Republic of Fiji / Kingdom of Tonga / Republic of Vanuatu

FY2016 Ex-Post Evaluation of Technical Cooperation Project

"The Project for Strengthening the Need-Based In-Service Training for Community Health Nurses"

External Evaluators: Keisuke Nishikawa, Japan Economic Research Institute Inc.

0. Summary

This project had the objective of improving capacities of nurses, who were key actors in community health services, by conducting competency assessments then supervision and coaching[1], (hereinafter referred to as 'S&C') and so forth based on the result of such assessment, as well as by establishing an implementation model of need-based in-service training[2] (hereinafter referred to as 'NB-IST'). The relevance of this project is high as this project was consistent with the directions of the development policies and needs of Fiji, Tonga, and Vanuatu set forth to improve the quality of health services and to develop human resources for health in each country, and as it was also consistent with Japan's priority areas for assistance to develop human resources in the field of health for the improvement of health services. The project purpose was judged to have been largely achieved as the implementation mechanism of NB-IST and S&C was strengthened in all three countries, although some issues were observed in terms of the sustainability and the further development after project completion (i.e., impact) as there were some insufficiencies in data development in Fiji and Tonga and as the S&C activities were not necessarily conducted to their completion in Vanuatu. Therefore, the effectiveness and impact are judged to be fair. The efficiency of the project is fair as the project cost exceeded the plan in spite of the project period being within the plan. Sustainability of the generated effects is judged to be fair as some countries had issues of either not having a sufficient promoting institutional mechanism and its techniques or securing a training budget.

In light of the above, this project is evaluated to be partially satisfactory.

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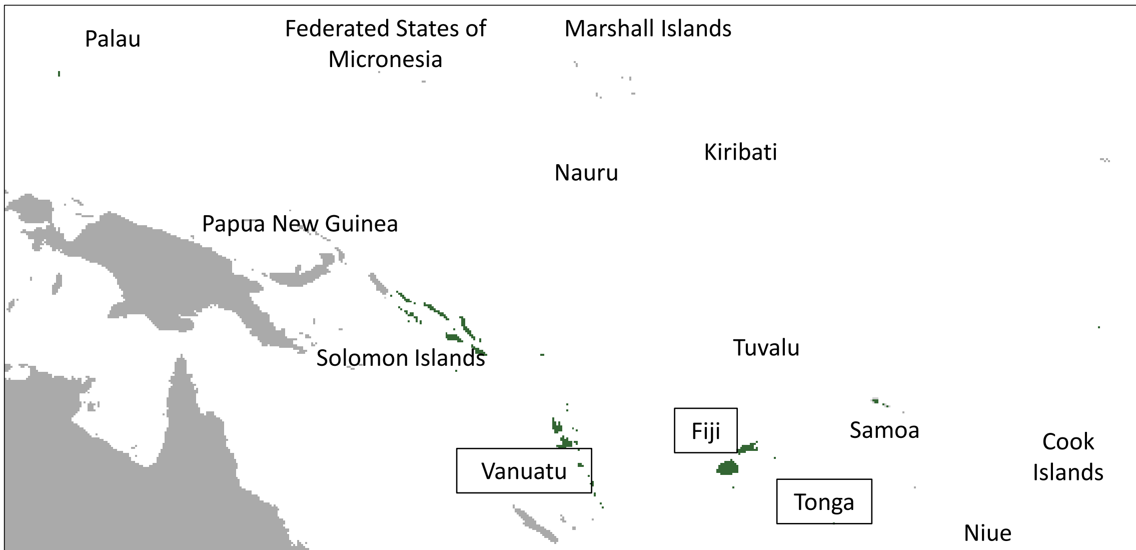
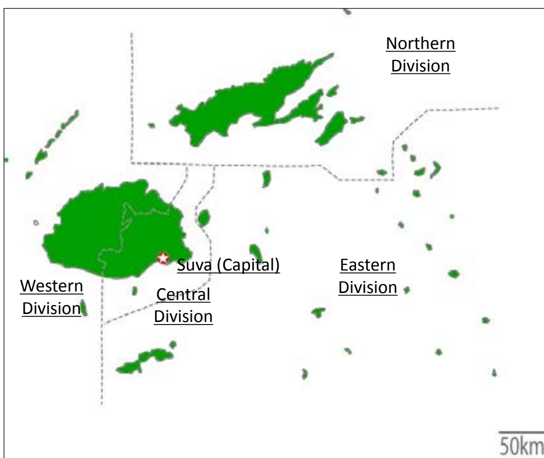
[1] In this report, 'supervision' refers to visits and instructions given by nursing supervisors to inexperienced in-service nurses in rural areas, and 'coaching' refers to a process in which supervisors incentivize nurses in their discussions to draw out the capabilities of nurses.

[2] A continuous series of training reflecting on-site needs so that community-based in-service nurses can provide high-quality nursing services in rural areas and outer islands where no hospitals are located. A more general training for in-service nurses, not reflecting on-site needs, is called 'in-service training' (IST).

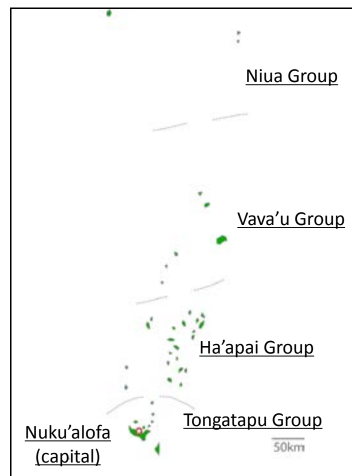
1. Project Description



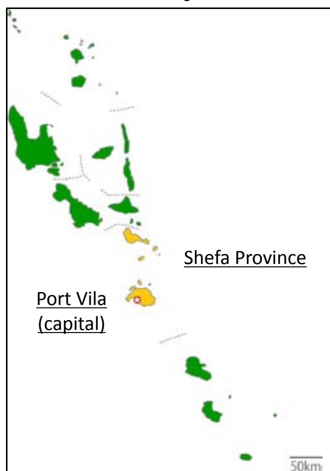
Locations of Fiji, Tonga, and Vanuatu in the Pacific Region



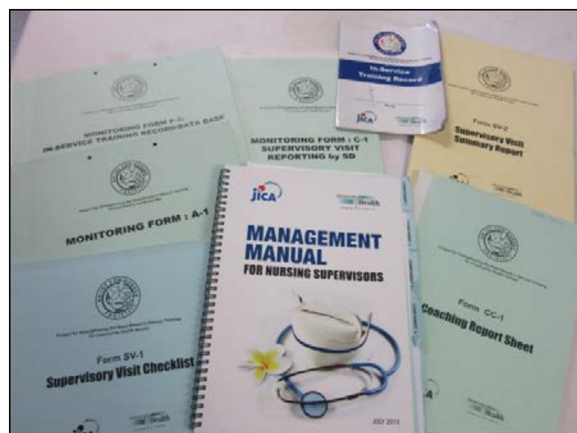
Project Location (Fiji: entire country)



Project Location (Tonga: entire country)



Project Location (Vanuatu: Shefa Province)



Manuals Developed through This Project (Fiji)

1.1 Background

While the strengthening of human resources for health (hereinafter referred to as 'HRH') in the Pacific region was recognized as an urgent issue to achieve the 'Millennium Development Goals', it was difficult to develop sufficient human resources due to budget constraints in addition to overseas migration of HRHs. Also, the abilities developed by medical specialists were relatively low compared to those in developed countries. In Fiji, the nursing staff was the main provider of community health services and it was essential to improve the abilities of community nurses to improve health indicators, but there were issues in terms of weaknesses in nursing supervisors' abilities to supervise medical professionals, including in-service nurses, and in the quality and quantity of continuous medical education that was supposed to be provided on the spot.

Japan implemented the technical cooperation project 'In-service Training of Community Health Nurses' in Fiji for three years from April 2005, in which a competency assessment of community health nurses and S&C based on the result of said assessment were conducted while an implementation model of NB-IST was established and piloted in the Central and Eastern Divisions of the country, and through which some degree of outcomes was produced.

After the project, a request for technical cooperation to disseminate the model nationwide was made by the Government of Fiji and 'The Project for Strengthening the Need-Based In-Service Training for Community Health Nurses', which targeted the Pacific region including Tonga and Vanuatu—having similar problems, was implemented for approximately three years from October 2010.

