

Country Name	Strengthening Capacity of Training Teams for Basic Health Staff
Republic of the Union of Myanmar	

I. Project Outline

Background	<p>Reducing the high morbidity of infectious diseases and high maternal, infant and child mortality was a great challenge in Myanmar. To improve health service coverage and health outcomes, it was essential to ensure a sufficient number of health workers capable of meeting the needs of the population. However, a severe shortage of health workers was a major challenge. Especially Basic Health Staff (BHS), who had worked in the vanguard of delivering basic health services to the community, were not only scarce but also their capacity and performance were limited. Regarding the development of BHS, the lack of capacity development and management system was a serious issue at central (ministerial), state/region (S/R), and township levels.</p> <p>* BHS provides the basic health services under township or lower levels. In the broadest sense, BHS includes all job categories for medical and health services at the township level such as Township Medical Officer (TMO) who supervises the health administration, Midwife (MW) who practices the midwifery as well as disease control, etc.</p>		
Objectives of the Project	<p>Through development of organizational function for the Central Training Team (CTT), establishment of the Training Information System (TIS), strengthening of training management and teaching methodology and strengthening of Supportive Supervision, the project aimed to strengthening the capacity of Training Teams (TTs) of different levels of in-service training for BHS in the targeted S/Rs, thereby providing high quality and coordinated in-service training to contribute to strengthening of the capacity of BHS.</p> <ol style="list-style-type: none"> Overall Goal: The quality and coordinated in-service trainings are provided according to the needs of different levels. Project Purpose: The capacity of training teams at different levels in the in-service training for the BHS is strengthened. 		
Activities of the Project	<ol style="list-style-type: none"> Project Site: 177 townships (all 168 townships in “the 8 S/Rs” and nine pilot townships in “the 9 S/Rs”) ¹ Main Activities: (i) Development of CTT’s organizational function, (ii) Establishment of the TIS, (iii) Strengthening of training management and teaching methodology by introduction of a handbook and training plan, (iv) Strengthening of Supportive Supervision of TTs based on the handbook. Inputs (to carry out above activities) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Japanese Side 1) Experts: 5 persons for long-term and 22 persons for short-term 2) Trainees received: 16 persons 3) Equipment: Audio-visual equipment, computers, etc. 4) Local expenses </td> <td style="width: 50%; vertical-align: top;"> Myanmar Side 1) Staff allocated: 20 persons at the central level and 83 persons at the S/R and township levels 2) Facilities: Project Office 3) Local expenses </td> </tr> </table>	Japanese Side 1) Experts: 5 persons for long-term and 22 persons for short-term 2) Trainees received: 16 persons 3) Equipment: Audio-visual equipment, computers, etc. 4) Local expenses	Myanmar Side 1) Staff allocated: 20 persons at the central level and 83 persons at the S/R and township levels 2) Facilities: Project Office 3) Local expenses
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Project Period	May 2009 – May 2014		
Project Cost	(ex-ante) 290 million yen, (actual) 250 million yen		
Implementing Agency	Department of Public Health (DoPH), Ministry of Health and Sports (MoHS) * Department of Health, Ministry of Health (MOH) during the project implementation period		
Cooperation Agency in Japan	National Center for Global Health and Medicine		

II. Result of the Evaluation

< Special Perspectives Considered in the Ex-Post Evaluation >

Evaluating Continuation Status of Effectiveness (Continuation status of achievement for Project Purpose): In order to verify the continuation status of achievement for Project Purpose “The capacity of training teams at different levels in the in-service training for the BHS is strengthened.”, we examined whether key training activities to maintain their capacity have been continued, such as on Training Information System and Supportive Supervision as supplementary information.

I Relevance

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

This project was consistent with the development policies such as: (i) “Myanmar Health Vision 2030,” which prioritized securing health human resources; (ii) “The National Health Plan” (2006-2011), which described the necessity for additional 3,900 BHS for Rural Health Centers (RHCs) to be newly established in five years and an aim to conduct refresher training for BHS and Voluntary Health Workers (VHWs) in all townships; and (iii) “The National Health Plan” (2011-2016), which set priorities on strengthening capacity of BHS and included training activities for BHS in six out of its eleven program areas.

¹ “The 8 S/Rs” were the S/Rs in which all townships were included in the project site: Mon (as the model state), Sagaing, Mandalay, Magway, Shan (South), Bago (East), Ayeyarwaddy, and Kyin.

“The 9 S/Rs” were the rest of S/Rs in which one township per S/R was included in the project site as the pilot township: Kachin, Chin, Shan (North), Shan (East), Rakhine, Kayah, Bago (West), Yangon, and Taninthary.

