Internal Ex-Post Evaluation for Technical Cooperation Project

conducted by Kenya Office: November 2017

Country Name	Project for Strengthening of Health System Management in Nyanza Province
Republic of Kenya	

I. Project Outline

Background	Health indicators in Kenya declined in the middle of 1990s due to low quality of health care services caused by a shortage of qualified medical personnel and health workers, health facilities, equipment, medicines, and so forth. Commitment and incentives of service providers to their duties also declined. Health management teams supervised health workers in authoritarian manner with, methods and national tools that did not meet their needs. In line with the aspirations of the 2nd National Health Sector Strategic Plan (NHSSP II: 2005-2010) which indicated that health management teams in the districts and the provinces needed to strengthen their capacities to manage the cycle of health plans (planning, implementation and monitoring &evaluation), the Government of Japan agreed in 2009 to support the Government of Republic of Kenya to strengthen capacities of middle-level managers in management of health plans in Nyanza Province where most of the key health indicators were the worst in the country.
Objectives of the Project	The project aimed at strengthening the health system in Nyanza Province through the development of leadership and management capacities of health management team members, which would ultimately improve the quality of health services in the province. 1. Overall Goal: Quality of primary health services is improved in Nyanza Province. 2. Project Purpose: Management capacity of health management teams at provincial and district levels in Nyanza Province is strengthened.
Activities of the Project	1. Project Site: Project site: Nyanza Province 2. Main activities: ・To develop and disseminate a training package on health system management ・To support district health management teams to implement health promotion activities. ・To develop Integrated Management Supportive Supervision (IMSS) Checklist and support activities in the pilot districts as management an interface between district health management team (DHMT) and health facilities. ・To conduct operations researches to assess effects of interventions by the project. ・To strengthen the networking in the country/the region and share the information and experiences of the project 3. Inputs (to carry out above activities) Japanese Side / Kenyan Side (1) Assigned Experts: 3 long-term experts and 3 short-term experts / (1) Placement of Counterparts: Unknown (Ex-ante) 100（Mid-term Review） 98 (Terminal Evaluation) (2) Training in Japan: 12 counterparts (3) Equipment: Vehicles, Computers etc. / (2) Provision of Project office and payment of utilities (4) Local Cost：Cost for training and seminars / (3) Local Cost: Payment of salary to the counterparts and management cost

Ex-Ante Evaluation	2009	Project Period	July 2009 – June 2013	Project Cost	(ex-ante) 370 million yen (actual) 398 million yen
Implementing Agency	Ministry of Public Health & Sanitation、Provincial Public Health Office, District Public Health Offices in the Province				
Cooperation Agency in Japan	None				

II. Result of the Evaluation

<Constraints on Evaluation>

With the following two reasons, it was difficult to evaluate the achievement level of Project Purpose and Overall Goal in line with the indicators set in the Project Design Matrix (PDM) at the time of the completion of the project: and the ex-post evaluation：

(1) The endline survey was conducted about one and half years after the baseline and 1 year before the completion of the project hence not allowing sufficient time to record remarkable changes from implementation ,

(2) The governance system and service delivery structure were dramatically changed after the project period due to the devolution, and the then-health management teams underwent structural changes. With these changes, it was not possible to conduct the same survey using the same tools/methods to the same targets.

Therefore, in addition to evaluation on Project Purpose and Overall Goal in line with the indictors set in the PDM, the evaluator set the alternative indicators to assess the status of continuation of the project effects with the interpretation that what the project aim was development of technical capacities (capacities to practice the implementation models) and core capacities (leadership for changes). Based on this understanding, two alternative indicators were set: (1) Whether or not the 4 implementation models (Health System Management Training, Health Promotion Activity, Service Quality Management through Supportive Supervision and Community Health Management) had been practiced under the devolved system" (2) Whether or not the activities originally set as the sub-indicators to assess behavior changes of the target health management teams are sustained under the devolved system.

< Special Perspectives Considered in the Ex-Post Evaluation >

- To verify current condition of "mind-set change" of ex-counterparts in county/sub-county health management teams and effects of their mind-set change to improve working environment and service delivery.
- To analyze contributing and constraining factors for sustainability of technical and core capacities and consider possible actions to increase sustainability.

