

FY2021 Simplified Ex-Post Evaluation Report of Japanese Grant Aid Project

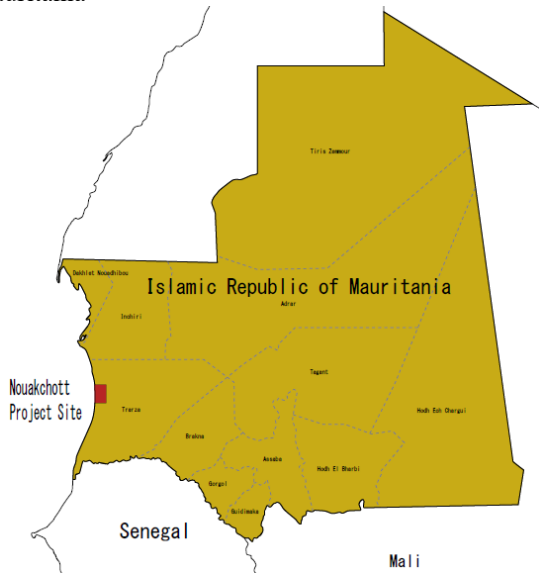
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Duration of the Study: April 2022–February 2023

Duration of the Field Study: 10 August 2022–28 August 2022

Country Name
 Islamic Republic of
 Mauritania

Project for Extension and Equipment Provision for the National School of Public Health of Nouakchott



Project Site (source: Sankakkei)

ENSSS School Building Exterior View (source: Evaluator)

I. Project Outline

Background	<p>In Mauritania, the mortality rate for children under 5 years of age was 90/1,000 live births and the maternal mortality rate was 320/100,000 live births (2015, WHO), both of which were lower than the Sub-Saharan African average (95/1,000 live births (2012, WHO) and 500/100,000 births (2013, WHO), respectively) but remained high. Thus, the Government of Mauritania formulated the <i>National Health Development Plan</i> (2012–2020) on the basis of the <i>Poverty Reduction Strategy Paper</i> (2011–2015) and listed the development of health human resources and the provision of health services as urgent issues.</p> <p>In addition, the <i>Strategic Plan for Health Human Resource Development</i> (2006–2015) was formulated, and specific goals were set for securing health human resources in each occupation, improving the capacity of health personnel, and increasing the ratio of health personnel allocation in each health facility. Five public health schools provided intermediate health personnel training in the country: the National School of Public Health at Nouakchott (current National School of Advanced Sciences of Health (ENSSS)), established in 1966; Kifa, established in 2009; Nema, Sélibaby, and Rosso, established in 2011. Particularly, ENSSS was the only school in the country to offer a training course for senior public health technicians and was expected to play a central role amongst the country's public health schools. However, ENSSS had not undergone full-scale expansion of its facilities since its construction in 1983 with French assistance. In 2015, the number of students enrolled at ENSSS was approximately 850, roughly 2.3 times the enrollment capacity of approximately 370, leading to the deterioration of the learning environment. In addition, public schools experienced a serious shortage of equipment and other learning materials, and courses corresponding to the curriculum could not be implemented; therefore, the educational environment must be improved by expanding ENSSS facilities and upgrading equipment.</p>			
Objectives of the Project	<p>This project aims to improve the training environment of high-quality health professionals by expanding school buildings and upgrading equipment at ENSSS, thereby contributing to the enhancement of the quality and quantity of health services in the country.</p>			
Contents of the Project	<ol style="list-style-type: none"> 1. Project Site: Nouakchott City (population: approximately 1 million) 2. Japanese side: 1,182 million yen 3. Mauritanian side: 23 million yen 			
Implementation Schedule	E/N Date	May 9, 2016	Completion Date	April 23, 2018 (facility construction completion and equipment delivery)
	G/A Date	May 9, 2016		
Project Cost	E/N Grant Limit / G/A Grant Limit: 1,182 million yen, Actual Grant Amount: 1,182 million yen			

Executing Agency	Human Resource Department, Ministry of Health (Supervising Agency) / National School of Public Health at Nouakchott (renamed National School of Advanced Sciences of Health (ENSSS) during the ex-post evaluation)
Contracted Agencies	Main Contractors: Iwata Chizaki Inc. and Nissei Trading Co., Ltd. Main Consultants: Koei Research and Consulting Inc. and Binko International Ltd.

