

Country Name	Project on Strengthening of Rehabilitation
Republic of the Union of Myanmar	

I. Project Outline

Background	In Myanmar, approximately five million people, which was accounted for 10% of the total population in the country, had disabilities due to infectious diseases, landmine accidents, malnutrition, lack of health care services and medical supplies, etc. The Government of Myanmar had provided special education, social services like vocational training and employment for persons with disabilities (PWDs) via efforts of the Ministry of Social Welfare, Relief and Resettlement (MSWRR). Also the Ministry of Health provided medical services of prevention and rehabilitation. However, provided services were not sufficient in terms of quantity and quality, and there were urgent needs for increasing opportunities of basic medical rehabilitation services for PWDs and upgrading techniques of the service providers.												
Objectives of the Project	Through the improved training system of the National Rehabilitation Hospital (NRH), upgraded NRH's system to provide quality rehabilitation services and enhanced collaboration among NRH and related institutions, the project aimed at strengthening the system for providing quality rehabilitation services in NRH, thereby contributing to improvement of the quality of rehabilitation services in Myanmar.												
	Overall Goal: Quality of rehabilitation services in Myanmar is improved. Project Purpose: The system for providing quality rehabilitation services in NRH is strengthened.												
Activities of the project	<p>1. Project site: Yangon.</p> <p>2. Main activities: development of training materials, training of the trainers on rehabilitation services, development of monitoring and evaluation of rehabilitation services at NRH, conduct of the seminars on referral, etc.</p> <p>3. Inputs (to carry out above activities)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Japanese Side</td> <td style="width: 50%;">Myanmar Side</td> </tr> <tr> <td>1) Experts from Japan: 16 persons</td> <td>1) Staff allocated: 19 persons</td> </tr> <tr> <td>2) Training in Japan and third country: 33 persons</td> <td>2) Land and facilities: Office space, lodges for training participants, etc.</td> </tr> <tr> <td>3) Equipment: rehabilitation equipment, PC, books for rehabilitation purposes, etc.</td> <td>3) Operation cost for electricity and telephone bills, etc.</td> </tr> <tr> <td>4) Operation cost for holding trainings and seminars, NRH rehabilitation, etc.</td> <td></td> </tr> </table>			Japanese Side	Myanmar Side	1) Experts from Japan: 16 persons	1) Staff allocated: 19 persons	2) Training in Japan and third country: 33 persons	2) Land and facilities: Office space, lodges for training participants, etc.	3) Equipment: rehabilitation equipment, PC, books for rehabilitation purposes, etc.	3) Operation cost for electricity and telephone bills, etc.	4) Operation cost for holding trainings and seminars, NRH rehabilitation, etc.	
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Project Period	July 2008 to July 2013	Project Cost	(ex-ante) 340 million yen, (actual) 300 million yen										
Implementing Agency	Ministry of Health and Sports (MoHS) (Renamed from the Ministry of Health in May 2016)												
Cooperation Agency in Japan	National Rehabilitation Center for Persons with Disabilities, Japanese Physical Therapy Association and Japanese Association of Occupational Therapists												

II. Result of the Evaluation

[Special perspectives of evaluation considered at the ex-post evaluation]

- Indicator 2 of the Project Purpose (Health and mental condition of discharged patients are improved.) did not have any target value to be achieved or any baseline data to verify improvement. In the ex-post evaluation, it was judged as achieved if the actual status was improved compared with the beginning of the project.

- Indicator 3 of the Project Purpose was set as "Hospitalization period at NRH is shortened" in PDM. However, as pointed out by the Terminal Evaluation, it is not an appropriate indicator for verification of achievement of the Project Purpose, because it can be affected by external factors such as patient's request to stay longer for receiving quality rehabilitation service at NRH and family conditions to receive the patient. In the ex-post evaluation, this indicator was not applied to verify the achievement and continuation level of the Project Purpose.

[Evaluation constraints]

- Three hospitals were targeted in the Overall Goal in PDM. Due to the time and resource constraints, Yangon General Hospital (YGH) and Mandalay General Hospital (MGH) were visited for the site survey of this ex-post evaluation, as there were more participants in the trainings during the project period than Nay Pyi Taw General Hospital (NGH). The survey was conducted with North Okkalapa General Hospital (NOGH), though it was not targeted in PDM, as recommended by the Terminal Evaluation team.