1 Relevance

<Consistency with the Development Policy of Kenya at the Time of Ex-Ante Evaluation and Project Completion>

The project's objectives were consistent with Kenya's development policy from the time of ex-ante evaluation to the time of project completion: Improvement of efficiency and effectiveness of service delivery was one of the strategic objectives under the Second National Health Sector Strategic Plan of Kenya 2005-2012: NHSSP II. Strengthening of health system is one of policy objectives in the Kenya Health Policy Framework (2014-2030) to reach ultimate goal identified under Vision 2030 which was launched in June 2008: to provide the people of Kenya with affordable and equity of high-level health services.

<Consistency with the Development Needs of Kenya at the Time of Ex-Ante Evaluation and Project Completion >

Strengthening capacities of provincial and districts' health management teams, which was the project purpose, remained as Kenya's priority concern: at the time of Ex-Ante Evaluation, there was a policy direction towards the bottom-up planning and direct national budget allocation to the health facilities through the districts. The devolved system, which was introduced in 2013, increases needs to develop capacities of health management teams in planning and implementation of health plans to improve service quality in the counties.

<Consistency with Japan's ODA Policy at the Time of Ex-Ante Evaluation>

The project was consistent with Japan's ODA policy: strengthening of health system was one of the strategies stipulated in the Initiative for Health and Development（2005: MoFA）and strengthening capacities of health management to improve primary health care in the provinces and lower levels was also the core objective of JICA's assistance program to Kenya (2000). In addition, capacity development of provincial and district health management team members were a part of "Yokohama Action Plan" declared at TICAD IV.

<Evaluation Result>

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

2 Effectiveness/Impact

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

The Project Purpose was not achieved in line with the two indicators set in the PDM: 1）Grand average score of the capacity assessment in PHMT and DHMT in Nyanza Province is increased to 4.0/5.0 by June 2013 (baseline: 3.27, endline: 3.75) and (2) Grand average of the behavioral change assessment in PHMT and DHMTs in Nyanza Province is increased to 4.0/5.0 by June 2013 (baseline: 2.64, endline 3.41). Yet, comparing between the baseline and the endline conducted around the time of the terminal evaluation, these indicators progressed by 65.7% and 56.6% respectively in just one and a half years of the project implementation. This level of achievement was in itself quite remarkable. However, non-achievement of the target indicators for the Project Purpose was attributed to the unbalanced geographical distribution of the intervention: The Project Purpose and Output 1 targeted all 36 districts while the other three Outputs targeted 2 pilot districts (which became 4 districts due to the restructuring of one pilot district during the project period). The scale up of combined interventions across the 36 districts to positively contribute to achievement of the Project Purpose was therefore limited during the latter half of the Project

＊The self-capacity assessment on 9 areas of HSM training and the assessment on behavior changes were conducted to PHMT and all DHMTs. Nine training areas are (1) leadership& governance (2) Planning, Monitoring and Evaluation (3) Health Policy Management (4) Supportive Supervision (5) Resource Management (6) Information Management (7) Team Management (8) Health Promotion (9) Customer Relations Management. 12 Behavior change indicators are (1) Leadership Characteristic (2) Leadership Behavior (3) Mindset Change for Higher Performing (4) Readiness for Change (Subjective Indicators) (5) Interpersonal Relationship (6) Vision & Mission (7) Number of Stakeholder Meeting (8) Number of Health Facilities in charge (9) Health Policy Resource Corner (10) Availability of Health Policy Document (11) Utilization of Scientific Publication (12) Suggestion Box (Objective indicators)

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

Two alternative indicators were set for the ex-post evaluation: ((1) Whether or not the 4 implementation models (Health System Management Training, Health Promotion Activity, Service Quality Management through Supportive Supervision and Community Health Management) has been practiced under the devolved system" (2) Whether or not the activities originally set as the sub-indicators to assess behavior changes of the target health management teams are sustained under the devolved system. Based on the results of assessment, the level of achievement of both indicators was satisfactory. As for alternative indicator (1) Majority of ex-counterparts (C/Ps) have managed to practice the localized Implementation Models. Among the 4 models, supportive supervision model and community health management models that directly address the quality of services at health facilities and community level have been implemented in all 6 counties (100%), while the HSM training model has been only implemented in Kisumu, Siaya and Kisii counties (50%). Health Promotion Model has not been implemented in Migori county only (16.7%) which currently has received support from many development partners using different health promotion tools and methods. As for alternative indicator (2), all seven sub-indicators (100%) have been achieved in four counties (Siaya, Homabay, Migori, Kisii). In Kisumu and Nyamira counties, six out of seven sub-indicators (85.7%) have been achieved.

