Internal Ex-Post Evaluation for Technical Cooperation Project

conducted by Democratic Republic of the Congo Office: November, 2022

Country Name	**[Phase 1] Support to Human Resource Development in health sector of Democratic Republic of the Congo (Projet d'Appui au développement des ressources humaines pour la santé: PADRHS)** **[Phase 2] Support to Human Resource Development in health sector of Democratic Republic of the Congo Phase 2 (PADRHS Phase 2)**
Democratic Republic of the Congo	

I. Project Outline

Background	Since its independence in 1960, the Democratic Republic of the Congo (DRC) experienced domestic and international conflicts and many people lived under the poverty line. While the health indicators had slightly improved since the 1990s, the Millennium Development Goals (MDGs) had not been achieved. The maternal mortality ratio was 550 deaths per 100,000 live births (2007) and the under-5 mortality rate was 168 deaths per 1,000 live births (2011), while the MDG targeted 332 and 60, respectively. The human resources in the health sector did not meet the international standards in quantity and quality. The number of nurses was only 0.82 per 1,000 populations, while the WHO standard was 2.3. Problems of human resources including misallocation of staff were hindering access to health services. DRC's Poverty Reduction and Growth Strategy Paper (PRGSP) 2000-2009 aimed to improve the access to basic social services, and health sector was one of the priorities. To achieve the goal, the Ministry of Health (Ministère de la Santé Publique: **MSP**) formulated the Strategy for Strengthening Health System (Stratégie de Renforcement du Système de la Santé: SRSS). Human resource development was one of the pillars to improve primary health care. In 2010, the National Health Development Plan (Plan National de Développement Sanitaire: PNDS) 2011-2015 was formulated as an action plan of PRGSP. PNDS urged to develop the National Plan of Human Resource Development in the Health Sector (Plan National de Développement des Ressources Humaines de la Santé: **PNDRHS**). JICA project PADRHS Phase 1 enhanced capacity in human resource management at the central level of MSP and supported the formulation and implementation of PNDRHS. PADRHS Phase 2 followed to enhance capacity at provincial level with the three selected Provincial Health Divisions (Division Provincial de la Santé: **DPS**) and to support formulation and implementation of the Provincial Plan of Human Resource Development in the Health Sector (Plan Provincial de Développement des Ressources Humaines de la Santé: **PPDRHS**), as well as to further strengthen the capacity at the central level.
Objectives of the Project	[Phase 1] The project aims to enhance the capacity of Human Resource Directorate (Direction des Ressources Humaines: **DRH**) of MSP through the strengthening of institutional capacity of DRH, formulation of PNDRHS 2011-2015 and related legal and normative documents as well as the development of information management tools for human resources for health (Ressources Humaines de la Santé: **RHS**), thereby contributing to the implementation of PNDRHS. [Phase 2] The project aims to enhance the bases necessary for the efficient and sustainable development and implementation of PNDRHS at the central and provincial levels through the formulation of the new version of PNDRHS (2016-) and related legal and normative documents as well as the formulation of PPDRHS, thereby contributing to the promotion of basic training, retention, career management and continuing training of RHS in an appropriate manner and based on the needs of target provinces, and to the dissemination of the project outcomes to other provinces. [Phase 1] 1. Overall Goal: The National Plan of Human Resource Development in the Health Sector (PNDRHS) is implemented. 2. Project Purpose: The capacities of the Human Resource Directorate (DRH) to implement the PNDRHS are enhanced. [Phase 2] 1. Overall Goal: Basic training, retention, career management and continuing training of human resources for health (RHS) are promoted in an appropriate manner and based on the needs of target provinces, and they are disseminated to other provinces. 2. Project Purpose: The bases necessary for the elaboration of the National Plan of Human Resource Development in the Health Sector (PNDRHS) and its effective and sustainable implementation are strengthened at the central departments and at the level of the target provinces.
Activities of the Project	1. Project site: [Phase 1] MSP headquarters. [Phase 2] MSP headquarters and DPS in the target provinces (Bas-Congo, Kasaï-Occidental and Katanga until 2015. Kongo Central, Kasaï Central and Haut Katanga since 2016 after the reform of administrative divisions) 2. Main activities: [Phase 1] 1) To train staff to strengthen institutional capacity of DRH. 2) To formulate PNDRHS. 3) To develop legal documents related to PNDRHS. 4) To define data to be collected and launch a system to update the data. [Phase 2]