II. Result of the Evaluation

Summary

The project was carried out to improve the training environment of high-quality health professionals by expanding school buildings and improving equipment at ENSSS, thereby contributing to the enhancement of the quality and quantity of health services in the country. The project is consistent with the Mauritanian government's *National Development Plan* and *Health Human Resources Strategic Plan*, whilst existing facilities were unable to adequately develop human resources meeting the needs of health human resources, including midwives and senior health technicians. The project is line with Japan's ODA policy, which focuses on poverty reduction in urban areas, and coordinates midwife training projects implemented by donors, such as the World Bank and France, so that they mutually contribute to the project's objectives. Therefore, the relevance and coherence are high. The effectiveness and impact of the project are high. The project has largely achieved the training environment development of high-quality health human resources and the improvement of the quality of medical services by trained health personnel, which are the expected outcome and impact by the implementation of the project. In addition, although the project period slightly exceeded the plan due to delays in domestic procedures in Mauritania, the efficiency of the project is high as the project cost was within the plan. In addition, the sustainability of the project owing to the following reasons: (1) policies and systems are generally improved despite some issues in effectiveness, (2) the organization and system are in place, (3) the technical level of the educational institution is maintained and training, manuals and so on are fully available, (4) the operation and maintenance budget is secured, and (5) the operation and maintenance of the introduced materials and equipment is generally kept in good condition.

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

Overall Rating¹	A (Highly Satisfactory)	Relevance & Coherence	③ ²	Effectiveness & Impacts	③	Efficiency	③	Sustainability	③
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<Special Perspectives Considered in the Ex-Post Evaluation/Constraints of the Ex-post Evaluation>

Considering that the training system for medical professionals in Mauritania during the ex-post evaluation differs from that during the ex-ante evaluation, and it may be misleading to make a simple comparison of indicators at the times of ex-ante and ex-post evaluations, complementary information was used.

1 Relevance/Coherence

<Relevance>

- Consistency with the Development Policy of Mauritania at the Time of Ex-Ante Evaluation

The *National Health Development Plan* (2012–2020) listed eight priority areas in strengthening health systems (1. Geographical accessibility; 2. Development of health personnel; 3. Accessibility to quality medicines, vaccines and supplies, including nutritional treatment; 4. Reinvigoration of community approaches; 5. Qualitative and quantitative fiscal improvements; 6. Hospital reform; 7. Enhancement of institutional capacity; and 8. Improvement of environmental health), which included “development of health personnel.” It aimed to establish and strengthen health systems through interventions and achieve five strategic action policies (1. Reduction of maternal and neonatal mortality; 2. Reduction of infant mortality; 3. Control of major communicable diseases, including neglected tropical diseases; 4. Measures against non-communicable diseases, including traffic accidents; and 5. Enhancement of health systems to support universal access to the above four strategic action policies and essential health services.)

Furthermore, the *Strategic Plan for Health Human Resource Development* (2006–2015) aimed to 1. Secure the required number of health personnel for each job category each year; 2. Improve national training capacity in response to the quality and quantity of services; 3. Effectively and sustainably improve health human resource capacity; 4. Increase health staffing rates at each level of the health system; and 5. Establish sustainable and efficient methods for reviewing, monitoring, and evaluating strategic plans.

In light of the above, this project was consistent with Mauritania's development policy.

- Consistency with the Development Needs of Mauritania at the Time of Ex-Ante Evaluation

The health situation in Mauritania was amongst the poorest in Sub-Saharan Africa, with a mortality rate of 90/1000 live births for children under five years of age and a maternal mortality rate of 320/100,000 live births (2015, WHO). In addition, due to the country's vastness, the development of social infrastructure was lagging, and the achievement of the MDGs was in jeopardy. Under such circumstances, the number of trained health personnel was significantly lower than required, and the central institution, the National School of Public Health at Nouakchott (current ENSSS), had approximately 850 students enrolled, compared to its capacity of 370, and courses were offered to more than twice as many students as the capacity by dividing classes into morning and afternoon sessions and by staggering the periods of practical training, which made it difficult to provide adequate instruction. In addition, the school is expected to assume an important and wide-ranging pivotal role in the development of health human resources, including the training of senior health technologists, such as X-ray technicians, anesthesiologists, and clinical laboratory technicians however, it has not been able to play an adequate role due to the size of facilities.