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

Achievement of Overall Goal could not be assessed in line with the original indicators due to the same reasons for the assessment of Project Purpose and therefore 3 alternative indicators were set: (1) Satisfaction of customers at the facilities visited at the time of ex-post evaluation. (2) Progress of indicators for selected High Impact Interventions (HIIs) in each county for the consecutive three years (2012/2013, 2013/ 2014, 2014/2015) (3) The understanding of ex-counterparts on "mind-set change" and activities introduced by ex-counterparts to their work place and its influence on work environment and service delivery at the time of ex-post evaluation. In summary, the achievement level of alternative indicators (1) and (3) is satisfactory based on results of assessment. On the other hand, improvement of HII indicators remains as challenges in most of the counties: Under 5 Malaria cases are increased for the consecutive three years since the end of the project at all 6 counties and improvement in U1 Mortality Cases and Maternal Mortality Cases present a mixed across the counties. However, in the absence of direct interventions by the Project in service delivery around HIIs, and considering the contribution of other actors, it is not possible to attribute improved management capacity to performance indicators in service delivery. .

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

・ In combination with the national policy on free primary health care, good practices, especially practices to promote community health management,

have contributed to improve indicators of full immunization of children, delivery at health facilities and ANC attendance in the six counties.

- A number of ex-C/Ps have smoothly risen to managerial positions since the completion of the project as (according to some of the interviewees) they were considered to be ready for being good leaders: 5 ex-counterparts are assigned to managerial position in MoH and the current County Directors of Health in 4 counties (Siaya, Homabay, Kisii, Nyamira) out of 6 counties are ex-C/Ps

<Evaluation Result>

In light of the above, the Project Purpose was not achieved based on the indicators set in the PDM at the time of project completion, but the alternative indicators set for the ex-post evaluation were mostly achieved. Alternative indicators to assess the status of Overall Goal were partially achieved and other positive impact was also reported as described below. Therefore, the effectiveness/impact of the project is fair.

Effects of intervention by the project remain to a fair extent at the time of ex-post evaluation: the majority of the ex-C/Ps manage their technical capacities through practice of the localized Implementation Models in the devolved system, and a few ex-C/Ps have practiced their core capacities (mind-set changes) and have been contributing to improve their work environment and quality of services through team building and mentorship in their new team in the assigned county although they have faced drastic change of health system management due to devolution. It is remarkable impact of the project that 9 ex-C/Ps currently have been assigned senior management positions either in the national or the county government.

Achievement of Project Purpose and Overall Goal

<table>
<tr><th>Aim</th><th>Indicators</th><th>Results</th></tr>
<tr><td rowspan="4">(Project Purpose)
Management capacity of health management teams at provincial and district levels in Nyanza Province is strengthened”</td><td>(1) Grand average score of the capacity assessment in PHMT and DHMT in Nyanza Province is increased to 4.0/5.0 by June 2013</td><td>Status of the Achievement: Not achieved.
(Terminal Evaluation)
The endline survey conducted in October 2012 showed that the grand average score on self-assessment by PHMT and all 36 DHMTs was increased from 3.27/5.00 in baseline to 3.75/5.00 in endline representing a 65.7% increase</td></tr>
<tr><td><u>Alternative Indicator (1)</u>
Whether or not the 4 implementation models (Health System Management Training, Health Promotion Activity, Service Quality Management through Supportive Supervision and Community Health Management) has been practiced under the devolved system