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

This project was consistent with the needs for increasing the number and establishing the system of capacity development and management of BHS nationwide as mentioned in “Background” above (No information sources report drastic changes in project context that would have declined the needs for the project during the implementation period).

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

The basic Japanese ODA policy for Myanmar was to implement projects for emergency and humanitarian aid, human resource development for democratization and economic reform, and projects as a part of assistance for CLMV (Cambodia, Laos, Myanmar, and Viet Nam) and ASEAN countries.²

<Appropriateness of Project Design/Approach>

As described later, the sustainability of effects of this project was significantly affected by the suspension of the CTT in April 2015. However, the project design/approach had been appropriate at the time of project formulation and implementation, and it could not expect the organization changes of the MoHS.

<Evaluation Result>

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

2 Effectiveness/Impact

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

The Project Purpose was achieved by the time of project completion. The CTT developed the “HANDBOOK for TRAINING TEAMS” (the HANDBOOK) as a national guideline for TTs containing the essence of training management, TIS, Supportive Supervision, etc., and introduced the HANDBOOK to 177 Township TTs (T/S TTs) through introductory training workshops (Indicator 1). The TIS functioned with reporting from S/R TTs to the CTT and feedback from S/R TTs to T/S TTs (Indicator 2). With support from the project and guidance given from S/Rs through Supportive Supervision, T/S TTs became more capable of conducting Continuing Medical Education (CME) that they had conducted since before the commencement of this project by aligning it with the HANDBOOK (Indicator 3).

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

The project effects have partially continued to the time of ex-post evaluation. At the central level, the CTT was suspended in April 2015 in the organizational changes of the MoHS. Since then, the Basic Health Division under the DoPH has conducted the BHS-related training to S/Rs as well as post-training assessment and supervision. At the S/R level, S/R TTs conduct Supportive Supervision including feedback on it either regularly or occasionally when they conduct training to T/S TTs as part of other projects. Regarding reporting, however, while a few S/R TTs still regularly report to the central level, others do not for the reason that there is no request from the central level. At the township level, all T/S TTs conduct CME usually focusing on the practical and actual ground situations such as breaking emergency epidemic disease and new emerging issues of health problem from the community. However, the HANDBOOK is no longer used in these activities - training management in line with the HANDBOOK is difficult since the organization structure has totally changed, the duties and responsibilities stated in the HANDBOOK are also different from realities, and the CTT is not running to revise it. For the same reason, the TIS is no longer used at the central and S/R levels. At the township level, one township was found to be still using the reporting format of the HANDBOOK, while most others prefer their own formats.

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

The status of achievement of the Overall Goal by the time of ex-post evaluation could not be verified. No information was available to verify the indicator as the CTT is not functioning

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

No negative impacts of the project were observed. Regarding the Super Goal, “Capacity of BHS is strengthened (Knowledge & skill of BHS is updated systematically),” no information for verification of the achievement status was available.

<Evaluation Result>

Therefore, the effectiveness/impact of the project is fair.

Achievement of Project Purpose and Overall Goal

Aim	Indicators	Results		
(Project Purpose) The capacity of training teams at different levels in the in-service training for the BHS is strengthened.	Indicator 1 CTT creates training guidelines and revises as necessary.	Status of the Achievement: achieved (not continued) (Project Completion) The CTT developed the HANDBOOK and introduced it to all S/R TTs. CTT revised the HANDBOOK in October 2011. (Ex-post Evaluation) The HANDBOOK is not revised after project completion as the CTT was suspended in 2015 and there is no training team under the DoPH.		
	Indicator 2 8 S/R TTs report to CTT and feedback to T/S TTs on Supportive Supervision and Training Information System.	Status of the Achievement: achieved (partially continued) (Project Completion) (Ex-post Evaluation)		
			Project completion	Ex-post evaluation
		Report from 8 S/R TTs to CTT	All 8 S/R TTs	3-4 S/R TTs till 2017; 1-2 S/R TTs in 2018
	Feedback from 8 S/R TTs to T/S TTs	All 8 S/R TTs	7 S/R TTs: No exact and specific data are recorded, but they provide some feedback as part of other projects. (No information from one state)	
Indicator 3 T/S TTs under 8 S/R TTs conduct CME in line with HANDBOOK	Status of the Achievement: achieved (not continued) (Project Completion) About 90% of T/S TTs under the 8 S/R TTs conducted CME, and these T/S TTs submitted the TIS report to S/R TTs using forms offered by the HANDBOOK. The pilot T/S TTs under the 9 S/R TTs also conducted CME in line with the HANDBOOK through Supportive			

² Ministry of Foreign Affairs, ODA Data book (2008).

	for Training Teams as training guideline.	Supervision. (Ex-post Evaluation) All T/S TTs conduct CME but not in line with the HANDBOOK.
(Overall Goal) The quality and coordinated in-service trainings are provided according to the needs of different levels.	Indicator 75% of T/S TT receive training for training management from S/R TT and CTT.	(Ex-post Evaluation) unverifiable No specific data was available.

