

Evaluation Summary Sheet

Evaluation Conducted by: ALMACO Management Consultants

1. Outline of the Project

- Country: **Republic of Kenya**
- Project Title: **Kenya Medical Training College (KMTC) - JICA Technical Cooperation Project**
- Issue/Sector: **Health/Medicare**
- Cooperation scheme: **Project-type Technical Cooperation**
- Division in charge: **Second Medical Cooperation Division, Medical Cooperation Department**
- Total cost: **220 million** Japanese yen
- Period of Cooperation: **1st March 1998 – 28th February 2003**
Partner Country's Implementing Organization : **Kenya Medical Training College**
- Supporting Organization in Japan: **National Institute of Public Health, International University of Health and Welfare**
- Related Cooperation: **Grant Aid; “The Project for the Rehabilitation and Improvement of the Kenya Medical Training College”**

1-1 Background of the Project

Between 1995 and 1998, the Government of Kenya, with support from Government of Japan initiated a Kshs 894.5 million, project to rehabilitate physical facilities and provide equipment for training at KMTC. This was followed by the technical cooperation project which was implemented between 1st March 1998 and 28th February 2003. The purpose was to strengthen the educational capacity of the Kenya Medical Training College (KMTC) to continue co-medical training of health providers in Kenya.

1-2 Project Overview

(1) Overall Goal:

Competent co-medical personnel are produced in the Republic of Kenya.

(2) Project Purpose:

The educational capacity of KMTC is improved.

(3) Outputs:

- Teaching staff have competency in teaching methodology.
- Curricula are reviewed.
- Development and usage of teaching materials are increased.
- Teaching staff are certified to have received training in core knowledge and skills in various health related disciplines.
- More teaching staff have competency in conducting and teaching research.
- IT infrastructure is established and maintained.
- Lecturers have IT literacy.
- Educational environmental is improved and maintained.
- MLMT programs for teaching staff are held on annual basis.

(4) Inputs

Japanese side:

- Machinery and Equipment - 149,959,000 JPY
- Long term Experts – 12
- Short term experts – 25
- Trainings for counterparts – 18

Kenyan side: _

- Land and Facilities
- Counterparts - 18
- MLMT program – 14,000,000 JPY

2. Evaluation Team

Members of the evaluation team	<ul style="list-style-type: none"> ▪ Mr. Nyachienga Nyamache, Project Manager ▪ Prof. Peter Nyarango, Public Health Specialist ▪ Mr. Sam Ongayo, Health Economist ▪ Mr. Tom Omurwa, Statistician ▪ Mr. Nicholas Njoka, Pharmacist. 	
Period of evaluation	23 rd January 2007 to 21 st March 2007	Type of Evaluation: <i>Ex-post evaluation</i>

3. Results of Evaluation

3-1 Summary of Evaluation Results

(1) Impact

The impact of the project was found to be **satisfactory**. The overall goal of producing 2000 competent co-medical personnel annually had been achieved and even exceeded. The educational capacity of KMTC had been improved though the targets were narrowly missed. Eighty six (86%) percent of the teaching staff rated their teaching performance as good in their self evaluation. This was below the target of 90 % but an increase over the terminal evaluation rate of 75%. In addition, 81% of the students rated teaching performance as acceptable. This was below the target of 90% and the terminal evaluation rating of 91.8%.

(2) Sustainability

Sustainability of the project achievements was **adequate** and likely to be maintained. Eight (8) out of the 9 outputs of the Project have been maintained in the three years after completion of the project. Continuity of these outputs is an indication of sustainable efforts by KMTC to maintain the effects of the Project. The KMTC strategic plan incorporates the Project outputs among its strategies and activities for the next 5 years. However, the output on the Middle Level Management Training (MLMT) was not taken up in the Strategic Plan and yet it is very crucial in improving the KMTC educational capacity.