a) Health System Management Implementation Model
b) Health Promotion Implementation Model
c) Supportive Supervision Model
d) Community Health Management Model</td><td>Status of the Achievement: Continued
(Ex-post Evaluation)
The implementation models are localized with the same concept of the original models under the devolved system and have been practiced. Among 4 models, the model for Service Quality Management through Supportive Supervision and community health management models are practiced at all 6 counties (Kisumu, Siaya, Migori, Homabay, Kisii and Nyamira) while the practice of the Health System Management (HSM) training model is relatively weak: the model is only implemented in 3 counties (Kisumu, Siaya and Kisii) and in these counties, the cascading to the sub-counties is limited due to the insufficient budget. Health Promotion Activity Model is practiced in 5 counties (Kisumu, Siaya, Kisii, Homabay and Nyamira). The Health Promotion Model has been practiced little in Migori where other development partners have supported with their own methods and tools. Comparing the 6 counties in the sustainability of the implementation models, Kisii is the best while Nyamira is relatively weak due to higher turn-over rate and fewer financial resources for practices. Overall, the activities for the implementation models have not been as dynamic as they were before; however, most of the counties have been making efforts to continue.
<table>
<tr><th></th><th>Kisumu</th><th>Siaya</th><th>Migori</th><th>Kisii</th><th>Homabay</th><th>Nyamira</th></tr>
<tr><td>a)</td><td>✓</td><td>✓</td><td></td><td>✓</td><td></td><td></td></tr>
<tr><td>b)</td><td>✓</td><td>✓</td><td></td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>c)</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>d)</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
</table></td></tr>
<tr><td>(2) Grand average of the behavioral change assessment in PHMT and DHMTs in Nyanza Province is increased to 4.0/5.0 by June 2013.</td><td>Status of the Achievement: Partially achieved
(Terminal Evaluation)
The grand average score on self-assessment by PHMT and all 36 DHMTs increased from 2.64/5.00 to 3.41/5.00 representing a 56.6% increase</td></tr>
<tr><td><u>Alternative Indicator (2)</u>
Have the following activities, which was originally set as the objective sub-indicators to assess behavior changes of the target health management teams subjectively, are sustained in each county?
a) Vision and mission
b) Regular stakeholder meeting
c) Meetings with health facilities in charge
d) Health Policy Resource Corner
e) Availability of Health Policy Documents
f) Utilization of scientific publication
g) Suggestion Box</td><td>Status of the Achievement: Continued
(Ex-post Evaluation)
The table shows the current status of the activities:
<table>
<tr><th></th><th>Kisumu</th><th>Siaya</th><th>Migori</th><th>Kisii</th><th>Homabay</th><th>Nyamira</th></tr>
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<tr><td>g)</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
</table>
(Source: Questionnaire Survey)</td></tr>
<tr><td>(Overall Goal)</td><td>(1) Customers satisfaction rates in</td><td>Status of the Achievement: Not achieved
(Terminal Evaluation)</td></tr>
</table>