Source: Terminal Evaluation Report; questionnaire and interview with MoHS and the S/R Health Departments

3 Efficiency

Both the project cost and the project period were within the plan (ratio against the plan: 86% and 100%, respectively). The Outputs of the project were produced as planned. Therefore, the efficiency of the project is high.

4 Sustainability

<Policy Aspect>

“The National Health Plan (NHP)” (2017-2021) upholds the goal of extending access to a Basic Essential Package of Health Services (EPHS) and recognizes the importance of health system strengthening from all perspectives including human resources. According to that plan, in-service training is to be fully institutionalized and better integrated: it is to be tailored to the different cadres’ needs in term of skills and competencies to deliver the Basic EPHS according to their respective roles and responsibilities. Also, in 2018, the MoHS has taken an initiative to start to distribute mobile tablet to each township and RHC for the purpose of supporting to systematically and efficiently developing the capacity of BHS in some part. Those mobile tablet include public health and medical guide book, reference books, research papers, health related applications (safe delivery application for maternal and child care, standardized health messages for general health awareness.) and document for administration and internal process.

<Institutional Aspect>

The DoPH of the MoHS is in charge of in-service training of the BHS at the time of ex-post evaluation, while pre-service training of all health cadres is the responsibility of the Department of Human Resources for Health (HRH). Currently, in-service training tends to be project-oriented, and there is limited continuous professional development. As mentioned above, the CTT has been suspended, and there has been no training team to replace it. The person in charge of the respective disease takes care of training and Supportive Supervision, and such a multiple burden is causing insufficiency of workforce for training for BHS (i.e., they have to be in a shift as supervisors of the training teams at the lower levels based on the title of training but they have to deal with not only training but also other health care services and other office work). S/R TTs and T/S TTs are still in charge of training. No information was available on the number of staff assigned to the BHS-related training at each organization.

<Technical Aspect>

At S/R TTs and T/S TTs, some counterpart personnel of this project is still working for the BHS training at the time of ex-post evaluation. Other information on the technical skills to sustain the project effects was not available.

<Financial Aspect>

While the MoHS seems to be allocating a certain budget for human resource development including the BHS training (i.e., CME) as well as obtaining project-based funding, there is no budget for the central training unit as the CTT has been suspended. No further information was available.

<Evaluation Result>

Therefore, the sustainability of the effects through the project is low.

5 Summary of the Evaluation

The project achieved the Project Purpose of strengthening the capacity of TTs at different levels in the in-service training for the BHS by the time of project completion. The effects of the project have partially continued mainly due to the suspension of the function of the CTT, and the Overall Goal of providing the needs-based quality and coordinated in-service trainings is unverifiable. Regarding the sustainability, there are concerns on the institutional aspect due to the change in the government organizations, and sufficient information was not available on the technical and financial aspects.

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

III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

- It is necessary to develop a well-designed Human Resources Health Units (HRH units) under the MoHS to conduct not only the capacity building for the BHS but also for the Health Information System Units for training teams.
- It is recommended to integrate into HRH plans for necessary oversight and retaining system (transfer and promotion system) of BHS by defining roles and responsibilities of BHS job categories, determining quantity and distribution for recruitment, standardizing training in line with national policies, ensuring continuous supervision, support and performance management of BHS by Ministry of Health and Sports and recognizing and motivating them through standardized incentives are needed to be advanced.
- The monitoring and evaluation system on the trainings for BHS at all levels is essential for the sustainability in capacity building of BHS.

Lessons Learned for JICA:

- The implementing agency has a responsibility to ensure the continuation of project effects after project completion, and such responsibility includes any measures to facilitate continued activities for project effects even in the event of changes in policies and organizational structures in the future. JICA should get the agreement on responsibility of the implementing agency for substantiality of project as their future leadership after project completion.



Photo 1: BHS Training at Myothit Township, Magway Region



Photo 2: Supervision Tour to SRHC by Chauk Township, Magway Region



Photo 3: BHS Training at Magway Township, Magway Region