1.2 Project Outline

<table>
<tr><td rowspan="7">Fiji</td><td colspan="2">Overall Goal</td><td>Quality of community health services improves in Fiji.</td></tr>
<tr><td colspan="2">Project Purpose</td><td>The mechanism of the NB-IST is strengthened.</td></tr>
<tr><td rowspan="5">Outputs</td><td>Output 1</td><td>The NB-IST policy takes effect.</td></tr>
<tr><td>Output 2</td><td>A nationally standardized Monitoring and Evaluation (M&E) system for the NB-IST is operated.</td></tr>
<tr><td>Output 3</td><td>A management package for fostering nursing supervisors is developed.</td></tr>
<tr><td>Output 4</td><td>Functions of IST Coordinators are strengthened at national and divisional levels.</td></tr>
<tr><td>Output 5</td><td>The progress and results of the project are shared within, among and beyond Fiji, Tonga, and Vanuatu.</td></tr>
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<table>
<tr><td rowspan="8">Tonga</td><td colspan="2">Overall Goal</td><td>Quality of community health services improves in Tonga.</td></tr>
<tr><td colspan="2">Project Purpose</td><td>The mechanism of the NB-IST adopted into existing nursing supervision system is strengthened.</td></tr>
<tr><td rowspan="5">Outputs</td><td>Output 1</td><td>Nursing supervision system is redefined to accommodate in the NB-IST mechanism.</td></tr>
<tr><td>Output 2</td><td>M&E system of NB-IST mechanism is established in line with the newly defined nursing supervision system).</td></tr>
<tr><td>Output 3</td><td>Nursing supervisors' abilities in assessing competency of nurses are improved.</td></tr>
<tr><td>Output 4</td><td>Nursing supervisor's abilities in Coaching and NB-IST are improved.</td></tr>
<tr><td>Output 5</td><td>The progress and results of the project are shared within, among and beyond Tonga, Fiji and Vanuatu.</td></tr>
<tr style="display:none"></tr>
<tr><td rowspan="6">Vanuatu</td><td colspan="2">Overall Goal</td><td>The entire NB-IST system is designed and piloted in the pilot province with the prospect of expansion to other provinces.</td></tr>
<tr><td colspan="2">Project Purpose</td><td>A field-adjusted model of S&C for community health nurses is undertaken in the pilot province on a regular basis.</td></tr>
<tr><td rowspan="4">Outputs</td><td>Output 1</td><td>The model of S&C piloting is designed and available.</td></tr>
<tr><td>Output 2</td><td>Nursing supervisors in the pilot province are equipped with S&C skills.</td></tr>
<tr><td>Output 3</td><td>S&C is being practiced by Nursing Supervisors on a routine basis in the pilot province.</td></tr>
<tr><td>Output 4</td><td>The progress and results of the Project are shared within, among and beyond Vanuatu, Fiji and Tonga.</td></tr>
<tr><td colspan="3">Total cost (Japanese side)</td><td>463 million yen</td></tr>
<tr><td colspan="3">Period of Cooperation</td><td>[Fiji] October 2010 – February 2014
(extension period) November 2013 – February 2014
[Tonga] January 2011 – January 2014
[Vanuatu] March 2011 – February 2014</td></tr>
<tr><td colspan="3">Implementing Agency</td><td>[Fiji] Ministry of Health Division of Nursing Services
[Tonga] Ministry of Health Nursing Division (Community Health Nursing, Clinical Health Nursing, Queen Salote School of Nursing)
[Vanuatu] Ministry of Health Human Resource Development and Training Unit, Vanuatu College of Nursing Education, Vanuatu Nursing Council, Shefa Provincial Health</td></tr>
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Other Relevant Agencies / Organizations	None
Supporting Agency / Organization in Japan	Specified Nonprofit Corporation HANDS KRI International Corporation
Related Projects	[Technical Cooperation] (Fiji) 'In-service Training of Community Health Nurses' (2005 - 2008) * Follow-up Cooperation was implemented in FY2008 and FY2009

1.3 Outline of the Terminal Evaluation

In the Terminal Evaluation conducted from August – September 2013, the following judgement was made on the achievement statuses of Project Purpose and the Overall Goal, and recommendations, described in 1.3.3, were made.

1.3.1 Achievement Status of Project Purpose at the Terminal Evaluation

[Fiji]

Among the five indicators to measure the achievement level of Project Purpose, only the nursing supervisors' participation rate in management training was achieved and the subsequent achievement of indicators on the activities implementation rate were judged to be difficult under the conditions where the Ministry of Health could not secure necessary funding.

[Tonga]

As both of the indicators set to measure the achievement of Project Purpose were expected to reach 100% by project completion, Project Purpose was judged to have almost reached the planned level.

[Vanuatu]

While all the indicators set to measure the achievement of Project Purpose had reached their targets, financial and technical aspects for regular and continuous implementation of S&C were judged to have had some issues.

1.3.2 Achievement Status of Overall Goal at the Terminal Evaluation

[Fiji]

At the time of terminal evaluation, it was considered difficult to estimate the achievement of Overall Goal at the indicator level. However, regarding the quality of services, some degree of improvement was expected as punctuality in work starting time, improvements in attitudes toward customers, and capacity improvements in the areas where

NB-IST was conducted had been reported.

[Tonga]

The Overall Goal was expected to be achieved by continuously implementing not only NB-IST but also activities such as coaching and so forth.

[Vanuatu]

The achievement of Overall Goal was not optimistically regarded. It was required for Shefa Provincial Health Office to continue to operate and improve the S&C pilot model and independently determine the issues to be tackled in short training programmes for nurses at local levels from the information obtained through S&C, then acquire the know-how and carry out NB-IST, including the procurement of funds and trainers.

1.3.3 Recommendations from the Terminal Evaluation

[Fiji]

To the Project Team	1. Ensure appropriate monitoring of the project by tracking all the pre-determined indicators. 2. Monitor and analyse the quality and usage of the data collected at the sub-divisional, divisional, and national levels. 3. Facilitate discussions on improvements necessary to address the gaps between M&E tools and skills. 4. Appropriately determine the reporting deadlines and activity frequencies related to the component activities of the NB-IST mechanism.
To the Implementing Agency	1. Consolidate ministry-wide efforts for improving management practice and capacity under one programme. 2. Continue capacity strengthening of agencies (the Nursing Council in particular) related to human resource development. 3. Continue efforts to regularise IST Coordinator positions under the structure. 4. Support capacity building of nursing managers at all levels of M&E 5. Integrate the IST Database into the Human Resource Information System.

[Tonga]

To the Project Team	・ Revisit and fine-tune the NB-IST mechanism and the IST Manual to ensure consistency of contents and quality between sections ・ Finalise the IST Manual, obtain an endorsement from the Ministry of Health and distribute copies to all individuals concerned. ・ Fine-tune the tools, such as formats for M&E to make them more useful and friendly for the users. At the same time, support the users of the

	M&E system, particularly those at the national level, to sufficiently understand the usefulness of the data and utilise them. .
To the Implementing Agency	1. To continue and further enhance practices of supportive supervision ・ (1) Devise feasible and realistic strategies by examining available resources necessary for capacity building activities, including NB-IST. (2) Proactively link up with and utilise donor-funded programmes in which nurses play significant roles. ・ Secure opportunities for checking and improving the capacity of nursing supervisors in order to ensure appropriate and meaningful application of the skills acquired. 2. To improve the quality of services ・ Develop another competency standard specific to different areas of nursing, including community health. ・ Revise the competency standards in appropriate timing and intervals to reflect the changes in health needs. ・ Keep training nursing supervisors and nurses to ensure meaningful competency assessment exercises.

[Vanuatu]

To the Project Team	1. Identify outcomes, issues, strengths and weaknesses of the S&C model piloted in Shefa Province. 2. Complete the S&C guidelines and related training to ensure that Shefa Provincial Health Manager has sufficient tools/skills required to implement S&C.
To the Implementing Agency	1. Appoint a relevant officer who supports the trials of the S&C model in Shefa Province that is to be sustained after the end of the project. 2. Clearly define the supervisory and managerial roles and responsibilities for supervision management and develop the Terms of References to effectively allow zone supervisors[3] to function in the pilot S&C model. 3. Ensure disbursement of the budget for S&C operations both at the central and provincial levels. 4. Facilitate capacity development of Vanuatu Nursing Council which plays an important role in ensuring quality of nursing.

[3] Shefa Province is divided into four areas (zones) and one nursing supervisor for each zone has been assigned.

2. Outline of the Evaluation Study

2.1 External Evaluators

Keisuke Nishikawa, Japan Economic Research Institute Inc.

2.2 Duration of Evaluation Study

This ex-post evaluation study was conducted with the following schedule.

Duration of the Study: August, 2016 – October, 2017

Duration of the Field Study: November 1-26, 2016, and March 4-22, 2017 (March 14-16 was spent for the field study of a different project)

2.3 Constraints during the Evaluation Study

The Project Design Matrix (PDM)[4] of the project to be evaluated was prepared separately for each of the three countries. While the contents are similar in that Outputs, Project Purpose and Overall Goal were set for every country, there were no clear targets commonly set for all three countries. Moreover, while regional cooperation encompassing the three countries was one of the Outputs, achievement of certain outcomes within the project scope was not set as a target. Therefore, the evaluation was basically conducted separately for each country in terms of evaluation judgement, meaning that this ex-post evaluation has some sections that don't necessarily evaluate all three countries as a whole. However, as this project was implemented as a single technical cooperation project, the situations of each country were captured first, and in the summary part of Effectiveness and Impact, the achievement levels of the three countries as a whole were judged based on the volume of Inputs of project experts as it was the element having the largest influence on the Input volume (amount)[5].

3. Results of the Evaluation (Overall Rating: C[6])

3.1 Relevance (Rating: ③[7])

3.1.1 Consistency with the Development Plan of Fiji, Tonga and Vanuatu

At the time of planning and completion of this project, the following policies were set forth on HRH development in the Pacific region and the target countries of this project.

[Common to three countries]

At the time of planning, among the five priority agendas put forward by the Pacific

[4] PDM is a matrix outlining the project, used in operating and managing the series of phases in the project cycle – planning, implementation and evaluation of a development aid project. It contains the Overall Goal, Project Purpose, Outputs, Activities and Inputs, etc.

[5] The actual inputs of the experts are described in '3.3.1 Inputs' under '3.3 Efficiency'.

[6] A: Highly satisfactory, B: Satisfactory, C: Partially satisfactory, D: Unsatisfactory

[7] ③: High, ②: Fair, ①: Low

Human Resources for Health Alliance[8] (hereinafter referred to as 'PHRHA'), 'Strengthening of nursing services and nursing education' and 'Continuous Professional Education' were highlighted, and this project was consistent with these agendas.

Although the activities of PHRHA became inactive after the time of project planning, the need for HRH development in the Pacific remained high at the time of project completion. In the Pacific Health Ministers Meeting held in 2013, HRH development planning, cooperation among the countries in the region, and maintaining the momentum to set regional standards were set as the directions, indicating that this project was in line with the regional policy on HRH development both at the time of planning and completion.

[Fiji]

In the 'Ministry of Health Strategic Plan 2007-2011', effective at the time of planning, 'improvement in the quality of health services by increasing in-service training opportunities for HRH' was set forth as an important agenda item.

At the time of project completion, the 'Ministry of Health Strategic Plan 2011-2015' was the policy document with strategic objectives to improve the qualities of primary healthcare services and the medical services for communities provided by community health nurses, which also recognised the importance of continuous training of health staff to improve the quality of services. In this way, consistency with this project was confirmed.

[Tonga]

In the 'Eighth Strategic Development Plan 2006/07-2008/09' and the 'Ministry of Health Corporate Plan 2008/09-2011/12', used at the time of planning of this project, implementing primary healthcare and keeping infectious and communicable diseases under control, and preventing, controlling and treating lifestyle-related diseases were regarded as the issues to be tackled.