Quality of primary health services is improved in Nyanza Province	health facilities are increased to 90% (3.6//4) by 2015 (Benchmark in March 2011)	Customers satisfaction rate increased slightly from 2.59/4.00 (baseline in March 2011) to 2.73/4.00 at the endline conducted in October 2012, an increase of 13.8%. The seemingly high target value was set using the baseline results from the pilot districts as opposed to the endline results that took into account responses across all the 36 districts
	(2) Health managers'/providers' work satisfaction rates are increased to 90% (3.6/4) by 2015 (Benchmark in March 2011)	Status of the Achievement: Not achieved (Terminal evaluation) Health managers'/providers' work satisfaction rates decreased by 23.4% from 3.36/4 at the baseline to 3.21/4.00 at the endline. It should be noted that the indicator did not appropriately capture the cause (the improved performances of the health management teams) and effect (health managers'/providers' work satisfaction rates) relation: salary and/or other working conditions of health managers/providers must have affected their commitment and ultimately improvement of health care services.
	Alternative Indicator (1) Satisfaction of customers and health providers interviewed at the time of ex-post evaluation.	Status of the Achievement: partially continued (Ex-post Evaluation)* The customers interviewed at sub-county hospitals (Level 4), health centers (Level 3) and dispensaries (Level 2) said that they are satisfied with services provided at the facility with such reasons as cleanliness of the facility, smooth patient flow with service charters and a customer care desk and reduced waiting time at OPD, friendly manner of health providers to customers with willingness to listen to them and free services for primary health care. All health providers interviewed at different levels of facilities said that they are comfortable with the current manner of supervision by the health management team. According to the interviewees, the previous supervision used to be about "faults-finding" but it is currently very "supportive." On the other hand, a shortage of staff and equipment in addition to small size of rooms in the facility are commonly identified by the health providers as bottlenecks. * Total 24 facilities were visited in 6 counties: 3-4 health staff and 3-4 customers were interviewed at each facility.
	(3) Health service performance indicators for priority High Impact Interventions (HIIs)* are increased to 80% and above by 2015 (Benchmark is AOP 4 and 5) *A Package of High Impact Interventions in Maternal and Child Health was developed by the Government of Kenya with supports from key development partners. The indicators to assess the intervention are: MMR cases, U1 Mortality cases, U5 Malaria cases, Measles coverage, Fully immunized children, Skilled delivery, 4 Antenatal Care, Family Planning	Status of the Achievement: Not achieved (Terminal evaluation) All 8 key health indicators were improved from 2010 to 2013 in Nyanza Province, except maternal mortality rate. Looking at the performance of the pilot districts, these indicators were increased by 51% in Siaya and 58% in Kisumu West (in average). *Siaya and Kisumu West were pilot districts of the project in 2009 and afterward, while Ugenya and Gem became a part of the pilot districts due to the restructuring of Siaya (and therefore there was no baseline data on Ugenya and Gem for the before-after comparison)
	Alternative Indicator (2) Progress of HISs indicators in each county for the consecutive three years (2012/2013, 2013, 2014, 2014/2015)	Status of the Achievement: Not achieved (Ex-post Evaluation) With devolution in 2013-Nyanza Province is currently restructured to 6 counties, and therefore, progress of the said indicators could not be reviewed at the time of the Ex-post evaluation, and therefore alternatively, progress of key health indicators at each county were reviewed: Maternal mortality rate, Under 1 mortality rate and Under 5 Malaria cases. Under 5 Malaria cases are increased for the consecutive three years since the end of the project at all 6 counties, while improvement in other two indicators are mixed among the counties that might be affected by the change of health system due to devolution It is also noteworthy here that the Project did not have direct intervention in service delivery and therefore the progress of health service indicators cannot be absolutely attributed to the Project..
	Alternative Indicator (3) The understanding of ex-counterparts on "mind-set change" at the time of ex-post evaluation and examples of activities they have introduced to their work place.	Status of the Achievement: Partially achieved. (Ex-post Evaluation) Having asked about mind-set change at the focus group discussion, the majority of ex-counterparts answered commonly: "being proactive" "setting objective and gradually stepping towards the goal. Change will not happen at once" "My problem is my team's problem" and so forth. It was found that there is correlation between their answer on "mind-set change" and their level of commitment to their current assignment : None of these keywords of "mind-set change" were answered by those who complained about the problems they currently have faced, while those who pointed these key words shared examples of their initiative toward the challenges they have. At each county, a number of

		good practices were reported at the time of ex-post evaluation. These activities have contributed to: ✓ increase efficiency of works (e.g. introduction of 5S-Kaizen to office and facilities, introduction of an electronic data backup system to all health facilities, introduction of a 3-step data review process for health information management to the sub-county hospital, formation of technical working group at sub-counties for health plan management, formation of the County Health M&E Unit, integration of all services to children to the Beyond-Zero Campaign which is supported by the First Lady with purpose of reducing maternal mortality cases through provision of a mobile clinic to each county) ✓ improve supportive supervision activities (e.g. development of a supportive supervision reporting format, development of a supervision matrix, digitalization of a SS checklist) ✓ strengthen Community Health management (e.g. introduction of a monthly stipend to Community Health Volunteers, introduction of a method of referral and defaulter tracing by phone) ✓ improve quality management (e.g. introduction of World-café styled "Learn Café" to the sub-county hospital and health centers, introduction of a revenue collection charter to the sub-county public health department, placement of Vision and Mission at all health facilities and develop health plans based on them, introduction of a psychosocial supporting group for adolescents, pediatrics and adults, introduction of a weekly reporting system to all facilities, development of a social media reporting platform, formulation of a quality assurance team, development of a client satisfaction survey format to be viewed on a tablet)

Source：Terminal Evaluation Report, Questionnaire Survey, informative interviews and Focus Group Discussion to ex/C/ s

3 Efficiency

The efficiency of the project is fair: Actual cost was 108% of the plan, and there was no gap between the planned and the actual period.