	1) To formulate the new version of PNDRHS (2016-). 2) To establish training standards of RHS. 3) To develop legal and normative documents related to RHS. 4) To support DPS in formulation and implementation of PPDRHS. 3. Inputs (to carry out above activities) **Japanese Side** [Phase 1] * As of November 2013 1) Experts: 8 persons 2) Trainees received: 16 persons 3) Training in the third country: 9 persons in total (Senegal) 4) Equipment: Computers for RHS data management and equipment for RHS training, etc. 5) Operation cost [Phase 2] * As of March 2018 1) Experts: 6 persons 2) Trainees received: 28 persons 3) Training in the third country: 15 persons (Canada, Senegal, Côte d'Ivoire) 4) Equipment: Computers for RHS data management, etc. 5) Operation cost **DRC Side** [Phase 1] 1) Staff allocated: 14 persons 2) Project office and utilities 3) Operation cost [Phase 2] 1) Staff allocated: 29 persons 2) Project office and utilities 3) Operation cost

Project Period	[Phase 1] (ex-ante) November 2010-October 2013 (actual) November 2010-November 2013 [Phase 2] (ex-ante) January 2014-December 2017 (actual) January 2014-March 2018	Project Cost	[Phase 1] (ex-ante) 385 million yen (actual) 287 million yen [Phase 2] (ex-ante) 455 million yen (actual) 543 million yen
Implementing Agency	Ministère de la Santé Publique (**MSP**) (Ministry of Health) Division Provincial de la Santé (**DPS**) (Provincial Health Divisions) of the target provinces		
Cooperation Agency in Japan	National Center for Global Health and Medicine (NCGM)		

II. Result of the Evaluation

<Special Perspectives Considered in the Ex-Post Evaluation>

- Phase 1 and Phase 2 were evaluated as a package. Regarding effectiveness and impact, achievement of the indicators of Phase 1 and 2 were examined separately and the evaluation results were compiled to cover both phases.
- As the products of Phase 1 covered the period until 2015 (PNDRHS 2011-2015), achievement of its Overall Goal was examined based on the situation of 2015 (target year). Continuation of project effects of Phase 1 was examined as a part of Overall Goal.
- To measure sustainability of the projects Phase 1 and Phase 2, questions were prepared based on the situation of Phase 2 at its completion. Some products of Phase 1 were outdated, and there was a reform of administrative divisions during Phase 2.
- Information at the time of ex-post evaluation was available basically only from Kongo Central. It was difficult to collect information remotely from the focal points of other two provinces, who were often unavailable online or did not send the requested documents. It was not only because of instable human resources as mentioned in the section of Sustainability, but also due to the impact of COVID-19. Moreover, at the time of the ex-post evaluation, Kongo Central was the only province which had already evaluated its second cycle of PPDRHS and documented it.

1 Relevance

<Consistency with the Development Policy of the Democratic Republic of the Congo (DRC) at the Time of Ex-Ante Evaluation >

[Phase 1] This project was consistent with DRC’s Poverty Reduction and Growth Strategy Paper (PRGSP) 2000-2009 in which health sector was one of the priorities, with the Strategy for Strengthening Health System (SRSS) in which human resource development was one of the pillars, and with the National Health Development Plan (PNDS) 2011-2015 which urged to develop PNDRHS.

[Phase 2] This project was consistent with DRC’s PRGSP II (2011-2015), SRSS (2011-2015), and PNDS (2011-2015).

<Consistency with the Development Needs of DRC at the Time of Ex-Ante Evaluation >

[Phase 1] This project was consistent with the needs for human resource development in health as mentioned in “Background” above.

[Phase 2] Phase 1 supported capacity development in human resource management at the national level. Capacity development at the provincial level and strengthening of coordination between national and provincial levels were expected to follow.