1 Relevance

<Consistency with the Development Policy of Myanmar at the time of ex-ante evaluation and project completion>

Disability was one of the priority issues in the "National Health Plan (2006-2011)," and in the "National Plan of Action for Persons with Disabilities 2010-2012" which was still effective at the project completion, one of the objectives was to increase mobility, accessibility and opportunities for persons with disabilities. Thus, the project was consistent with the development policy of Myanmar.

<Consistency with the Development Needs of Myanmar at the time of ex-ante evaluation and project completion >

Though the Government of Myanmar had provided social and health services for PWDs, these provided services were not sufficient in terms of quantity and quality. Rehabilitation personnel (physicians, nurses, physiotherapists (PTs), etc.) were not sufficient in terms of quantity and quality, either. In such circumstances, there were great needs for capacity development of NRH who plays a principal role for capacity building of the rehabilitation personnel at both the ex-ante evaluation and project completion, and thus the project was relevant with these needs.

<Consistency with Japan's ODA Policy at the time of ex-ante evaluation>

As the Japan's ODA policy for Myanmar, new economic cooperation projects had been suspended since 2003 considering the political situation in Myanmar, but there were exceptions of projects with urgency and humanitarian purposes and aiming at capacity

building for democratization and economic structural reform to be implemented after careful consideration of project components. This project was consistent with humanitarian purpose of exceptional project to be implemented by the Japan' ODA¹.

<Evaluation Result>

In light of the above, the relevance of the project is high.

2 Effectiveness/Impact

<Status of Achievement for the Project Purpose at the time of Project Completion>

The Project Purpose was achieved by the project completion. During the project period, four satisfaction surveys were conducted regarding NRH's medical and rehabilitation services, rehabilitation equipment and referral services after discharge, and in all of the surveys the average scores were 4.6 to 4.8 exceeding 4 in five-grade evaluation (Indicator 1). Also, the other survey showed that physical and mental conditions of the discharged patients of spinal cord injury (SCI) were improved (Indicator 2). SCI was one of the topics which the project focused on.

<Continuation Status of Project Effects at the time of Ex-post Evaluation>

The project effects have mostly continued. NRH's major functions strengthened by the project such as the patient report system, case conference, risk management and barrier-free facilities have been sustained. After the project completion, the patients' satisfaction survey was conducted every year in which the average scores always exceeded 4. The survey to assess physical and mental conditions of the discharged patients has not been conducted through home visits for follow-up by PTs and Medical Social Workers due to the staff and fund shortage and low accessibility to patients' residence. However, NRH considers they have been improved because they provide quality rehabilitation services and wheelchairs and training opportunities when they are needed.

For diffusion of the project experience, trainers who had been trained in the project annually conducted specialized trainings from 2013 to 2015². In each training, rehabilitation personnel of NRH, MGH, YGH and other hospitals participated (25 participants in 2013, 28 in 2014 and 25 in 2015) in order to learn rehabilitation for SCI, cerebral palsy (CP) and stroke. Since 2016, with support of the International University of Health and Welfare (IUHW) of Japan, NRH has been conducting 5-day trainings for PTs in the country on physiotherapy, speech therapy and occupational therapy. 20 staffs of NRH and other hospitals participated in the training in 2016. Besides these trainings, NRH has shared the project experience with other hospitals through monthly meetings of the Myanmar Society of Rehabilitation Medicine (MSRM) and annual rehabilitation symposium and conference.

<Status of Achievement for Overall Goal at the time of Ex-post Evaluation>

It is judged that the Overall Goal has been mostly achieved. MGH, YGH and NOGH had been expected to conduct surveys on patients' satisfaction, and after the project completion, and questionnaire sheets had been prepared for patients' satisfaction by the project. However, any survey has not been conducted at either of these hospitals (Indicator 1), because they had not been informed of the survey and no instruction had been given to them by MoHS. On the other hand, the interviewed personnel of these hospitals answered that rehabilitation patients must have been satisfied with their services because their rehabilitation personnel got better knowledge and skills than before the project, provided team rehabilitation, and so on. Regarding the number of rehabilitation patients, the number of the outpatients has been increasing at all of MGH, NOGH and YGH and the number of the inpatients has been mostly stable (Indicator 2). In particular, the number of SCI patients has almost tripled at YGH, due to their quality acute rehabilitation services and sophisticated medication such as magnetic resonance imaging (MRI), according to YGH. Also, YGH answered that their personnel gained better rehabilitation knowledge and skills from the trainings in Japan during the project period and specialized trainings after the project completion.