In light of the above, this project was consistent with the development needs of creating an effective training environment for high-quality

¹ A: Highly satisfactory, B: Satisfactory, C: Partially satisfactory, D: Unsatisfactory

² ④ : Very High ③: High, ②: Moderately low, ①: Low

health personnel at the times of ex-ante and ex-post evaluations.

<Coherence>

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

Japan's Country Assistance Policy to the Islamic Republic of Mauritania (December 2012) set "poverty reduction in urban areas" as a priority area and intended to support infrastructure development that is directly linked to poverty reduction. This project aimed to expand public health schools in the capital city of Nouakchott, which would contribute to improving the quality and quantity of health services, and was in line with Japan's assistance policy.

In light of the above, the project objectives were consistent with Japan's ODA policy.

- Internal Coherence

This project is the only JICA assistance to Mauritania in health and medical fields, and no synergies or interconnections with other projects can be observed. Therefore, internal coherence cannot be confirmed.

- External Coherence

Spain had trained 25 teachers at ENSSS by 2012, and Italy (NGO) added three classrooms to ENSSS in 2013. The three classrooms built by the Italian NGO are part of the old school building, which is different from the school building completed by JICA. Spain's cooperation in materials and equipment (grant assistance) was also extended for the old school building; therefore, no duplication occurred.

In addition, the World Bank has implemented the Sahel Women's Empowerment Demographic Dividend (SWEDD) (2015–2024) as a budget support program to help secure the maintenance and operation costs of ENSSS. The French Development Agency (AFD) implemented the Maternal and Child Support Project (Temeyouz) (8 million euros) (2020–). More specifically, the AFD provided support to ENSSS for midwife training programs, mainly in the field of technical cooperation, and trained midwives. The AFD's support project contributed to the achievement of this project's objective (environment development for the training of high-quality health human professionals). This project is also consistent with SDG 3 (Health: Good Health and Well-Being), in particular "Sustainably Increase health financing and the recruitment, development, training and retention of the health workforce in developing countries." (Target 3c)

<Evaluation Result>

In light of the above, the relevance and coherence of the project are high.³

2 Effectiveness/Impacts⁴

<Effectiveness>

By reducing the shortage of ENSSS school building, classrooms and equipment, class hours held during normal operating hours (Monday through Friday from 8 a.m. to 4 p.m.) were expected to be secured, and more high-quality health professionals (nurses and senior health technicians) were expected to be trained. By providing medical services in the country's medical facilities, it was anticipated that these human resources would contribute to an increase in the quality and quantity of health services in Mauritania.

The logic is as follows: The expansion of school buildings and the improvement of equipment resolves the shortage of school buildings, classrooms, and equipment (output), and the development of high-quality health professionals (outcome) is achieved through the improvement of learning effectiveness and the provision of learning opportunities. Then, through the engagement of these professionals in medical services at medical facilities nationwide, they contribute to the improvement of the quality and quantity of health care services (impact).

Each aspect is examined below.

Firstly, as quantitative effect indicators regarding effectiveness, indicators based on the number of students and class hours secured through the expansion of ENSSS facilities were set. Of these, "hours of training per student in the Nurse Course during ENSSS normal operating hours" and "hours of training per student in the Senior Health Technician Course during ENSSS normal operating hours" (Indicators 2 and 4) were achieved or generally achieved. Due to its upgrade to a university status, ENSSS discontinued accepting applications for the Medical Social Nurse Course, which does not require applicants to have a high school graduate certificate (BAC) for admission (indicator 3) (FY2018-), and COVID-19 since 2020 has made it impossible to implement training programs (midwives and nurses) that require face-to-face classes at full capacity, the most recent total number of enrolled students (indicator 1) was treated as a reference value.