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

[Phase 1] Improvement of access to social services was one of the priority areas of Japan’s development assistance to DRC and health was one of the target sectors along with water supply and community development.[1]

[Phase 2] Improvement of access to social services was one of the priority areas of Japan’s development assistance to DRC and health was one of the target sectors. Capacity development of human resources for health and rehabilitation of health infrastructure were priorities.[2]

<Appropriateness of project design/approach>

The choice of Kongo Central as one of the target provinces was right as its proximity to the central level made support and monitor the

[1] ODA country data collection (2010)

[2] ODA country data collection (2013)

development of RHS easy.
Budget for RHS development activities, normally planned by the Project implementation counterparts, is not clearly secured in the national budget at/by the higher level. And this is a serious problem in financial aspects of sustainability, while it is not derived from project design or approach. No particular problem was observed in project design or approach.
<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>
[Phase 1] The Project Purpose, "The capacities of the Human Resource Directorate (DRH) to implement PNDRHS are enhanced" was achieved. 25 out of 26 DPS submitted operational action plans (Plan d'Action Opérationnel: PAO) in 2013, which were annual activity plans including RHS indicators (Indicator 1). DRH developed its PAO including four sub-plans of PNDRHS (carrier management, basic education, continuing education and retention) which was considered as the national annual RHS development plan (Indicator 2).
[Phase 2] The Project Purpose, "The bases necessary for the elaboration of PNDRHS and its effective and sustainable implementation are strengthened at the central departments and at the level of the target provinces" was achieved as two indicators out of four were achieved and the other two were partially achieved. Stakeholder meetings were held more than four times a year between 2014 and 2017 (Indicator 1), and the legal and normative documents developed at the national level (carrier management regulations, continuing training regulations, and standards of training of birth attendants) were utilized in the target provinces (Indicator 3). The annual RHS directories at the national level were developed about once every two years since 2013 (Indicator 2), which was less than the target (annually), but they have been updated regularly at realistic interval. RHS thematic group meetings at the level of target provinces were held but less than four times every year (Indicator 4).
<Continuation Status of Project Effects at the Time of Ex-Post Evaluation>
[Phase 1] The project effects partially continued till the time of ex-post evaluation. PNDRHS has been developed and implemented (Indicator 2), and PPDRHS have been developed and implemented by more than six DPS (Indicator 1) while information of implementation status was available only from Kongo Central. (Please refer to the achievement status of Overall Goal Indicators of Phase 1 below.)
[Phase 2] Overall,the project effects continued till the time of ex-post evaluation. Stakeholder meetings were held more than four times a year since 2018; annual RHS directories were published about once every two years since the project completion; legal and normative documents have been utilized at the provincial level while the utilization of the standard of training of birth attendants was not clear; and RHS thematic group meetings have been held but less than four times a year.
<Status of Achievement of the Overall Goal at the Time of Ex-Post Evaluation> Information of budget and activities were available only from Kongo Central.
[Phase 1] The Overall Goal, "PNDRHS is implemented" was partially achieved. In Kongo Central, 14 out of 26 activities planned under its PPDRHS 2014-2016 were either achieved or partially achieved. For PPDRHS 2017-2020, 17 out of 32 planned activities were carried out. Information of other provinces were not available (Indicator 1. No target value). At the national level, 27 out of 41 activities in PNDRHS 2011-2015 were either achieved or partially achieved. PNDRHS 2016-2020 was re-programmed to PNDRHS 2019-2022 with three programs and being implemented (Indicator 2).
[Phase 2] The Overall Goal, "Basic training, retention, career management and continuing training of human resources for health (RHS) are promoted in an appropriate manner and based on the needs of target provinces, and they are disseminated to other provinces" was partially achieved. More than six provinces developed PPDRHS since the project completion (Indicator 1). The annual planned budget for the implementation of PPDRHS of Kongo Central increased by 140% between the first and second cycle of PPDRHS, while financial information of other target provinces was not available (Indicator 2).
<Other Impacts at the Time of Ex-Post Evaluation>
No negative impacts have been observed.
The implementing agencies pointed out positive impacts as follows:

- Promoting midwives and nurses training programs contribute to positive impacts to gender as more than the half of students are female.
- Collaboration between structures in charge of RHS was enhanced with clear working guidelines.
- DRH staff took initiative to intervene without JICA in some provinces which were supported by other development partners, bringing the technical tools developed with JICA and their own tools, as they are now more self-driven and confident.
- More development partners became interested in RHS development.