<Other Impacts at the time of Ex-post Evaluation>

The Medical Superintendent (MS) who joined NRH after the project completion and learned the project experience from his colleagues has given lectures in the master course on rehabilitation medicine and physiotherapy, and their learning has been shared with the students who will be in the rehabilitation sector in the future. No negative impact has been confirmed in the natural environment and social aspects.

<Evaluation Result>

In light of the above, the Project Purpose was achieved and the effects have mostly continued. It is judged the Overall Goal has been mostly achieved. Therefore, the effectiveness/impact of the project is high.

Achievement of the Project Purpose and Overall Goal

Aim	Indicators	Results																		
(Project Purpose) The system for providing quality rehabilitation services in NRH is strengthened	1. Satisfaction of patients to rehabilitation services at NRH exceeds 4 in five-grade evaluation.	<p>Status of achievement: Achieved. (Terminal Evaluation)</p> <p>In all of the satisfaction surveys with rehabilitation patients at NRH, the average exceeded 4.</p> <table border="1"> <thead> <tr> <th></th> <th>Dec. 2010 to April 2011</th> <th>May 2011 to Oct. 2011</th> <th>Nov. 2011 to April 2012</th> <th>May 2012 to Oct. 2012</th> </tr> </thead> <tbody> <tr> <td>Average</td> <td>4.6</td> <td>4.8</td> <td>4.8</td> <td>4.8</td> </tr> </tbody> </table> <p>Note: The survey was conducted on 16 topics of 1) medical and rehabilitation services, 2) equipment and 3) referral services.</p> <p>(Ex-post Evaluation)</p> <table border="1"> <thead> <tr> <th></th> <th>2014</th> <th>2015</th> <th>2016</th> </tr> </thead> <tbody> <tr> <td>Average</td> <td>4.6</td> <td>4.8</td> <td>4.8</td> </tr> </tbody> </table> <p>Note: The survey was conducted on the same topics.</p>		Dec. 2010 to April 2011	May 2011 to Oct. 2011	Nov. 2011 to April 2012	May 2012 to Oct. 2012	Average	4.6	4.8	4.8	4.8		2014	2015	2016	Average	4.6	4.8	4.8
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2. Health and mental condition of discharged patients are improved.	<p>Status of achievement: Achieved.. (Terminal Evaluation)</p> <p>- During the period from Sep. 2011 to Dec. 2012, 50 inpatients were assessed on their</p>																			

¹ Ministry of Foreign Affairs (2009) "ODA Databook 2008."

² There was an agreement between the project and NRH to continued specialized trainings for three years.