More concretely, for the Nurse Course, 2,145 hours were actually achieved at the time of the ex-post evaluation against the planned 1,956 hours, whereas for the Senior Public Health Technician Course, 1,350 hours were actually achieved at the time of the ex-post evaluation against the planned 1,463 hours, which means that the target was not achieved. Nonetheless, no substantial problems were observed because it was 0 hours before the implementation of the project and insufficient hours were covered by supplementary lectures and training outside normal operating hours. Thus, by reducing the shortage of ENSSS school building, classrooms, and equipment, intended class hours are secured, and senior health technicians, who were previously trained only irregularly (outside normal operating hours) due to classroom shortages, are now trained every year, which contribute to the stable supply of senior health technicians. In addition to this school, four other schools (vocational training schools) train nurses and midwives in Mauritania, namely, Kifa, Rosso, Sélibaby, and Nema; however, due to shortages of facilities, equipment, and human resources, senior health technician training courses are not provided.

The implementation of this project triggered a growing momentum for this school to assume a role as a higher education professional institution that provides more advanced nursing and health skills and knowledge in addition to the conventional development of health professionals, and in 2018 it was decided to upgrade the school to a university. With this upgrade, the admission requirements have become stricter, i.e. a high school graduate certificate (BAC) is now a prerequisite for admission, which now allows the school to admit and train

³ Relevance: ③, Coherence: ③.

⁴ When providing the sub-rating, Effectiveness and Impacts are to be considered together.

more qualified students. During the ex-post evaluation, the curriculum proposed by the World Health Organization (WHO) as a model curriculum (expansion of the overall number of years of education, including the clinical period) was being introduced as planned.

Through these improvements, this project can be said to have contributed to the ‘development of high-quality health human resources’.

<Impacts>

▪ Intended Impacts

The impact envisaged at the time of planning was "improvement of the quality of health services by trained health personnel."

As shown in the following enrollment figures, approximately 500 midwives, nurses, and senior health technicians are trained every year and are assigned to hospitals nationwide to provide medical services to meet the medical needs of the time. Especially in 2020–2021, many medical professionals were in demand due to the outbreak of COVID-19, and many ENSSS graduates also engaged in related services.

	2014	2015	2016	2017	2018	2019	2020	2021
Midwives	156	152	120	118	112	259	218	110
Nurses	217	183	143	62	113	159	269	210
Medical social nurses	405	419	214	189	478	289	0	0
Senior health technicians	81	0	0	137	134	127	74	168
Total	859	754	477	506	837	954	561	488

To grasp the qualitative impact, the evaluators conducted interviews with approximately 20 ENSSS graduates, interns, and their colleagues at the National Central Hospital and the Obstetrics and Gynecology Hospital (Nouakchott). ENSSS graduates were generally well received, and interviews showed that ENSSS was highly evaluated especially in areas that ENSSS emphasized as its activities and where additional support was available from other donors, such as the development of midwives and nurses. However, for senior health technicians who must respond to the rapid development of medical technology, some opinions emerged that clinical education (National Central Hospital) was essential to learn how to use the equipment because ENSSS lacks the latest equipment in some fields (for example, anatomy). In addition, it was pointed out that the disparity between hospitals that have equipment and those that do not is a problem because it is directly linked to regional disparities in medical services.

As described above, it can be said that the trained health professionals have made a particular contribution to filling in the demand for health human resources in Mauritania overall. Meanwhile, the quality of health and medical services is contingent on the availability of medical equipment and cannot be determined solely by the number of health care professionals. Consequently, the impact of this project cannot be adequately assessed under the current circumstances.

▪ Other Positive and Negative Impacts

Regarding environmental and social considerations, this project is classified as Category C under the *JICA Guidelines for Environmental and Social Considerations* (2010). This project involved the extension of a school building within the existing premises, and no environmental impact was observed during or after the construction period, including soil contamination, noise, and vibration. Similarly, no land acquisition or relocation of residents took place. However, given that the school building was not surrounded by a wall, people other than students or school personnel could enter freely, posing security concerns.

