MINUTES OF MEETINGS
BETWEEN
THE JAPANESE MID-TERM EVALUATION TEAM
AND
THE AUTHORITIES CONCERNED OF
THE GOVERNMENT OF THE REPUBLIC OF THE FIJI ISLANDS
ON THE JAPANESE TECHNICAL COOPERATION FOR
THE PROJECT FOR IN-SERVICE TRAINING OF COMMUNITY HEALTH NURSES IN FIJI

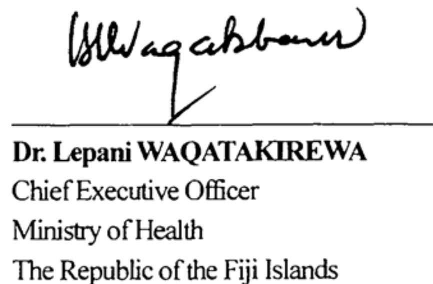
The Japanese Mid-term Evaluation Team (hereinafter referred to as "the Team"), organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Mr. Yojiro ISHII, visited the Republic of the Fiji Islands from 4 to 18 November, 2006. The purpose of the Team was to evaluate the achievements made so far in the project, and to make the mid-term evaluation for the project for in-service training of community health nurses (hereinafter referred to as "the Project").

During its stay, both the Team and authorities concerned of the Republic of the Fiji islands (hereinafter referred to as "both sides") had a series of discussions and exchanged views on the Project. Both sides jointly monitored the activities and evaluated the achievements based on the Project Design Matrix (hereafter referred to as "PDM version 1").

As a result of the discussions, both sides agreed upon the matters referred to in the Joint Mid –Term Evaluation Report of the Project attached hereto and the revision of the PDM version2 as endorsed by JCC (Joint Coordinating Committee Meeting) on 17 November, 2006.

Suva, 17 November, 2006

Mr. Yojiro ISHII
Leader
The Mid-Term Evaluation Team
Japan International Cooperation Agency
Japan



Dr. Lepani WAQATAKIREWA
Chief Executive Officer
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The Republic of the Fiji Islands

PDM (Project Design Matrix)

Project Name: Project for In-Service Training of Community health nurses

Date: 16/11/2006

Duration: April 2005-Marchtr 2008

Version. No.: 2

Implementation Agency: Japan Side: Japan International Cooperation Agency   Fiji Side: Cent/East Health Service, Ministry of Health

Project Area: 5 Sub-Divisions, Central Division   Target Group: 1.) Supervisors of Community health nurses*1 2.) Community health nurses *2

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal Quality of community health services by community health nurses is improved in Central Division.	· Patient satisfaction for community health service is improved in Central Division.	· Interview	
Project Purpose Management skills and competence of community health nurses are reinforced through in-service training in Central Division.	· Level of managerial competency of Community Health Nurses · Annual accomplishment report at each zone/ district and sub-division is published. · Number of project proposal by Community Health Nurses	· Survey · Survey · Survey	**Project Purpose** Working condition for community health nurses does not become worse.
Outputs 1. Standard of competencies and function of community health nurses are established. 2. Supervisors' knowledge on management of in-service training is improved. 3. In-service training for community health nurses functions in each sub-division. 4. Achievements of the project are presented to other divisions/countries.	(Output1) The following documents are authorized by MOH by the end of Nov. 2007: · Competency Standard · Standardized recording formats and recording handbook (Output2) · Number of supervisors training conducted with approval by Divisional training committee · Evaluation of supervisors training by the participants · Degree of understanding by the participants · Number of participants attending supervisors training · Annual SD IST training plan (submitted to Divisional Training Committee) · SD IST program of information management/planning (Output3) · Sub-divisional business plans announcing implementation of in-service training. · Number of SD in-service training and number / participation rate of trainees. · Number of support by division for SD in-service training. · Number of SD IST reports by SD supervisors. · Number of SD IST task force meeting. · Kinds and volume of materials developed and distributed for in-service training. (Output4) · Number of report to MOH (JCC, NEC etc). · No. presentation at meetings. · Number of seminars/workshops and number of participants (within and out of target area). · No. distribution of news letters	(Output1) · Minutes/Approval letter · Minutes/Approval letter (Output2) · Minutes of Divisional training committee · Reports of supervisors training · Quiz, interview · Questionnaire · Reports of supervisors training · SD business plan (Output3) · SD business plan · Reports of SD in-service training · Project reports · Reports of SD in-service training · Report of SD IST taskforce meeting · Project report (Output4) · Project report · Project report · Project report · Project report	