In the 'Tonga Strategic Development Framework 2011-2014' a policy effective at the time of project completion, 'providing quality, effective and sustainable health services' was one of the outcome objectives while its strategic objective was to provide effective treatment and preventative healthcare. Also in the health sector, the 'Ministry of Health Corporate Plan 2013/14-2015/16' had six priority areas, including service provision at community-level health facilities and strengthening of HRH and the health system. As this project was related to five areas, it can be said that the project maintained consistency with the policy aspects.

[Vanuatu]

At the time of project planning, Vanuatu set forth the health sector policy in the 'Priority

[8] A regional organization to formulate and implement the strategies on HRH development in the Pacific region

Action Agenda 2006-2015' to provide comprehensive health services and facilitate its structure of providing effective and equitable health services by strengthening the structure which decentralises power. As this Priority Action Agenda was a national plan covering 10 years, it was effective at the time of project completion, but it was revised in 2012. In the health area, key objectives were that all citizens would be able to receive the same kinds of health services and the quality of services provided would be improved and that adequate development and retention of HRH would also be an important agenda. As for the sector-level plan, the 'Health Sector Strategy 2010-2016' was formulated, which makes reference to the provision of more in-service education opportunities to improve the skills of nurses who were the key to providing better health services.

Based on the above, it was confirmed that this project was consistent with the directions of the development plans for each country, both at the time of planning and ex-post evaluation, to improve the quality of health services and develop HRH.

3.1.2 Consistency with the Development Needs of Fiji, Tonga and Vanuatu

At the time of planning and completion of this project, the following needs for HRH were put forward in the target area of this project.

According to JICA documents, as there were many skilled medical technicians migrating overseas in the target area of this project, particularly doctors, simple medical services were provided by nurses, alternative services were provided by nurse practitioners who had wider coverage of medical practices than nurses, and medical services were provided by medical assistants, all requiring an enhancement and strengthening of primary healthcare and medical services. However, improvement of skills through fostering community health nurses was not sufficient, and the nurses in outer islands and remote areas had few opportunities to receive training. The following issues were also becoming obvious in each country.

- Supervision of medical staff, including in-service nurses, by their supervisors was loose and the continuous medical education to be done through on-the-job training was lacking.
- More than a few medical staff members were providing services with minimal updating of their knowledge after graduating from school.
- The retention rate of inexperienced medical staff members was low, and one of the reasons raised was a lack of support, such as training and so forth.

Even at the time of project completion, there was still a situation existing in which remote areas and outer islands were facing a shortage of doctors and nurses, requiring community health nurses needing to multi-task, and in which sufficient in-service education was lacking. Also, the needs for the development of HRH as a whole still remained in the region as expressed at the Pacific Health Ministers Meeting in 2013 where the development of HRH

data, allocation of sufficient budget for human resource development, and providing of continuous professional education were needed.

In addition to these regional challenges, each country recognised the following needs at the time of planning and completion.

Table 1: Needs of Each Country on the Development of Human Resources for Health

	At the Time of Planning	At the Time of Completion
Fiji	・ While the in-service training mechanism is functioning in the Central and Eastern Divisions of the country, where the ' In-service Training of Community Health Nurses' was implemented between 2005 and 2008, sufficient verification of outcomes and the formulation of a national policy based on the result which is necessary to disseminate the model nationwide have not been carried out. ・ As there is no system developed to foster nursing supervisors, the next-generation group of nursing supervisors has hollowed out.	・ In the Nursing Act set in 2011, annual renewing of nursing licenses has become mandatory. The prerequisite includes 20 hours or more of in-service training every year. ・ The number of nurses was 1,811 in 2009, which needed to be increased as seen in the submission from the Ministry of Health to the Government stating that an additional 1,510 nurses needed to be hired between 2010 and 2018.
Tonga	・There is frequent turnover of hospital nurses (primary medical service providers) and community health nurses (primary health service providers), and it is necessary to foster nurses who can handle multi-tasking work.	・ As new nurses are assigned every year, there is a need to conduct training continuously to develop their skills. ・ It has not reached a stage where concrete training programmes have been planned to solve the issues identified through S&C, thus requiring an in-service training system for nurses. ・ The number of nurses was 350 in 2005, but increased to 377 in 2013 and 435 in 2016.
Vanuatu	・There are very few opportunities for continuous education for community health nurses in service. ・No concept of fostering 'nursing supervisors' who are supposed to supervise community nurses exists. For this reason, there is little supervision conducted regularly.	・ Knowledge and skills of nursing supervisors undertaking supervision are still insufficient. ・ Training on the issues identified through competency assessments needs to be conducted continuously for community health nurses, and training for graduates of the Vanuatu College of Nursing Education needs to be conducted based on

		actual work after nurses are posted. ・ The number of nurses increased from 374 in 2010 to 487 in 2012 (including nurse aides).

Source: JICA documents and information provided by the Ministry of Health in each country compiled and analysed

In Fiji, it became a requirement in 2011 to obtain continuous professional development points (hereinafter referred to as 'CPD') to renew a nursing license. It was confirmed through interviews conducted in each country that Tonga and Vanuatu also had the idea of making it an obligation to receive 20 hours of CPD every year in the future, an idea that showed the needs for continuous education for in-service nurses were also high at the time of completion. In Tonga, the results of S&C were not linked to the implementation of in-service training and it was necessary to strengthen the in-service education system. While the number of nurses was on the increase compared to the planning period in all three countries, according to the Ministry of Health in each country, the number was still insufficient even at the time of project completion, thus more nurses were required.

Therefore, it can be said that the implementation of in-service training for community health nurses, as that targeted in this project, was consistent with the development needs of all three countries not only at the time of planning but also at the time of completion.

3.1.3 Consistency with Japan's ODA Policy

In the 'Islanders' Hokkaido Declaration' announced at the fifth Pacific Islands Leaders Meeting held in May 2009, 'Overcoming vulnerabilities' was one of the priority areas for assistance, and this project was consistent with the 'Support capacity building of healthcare infrastructure and human resource development of healthcare workers for the enhancement of health system' in the Action Plan set forth under the declaration.

Regarding the priority areas of Japan's assistance for each country at the time of planning of this project, for Fiji, 'Improvement of community health services' was described in the priority development agenda in 'Development of HRH' in the 'Rolling Plan for the Republic of Fiji'. For Tonga, 'Development of HRH' was clearly indicated as a priority development agenda in the 'Rolling Plan for the Kingdom of Tonga', in which 'Improvements in medical services' was stated. Also for Vanuatu, Health and Medical Services was a priority area for assistance to Vanuatu (FY2010 Country Data Book [Ministry of Foreign Affairs]) with a focus on the development of HRH.

Therefore, the consistency of this project with Japan's ODA policy for the Pacific region and each country can be said to be high.

In light of the above, the project is highly relevant to the development plans and development needs of the Pacific region, particularly of Fiji, Tonga and Vanuatu, as well as Japan's ODA policy. Therefore its relevance is high.

3.2 Effectiveness and Impact[9] (Rating: ②)

3.2.1 Effectiveness

3.2.1.1 Achievement of Project Purpose

This project, targeting each Ministry of Health in three countries in the Pacific (Fiji, Tonga, and Vanuatu), aimed to establish a model for improving health indicators in which competency assessments of community health nurses would be conducted and S&C would be done based on the assessment result, then would implement in-service training programmes based on the extracted needs. The achievement levels of the Outputs set in this project (described in pages 3-4 in this report) were largely as follows.

Table 2: Overall Achievement of Outputs in Each Country at the time of Project Completion

Country	Achievement of Outputs
Fiji	Output 1 (on the formulation of policy document for NB-IST), Output 3 (on the development of a management package for fostering nursing supervisors) were achieved, and Output 5 (on cooperation with other countries) was partially achieved. On the other hand, part of Output 4 and Output 2 (related to data handling, such as the database on monitoring and evaluation and that of the IST inventory) were achieved to a limit.
Tonga	Outputs 1 to 4 were achieved as documents on the functions, responsibilities, and the reporting system of nursing supervisors, as well as documents on the M&E system were prepared, while training for nursing supervisors on competency assessment skills, S&C, and NB-IST was sufficiently conducted. Regarding Output 5, which is on the cooperation among the three countries, it was partially achieved as the number of activities was not necessarily sufficient.
Vanuatu	Outputs 1 and 2, related to the formulation of documents on competency assessment and training for nursing supervisors and health managers, were largely achieved. Output 3 was partially achieved, that is, while the indicator on the regular implementation of S&C was achieved, no follow-up to link the results with improvement measures had been done. Output 4, on information sharing and learning among the three countries, was achieved to a limit.

The Project Purpose was to establish an NB-IST system in Fiji and Tonga, and introduce and establish S&C in Vanuatu through this project. As for the achievement level of the Outputs set forth, activities related to NB-IST and S&C were regularly

[9] Sub-rating for Effectiveness is to be put with consideration of Impact.

implemented during the project period in all countries. In this regard, the Output can be said to have been achieved. On the other hand, particular issues were found in terms of data development in Fiji (regular updates of the M&E database and IST inventory[10]) and verification of the S&C results gathered and measures taken in Vanuatu. In Tonga, while data development was not positioned as an Output, it was observed as an issue, similarly to Fiji. In addition, while this project was implemented as a regional project covering three countries and some information was shared among them, no cases in which some concrete outcomes were shared and in which they learned from each other were observed.

In this project, the Project Purpose was expected to be achieved with the achievement of Outputs. Table 3 shows the indicators to measure the level of achievement and their actual achievement at the time of project completion.

Table 3: Achievement of Project Purpose

	Indicator	Actual
Fiji	(1) More than 80% of community health nurses are assessed competency as per the guideline in each division.	'The achievement of Indicator 1 was limited'. A competency assessment was to be conducted twice a year. During the final year of the project, the implementation rate of the first competency assessment was 80.6% but the second one only at 27.9% due to a heavy load of various work done by nursing supervisors.
	(2) More than 95% of health facilities which had once or more supervisory visit per year as per the guideline.	'Indicator 2 was achieved'. The percentage of health facilities which received one or more supervisory visits a year (a visit by nursing supervisors to conduct supervision) was 98%, and health facilities receiving two visits exceeded 80%.
	(3) 70% of supervisors are fully trained on all the components of the management package for nursing supervisors.	'Indicator 3 was achieved'. The percentage of nursing supervisors taking training programmes was 98%. (all of the 78 sub-divisional nursing supervisors, sub-divisional health sisters and health sisters in charge of clinical services, and 24 out of 26 nurse practitioners designated by divisional nursing supervisors)
	(4) 80% of planned NB-IST is conducted in each division at the end of year.	'Indicator 4 was achieved'. A total of 86 training sessions were planned for each division and 73 were implemented (Implementation rate: 85%).
	(5) Inclusion of selected indicators of NB-IST mechanism into Business Plan[11] of each division	'Indicator 5 was only partially achieved'. It was confirmed that NB-IST implementation was included in the Business Plans of the Western and Northern divisions in 2013 (the final year of the

[10] The IST inventory is a database in which the competency assessment results and training history of nurses are recorded. The M&E database refers to a database in which implementation rates and results of competency assessment and S&C were aggregated and analysed.