4 Sustainability

<Policy Aspect>

Strengthening of health system is priority in Comprehensive National Health Policy Framework (2011-2030) aiming to transform Kenya into a globally competitive and prosperous country with a high quality of life by 2030 and the Kenya Health Sector Strategic Plan (2014 -2018), which is the first health sector strategy that operates under the devolved system. Improving the governance of the health sector in line with the 2010 Constitution of Kenya is identified as one of the major areas of focus in KHSSP (2014-2018). The Mid-term Review of KHSSP (2014-2018) conducted in November 2016 drew recommendations including development of training programs for health personnel, strengthening of county capacity to practice regular and integrated supportive supervision, evidence-based planning and resource mobilization and tracking, and implementation of Community Health Strategy. These recommendations are consistent with project's intervention and initiatives taken by ex-C/Ps in the respective county.

<Institutional Aspect>

The Mid-term Review of KHSSP (2014-2018) recommended that the county departments of health should accelerate the effort of developing a prototype organization structure based on counties' functions to help adjust their current organizational structures to fit for effective service delivery. Like many other counties, the 6 counties in the Project area have been in the process of establishing organizational structures, and therefore the structure of the county department of health is far from stable with high turn-over rate of the staff. Kisii and Homabay are the only counties among 6 counties where all health management team members at the county and sub-county level currently have been placed in line with the new constitution. In addition to the challenges in human resources, several health managers interviewed said that the competing tasks among team members has to some extent lowered efficiency of work as a team.

<Technical Aspect>

Constraining factors which have already arisen so far include (i) knowledge gaps on health system management not only between project ex-counterparts and non- counterparts, but also with decision makers and senior managers in the county government which often resulted in (ii) insufficient budget allocation to conduct such activities as supportive supervision and the training and (iii) increased and competing tasks among the team members, which has decreased the efficiency of operations of the team as a whole. Despite those constraints, with technical and core capacities developed by the project, a number of ex-counterparts have committed themselves to improve working environment and service delivery in the rather unstable devolved system. A number of ex-C/Ps have currently been assigned managerial positions in MoH and the majority of the county health department, which enables them to take an initiative for strengthening capacities of their team members. The majority of the ex-C/Ps usually transfer their knowledge and skills on health management to their new team members through On Job Training, Continuing Medical Education, workshops, staff meetings, supportive supervision and so forth. The more the number of ex-C/Ps is in the team, the easier the team-building become successful. The number of ex-C/Ps in a health management team and the number of ex-counterparts assigned to leading management positions are factors influencing sustainability of the project's effects, together with understanding and support by decision-makers in the county government.

	2014/2015	2015/2016	2016/2017	2017/2018
Kisumu	15%	30%		
Siaya		31%	27.32%	
Migori	15%	17.4%	25%	20%
Kisii	25 %	28%	30%	
Homabai	20%	23%	25%	
Nyamira	30%	28%	30%	

<Financial Aspect>

The table here shows the percentage of county budget allocated to the health sector. Looking at the available data, 5 out of the 6 counties are allocated 25% of the total county budget or more, and according to the response to the questionnaire to the counties, none of the 6 counties have not been suffering from serious shortage of budget. Yet the majority of the stakeholders, including County Executive Members,

County Directors of Health and their teams identified insufficient budget as the main challenge to promote further activities, saying that it is County Assembly that determines how much should be allocated to which component of activities and that the counties need assembly members with health background. This indicates that management of resources is a bottleneck. The members of County Assembly Health Committee need to be sensitized and capacitated for better resource management

<Evaluation Result>

In light of the above, slight problems have been observed in terms of the financial, institutional and technical aspects of the implementing agencies under devolution. Therefore, the sustainability of the effectiveness through the project is fair. However, it should be noted that the Ex-post evaluation has contributed to remind ex-counterparts of "mind-set change"– Key stakeholders proposed that they should be reunited to take collective actions against the common challenges: (i) a local arrangement for recognition of the certificate of SEMAH's HSM training and (ii) taking up the HSM training to decision makers and other key stakeholders in the county government. If the initiative is successful, institutional, technical and financial sustainability would be increased.