		<p>discharge. 40 (82%) answered that they have “no health problem” and 32 (64%) answered they feel mentally “very good” or “good.” The survey was conducted with SCI patients on discharge. (Ex-post Evaluation) - No data was available because the survey has not been conducted, but its personnel consider that health and mental condition of the discharged patients have been improved due to their quality service, provision of wheelchairs and training opportunities.</p>																																		
	3. Hospitalization period at NRH is shortened.	<p>Status of achievement: Not to be verified for evaluation. <Reference information> (Terminal Evaluation)</p> <table border="1"> <tr> <td></td> <td>2008</td> <td>2009</td> <td>2010</td> <td>2011</td> <td>2012</td> </tr> <tr> <td>Days of hospitalization</td> <td>49</td> <td>46</td> <td>47</td> <td>43</td> <td>52</td> </tr> </table> <p>(Ex-post Evaluation)</p> <table border="1"> <tr> <td></td> <td>2014</td> <td>2015</td> <td>2016</td> </tr> <tr> <td>Days of hospitalization</td> <td>47</td> <td>41</td> <td>37</td> </tr> </table>		2008	2009	2010	2011	2012	Days of hospitalization	49	46	47	43	52		2014	2015	2016	Days of hospitalization	47	41	37														
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(Overall Goal) Quality of rehabilitation services in Myanmar is improved.	1. Satisfaction of patients to rehabilitation services at Mandalay General Hospital (MGH), (Nay Pyi Taw General Hospital) NGH, and Yangon General Hospital (YGH) is increased.	<p>Status of achievement: Partially achieved. (Ex-post Evaluation) - Satisfaction surveys have not been conducted at MGH, YGH and NOGH, though their personnel consider that patients’ satisfaction have been improved</p>																																		
	2. Number of patients treated for the rehabilitation service at MGH, NGH, and YGH is increased.	<p>Status of achievement: Achieved. (Ex-post Evaluation)</p> <table border="1"> <tr> <td></td> <td>2014</td> <td>2015</td> <td>2016</td> <td>2017</td> </tr> <tr> <td>YGH (Inpatients)</td> <td>278</td> <td>270</td> <td>272</td> <td>n.a.</td> </tr> <tr> <td>YGH (Outpatients)</td> <td>13,770</td> <td>15,976</td> <td>17,692</td> <td>10,256 (as of June)</td> </tr> <tr> <td>MGH (Outpatients, first visit)</td> <td>13,329</td> <td>13,148.</td> <td>16,709</td> <td>12895 (as of Sep.)</td> </tr> <tr> <td>MGH (Outpatients, return visit)</td> <td>3,157</td> <td>6,827</td> <td>12,541</td> <td>9,176 (as of Sep.)</td> </tr> <tr> <td>NOGH (Outpatients)</td> <td>2,109</td> <td>1,402</td> <td>1,792</td> <td>1266 (as of Oct.)</td> </tr> <tr> <td>NOGH (Inpatients)</td> <td>87</td> <td>86</td> <td>81</td> <td>63 (As of Oct.)</td> </tr> </table> <p>Note: The numbers of the outpatients at MGH, NOGH are those of walk-in patients for physical medicine treatment and those referred from other hospitals.</p>		2014	2015	2016	2017	YGH (Inpatients)	278	270	272	n.a.	YGH (Outpatients)	13,770	15,976	17,692	10,256 (as of June)	MGH (Outpatients, first visit)	13,329	13,148.	16,709	12895 (as of Sep.)	MGH (Outpatients, return visit)	3,157	6,827	12,541	9,176 (as of Sep.)	NOGH (Outpatients)	2,109	1,402	1,792	1266 (as of Oct.)	NOGH (Inpatients)	87	86	81
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Source: Terminal Evaluation Report, interview with MoHS, NRH, YGH, MGH, NOGH.

3 Efficiency

Outputs were produced as planned, and both the project cost and period were within the plan. Therefore, the project efficiency is high.

4 Sustainability

<Policy Aspect>

In the “National Comprehensive Development Plan” (2011-2030), one of the strategic thrusts to achieve goals is promotion of human development and poverty reduction,” which includes improvement of public services and inclusive access to quality services for the vulnerable. The “Myanmar National Strategy for Development of Persons with Disabilities” (2016-2025) prioritizes rehabilitation and capacity building among others.

<Institutional Aspect>

At NRH, there are 121 appointed personnel including 4 rehabilitation physicians, 1 health administration & health management specialist, 22 PTs, 19 nurses, 14 nurse aids and 8 Prosthetics and Orthotics (P&Os). Though the appointed posts are fewer than 201 sanctioned posts, NRH has sustained major functions strengthened by the project as explained above, except follow up home visits, the library management and task group for speech therapy. NRH has been upgraded to a 100-bedded hospital since January 2016. For capacity building of the rehabilitation personnel, NRH as well as other related hospitals discusses with MSRM and Myanmar Medical Association (MMA) every month. The information how NRH evaluates trainings for the next training could not be confirmed at the ex-post evaluation. At NRH, there are 5 trainers on SCI, CP and stroke who work as trainers when needed, and the number is sufficient, according to NRH.

With regard the rehabilitation personnel in the whole country, the number of PTs has been increasing. There are currently 360 PTs, as there are more 156 PTs assigned after the project completion. However, there are still few other professions such as P&Os, occupational therapists and rehabilitation nurses. According to MoHS, these numbers are not sufficient to provide quality rehabilitation services in 113 hospitals where such services are provided.