[11] Each division has a business plan based on the Five-Year Strategic Plan of the entire Ministry of Health, which stipulates the kinds of activities to be implemented every year (August to July of the following year).

		project).
Tonga	(1) Percentage of registered nurse whose competencies were assessed using the competency standard once or more in one year	'Indicator 1 was achieved'. 98% in 2013 (as of the end of November, 2013).
	(2) Percentage of registered nurses that received coaching with a coaching sheet once or more in one year	'Indicator 2 was achieved'. 93.3% in 2013 (as of the end of November, 2013).
	(3) Improved aspects in the supervision system noticed by national level supervisors (qualitative data will be used)	'Indicator 3 was largely achieved'. According to the interviews held with the Ministry of Health and documents provided by JICA, the following qualitative effects were confirmed. - Clarification of the role of nursing supervisors in remote areas. - Homogenisation of supervision contents. S&C, which used to be a tool for 'searching for shortcomings', became a means of developing the skills of each person to provide better services. - Improvements in communications between bosses and subordinates. - Through the meeting on competency assessments, 'areas to be improved' through training were concretely clarified, such as nursing measures at the time of emergency disasters, legal and ethical issues in nursing activities, etc.
Vanuatu	(1) 80% of health facilities receive one or more supervisory visits in a 6-month period.	'Indicator 1 was achieved'. 84% in the second half of 2012 (21 out of 25 facilities), 100% in the first half of 2013, and 80% in the second half of 2013.
	(2) 80% of community health nurses are assessed their competency based on the Competency Standard once a year.	'Indicator 2 was achieved'. It was 71% in 2012 but reached 100% in 2013.
	(3) 80% of community health nurses needing coaching receive coaching once or more in a year.	'Indicator 3 was achieved'. It was 33.3% in 2012, but it increased to 88.6% in 2013.

Source: Documents provided by JICA, information provided by the Ministry of Health of each country and judgement on the level of achievement by the evaluator

In Fiji, Indicators 2 – 4 of the Project Purpose exceeded the target values, showing that the purpose was sufficiently achieved. On the other hand, Indicator 1 had some issues in that a competency assessment could not always be implemented on a regular basis as shown in the implementation rate of the second competency assessment, which was substantially lower than the target because nursing supervisors were busy with other duties and the transportation budget for visits was not sufficient. Regarding Indicator 5, while NB-IST was included in the Business Plans of the Western and Northern divisions, indicators were neither selected nor integrated. Moreover, no concrete inclusion was seen in the Central and Eastern divisions, leaving some problems. However, it was an appropriate approach as a whole toward the achievement of the objective of this project which was to formulate NB-IST-related policies, establish a monitoring and evaluation system, and develop the skills of IST coordinators and nursing supervisors. As for the

overall achievement of the Project Purpose, while the implementation rate of the second competency assessment of a given year was low, other essential indicators, such as the implementation of supervisory visits and NB-IST, exceeded their targets. Therefore, the Project Purpose was largely achieved.

In Tonga, Indicators 1 and 2 showed the values for the nurses at primary (health centre) and secondary (regional hospital) facilities in the target areas of this project, and latest data collected on them at the time of project completion was the data for November 2013. They were both at high levels, exceeding 90%. As for Indicator 3, related to improvements in the supervision system, as stated above, the effects were generated in such a way that the challenges nurses faced became clear through competency assessments and S&C, and competency assessments and S&C were regarded as a tool for improving the skills of nurses. As a whole, enhancement of the NB-IST mechanism was sufficiently made because the competency standards were clarified; S&C was implemented and strengthened; and, efforts were made to strengthen the skills of monitoring and evaluation. Therefore, the Project Purpose can be judged to have been achieved. The targets of this project were community health nurses working at health centres in remote areas at the beginning of planning, but it was decided to expand targets to all nurses, as the nurses in Tonga could play roles as clinical nurses as well as community health nurses during their careers while being in charge of several tasks. It was a change which aimed to improve the overall skills of those among the limited nursing resources and which was considered to have actually been effective.

The Project Purpose of Vanuatu is a summary of Outputs 1 – 3 and can be said to have been largely achieved when seeing the achievement of Outputs 1 – 3. As for the Indicators of the Project Purpose, they show that the Project Purpose as a whole is also considered to have been achieved as all of (1) – (3) in the above table had already reached the target values. While one of the Outputs of the PDM for Vanuatu targeted the entire country, the Project Purpose was limited to Shefa Province[12] for which the country's capital of Port Vila was also the capital of the province. As the initial project design was inadequate, the target area of all components was limited to Shefa Province, based on the recommendation of the Mid-term Evaluation in 2012. It seems to have been appropriate to review the target area, as it was a practical judgement that possible achievements would be constrained under the limitation in both inputs and period.

In the beneficiary survey[13], conducted as part of the ex-post evaluation study, a

[12] As Vanuatu is an island country divided into six provinces in which 65 islands have residents, it was not realistic to implement this project in all provinces. Therefore, Shefa Province, which had many nurses and also the capital, in which the Ministry of Health was located, became the pilot province. The project was expected to have relatively high project effects by narrowing the area.

[13] A survey targeting the nursing supervisors and all nurses who received training in the field of NB-IST in this project was conducted by sending questionnaires to the hospitals and health centres in the target location. A total of

question was asked as to whether they had a better understanding of NB-IST. 81% of the respondents replied that they had a deeper understanding, while the rate of the same response was high, at 88% in Fiji, where a preceding project was implemented between 2005 and 2008. Nursing supervisors and nurses in each country commented that the competency standards had been ambiguous and the assessment process had been unclear prior to this project; competency standards for nurses were set while competency assessments and S&C came to be implemented with regularity through this project, which led to better transparency of the assessment process and more opportunities to consult with supervisors on a regular basis.

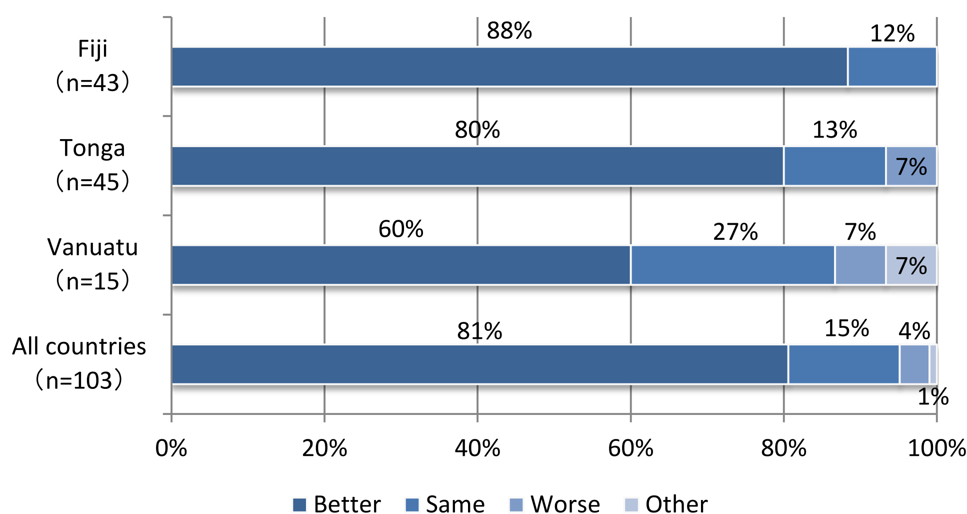

Figure 1: Change in the Level of Understanding of NB-IST
(Question: Do you think that you have better understandings of NB-IST after this project was implemented?)

In Fiji, where the preceding project was implemented in 2005 – 2008 and a component in the building of a database of S&C and training records was incorporated, there were issues in terms of regular updating of data. However, in all three countries, indicators related to the competency assessments and S&C were largely achieved, and it can be said that a system in which the needs of nurses could be captured and the fields to be improved could be identified was strengthened. Therefore, the implementation mechanism of NB-IST and S&C as a whole was enhanced and the Project Purpose was largely achieved. With regard to the sharing of experiences among the three countries, no

103 responses were obtained – 43 in Fiji, 45 in Tonga, and 15 in Vanuatu. The breakdown by gender shows five males (6%) and 97 females (94%). The main questions were on the improvement in the levels of understanding of NB-IST, improvements in nursing services and community health services after training, the implementation status of competency assessments, S&C and NB-IST, changes in communication among nurses, etc.

significant effects beyond the sharing of progress and information were observed in particular.

In light of the above, the Project Purpose was largely achieved.

3.2.2 Impact

3.2.2.1 Achievement of Overall Goal

As the Overall Goal, it was expected that after this project was implemented, the quality of health services would be improved by establishing NB-IST in Fiji and Tonga, and the NB-IST system through the establishment of S&C would be designed and steered in the pilot province with the prospect of expanding to other provinces in Vanuatu in the future.

The achievement status of the indicators set for each country's Overall Goal was captured at the time of ex-post evaluation. The summary is described in Table 4 below.

