial support, covering 40 candidates from bridging course.

- Course syllabi on two subjects were developed to standardize quality of education. However, course syllabus on clinical practice at hospitals is not developed.

(6) Factors that promoted/ inhibited realization of effects

1) Promoting factors:

- Japanese Supporting Group provides technical advices especially on drafting nursing regulations and school accreditation regulation.
- Regular monitoring made by HRDD officials to SLC enhanced understanding of HRDD to recognize this bridging course within the wider context of human resource development program (and not merely JICA's scholarship program).
- Bridging course in Thailand is an effective input from the Project for providing opportunities to teachers and preceptors to learn about some fundamental issues of nursing practice such as nursing care in hospitals, health centers and communities. It also provides opportunities to learn from professors from Thailand in foreign language (English).
- Strong management capacity of some of the counterpart members. They had a chance to learn experiences from other countries in terms of school accreditation system, national exam, licensing and registration system (its framework, operation, role of public administration etc.)
- Among the SLC graduates, 1) all return to their original institution/hospital upon completing their study in Thailand, and 2) They can count in support and understanding from their bosses.

2) Inhibiting factors:

- The delay of decision making within MOH and a general election (July 2013) affected the progress of the Project in submitting or bringing draft Sub-decree to the preliminary consultation with lawyers of the Council of Ministers. This resulted in the delay of recognizing the necessity for amending or establishing a Law on health professionals. (See section 3.2.2 for details).
- Within the Project design (PDM ver.3), indicator 1 of the Project Purpose (National Licensing System is started) cannot be achieved by achieving Outputs (1 and 2) and fulfillment of external conditions only. Activities on development of implementation capacity for National Licensing System were necessary, or either modification of Project indicator was necessary.

3-3 Conclusion

According to the Project design, this Project aims to enhance “the educational basis for quality co-medicals” by improving management capacity of HRDD (see PDM ver.3). Two kinds of mid-term goals are set as “Outputs”, and these are i) To draft Nursing/Midwifery Regulations and ii) To improve quality of nursing/midwifery teachers. As for Output level, Output 1 and 3 are considered to be mostly achieved, while the level of achievement of Output 2 is still limited at the time of terminal evaluation. However, the progress of Output 2 is still on track, and it is expected to be achieved by the end of the Project (June 2015). The Project Purpose is considered to be “partly achieved”, instead it will take at least few more years before the National Licensing System can actually be implemented (indicator 1 of the Project Purpose).

In terms of five evaluation criteria, relevance is considered to be remained high, effectiveness is moderate and efficiency is considered to be intermediately high. It is still premature to examine the level of achievement of Overall Goal of the Project, because the “human resource development system” including National Licensing System is not yet started. Overall Goal shall be verified when the Law on health professionals is established and the National Licensing System is started. In terms of sustainability, it is considered to be high from the policy aspect, moderately assured from the organizational and financial aspects, and intermediately high from technical aspects.

3-4 Recommendations and Lessons learned

3-4-1 Recommendations

On the ground of the results of the study summarised above, the Mid-term Review Team has made the following recommendations to the Project.

1. By the end of the project, MOH should draft the new Law on health professionals. On drafting the Law, MOH is recommended to check the consistency in the contents of the Law and draft nursing and midwifery Sub-decrees.
2. It is recommended that MOH should take prompt actions towards making and getting approval of the new Law on health professionals, so that the draft sub-decrees on nursing and midwifery regulations do not get stuck in pending status.
3. As recommended by the mid-term review team of the Project in March 2013, it is necessary for MOH to state the responsible organization of licensing and registration of health professionals in the draft Law or Sub-decrees.
4. The Project is recommended to take necessary steps for approval and enactment of the draft joint Prakas on the School Accreditation. HRDD is recommended to conduct regular monitoring of public and private schools for ensuring the implementation of the joint Prakas, once it is enacted.
5. The inventory list of laws and regulations developed by the Project proved to be very useful for the national and local health administration bodies. Therefore, it is recommended that the legislative department of MOH establish and maintain mechanism to manage, update and disseminate the inventory list, and MOH allocate the annual budget for the operation.
6. MOH is strongly recommended to make a mid to long term strategy and action plan specifically for nursing and midwifery human resource development in Cambodia Health Workforce Development Plan 2016-2020. It should include development plan for the teaching professionals at nursing schools and preceptors in hospitals including overseas and in-country bridging courses.
7. Project is recommended to set the target number for the indicator of the Overall Goal “# of certified

nurse/midwife under the new system increases” specified in PDM (ver.3).

8. MOH and nursing/midwifery schools are recommended to develop syllabi of all subjects including clinical practice syllabus. SLC graduates from hospitals and schools can be utilized in this process.
9. The project is recommended to hold seminars for dissemination on 1) Joint Prakas on school accreditation among officers from private and public health professional schools 2) professional development of nurses through BSN bridging course among nurses on International Nursing Day.

3-4-2 Lessons learned

1. At the initial stage of any projects aiming to develop health sector laws and/or regulations, the project should create the inventory list on the related laws and regulations to promote understanding of MOH on entire laws and regulations on health, if they do not have the list.
2. Within PDM, achievement of outputs and fulfilment of external conditions should be directly linked to achievement of the project purpose.
3. The scope of projects aiming to develop health sector laws and/or regulations should be limited to formulation of the draft laws and/or regulations because enactment of laws and/or regulations is hard to achieve only by the project inputs.
4. Conducting educational program outside the country where education environment is advanced is effective in fostering potential leaders at the early stage of the development of the sector.