<Evaluation Result>

This project has generally achieved the intended outcome and impacts as planned, generating expected effects as planned. The project has created almost no negative impact in the long run in social, environmental and economic aspects. Therefore, the effectiveness and impacts of the project are high.

Quantitative Effects

Indicators	Baseline FY2013 Baseline Year	Target FY2020 3 Years after Completion	Actual FY2018 Completion Year	Actual FY2019 1 Years after Completion	Actual FY2020 2 Years after Completion	Actual FY2021 3 Years after Completion
Indicator 1 Total number of enrolled students (persons/ENSSS)	861	1223	837	954	561	488
Indicator 2 Hours of training per student in the Nurse Course during ENSSS normal operating hours (Note 1) (hours)	1564	1956	NA	NA	NA	2145
Indicator 3 Hours of training per student in the Medical Social Nurse Course during ENSSS normal operating hours (Note 1) (hours)	963	1376	abolished	abolished	abolished	abolished
Indicator 4 Hours of training per student in the Senior Health Technician Course during ENSSS normal operating hours (Note 1) (hours)	0	1463	NA	NA	NA	1350

Source: Baseline values and target values are from ex-ante and ex-post evaluation tables, and actual values are from answers to questionnaires.

Note 1: Regular operating hours refer to ENSSS's normal opening hours of 8 a.m. to 4 p.m. Monday through Friday. At the time of planning, due to the lack of practical training rooms, many practical training sessions were held outside normal operating hours and on Saturdays and Sundays, causing problems, such as low student attendance.

Note 2: In the plan for this project, FY2020 (September 2020 through August 2021), which is three years after the project completion, was the target year, but due to the delay of nearly half a year in the project completion, FY2021 (September 2021 through August 2022) is three years after the project completion.

3 Efficiency

The output of this project was generally in line with the plan (as described in the Contents of the Project of "I. Project Outline"). Although there were minor changes in the layout of the facility, none of the changes would affect the project effect.

The total project cost was planned to be 1,205 million yen (1,182 million yen for the Japanese side and 23 million yen for the Mauritanian side). Of this, the actual amount of cooperation by the Japanese side was 1,132 million yen compared to the planned amount of 1,182 million yen (96% of the plan), which was almost as planned. The actual amount of the cost borne by the Mauritanian side was 23 million yen compared to the planned 23 million yen.

The actual project period was 24 months (109% of the plan) compared to the planned 22 months, exceeding the plan. The start of the project was delayed by about seven months from the plan due to delays in domestic procedures in Mauritania, including obtaining construction permits, so the completion date was delayed by about six months from the original plan and was completed at the end of April 2018.

<Evaluation Result> Although the project cost was within the plan, the project period exceeded the plan. Therefore, the efficiency of the project is high.

4 Sustainability

• Policy and System

In the wake of COVID-19, the Mauritanian government continues to maintain its political commitment to "substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries." (Target 3c of SDG 3). Therefore, the aid effect generated is expected to be maintained.

In addition, with the upgrade of ENSSS to a university (implemented from FY2018) and the establishment of bachelor's, master's, and doctoral programs (scheduled to be implemented from FY2022), both the Ministry of Health and the Ministry of Higher Education will become supervising agencies. However, securing faculty personnel commensurate with the shift to higher education and further expanding utilization of information technology for advanced facilities and management remain challenges. For example, student enrollment management is not computerized, the reliability of data on student enrollment and graduation remains low, and efficient organizational management is not available.

From the above, it can be said that policies and systems are generally in place, although there are issues in terms of effectiveness.

• Institutional/Organizational Aspect

The school has an administrative structure led by the President and the director of the administrative and financial department, and the staff and managers in charge of the Academic Affairs Department, Continuing Education Department, Accounting Department and so on maintain the operation throughout the semester. The number of people assigned has not changed from the time of notice of project completion (2018) and is as follows (number of people in parentheses).