Table 4: Achievement of Overall Goal

	Indicator	Actual
Fiji	Number of sub-divisions which have Competency Assessment score of more than 3 in average for all 15 competencies. (All sub-divisions by 2019) (Supplementary information: five-grade rating from one to five)	In each sub-division, average scores of the sub-division in competency standards were not aggregated. The percentages of nurses scoring an average of 3 or higher for 15 competency standards were submitted by Central and Eastern divisions. The Central division was 20% and the Eastern division was 38%.
Tonga	The percentage of registered nurses whose results of competency assessment were rated either 3, 4, 5 at all indicators.	According to the Performance Management System reports (2015 and 2016 versions) issued by the Ministry of Health, the percentages of nurses scoring 4 or above for all standards were 27.8% in 2014 and 66.3% in 2015.
	The percentage of registered nurses whose results of competency assessment were improved in comparison with the baseline data (in 2013)	Unknown (not possible to obtain)
Vanuatu	NB-IST is implemented once or more in a year in the pilot province.	Competency assessments and S&C were implemented for all nurses in the pilot province in 2016. However, it had not reached the stage where the challenges were extracted from the results, and training for the nurses in service in the province had been planned and implemented with a view toward nationwide dissemination.

Source: Analysed from the information provided by the Ministry of Health of each country

In Fiji, the indicator set was the number of sub-divisions having scores of above an average of three (five-grade assessment from one to five) for all 15 competencies required for community health nurses. However, in fact, the data on the percentage of nurses

scoring an average of three in the 15 competencies in each sub-division were submitted only by the Central and Eastern divisions (no submission from the Western and Northern divisions). The two divisions have 10 sub-divisions and the percentage of nurses scoring an average of three varied from 3% to 85% depending on the sub-divisions. This average percentage for the Central division was 20% and that of the Eastern division was 38%. As the definitions were different and the data were not collected from all of the four divisions of the country, it was not possible to verify the achievement of the indicator in a sufficient manner. It is presumed that at least more than half of the nurses were not scoring an average of three or higher. One of the reasons could be the lower scores for competency standards due to an increase in new nurses every year, showing a continuous need for skill development of community health nurses.

In Tonga, it is considered desirable to obtain four or higher in all competencies of the five-grade assessment system and a report on the competency assessment results is prepared every year. According to the reports, while the percentage of nurses with 4 or higher in all competencies was less than one-third in 2014, it increased substantially to two-thirds in 2015. While there was no accurate data on the percentage of nurses scoring 'three or more' set for the Overall Goal, it was assumed that the skills of nurses in Tonga were steadily improving as the percentage was to reach at least 80% or higher according to the Ministry of Health in Tonga. With regard to the comparison in the level of achievement between 2013 and at the time of ex-post evaluation using the second indicator, it was not possible to make a comparison as the 2013 baseline data had not been captured at the Ministry of Health. However, competency assessments have been implemented for most of the nurses in the country and the percentage of nurses scoring four or higher in competencies was 66.3% in 2015, significantly higher than 2014. It means that their assessment is estimated to have improved at the time of ex-post evaluation compared to 2013.

In Vanuatu, S&C was not implemented in a sufficient way, as regular visits by nursing supervisors to community health nurses were not done in 2014 and 2015. In 2016, two nursing supervisors[14] from the Vila Central Hospital, located in the capital, secured the budget needed from the Ministry of Health to visit nurses in Shefa Province, a pilot province, and visited all nurses in the province to conduct competency assessments and S&C. However, this has remained as an activity conducted by a few nursing supervisors and a challenge remains, as this activity has not become institutionalised to involve all of the nursing supervisors concerned. Moreover, in Vanuatu, it was not confirmed that the issues extracted through competency assessments and S&C were reflected in training

[14] In addition to the instructing of in-hospital nurses at the Vila Central Hospital, they along with four zone nursing supervisors appointed in the same province are in charge of instructing community health nurses in Shefa Province.

contents as NB-IST. Therefore, the Overall Goal can be said to have been only partially achieved.

As a whole, the information related to the indicators for measuring the achievement level of the Overall Goal was not sufficient, but it is expected that the Overall Goal will be sufficiently achieved based on the data related by Tonga. On the other hand, it became clear that there were some issues in terms of the level of achievement in Fiji and in Vanuatu, in terms of the lack of actions taken at the institutional level for the realisation of NB-IST, which were fundamental issues, at the time of ex-post evaluation. In the survey on the improvements in the quality of community health services, conducted as part of the beneficiary survey, while 80% of the respondents answered that they had improved, the percentages were 67% in Fiji and 27% in Vanuatu, as shown in Figure 2. In the same way for the achievement of indicators, it was observed that while a high percentage of nurses in Tonga felt that the quality of community health services had improved, the percentages were moderate in Fiji and low in Vanuatu.

In light of the above, it can be judged that the Overall Goal as a whole has only been partially achieved.

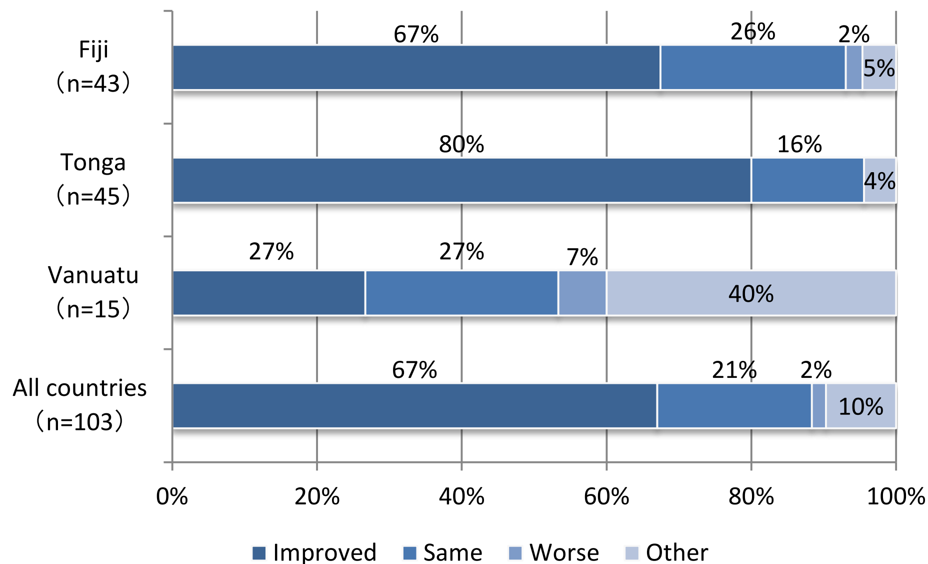

Figure 2: Improvement in the Quality of Community Health Service
(Question: As a result of the project, do you think that the quality of community health service has improved?)

3.2.2.2 Status of Project Effects after Project Completion

In the ex-post evaluation, the statuses of the Project Purpose and each Output, whose achievements at the time of project completion were checked in '3.2.1 Effectiveness',

were captured and analysed at the time of ex-post evaluation. The key results were as follows.

In Fiji, S&C and competency assessments conducted by nursing supervisors were largely implemented using various forms introduced through this project. The policy related to this project and the plan related to training the staff members at the Ministry of Health were formulated on a regular basis but the planned training had not been sufficiently implemented due to budget constraints. However, a system in which nurses are required on an annual basis to take 20 hours or more of lecture courses or self-studies on CPD in order to renew their nursing licenses annually was introduced, which confirms that a mechanism in which nurses continuously take training to improve their skills has sufficiently taken root. Updating of the M&E database and the IST inventory was not carried out regularly, having become an issue since project completion, and it was occasionally taken notice that some information was missing. Regarding strengthening of the NB-IST system set forth as the Project Purpose, according to the Ministry of Health, competency assessments conducted through meetings between nursing supervisors and nurses based on the competency standards as well as through supervisory visits with nursing supervisors visiting other nurses to be instructed have been implemented twice a year nationwide, and it was confirmed that education to nursing supervisors was carried out through training programs conducted by the Ministry of Health. After the usefulness of the competency assessment system for nurses, which was introduced through this project, was recognised at the Ministry of Health, a similar system was applied and introduced for doctors in 2016.

In Tonga, it was heard that competency assessments, S&C and M&E for nurses were implemented by utilising the IST manual continuously and were taking root as a system through their continuous implementation. As for the competency assessments, when a performance assessment system for public sector employees of the entire government was introduced in 2016, the assessment of nurses, which already had a more detailed assessment system, it was allowed to substitute the assessment sheet introduced in this project for it, due to its usefulness and coverage highly regarded. On the other hand, regarding M&E, the implementation rates of the various activities specified were not necessarily sorted out in the database, requiring continued improvements.

In Vanuatu, no particular S&C activities for in-service nurses had been implemented for two years after the completion of this project. The main reasons were that health managers of Shefa Province were frequently changed, that the direction and chain of command on the implementation of S&C and competency assessments was not clear and the implementation mechanism was not adequately established, and that zone nursing supervisors in Shefa Province got rotated frequently, resulting in insufficient S&C

training and recognitions, and so forth. Also, damages to regional health centres caused by a powerful cyclone in March 2015 and priorities subsequently given to preventive measures against infectious diseases were the causes of not implementing S&C in the same year. As described above, while the competency assessments and S&C were implemented once in Shefa Province in 2016, it cannot be said that the Outputs and the Project Purpose related both to the acquiring of techniques and to the implementation of the S&C model developed further after project completion. It is necessary to keep an eye on whether the competency assessments and S&C will be continuously implemented and firmly established as a mechanism from now on.

In the ex-post evaluation study, whether competency assessments and S&C continued to be implemented in each country after the completion of the project was checked with nursing supervisors and nurses through the beneficiary survey. The following responses, shown in Figures 3 – 5, were obtained as to the implementation status of each activity.

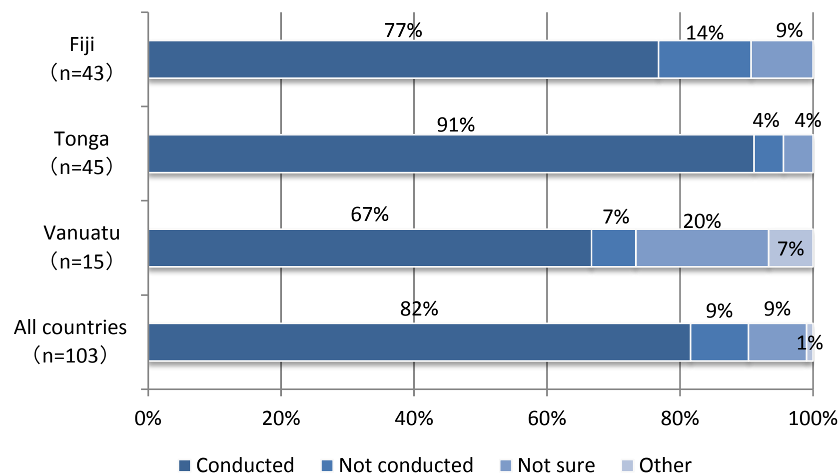

Figure 3: Regular Implementation of Competency Assessments
(Question: Do you think that competency assessments have been regularly conducted in your country over the last three years?)