h) Summary of the Evaluation

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

It is reasonable to conclude that the performance of the project is satisfactory from perspectives of effectiveness/impact and sustainability: ex-counterparts have managed to practice the implementation models adapted to the devolved system although activities for each model are not as comprehensive as before due to the insufficient budget allocated to the counties. With skills of mentorship/coaching and team-building, a number of ex-counterparts have exercised their leadership in their new team to respond to current needs. These ex-post conditions are evidences that the project was successful not only in development of technical capacities to manage health system, but also in mind-set change of health management teams. On the other hand, the evaluation was aware of bottlenecks for sustainability of the current momentum for future: a knowledge gap between ex-counterparts and non-counterparts in a team which makes difficult to build consensus on actions, and insufficient and inappropriate budget allocation to activities in health plans which is beyond control of the county government of health and his teams. These issues highlight the way-forward to ensure sustainability – implementing the training not only to key stakeholders in the health sector, but also senior managers and policy makers in the county government.

III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

Recommendations to MoH and 6 County Departments of Health:

1. To consider collaborating with ex-health management team members/peer facilitators as resource persons to strengthen health system management in the counties. The list of the ex-C/Ps which is one of the deliverables of the ex-post evaluation is ready for being shared with the stakeholders for future actions.
2. To hold a consultative meeting with senior managers and policy makers of the 6 counties on institutionalization of SEMAH's HSM Training or local arrangement of the SEMAH training certificate as a requirement for promotion. Key stakeholders to be invited include County Public Service Board, County Assembly (Committee of Health and Committee of Board), County Directors of Health and their teams, Public Service Commission and Kenya School of Government.
3. To consider creating a web link in the MoH homepage as a platform to promote networking among ex-counterparts and mutual learning/information sharing among the counties throughout the nation.

Lessons Learned for JICA

1. The project successfully developed the functional health system by covering all levels of the governance in the target structure (i.e. province – district－sub-district －community) with focus on the supply side and the demand side in service delivery. This comprehensive approach was reflected on the HSM training curriculum to enable then-health management team members to learnt efficiently how the health system toward the improved service delivery through dialogue with health providers and stakeholders in the community. Therefore, the results of the project lead to the conclusion that a project with purpose of strengthening health system requires to develop capacities of the key stakeholders at each administrative level, from the perspective of both service providers and users.

2. A satisfactory number of the ex-C/Ps has recently contributed to improve their working environment and quality of service delivery in the devolved system. The number of ex-C/Ps with comprehensive perspectives for health system management and sense of servant leadership, required knowledge and skills for team-building and mentorship currently in senior management positions in MoH and the counties is one of the evidences for effectiveness of the project intervention. The success is attributed to the fact that the project strengthened not only their technical capacities (knowledge and skills to manage the 4 implementation models to strengthen the health system), but also core capacities (mind-set change). Two main contributing factors are seen in the HSM program and day-to-day communication with the Japanese experts:

   - HSM training curriculum and approaches: the purpose of the training was to strengthen the health system by not only strengthening competency of the individual health managers, but also by promote team building. To this end, the training program was designed in combination between" learning through lectures and group discussion" and "practices the acquired knowledges and skills at the facilities". What was effective for empowerment and then mind-set change is "5S-Kaizen" and Supportive Supervision because these practices highlight differences between before and after in environment at the facilities and attitudes of health providers and stakeholders in the communities (supervisees).
   - Team approach practiced by the Japanese members in day-to-day communication with Kenyan teams, which led ex-C/Ps to the understanding of importance and effects of team works. The team-approach was also effective for ex-C/PS to learn Japanese work ethics and disciplines. The ex-CPs were further encouraged to document and share their best practices from implementation.

   Therefore, the success of the project indicates that the sustainable health system can be established by developing both technical and core capacities of individual health managers and the team.

Files well labeled and arranged at Migori County Referral Laboratory

CHVs training progress in Nyatike, Homabay