<Evaluation Result>
Therefore, the combined effectiveness/impact of the projects Phase 1 and 2 is high.
【Phase 1】

Achievement of Project Purpose and Overall Goal

Aim	Indicators	Results	Source
(Project Purpose) The capacities of the Human Resource Directorate (DRH) to implement PNDRHS are enhanced.	Indicator 1 By 2013, more than half of the provincial offices submit annual activity plans including basic data such as numbers of new graduates, new recruitment, people to retire, etc.	Status of the Achievement (Status of the Continuation): Achieved (partially continued) (Project Completion) 25 out of 26 DPS submitted Operational action plans (Plan d'Action Opérationnel: PAO) including indicators about RHS according to the provincial health development plans in 2013. They were considered as provincial annual RHS development plans. (Ex-post evaluation) There have been three cycles of PPDRHS since Phase 1. The three target provinces of Phase 1 developed PPDRHS (Kongo Central 2014-2016, Haut Katanga 2015-2017, Kasai Central 2014-2016), Six provinces developed	source：Terminal evaluation report, Project completion report, information from MSP

		PPDRHS 2017 or 2018-2020 (Kongo Central, Haut Katanga, Kasai Central, Lualaba, Kasai Oriental, Sud Ubangi). Four provinces developed PPDRHS covering 2021 and onward (typically up to 2025) (Lualaba, Kasai Oriental, Tshopo, Sankuru) and eight provinces are developing PPDRHS 2021-2025. (See Overall Goal Indicator 1 (Phase 1) and Overall Goal Indicator 1 (Phase 2) below.)	
	Indicator 2 By 2013, the national annual RHS development plan is formulated.	Status of the Achievement (Status of the Continuation): Achieved (continued) (Project Completion) DRH developed its PAO including four sub-plans of PNDRHS (carrier management, basic education, continuing education and retention). It was considered as the national annual RHS development plan. (Ex-post evaluation) PNDRHS 2011-2015 and 2016-2020 (reprogramed to 2019-2022) as national annual RHS development plans were formulated. (See Overall Goal Indicator 2 below.)	source：Terminal evaluation report, Project completion report, information from MSP
(Overall Goal) PNDRHS is implemented.	Indicator 1 The number of activities carried out according to the provincial annual plan for the implementation of PNDRHS (including the 4 sub-plans) * There is no target value of this indicator.	(Ex-Post Evaluation) Partially achieved For PPDRHS 2014-2016 of Kongo Central, 14 out of 26 activities planned were either achieved or partially achieved. For PPDRHS 2017-2020 of Kongo Central, 17 out of 32 planned activities were carried out. The evaluation report of Kongo Central PPDRHS 2017-2020 stated that "By evaluating the degree of achievement of the interventions compared to the results, the effectiveness of the plan is average." The unavailability of a secure funding is the basis for the non-performance of certain activities. Information of other provinces were not available. Note: implementation of PNDRHS by provinces is equal to implementation of PPDRHS. PPDRHS includes annual implementation plan.	source：Terminal evaluation report, Project completion report, information from Kongo Central
	Indicator 2 The number of activities carried out according to the national annual plan for the implementation of PNDRHS * There is no target value of this indicator.	(Ex-Post Evaluation) Partially Achieved 27 out of 41 actions in PNDRHS 2011-2015 were either achieved or partially achieved. The unavailability of a secure funding was the main reason for the non-performance of certain activities. PNDRHS 2016-2020 was re-programmed to PNDRHS 2019-2022 under a national recommendation. It has three programs (staff availability and retention, basic training, and staff training) being implemented. Note: PNDRHS includes annual implementation plan.	source：Terminal evaluation report, Project completion report, information from MSP

【Phase 2】

Achievement of Project Purpose and Overall Goal

Aim	Indicators	Results	Source
(Project Purpose) PNDRHS and its effective and sustainable implementation are strengthened at the central departments and at the level of the target provinces.	Indicator 1 Stakeholder meetings are held four times a year to coordinate RHS management by taking advantage of the operation of the National Observatory for Human Resources in Health (ONRHS) and the RHS commission.	Status of the Achievement (Status of the Continuation): Achieved (Continued) (Project Completion) National RHS technical committee meetings: 12 times (2014: 3; 2015: 2; 2016: 4; 2017: 3) ONRHS meetings: 6 times (2014: 2; 2015: 1; 2016:1; 2017: 2) (Ex-post evaluation) National RHS technical committee (CRHS) meetings held: 2018: 2; 2019: 10; 2020: 5; 2021: 5. Meetings of Technical and Financial Partners (TFPs) specially involved in RHS Development: 2018: 6, 2019: 9, 2020: 3, 2021: 4 Outbreak of the Covid-19 from March 2020 affected the number of meetings.	source：Terminal evaluation report, Project completion report, information from MSP
	Indicator 2 The annual directories of RHS at the national level are developed once a year	Status of the Achievement (Status of the Continuation): Partially achieved (Continued) (Project Completion) 2013: Annual directory 2013 was published. 2014: Not published because the country profile was published. 2015: Published 2016: Not published because the project concentrated on the formulation of PNDRHS 2016-2020 2017: Published. (Ex-post evaluation) 2018: Was not developed due to the conflicting agenda at the RHS directorate. 2019: Published. 2020: Not published due to COVID-19. 2021: Scheduled at the last quarter of this year. The directory has been published about once every two years. As this seems to be realistic schedule than every year considering situations mentioned above, we judge this indicator has been continued.	source：Terminal evaluation report Project completion report, information from MSP