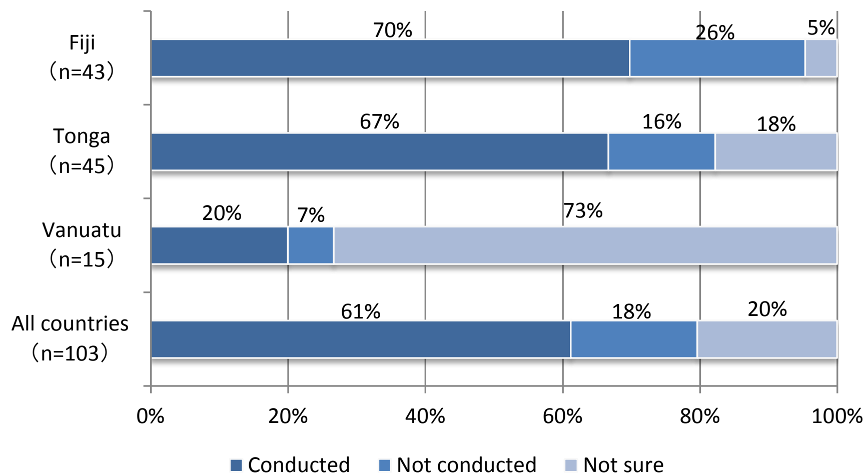

Figure 4: Regular Implementation of Supervisory Visit
(Question: Do you think that supervisory visits have been regularly conducted in your country over the last three years?)

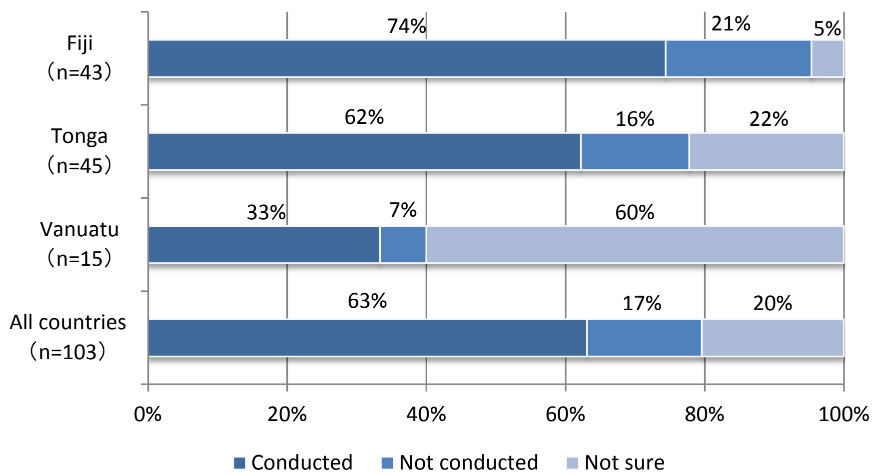

Figure 5: Regular Implementation of Coaching
(Question: Do you think that coaching has been regularly conducted in your country over the last three years?)

As the competency standard was set in this project (in the previous project for Fiji), the implementation rates of competency assessments based on it exceeded 80% in the three countries as a whole. Particularly in Tonga, where the competency assessments have been used for performance assessments of government employees, the implementation rate was high, exceeding 90%. The implementation rates of S&C were lower compared to the competency assessments, being a little over 60% for the three countries as a whole, with approximately 70% in Fiji and Tonga, and 20 – 30% in Vanuatu. Overall, while the

competency assessments have been implemented at a high level, visits and coaching by nursing supervisors for the issues identified through competency assessments have not necessarily been implemented sufficiently.

3.2.2.3 Other Positive and Negative Impacts

(1) Impacts on the Natural Environment

According to the interviews held with the Ministry of Health of each country, there were no particular negative impacts caused by this project on the natural environment in all three countries. As this project had components to mainly prepare various guidelines and manuals and to implement training programmes, no negative impact on the natural environment is considered to have occurred. Therefore, there are no problems.

(2) Resettlement and Land Acquisition

Similarly, to the above mentioned 'Impacts on the Natural Environment', there seems to be no problems since it was heard that there were no resettlement or land acquisition cases caused through the conducting of this project in all three countries.

Regarding the continuation of activities related to the Overall Goal and project effects, it was confirmed that the guidelines, manuals and forms created in this project as a whole were continuously utilised. As represented through the institutional mandate of the implementation of continuous professional training for nurses in Fiji and through the recognition of the competency assessment form as the one used in the performance assessments of government employees in Tonga, competency assessments and S&C continue to be implemented. However, there were some issues found in terms of the achievement level of the Overall Goal as a whole, particularly in Vanuatu, where issues were observed in terms of the sustainability of the effects of this project. Also, the data development for M&E and IST was not necessarily sufficient in Fiji, where the largest input was made. Therefore, it is judged that there are some issues with the Impact as a whole.

In light of the above, the project has achieved the project effects to some extent. Therefore, the effectiveness and impact of the project are fair.

3.3 Efficiency (Rating: ②)

3.3.1 Inputs

The planned and actual inputs of this project are shown in Table 5.

Table 5: Planned and Actual Inputs of this Project

Inputs	Plan	Actual (At the time of Project Completion)
(1) Experts	Project management / Health policy, Project coordination / Nursing, Impact study, M&E system, Management of public health nursing, Baseline/End-line survey, S&C	17 in total (Fiji: 76.97 MM, Tonga: 28.07MM, Vanuatu: 18.37MM) Project management, Health policy, M&E system, S&C, Management of public health nursing, Impact study, Project coordination
(2) Equipment	No detailed information	PC, Printer, Photocopier, Projector, Digital camera, etc.
(3) Local Activities	No description	94.39 million yen[15] (Fiji: 61.09 million yen; Tonga: 18.08 million yen; Vanuatu: 15.23 million yen)
(4) Regional Training	No detailed information	Twice (August 2011, August 2012. Both in Fiji)
Japanese Side: Total Project Cost	450 million yen in total	463 million yen in total
Fiji, Tonga, Vanuatu Side: Total Project Cost	No information	No information

Source: Document provided by JICA

3.3.1.1 Elements of Inputs

Regarding the number of experts, their fields of expertise, and the equipment provided, there seems to have been no problem in light of project components in all three countries. However, the number of Man-Months (MM) of experts reported for Vanuatu was only 18.37MM over three years, and it was considered not to have necessarily been sufficient to have S&C take root as a system.

As for the inputs from the counterparts, plans were respectively made mainly for their personnel expenses and domestic transportation, as well as the installation of the project office, its utility expenses and so forth, and it can be said that the actual inputs were mostly as planned, as shown in Table 6.

[15] Due to rounding-off, it is slightly different from the sum of each country's values.

Table 6: Planned and Actual Inputs from the Counterparts

Country	Plan	Actual
Fiji	1. Personnel expenses for counterparts, domestic transportation 2. Installation of the project office and the utility costs at the office, etc.	1. Counterparts: 20 in total 2. Project office, Electricity and water charges, Phone 3. Cash expenses (15 thousand Fijian dollars), Salary for counterparts, Transportation costs
Tonga	1. Personnel expenses for Counterparts, domestic transportation 2. Installation of the project office and the utility costs at the office, etc.	1. Counterparts: 16 in total 2. Project office, Electricity and water charges 3. Salary for counterparts, Transportation costs
Vanuatu	1. Personnel expenses for counterparts, domestic transportation 2. Installation of the project office and the utility costs at the office, etc.	1. Counterparts: 11 in total 2. Project office, Electricity and water charges 3. Salary for Counterparts, Training budget, Transportation costs

Source: Documents provided by JICA

From the interviews in the ex-post evaluation, responses from each country were made stating that a sufficient number of counterparts had been assigned and expenses had been borne to the greatest extent possible.

As the project activities progressed on schedule, without being affected by a shortage in inputs, the inputs from each country were considered to have been adequate as a whole.

3.3.1.2 Project Cost

While the planned project cost from Japan was 450 million yen, the actual amount was 463 million yen, exceeding the plan (103% of the plan). As explained in the following section, '3.3.1.3 Project Period', this was mainly due to the increase in activities costs associated with the need to extend the project period in Fiji. In Tonga, as the nurses targeted in this project, clinical nurses were added to the group of community health nurses initially-expected. However, as no additional activities or costs occurred, it was completed within the plan. In Vanuatu, changes in PDM affected neither the implementation of training for nursing supervisors in any province nor the implementation of various activities for nurses (training for nursing supervisors in all provinces had been completed before the PDM was changed), and the activities were implemented as planned. Therefore, no significant gaps were seen between the planned

project cost and the actual cost.

3.3.1.3 Project Period

The planned and actual project periods are shown in Table 7.

Table 7: Planned and Actual Period of this Project

	Plan	Actual
Fiji	July, 2010 – June 2013 (36 months)	October, 2010 – October, 2013 (Extension period) November, 2013 – February, 2014 (41 months in total)
Tonga	October, 2010 – September, 2013 (36 months)	January, 2011 – January, 2014 (36 months)
Vanuatu	January, 2011 – December, 2013 (36 months)	March, 2011 – February, 2014 (36 months)
Total	July, 2010 – December, 2013 (42 months)	October, 2010 – February, 2014 (41 months)

Source: Documents provided by JICA

Regarding the project period in Fiji, a period for additional activities associated with the change of PDM was needed for Fiji to achieve the Project Purpose, and it was extended until February, 2014, when the project period for Vanuatu had been planned to end. In Tonga, while the coverage of target nurses expanded, no additional activities that would require an extension of the project period occurred. In Vanuatu, activities for improvements in the technical skills of nursing supervisors in S&C were scaled down in coverage from nationwide to Shefa Province, while the project period was not extended and was completed in accordance with the plan.