3-2 Conclusion

The JICA Technical Cooperation Project achieved to varied degrees, the intended impact. There were also some other positive unintended impacts such as the introduction of the KMTC/JICA Third Country Training programme for Sudan. The exchange of counterparts through third country training, technical training in Japan and the presence of the JICA experts at the KMTC, has contributed to a better understanding of the JICA technical cooperation scheme. There were however, several factors that inhibited the full impact of the project, such as unclear exit strategy, restrictive management policies, inadequate funding, inconsistency between plans and resource allocation and inadequate market research to support the courses offered.

Sustainability of the project outputs is enhanced by several factors. The mandate of KMTC had not changed and the 2nd National Health Sector Strategic Plan (NHSSP II) recognized KMTC as the premier trainer of competent co-medical personnel for the country. KMTC infrastructure and management systems are well developed to enable it carry out its functions effectively. Through the supply of IT infrastructure and training of staff, KMTC had improved its technological competences. Other supportive factors are the acceptability of KMTC graduates and high demand for courses. As a parastatal organization, the KMTC grants from the Government are supportive to the institutional sustainability. Further, the expected successful implementation of the KMTC Strategic Plan 2005-2010 will provide an opportunity to sustain the Project outputs. However, the rapid increase of student intake without a corresponding expansion of physical facilities, inadequate equipment and budget has created pressure on the limited physical infrastructure affecting sustainability of some of the Project achievements.

3-3 Recommendations

- Detailed analysis to identify institutions that have nation-wide coverage, particularly reaching rural communities and addressing equity and access at low cost for targeted Technical Support should be done.
- Participatory approach in all aspects of the Technical Cooperation projects (from formulation, design, implementation, monitoring & evaluation) should be a critical element towards achievement of set goal.
- Change management processes should be considered in planning of technical cooperation projects. Issues of policy change and the legal framework of KMTC should have been part of the technical cooperation.
- KMTC needs to undertake a market oriented assessment for its training courses in order to respond to the diverse and emerging needs of clients and stakeholders.
- Future support should be pegged on the institutional strategic and business plan.
- There is need to strengthen the equipment maintenance system at KMTC. This system will be able to cope with trouble shootings and provide technical support. The lack of such a self reliant maintenance system has hampered effective utilization of IT equipment and SSR at KMTC.
- MLMT Courses should be revived at KMTC and integrate use of the group training method introduced by the project. In the same line, the MLMT Course Implementation Committee should be revived as soon as possible. The MLMT courses should be integrated by KMTC into in-service training courses and organized on a more regular basis, targeting not only MTC lecturers, but also other health workers.
- There is need to secure adequate budget by KMTC in order to sustain the project outputs and objectives. Income Generation Initiatives by KMTC should be identified and prioritized by KMTC as a way of sustaining the project outputs/objectives. This will ensure generation of revenue to cover the cost of maintenance and renewal of the hardware/equipment and expansion of the system.

3-4 Lessons Learned

- Bigger impact is created on improvement of healthcare systems when technical support is aimed at institutions that have a national outreach to rural communities.
- Even in well designed technical cooperation projects, if elements of sustainability are not inbuilt early enough during the project life by the recipient organization, there would be limited long term impact. The project seems to have generated expectations of continued support and dependency which should have been resolved through comprehensive participatory initiatives.
- Institutional capacity building through technical cooperation should be a long term engagement if impact and sustainability are to be achieved.
- Institutional culture change requires long term technical support. More focused and market driven/oriented courses e.g. epidemiology, health services management and statistics would be more preferred by clients than the generalized MLMT courses.
- Technical Cooperation initiatives have to be well understood and internalized by recipient agencies for them

to achieve the level of impact expected. Perceptions of the nature of and modalities of implementation of technical cooperation would affect project outcomes.

3-5 Follow-up Situation

At the end of the cooperation period, several JICA Experts extended their assignment for one (1) more year during which time, KMTC assumed the responsibility for managing the post-project activities. This was mainly to ensure that the project achievements were institutionalized at KMTC.