President (one), administrative managers (six), research director (one), librarians (two), academic affairs (one), intern (four), introductory education (two), continuing education (three, of which one director), administrative and finance director (one) administrative staff (five); facility maintenance (one); accounting (two); planning (one), external affairs (one), evaluation (one), other (kitchen, cleaning, security and so on; 34); a total of 66 (full time). As part-time lecturers, 60 doctors and nurses from the National Central Hospital are in charge of classes.

At present, it can be said that the organization and system are secured, but to upgrade to a university and introduce bachelor's, master's, and doctoral programs in earnest, the school must have full-time faculty members (professors, associate professors and so on) who teach courses. However, the current system is inadequate, which is a pressing issue that must be addressed in the future.

• Technical Aspect

Midwife education is maintained with technical assistance from France (AFD). Training, manuals and so on are also available. Therefore, although the technical level is maintained, continuous technical support from outside is effective in maintaining the technical level, and implementing Training of Trainers (TOT) through JICA's technical cooperation projects may also be effective.

• Financial Aspect

Budget for operation and maintenance is secured, whilst the World Bank's budget support (through SWEDD) supplements the budget. In addition to expenses related to the operation and management of the building and facilities, given the nature of educational facilities, personnel expenses for teachers and for holding seminars are also budgeted and disbursed. Budget was also secured for operation.

(Unit: Million MRO)

	2019	2020	2021
Budget (after adjustment)	40.9	34.8	34.9
Operating expenses	32.9	34.0	34.9
Of which: Facility maintenance	2.2	0.7	1.0

Source: ENSSS

Note: Facility maintenance costs include only expenses related to the operation and maintenance of the building and facilities.

- Social and Environmental Aspect

No negative impact was expected at the time of planning, and there was actually no negative impact.

- Preventative Measures to Risks

Given that Spain was to extend assistance for the construction of school buildings, some concerns about the overlap with this project emerged; nonetheless, Spanish aid was extended to support for the old school building and did not overlap with JICA's assistance for the new school building.

- Current Status of Operation and Maintenance

The operation and maintenance condition of materials and equipment is generally good. The school building is regularly cleaned and maintained, and all classrooms and storage rooms are properly maintained. In addition, laboratory equipment, such as mannequins and audiovisual equipment for classes, is well maintained, and there is no particular hindrance to daily educational activities.

However, minor maintenance and repair needs were recognized, such as the broken electric lights in the classrooms and some peeling paint in the school building.

<Evaluation Result>

In light of the above, the sustainability of the project effects is high.

III. Recommendations & Lessons Learned

- Recommendations to Executing Agency

Student enrollment is managed only on the basis of a handwritten roster, making it difficult to count the number of students accurately. Therefore, by the start of the new semester of the 2023 academic year (October 2023), the ENSSS headquarters (IT staff) must prepare ENSSS computer servers, streamline and visualize the curriculum, and introduce IT systems for student management (enrollment, grades and so on).

In addition, the construction passage (West gate) used for the building construction with Chinese assistance is used as it is as a regular entrance to the school. Considering that there is no security check, there are concerns about safety because it is a structure that allows people to freely enter directly from the downtown area. The building funded by Chinese assistance was not part of the initial plan, and the entrance and gate of ENSSS are located on the side of the old school building. At present, only the old school building is surrounded by a wall, whereas the building constructed in this project is not surrounded by a wall. All of the buildings supported by Chinese assistance are surrounded by barbed wire fences. For this reason, by the start of the new semester of the 2023 academic year (October 2023), the ENSSS headquarters or the Ministry of Health, which is the supervising agency, must take measures, such as installing gates on the roadside or constructing fences around the new school building (built under this project).

- Recommendations to JICA

As part of the upgrade to a higher education institution (university), effective in FY2018, bachelor's, master's, and doctoral programs are scheduled to be introduced from FY2022; however, currently, no researcher can supervise research as full-time faculty staff, and medical doctors sent from the central hospital are in charge of lectures as part timers. There is also a shortage of medical equipment (such as precision equipment) for conducting research. In addition, the previously mentioned introduction of IT for organizational management is not implemented in a timely manner. As described above, ENSSS lacks the management capacity to operate as a university organization, such as securing human resources, especially researchers who play a central role in university education, establishing a new researcher training curriculum, and expanding the use of IT, including student management. Thus, as medium- to long-term measures, these problems must be addressed by conducting a needs survey and implementing JICA's cooperation in improving the university's operational management capacity (conducting surveys to identify issues related to university management, dispatching long-term experts on organizational management, finance, IT dissemination and so on, training in Japan and third countries, implementation of TOT and so on). Such assistance can contribute to the achievement of the project goals, higher goals, impact, and sustainability envisioned in this project, and synergy with this project is also expected.