	Indicator 3 The legal and normative documents developed at the national level are implemented at the level of the target provinces. -60% of the target provinces as intervention zones implement legal and normative documents relating to career management and continuing training. -75% of the schools which have already integrated the revised program for birth attendants use the standard of training developed at the national level.	Status of the Achievement (Status of the Continuation): Achieved (Partially continued) (Project Completion) Carrier management regulations: Formulated in April 2017. Approved by RHS technical committee in October 2017. Introduced to Kongo Central and Haut Katanga. Continuing training regulations: Formulated in March 2015. Approved by the committee in June 2016. Signed by the minister of MSP in November 2017. Introduced to the 3 target provinces in 2017 and 2018. Standards of training of birth attendants: At the completion of Phase 2, there were about 470 schools in DRC to train mid-level (A2) health workers, among which 17 were to introduce new approach (APC: competency approach). As of May 2017, 14 schools out of 17 (82.3%) which had integrated new program used the standard of training of birth attendants. (Ex-Post Evaluation) Carrier management: The Manual of RHS management procedures was popularized in Kinshasa and Haut Katanga and was distributed in other provinces. While there is no evaluation of its use in the provinces, Kongo Central province customized it including distinct aspects. Guidelines for elaboration of RHS directory, Guidelines for setting up the RHS database, Guidelines for the elaboration of PPDRHS: These documents were popularized at the provincial level (especially in Kongo Central, Haut-Katanga, Kasaï Central, Lualaba). These provinces and some others either set up the RHS database (Kongo Central, Nord Ubangi, Maniema, Haut-Katanga, Lualaba, Kasaï, Kasaï Central as of March 2019), acquire or embark on the process of developing their provincial RHS directory or PPDRHS. Continuing training: Policy and Standards related to Continuing Training developed with JICA project were popularized in 3 provinces in JICA projects (Haut-Katanga, Kasaï Central, Kongo Central) in 8 other provinces supported by UNICEF (Sud-Ubangi, Kwango, Tshuapa, Kasaï, Maniema, Kongo Central, Mongala and Tshopo); and 9 provinces supported by US-funded PROSANI program (Haut Lomami, Haut-Katanga, Tanganyika and Lualaba; Sankuru, Kasaï Central, Kasaï Oriental, Lomami, Sud Kivu). DPS of the Kongo Central develops each year a joint plan for continuing training since 2017. The province has acquired a pool of 10 provincial trainers. Birth Attendant training: Various related standards (Reférentiel des compétences, Référentiel de formation, Réferentiel d'évaluation for example) are recommended to be used in the schools, and printed documents (in JICA projects) were sent to 11 schools out of 46. However, how many of these schools has actually utilized the distributed documents is unknown. In school year 2020-2021, among 607 A2-level schools nationwide, 153 introduced APC (Kongo Central: 17/46; Haut Katanga: 13/28; Kasaï Central: 4/28). However, no information was available on the number of these schools utilizing the related standards.	source：Terminal evaluation report, Project completion report, information from MSP/DPS
	Indicator 4 RHS thematic group meetings are held four times a year at the level of target provinces.	Status of the Achievement (Status of the Continuation): Partially achieved (Partially continued) (Project Completion) Number of meetings: Kongo Central: 2015: 9; 2016: 7; 2017: 4 Kasaï Central: 2015: 1; 2016: 4; 2017: 3; 2018: 2 Haut Katanga: 2015: 1; 2016: 3; 2017: 3; 2018: 2 (Ex-Post Evaluation) Kongo Central: 2018: 4; 2019: 6; 2020: 4; 2021: 4 (as of June) No information on other provinces.	source：Terminal evaluation report, Project completion report, information from MSP/DPS
(Overall Goal) Basic training, retention, career management and continuing training of human resources for health (RHS)	Indicator 1 Six provinces formulated their PPDRHS in accordance with PNDRHS	(Ex-Post Evaluation) Achieved Six provinces developed PPDRHS 2017 or 2018-2020 (Kongo Central, Haut Katanga, Kasai Central, Lualaba, Kasai Oriental, Sud Ubangi). Four provinces developed PPDRHS covering 2021 and onward (typically up to 2025) (Lualaba, Kasai Oriental, Tshopo, Sankuru) and eight provinces are developing PPDRHS 2021-2025.	source：Information from MSP/DPS
	Indicator 2	(Ex-Post Evaluation) Partially achieved	source：Data from Kongo Central