In this project, as the implementation structure was designed so that the same experts would cover all three countries, the commencement of the project was originally planned to be at a different time among the three countries and a project period of 42 months was expected. While Fiji itself had an extension of five months, the actual cooperation period of the three countries as a whole was 41 months (98% of the plan) which can be judged to have been within the plan. However, in the regional project covering the three countries, an approximate period of three years for each country was thought to have been short, as analysed in 'Effectiveness and Impact', and from the viewpoint of generating project effects, so that the materials would be produced, training would be conducted and the in-service training system would take root.

In light of the above, although the project period was within the plan, the project cost

exceeded the plan. Therefore, the efficiency of the project is fair.

3.4 Sustainability (Rating: ②)

3.4.1 Related Policy and Institutional Aspects for the Sustainability of Project Effects

In this project, the objectives were the strengthening of the need-based in-service training system based in Fiji and Tonga, and the implementation of the S&C model in Vanuatu, which produced certain outcomes during the project period. The policy and institution to sustain these outcomes at the time of ex-post evaluation were as follows.

Table 8: Policies on HRH Development at the time of Ex-Post Evaluation

Country	Main Policy Contents
Fiji	In the 'Ministry of Health and Medical Services National Strategic Plan 2016-2020' (a successor of the previous 'Ministry of Health Strategic Plan', with the same policy positioning), the importance of community-level primary healthcare is continuously indicated, and a provision of need-based continuous professional training is also indicated. The 'Learning and Development Policy 2016-2019' of the Ministry of Health was being formulated, in which the implementation of continuous professional training for the staff was included in the policy's objective.
Tonga	The 'National Health Strategic Plan 2015-2020' was formulated in 2015. Among the six strategic main outcome areas is the provision of quality health services and HRH, and there is a reference to training enhancement.
Vanuatu	The 'National Sustainable Development Plan 2016-2030' (a successor of the 'Priorities and Action Agenda 2006-2015') was officially announced in 2017. One of the strategies of 'Society Pillar', one of the three pillars, is 'Healthy Society'. In this strategy, an effective and efficient health sector management is regarded essential.

Source: Compiled from each planning document

As shown in the above table, improvements in health services have been set forth in the national plans in each country. In Tonga, the importance of HRH development is indicated in the National Health Strategic Plan, and in Fiji, the 'Learning and Development Policy 2016-2019', a policy on HRH development, was being formulated[16] and it has been confirmed that the importance of continuous education for the staff of the Ministry of Health, including nurses, was described in it. According to the Ministry of Health of Vanuatu, although no direct reference to HRH development was found in the policy document, they were reviewing the staff planning for nurses at first, prior to the elaboration of a human resource development plan which was to be followed by concrete discussions on the human resource development plan after its completion. It is estimated to take some time.

[16] According to the Implementing Agency, completion of the policy had been delayed due to the need for further elaboration (as of March, 2017).

Based on the above, while the concrete contents which are clearly stated differ from country to country, improvements in the quality of health services were mentioned in each country. Fiji and Tonga also specified improvements in the skills of HRH, indicating that human resource development has been positioned as an important policy. However, clear policy directions on HRH development were not sufficiently confirmed in Vanuatu.

3.4.2 Organizational Aspects for the Sustainability of Project Effects

The organisational aspects for sustaining the effects generated in this project were as follows in each country.

Table 9: Organisational Structure for IST in Each Country

Country	Organisational Structure
Fiji	The Division of Nursing Services of the Ministry of Health and Medical Services (2,621 nurses [2015]) is the Implementing Agency of this project, and four divisional health sisters (four in total) among the four divisions of the country and a nursing manager are assigned under the director of nursing. Also, IST coordinators and officers are appointed respectively under the Human Resource Development Unit of the Ministry of Health (in charge of planning and implementing training), nursing manager, and Divisional Health Sisters of each division. However, under the review of the staffing plan at the Ministry of Health, there were no national-level IST Coordinators appointed at the time of ex-post evaluation. It was being discussed whether the newly planned post of Deputy Director Nursing would play that role but a final decision had not been made. The training plan for improvement of the skills of the Ministry of Health staff has been controlled and managed by the Unit of the ministry. Training for nurses is planned by the Human Resource Development Unit based on the proposal of the nursing division, and jointly implemented with the nursing division. There was a system in which S&C was implemented with nursing supervisors visiting their nurses.
Tonga	The Nursing Division of the Ministry of Health (Community Nursing and Clinical Nursing sections: 435 nurses [2016]) is positioned as the Implementing Agency, and under the supervision of the chief nursing officer, nursing leaders of each section and each island group promote various activities of NB-IST[17] as supervisors. There is an S&C mechanism in which nursing supervisors visit their nurses and conduct the promotion.
Vanuatu	Unlike the two other countries, the Ministry of Health does not have a nursing division in Vanuatu. A chief nursing officer post within the Ministry was newly created in 2017 and is to manage nationwide nursing services full-time (Number of nurses: 487 [2012]). The main implementing agencies of this project are Shefa Provincial Health, Human Resource Development and Training Unit of the Ministry of Health, Vanuatu College of Nursing Education, Vanuatu Nursing Council. According to the Ministry of Health, Shefa Provincial Health has the role and responsibility to implement S&C in the

[17] Queen Salote School of Nursing was established at the Ministry of Health and it provides education to students seeking to become nurses, but it is not deeply involved in the implementation of NB-IST for in-service nurses.

	province, and there was formally a structure through which nursing supervisors appointed in every zone conduct S&C on their nurses. No structure to promote S&C and NB-IST was established in reality as the Public Health manager of the province had frequent rotations after the completion of this project[18].

Source: Information provided by the Ministry of Health of each country

At the time of ex-post evaluation, Fiji and Tonga had a structure to implement NB-IST-related activities with their nursing divisions taking the lead. In Fiji, IST Coordinators were assigned respectively to all four divisions of the country to enter and compile competency assessment results of nurses. In Tonga, leaders of each nursing section and island group were playing a leadership role. However, as the post for national-level IST coordinator was vacant in Fiji, information on the implementation status of competency assessments and S&C from each division as a whole was not being compiled at Ministry of Health. It was possible, and the situation was uncertain, whether the role of the national-level IST coordinator in Fiji could be played by the to-be-established deputy director of nursing as one of her roles rather than appointing a full-time coordinator. Other than this point, it seemed that there were no issues in the implementation structure of IST-related activities in both Fiji and Tonga.

In Vanuatu, activities on the development of nurses' skills, such as competency assessment and S&C, are the role and responsibility of each province. However, as this project has not been expanded to other provinces, these activities are still at the stage of implementing only in Shefa Province in reality, which was the pilot province. Moreover, as the public health managers of the province were frequently rotated after the completion of this project, most of the activities had practically been halted. It cannot be said that the structure to promote S&C and NB-IST was sufficiently established immediately after the completion of this project, and it was the same case at the time of ex-post evaluation. The Human Resource Development and Training Unit of the Ministry of Health is mainly in charge of training and study-abroad programmes for Ministry staff through aid projects and scholarship programmes, and has not established a training programme for community health nurses and in reality, is not involved in the implementation of competency assessments and S&C.

Therefore, while it can be said that the implementation structure of NB-IST was largely established in Fiji and Tonga, Vanuatu has not implemented it systematically. In sum, some issues as a whole were found.

[18] According to the Vanuatu College of Nursing Education, it is also playing a role as the secretariat of the Vanuatu Nursing Council, educating students aiming to become nurses, and guiding and supporting new nurses within a year of their graduation. The support includes the provision of education to new nurses.

3.4.3 Technical Aspects for the Sustainability of Project Effects

In Fiji, it was observed from the interviews with the Ministry of Health during the ex-post evaluation that NB-IST is regarded as an activity to be implemented on a regular basis for nursing supervisors and nurses. Actually, when several health centres in remote areas were visited, it was seen that competency assessments and S&C were regularly implemented and necessary documents such as the competency assessment sheet and the coaching sheet were filled in. It is considered that nursing supervisors have certain skills to implement NB-IST-related activities.

NB-IST is positioned as part of the curriculum in the diploma course on nursing supervisor development at Fiji National University[19]. Furthermore, the Ministry of Health has also been implementing a training session for nursing supervisors on competency assessment skills and leadership management in the field of nursing approximately once a year. These programmes are a confirmation that efforts on the development of nurses' skills have sufficiently been made.

However, regarding the collection and compilation of information nationwide after competency assessments and S&C have been implemented, there were issues found in terms of insufficiencies when carrying out regular updating and when entering competency assessment results for all nurses. It is important to update the data regularly to understand the overall needs adequately and reflect them into subsequent training programmes.

In Tonga, it was observed on the site visit during the ex-post evaluation that the nursing supervisors who took NB-IST training were conducting competency assessments and S&C regularly, including on outer islands, and were filling out the necessary documents. As stated above, when the performance assessment system of government employees was introduced, nurses were allowed to substitute their own competency assessment forms. For this reason, competency assessments and S&C have been implemented basically for all nurses.

Regarding the implementation of NB-IST-related training to develop the skills of nurses, it was heard that NB-IST training is carried out with other training sessions when possible, as it is financially difficult to conduct NB-IST training on its own. Also, at Vaiola Hospital, Tonga's top-referral hospital, doctors and nurses were undertaking in-house studies every week and some of them were learning at sessions on nursing ethics and on nursing in emergency and disaster situations which were judged to be necessary sessions from the results of competency assessments and S&C.

On the other hand, according to the Tonga Ministry of Health, the situation is similar to Fiji; documenting of NB-IST related activities, as well as taking and reporting of activity records were not sufficiently done and continue to be a challenge.

[19] According to the School of Nursing at Fiji National University, out of eight subjects established, 'Quality Management in Nursing' and 'Nursing Management' have lectures on competency assessment skills and S&C.

In Vanuatu, while the training sessions on competency assessment skills and S&C for nursing supervisors were conducted during the project period, there was only one supervisor who implemented them through utilising such knowledge after project completion. Regarding continuous training, it was heard that doctors and nurses at Vila Central Hospital, Vanuatu's top referral hospital, gathered every week to have training on various subjects on medical and nursing services, but no further training for nursing supervisors and community health nurses was conducted in particular at the provincial level in Shefa as the public health managers kept changing. Therefore, competency assessments and S&C were not being implemented as an institutional activity in Vanuatu, and no efforts to improve the skills of those concerned were observed, leaving issues in terms of technical sustainability of the Outputs of this project.