- Lessons Learned

From 2020 to 2022, although there were strict border restrictions due to COVID-19, it is commendable that JICA visited the site multiple times. Given that project supervision and coordination between donors can be weak in countries with no JICA representative office, which is unavoidable during border restrictions, JICA's participation must be further increased through business trips or remotely. Currently, intentions of the Japanese are not always effectively communicated. For example, cases where a Chinese-assisted building was constructed on the ENSSS school site without prior consultation with the Japanese side and where other donors have had the impression that "Japan's face cannot be seen" (interview with the AFD). The reason is because although Japanese delegation sometimes participates as an observer at local donor meetings, Japan rarely expresses its policies and directions on the basis of its field experience as a donor other than its official views expressed in official documents (or draft policies) (and only few staff members can hold professional conversations in English and French on an equal footing with Western donors.).

China also dispatched doctors and nurses to the National Central Hospital and provided medical equipment (fundus examination machines and other Japan-made precision equipment). Subsequently, there was confusion at the National Central Hospital, as some individuals expressed gratitude to the Japanese side (the ex-post evaluation team) despite the fact that China had provided the assistance. This can be interpreted as a sign of appreciation for Japan's aid in general, but it can also be interpreted as evidence that the purpose of Japanese aid has not been communicated to the Mauritanian side.

China is in the process of constructing a new ward for the National Central Hospital, and given that it is recognized as a major donor by the Mauritanian side, some problems could have been avoided (i.e. concerns about the opening and abandonment of a construction vehicle passage for the construction of a building on the site by China and the deterioration of campus security due to the influx of people directly into the ENSSS campus from the downtown area) if information on Chinese aid had been collected officially and unofficially through diplomatic and private channels, and communication and information sharing with major donors, such as AFD, had been conducted even remotely. Considering that China is a non-OECD member country, information on Chinese aid is rarely disclosed. Consequently, Western donors and JICA struggle to establish a direct relationship with China. Meanwhile, Chinese assistance and investment in hospitals and medical care in Mauritania have grown to a scale that cannot be ignored and has a significant presence. Thus, Japan should develop new information-gathering routes, such as multifaceted information gathering through diplomacy and private channels.

In the future, when JICA formulates and implements projects in countries where it does not have an office, multifaceted information-gathering routes, including diplomatic and private channels, must be developed in addition to the conventional co-operation and information gathering amongst donors, by utilizing business trip and online communication.

IV. Non-Score Criteria

- Performance

In response to the COVID-19 crisis, ENSSS graduates worked as PCR test technicians or nurses at the National Central Hospital.

During the field survey (August 2022), four or five laboratory technicians, all from ENSSS, were on duty, and when PCR testing was a requirement for entry into and departure from Mauritania (until around March 2022), more than 10 laboratory technicians worked full time, many of whom are from ENSSS (including interns). As part of their education at ENSSS, interns were required to work in a hospital, and the hospital was so busy that it had to rely on its interns to complete tasks.

- Additionality

This project's facility expansion raised public awareness regarding the development of medical human resources, upgraded the vocational training school to a higher education institution, and bolstered the training program for medical professionals. As the quality of enrolled students tends to be higher now because they can no longer be admitted without a BAC (high school graduation certificate), the development of bachelor's, master's, and doctoral programs, as well as the securing of human resources and the strengthening of the curriculum, will be implemented for students entering in 2022 and beyond. However, comprehending the results of these efforts will take more time.



ENSSS School Building (Center) (source: Evaluator)



School Inauguration Memorial Plaque (School Entrance) (source: Evaluator)



Midwife Training Course (source: ENSSS)



Nurse Training Course (source: ENSSS)