are promoted in an appropriate manner and based on the needs of target provinces, and they are disseminated to other provinces.	The budget for the implementation of PPDRHS increased by 10% in the target provinces	Financial data were available only from Kongo Central. Based on the available information, the trend shows an increase of planned budget between the first and the second cycles (2014-2016 and 2017-2020). Comparing the annual average of the planned budget in the first cycle with 3 years (370 521 USD per year) and the second cycle (with 4 years, 922 189 USD per year), there is an increase of more than 140%. However, in the national budget for health, RHS development activities are not clearly and definitely secured.	

3 Efficiency

[Phase 1] Both the project cost and period were within the plan (ratio against the plan: 75% and 100% respectively). The outputs were produced as planned. Efficiency is high.
[Phase 2] Both the project cost and period slightly exceeded the plan (ratio against the plan: 119% and 106% respectively). The project period of Phase 2 was extended for two months: the project completion date was changed from January 2018 to March 2018 mainly to complete the development of guidelines. The outputs were produced as planned. Efficiency is fair.
The combined efficiency of both phases is fair.

4 Sustainability

<Policy Aspect>
Human resource development in health continues to be a priority indicated by the Law No. 18/035 (2018) for the fundamental principles of public health declaring establishment of universal health coverage (UHC) (article 41). The current PNDS (2019-2022) and the National Strategic Plan of the UHC (PSN-CSU) 2020-2030 give a very special place to the RHS development.
<Institutional/Organizational Aspect>
RHS planning (in PPDRHS) is being institutionalized in DPS and health zones (ZS) beyond the project target provinces, utilizing the products of JICA projects including guidelines, database, and RHS directories. Central structures and management divisions at the provincial level seem to have sufficient personnel. Strengthening of the involvement of field structures in terms of quality and number would be required for further dissemination of RHS planning. Instability and insufficient critical mass of health staff in charge of RHS with experience and vision impacted by the JICA projects in certain provinces (especially the other two target provinces supported by phase 2 than Kongo Central), non-mobilization of other important ministry structures, weak advocacy at political level (central and provincial level) make the outlook uncertain. Design and control of health programs/activities have been separated into two parts at both central and provincial levels: the Central Directorates and DPS ensure the design and execution, and on the other hand, the Inspection Générale de la Santé (IGS) and Inspection Provinciale de la Santé (IPS) control the implemented activities and applied norms. The separation of these roles poses a challenge for the quality design and implementation. At the same time, RHS is a cross-cutting issue in the sector, but insufficient involvement of management and other ministries hinders sound development and distribution of health staff. Since the end of 2021, MSP plans to organize a platform of cross-sector discussion on the bottlenecks RHS development, named “états généraux des ressources humaines pour la santé” (general assembly of human resources in health) by the initiative of the General Secretary with the commitment of the minister.
<Technical Aspect>
MSP and DPS maintain and scale up skills and knowledge by training, study trips, support missions in the field. The existing technical tools are used and even updated or adjusted. RHS's quantity and quality are not sufficient yet nationwide, and unequitable distribution is a problem. Few staff have forward-looking vision and viewpoint as managers.
<Financial Aspect>
The national budget for health has been around 10% of the total national budget for past years. Salaries of RHS are covered by the budget, but RHS development activities are not clearly and definitely secured in the domestic budget. Funding from public sector for these activities is not secured both in provincial and central levels, while Kongo Central experienced an increase of 140% of planned budget for PPDRHS between the first and second cycles (2014-2016 and 2017-2020) (Phase 2 Overall Goal Indicator 4). Moreover, Operating and Maintenance costs are not executed, even planned or allocated. Most of RHS development activities have been supported by external funding including JICA PADRHS 3, WHO, World Bank, UNFPA, EU, DFID, USAID, Belgium, etc.
<Evaluation Result>
In light of the above, serious problems have been observed in financial aspects though some improvement in Kongo Central and some problems have been observed in terms of the institutional/organizational and technical aspects of the implementing agency. Therefore, the sustainability of the project effects is low.