Based on the above, while Fiji and Tonga are equipped with sufficient skills to implement NB-IST and training and seminars are conducted, Vanuatu has concerns in both respective skills. Therefore, it can be said that there are some issues in the technical aspects as a whole.

3.4.4 Financial Aspects for the Sustainability of Project Effects

In order to sustain the effects generated in this project, it is necessary to secure a budget for NB-IST for nurses, but the situations of each country were mainly as follows, according to interviews with their health ministries.

Table 10: Current Situation and Issues on the Budget for IST in Each Country

Country	Current Situation and Issues on Budget
Fiji	At the Ministry of Health, 0.9 – 1.5 million dollars of budget have been allocated for training of the staff members every year. The Human Resource Development Unit allocates the necessary amount to each training course when the training plan is formulated. Approximately 20% of the entire training budget is directed to training for nurses. There are many cases in which S&C is conducted when supervisors visit an area where the supervisee nurses are stationed and when meetings are held at core hospitals in each division. Particularly in the Eastern division, which consists of many groups of islands, it is necessary to move by boat and there are constraints in terms of the number of boat services and the budget amount. (Two S&C visits, specified in the IST guideline, cannot always be implemented and it is generally only once a year).
Tonga	No budget for training has been secured by the Ministry of Health, and all expenses needed for HRH training are almost entirely dependent on the budget for training of projects funded by donors. As these projects are not necessarily targeting training on IST, it cannot be said that a sufficient training budget related to this project has been secured. There are also constraints in the amount of transportation fees for the conducting of competency assessments and S&C.

Vanuatu	The budget for S&C was secured, as a nursing supervisor at Vila Central Hospital submitted a proposal to the Ministry of Health in 2016, but no institutional budgeting in the annual activity plan of the Ministry of Health was observed. As there is no allocation of a training budget, S&C is substituted by voluntary instructions offered by two supervisors.

Source: Information provided by the Ministry of Health of each country

In Fiji, a certain level of budget has been secured for the staff members of the Ministry of Health, including nurses, for the purpose of HRH development, and training programmes planned at the beginning of the fiscal year have been implemented. According to the Ministry of Health, the budget for steady implementation of S&C has not been sufficient, but it was observed that the activities were carried out efficiently under budget constraints, as competency assessments and S&C were implemented as much as possible when nursing supervisors visited the areas of their nurses for different purposes.

In Tonga, no budget to implement NB-IST has been secured, and training on NB-IST is conducted only to the extent possible at the time of the annual meeting of nurses and at seminars supported by other donors where nurses gather. According to the Ministry of Health, the transportation budget for S&C was not sufficiently allocated either, but visits by nursing supervisors are not that difficult given the size of each island. It was thought that several visits and much instruction would be possible in respective island groups, activities which had been done previously.

In Vanuatu, similar to Tonga, no training budget was being secured. While Shefa Province was supposed to secure a budget for S&C, it was not budgeted for at the time of ex-post evaluation.

Based on the above, while it was confirmed that a training budget was being secured and some training for nurses was conducted in Fiji, there were no budgets in Tonga and Vanuatu, which remains as an issue requiring improvements regarding the efforts in solving the issues extracted from competency assessments and S&C to develop the skills of nurses.

In each country, the importance of health service improvement and the human resource development (including nurses) to support such improvement has clearly been stated in various policies. In terms of organisational aspects, while Fiji and Tonga had clear divisions in charge and a chain of command, Vanuatu had some issues as it was not implementing S&C systematically. As for the technical aspect, competency assessments and S&C were conducted steadily in Fiji and Tonga and training programmes covering the health sector in general including NB-IST were planned and implemented in Fiji, but there were issues found in terms of some constraints in the implementing status of training in Tonga and a lack of measures taken for the development of skills in Vanuatu. With regard to financial aspects, while the budget for

training, including IST was secured in Fiji, no evidence of a budget to steadily plan and implement the training programmes for skills improvement of HRH was confirmed in Tonga and Vanuatu.

In light of the above, some minor problems have been observed in terms of organisational, technical, and financial aspects in each of the countries. Therefore, the sustainability of the project effects is fair.

4. Conclusion, Lessons Learned and Recommendations

4.1 Conclusion

This project had the objective of improving capacities of nurses, who were key actors in community health services, by conducting competency assessments then supervision and coaching, and so forth based on the result of such assessment, as well as by establishing an implementation model of need-based in-service training. The relevance of this project is high as this project was consistent with the directions of the development policies and needs of Fiji, Tonga, and Vanuatu set forth to improve the quality of health services and to develop human resources for health in each country, and as it was also consistent with Japan's priority areas for assistance to develop human resources in the field of health for the improvement of health services. The project purpose was judged to have been largely achieved as the implementation mechanism of NB-IST and S&C was strengthened in all three countries, although some issues were observed in terms of the sustainability and the further development after project completion (i.e., impact) as there were some insufficiencies in data development in Fiji and Tonga and as the S&C activities were not necessarily conducted to their completion in Vanuatu. Therefore, the effectiveness and impact are judged to be fair. The efficiency of the project is fair as the project cost exceeded the plan in spite of the project period being within the plan. Sustainability of the generated effects is judged to be fair as some countries had issues of either not having a sufficient promoting institutional mechanism and its techniques or securing a training budget.

In light of the above, this project is evaluated to be partially satisfactory.

4.2 Recommendations

4.2.1 Recommendations to the Implementing Agency

In the three countries of Fiji, Tonga, and Vanuatu, it was seen that competency assessments and S&C were being implemented though there were differences in frequency and implementation rates. However, it was not clear how the Ministry of Health in each country analyses results and evaluates such results to systematically utilise them in subsequent training programmes.

In Fiji, in order to steadily implement NB-IST, efforts are needed, in that the leaders of

nursing sections and IST coordinators in each division analyse the results of competency assessments and S&C and reflect them in the annual training plan as a detailed content of skill development training. In Tonga, while the implementation rate of competency assessments is high, securing of a training budget needed to improve the skills nurses are lacking has been a big issue. Therefore, it is important for the Ministry of Health to formulate a training plan and lobby the Treasury more rigorously for allocation of the budget during the budget request stage. In Vanuatu, it is necessary, for the establishment of NB-IST in the future, to re-educate nursing supervisors in Shefa Province first, and systematically and regularly implement competency assessments and S&C.

4.2.2 Recommendations to JICA

During the ex-post evaluation, it was observed that the JICA offices of each country were not always checking and following up with the status of the project in regard to the sustainability of its effects after the completion of this project. As the PDM has the Overall Goal set and encourages continuation of activities after project completion through technical cooperation projects, it is considered important to monitor the progressions and issues regularly (e.g., once every six months to one year), incentivise the implementing agencies to sustain and develop the Outputs, and disseminate the sustained Outputs.

4.3 Lessons Learned

<u>Examination of cooperation components in accordance with each country's situation</u>

This project was an application of NB-IST implemented in the Central and Eastern divisions of Fiji in the 2000s and was designed as a regional project with an aim to expand it to the entire geographical area of Fiji as well as that of Tonga and Vanuatu. However, the situations of each country in terms of nursing structures, human resources, and so forth are different and the Fiji model did not necessarily fit. Many Outputs and project activities were changed after their commencement in Tonga and Vanuatu. The major changes in particular were that (1) while 'community health nurses' working in health centres in remote areas were regarded as the targets of this project at the time of planning, instead of clinical nurses, a change was made after the project started to include all nurses in the country, and (2) the target area in Vanuatu was scaled down from an area that encompassed the entire country to only that of Shefa Province. While the objective to pursue the development of the skills of nurses remained consistent, various changes could affect the consistency of project activities[20]. Therefore, in examining the components of cooperation, it is necessary to survey, examine, and further discuss with the

[20] While the project area in Vanuatu scaled down from an area encompassing the entire country to that of the pilot province during project implementation, some of the activities (training on S&C for nursing supervisors of non-pilot provinces) had already been implemented.

Ministry of Health of each country during the planning stage the kinds of cooperation that will be concretely needed in light of the situations of each country, including the organisational structures to promote the activities so that the changes to PDM can be minimised.

<u>Introduction of thorough planning for the size of inputs and activities in a regional project and a human resource development mechanism which considers the possibility of human resource outflow</u>

In Pacific island countries where the size of population is small and overseas migration of skilled workers is frequently seen, there are several lessons learned on the measures of human resource development.

(1) In this project, it was an aim to establish a training structure for community health nurses in service in three countries within three years. The preceding project was implemented between 2005 and 2008 and this project had an input of approximately 77MM including long-term stays of experts in Fiji while Tonga and Vanuatu had this project with inputs of only 28MM and 18MM respectively without any stays of long-term experts over the course of three years. Particularly in Vanuatu, there were issues observed in terms of the establishment of its organisational structure for implementing various activities. What was achieved through the small volume of activity in this project is limited to the formulation of related documents and the implementation of associated training, as well as trials of S&C. It thus cannot be said that S&C has taken root as a system in the country. One of the factors for this is considered that the period and inputs needed for several people concerned, especially leaders, who could understand the meaning and effects of the project activities and implement the activities aspiringly, was not sufficient. As the human resource outflow is obvious in Pacific island states in particular, it is essential to establish a human resource development system that can cope with the migration of human resources after the project completion. To accomplish it, particularly in the case of a regional project involving several countries, it is necessary to utilise as many lessons learned from past projects as possible and conscientiously set the 'necessary period and inputs' by considering the situation of the country and the goal to be achieved. In the case where the inputs and the period are fixed, goal setting in line with them will be required.

(2) It is desirable to secure several counterparts to the same position (in the same facility) for respective activities of the project in order to implement the project as effectively and efficiently as possible. In island countries where one staff member had several roles like in this project, there were some cases seen where other staff members could not back up the activity of one of the staff members during that person's time away. It is considered that minimising this risk would lead to sustaining the project effects.

(3) The introductions of the CPD system in Fiji and the government employee assessment system became incentives to continue the activities of this project. From this experience, if an

introduction of a related mechanism enhances or sustains the effects of this project, it is considered desirable to actively incorporate collaboration of these national mechanisms into project activities.

End