<Technical Aspect>

According to NRH, YGH and MGH and NOGH, the rehabilitation personnel have sufficient knowledge and skills. They judge so based on their experience gained from the project and increasing the number of patients. Furthermore, they continuously have training opportunities of ongoing projects for capacity building for rehabilitation personnel, with support from international and national organizations including IUHW, Exceed Worldwide, and Nippon Foundation. Booklets and pamphlets developed by the project have been utilized at NRH, YGH, MGH and NOGH. These materials are used also as reference by the master course students in rehabilitation medicine and physiotherapy at NRH internship. For trainings of the rehabilitation personnel, those who were trained in TOT during the

project period still serve as trainers. Rehabilitation equipment has been utilized except a gravicorder³ of which spare parts are not available in the country.

<Financial Aspect>

The budget source of NRH is the allocation from MoHS. As shown in the table, the budget of NRH has been on an increasing trend, deducting the large amount of capital investment in 2015. According to MS of NRH, it is sufficient for exercising functions such as the patient report system and case conference to providing rehabilitation services, but not follow up home visits. Expenses for trainings of rehabilitation personnel have been borne by MoHS. It is sufficient for conducting trainings to meet needs for quality rehabilitation services, according to NRH. Meals and lodging for training participants are prepared by NRH and transportation costs are borne by the hospitals of the participants.

Table: Budget of NRH (million Myanmar Kyat)

	2013	2014	2015	2016
Current	183,499	208,008	366,380	347,139
Capital	6,505	0	370,000	47,250
	190,004	208,008	736,380	394,389

Source: MoHS.

<Evaluation Result>

In light of the above, slight issues have been observed in terms of the institutional and financial aspects of the related organizations. Therefore, the sustainability of the effectiveness through the project is fair.

5 Summary of the Evaluation

The Project Purpose was achieved and the effects have mostly continued. The Overall Goal has been mostly achieved. Concretely, through project activities for capacity building of the rehabilitation personnel of NRH and TOT for trainings for the rehabilitation personnel in the country, NRH was strengthened to provide quality rehabilitation services which satisfied the patients. Even since the project completion, NRH has sustained most of the strengthened functions but not follow-up visits for the discharged patients. NRH also continued its function as a trainer for rehabilitation personnel of other hospitals, where the number of the rehabilitation patients has been increasing. On the other hand, it could not be concretely verified with quantitative data how rehabilitation services have been improved in other hospitals. Regarding the sustainability, though NRH does not have sufficient staff and fund for the home visits of the discharged patients, there are no other major issues, it has sufficient personnel for sustaining other services and their technical level is sufficient.

Considering all of the above points, this project is evaluated to be highly satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing agency:

- It is recommended to MoHS to give instruction to the rehabilitation department of YGH, MGH and NOGH and other hospitals which provide rehabilitation services to conduct patients' satisfaction survey, so that each hospital can review their services for further improvement. The survey results also serve as feedback for the trainings currently conducted by NRH and IUHW.
- It is recommended to MoHS to allocate a budget to NRH to conduct home visits for follow-up of the discharged patients, at least those who reside in the areas reachable by car. Or, it is recommended to NRH to restart the home visits for follow-up of the discharged patients as much as possible with their own budget.
- It is recommended to NRH to encourage participants of the ongoing trainings for PTs to make an action plan for sharing training learnings with their colleagues and for improving their rehabilitation services and submit the plan to the head of their rehabilitation department.

Lessons learned for JICA:

- Patients' satisfaction has not been monitored at either of MGH, YGH and NOGH, though they had been expected to conduct surveys after the project completion. Questionnaire sheets had been prepared for patients' satisfaction survey by the project before the project completion. These hospitals had not been sufficiently informed of the survey and no instruction had not been given to them. If some surveys are required after the project completion, the responsible organization or person in charge should be sufficiently informed about why the survey is necessary and how it is conducted during the project period. It is desirable to make a survey trial with support of the project during the project period. Or, if it is expected to be difficult for each hospital to conduct the patients' satisfaction survey by itself after the project completion, it is necessary to examine what other means would be possible to monitor and verify the quality of its service provision, and it is desirable to support the target hospitals during the project period so that they would incorporate any possible means into their routine work.



Rehabilitation with the equipment provided by the project (NRH)



Rehabilitation equipment provided by MoHS after the project completion (MGH)

³ The gravicorder is an equipment for evaluation of the equilibrium function of rehabilitation patients.