5 Summary of the Evaluation

These projects combined (Phase 1 and 2) achieved the Project Purposes at the time of project completion and effects continue at the time of ex-post evaluation. The Overall Goals were partially achieved, as more provinces have developed their RHS plans while details of activity implementation and finances were available only from Kongo Central. While RHS continues to be a priority in the health policy, some problems have been observed in institutional/organizational, technical and mainly financial aspects of sustainability. As for the efficiency, both the project cost and period exceeded the plan for Phase 2.
Considering all of the above points, these projects combined are evaluated to be partially satisfactory.

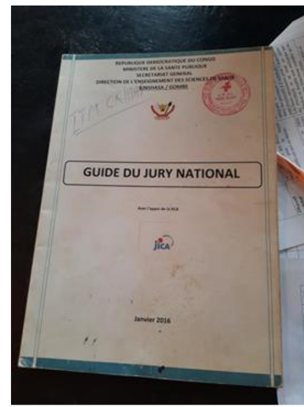
III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:
1. (National and Provincial Government) Secure the public funding (state budget) for the realization of the planned activities in the PNDRHS and the PPDRHS.
2. (National Government) Allocate the budget and endow timely the necessary resources for the execution of the national jury. There is an urgent need to support and to ensure the continuity and the sustainability in the organization of the national jury, which JICA support is gradually decreasing.
3. (National and Provincial Government) Ensure the stability of the personnel in charge of RHS, beneficiary of the achievements of PADRHS.

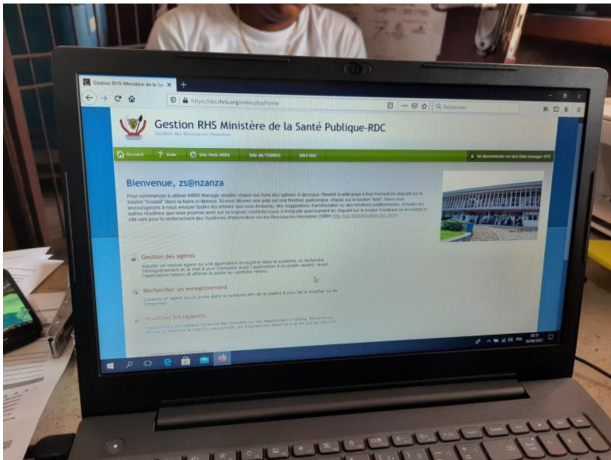
4. (National and Provincial Government) Integrate the roles of design and control of health programs/activities at both central and provincial levels for more effective design and implementation.
5. (National and Provincial Government) Involve management and other structures of MSP such as the IGS, or other key ministries such as the Ministry of Higher Education or the Civil Service in RHS planning and actions as it is a cross-cutting issue in the health sector.
6. (MSP at National and Provincial levels) Make an advocacy for the RHS agenda with political authorities (governor, provincial ministers, provincial assemblies, national ministers, National Assembly).
7. (MSP: SG, IGS, DPS and IPS) Develop the appropriate mechanisms to ensure the sustainability of the RHS development system under construction, both at the national and provincial levels: popularization of the developed tools with the actors of the system; marketing of the developed tools to politicians (presentation of PPDRHS, PNDRHS, database and its utility in the decisions making); organize the days of reflection on documents or results obtained with decision-makers.
8. (MSP: DESS) Accelerate scaling up process of the Skills-based approach (Approche par compétence: APC) to the medical schools in the country by transferring skills from the central to the provincial level, elaborating and reproducing appropriate manuals (reference documents), promoting the midwife section, and boost it through a political measure of closing the Objective-based approach (Approche par objectifs: APO) programs. Adopt an accreditation system of medical schools to improve the quality of training.
9. (MSP) Develop the capacities of RHS managers through missions of information or missions of exchange with the provinces, professional immersion, supervision, study trips, exchange of experiences between provinces. Intensify the support of the supervision by the national level to the provincial level in the RHS training at the secondary level.
10. (MSP: DRH) Take advantage of all possible initiatives assuring to collect and manage the RHS data and define a clear and formal harmonized policy of the RHS data management tools (GESPERSO or iHRIS).
11. (MSP) Develop the capacities for monitoring and evaluating the implementation of the plan (following the introduction of the culture of planning) or the tools developed (normative, regulatory or other tools) in order to continuously improve the content of the plan or the quality of these tools in their application. Improve steps C and A of the PDCA cycle of interventions.
12. (MSP) Complete the popularization of the continuing training standards, the development of joint continuing training plans in the provinces.

Lessons Learned for JICA:
1. It was a good strategy that JICA project took an integrated approach, starting from building a foundation of policy, planning, financing and legal and regulatory framework to support four pillars of RHS development, which are basic training, career management, continuing training and retention. It was different from previous RHS support focusing on financial motivation or continuing training. Many technical and financial partners, who usually support health zones and provinces, have followed JICA's footsteps not only looking at diseases but also RHS development including development of PPDRHS, development of RHS management manual and RHS database which has been used to advocate for allocation of funding.
2. This holistic approach was shared with the counterparts before starting the project and consensus was made among all members. The project was implemented under common understanding and facilitated collaboration with other relevant departments in RHS development activities. The project regularly organized meetings with all project stakeholders (each top management of the directorates) in order to plan, monitor, evaluate project activities. Joint missions were carried out in the provinces with the staff of national level. From 2010, the project made functional the framework for dialogue of the RHS thematic group at the national and provincial levels, by supporting the organization of meetings or workshops during which common subjects were discussed. The functionality of the National RHS Commission and Thematic Group has been instrumental in sustaining this momentum. JICA project was involved in these dialogue frameworks from the start. Thus, JICA played the role of leader in the RHS sub-group of Development Partners' Health Forum (Groupe inter-bailleurs santé: GIBS) and co-chair in the RHS commission. This approach was very helpful to have harmonious collaboration among three directorates and various partners. The usual practice of planning together with wide participation of staff, whether at national or provincial level in the framework of the PADRHS, has become the opportunity to strengthen the capacities of other participating staff in charge of RHS. This has given rise year after year to a certain culture of RHS planning acquired by counterparts.
3. The enhancement of the continuing training department through policy development was effective as other partners also refer to the developed standards and other JICA projects, including 5S-Kaïzen-TQM or disease control activities are operating based on it.
4. The decision made to focus on Kongo Central province was practical as its proximity to the central level made it easy to provide technical support and monitor the development of RHS in this province. One of the criteria to choose project target provinces should be easy access.
5. It is also needed to support intensively the activities related to the dissemination of knowledge and advocacy at political level, with all the evidence and results such as documents, tools and database elaborated by the Project. It helps the decision-making and also ensuring the sustainability of the change initiated by the project (PADRHS). So, based on the experience of the 2 phases, the activities of experience sharing and advocacy at political level should be considered and included in current and future pilot projects. For example, even if the database clarified the situation on RHS and, with the help of analyzes, enabled decision-making at Kongo Central; there remains a clear gap to be bridged between the evidence highlighted by the PADRHS and factual decision-making, between many of the documents or tools produced and their application, between the plans drawn up and their implementation.

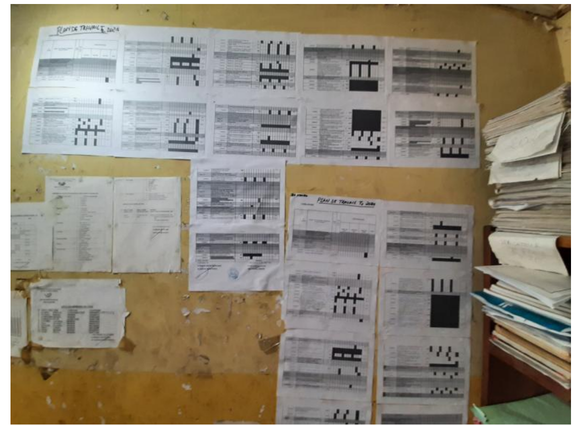
Manuals developed by the project used in the health zones



Guide of national exam of health personnel



RHS management software



Quarterly Plan of the Health Zone with a set of activities related to RHS development as formulated in the PPDRHS