Activities	Inputs	Assumption
0-1 Establish Project Operation Unit. 0-2 Conduct Supervisors' meeting for Project. **Output 1** 1-1 Establish the Competency Standard of community health nurses (competency standard) for community health nurses. 1-1-1 Establish a task force. 1-1-2 Develop the competency standard. 1-1-3 Implement trial and revise the competency standard. 1-1-4 Submit a final version draft of the competency standard to the MOH. 1-1-5 Assess competencies of community health nurses with endorsed competency standard. 1-2. Establish the recording formats and handbook of community health nurses. 1-2-1 Establish a taskforce. 1-2-2 Develop formats and handbook 1-2-3 Implement trial and revise. 1-2-4 Submit a final draft of formats and handbook to the MOH. 1-3 Develop tools regarding information analysis. 1-3-1Establish the task force 1-3-2 Develop data entry standard for CMR. 1-3-3 Develop CMR analysis format (data summary sheet and Data analysis format). 1-3-4 Monitor trial and revise. **Output 2** 2-1 Develop annual training plan regarding in-service training for SD supervisors. 2-2 Implement supervisors training 2-2-1 Introduction and methodologies of in-service training, 2-2-2 Communication skills including counseling, leadership, coaching and preceptorship, 2-2-3 Information management(Analysis of monthly report and community profile etc) 2-2-4 Health planning, monitoring and evaluation (participatory Project Cycle Management Precede-Proceed Model etc) *Support SD training committees the following activities:* 2-3 Define prioritized training needs and develop annual in-service training plan for community health nurses in each SD. 2-3-1 Assess the needs of in-service training of community health nurses using the Competency Standard. 2-3-2 Prioritize health needs of communities using analysis format. 2-3-3 Discuss with community health nurses and develop annual in-service training plan.	Fiji side 1) Personnel 1-1) Project Manager 1-2) Assistant 1-3) Full- time counterpart 1-4) Driver 2) Office space and equipment - Office space, meeting table and chairs - Desks, chairs, cabinets, and bookshelves for four persons. - Phone line and Phones - Car Parking Space 3) Training /meeting Facilities 4) Transportation for counterpart and MOH staff 5) Insurance for driver/car 6) Recurrent costs (telephone, electricity, water) 7) Activity Cost (cost sharing) Japan side 1) Personnel 1-1) Long-term expert(36M/M) - Chief Advisor/Health Promotion - Coordinator 1-2) Short-term expert - In-Service Training - Community Development - Health Planning, monitoring, and evaluation - Information Management - Others 2) Material - Material for In-Service Training 3) Equipment - Vehicle - Photocopier - Computer and printer - Multimedia Projector 7) Counterpart training in Japan - Human Resource Development for Community Health Workers - Others 8) Activity Cost (cost sharing)	• 15 competencies required by Public Service Commission remains same • New format of nursing activity report is developed and distributed within project period. • Large scale outbreaks don't happen. • Political situation remains stable. • Turnover rate remains same

Output3 3-1 Develop procedure guideline of SD IST by Divisional Training Committee. 3-2 Establish SD in-service taskforces in each SD. 3-3 Conduct monitoring for SD in-service training in each SD. 3-3-1 Conduct meetings for SD training task forces. 3-3-2 Conduct SD in-service training observation tour for supervisors. 3-4 Develop and distribute materials for in-service training. *Support SD training task forces and SD supervisors the following activities:* 3-5 Regularly conduct in-service training for community health nurses. 3-6 Submit reports of in-service training to the Divisional Training Committee. 3-7 Conduct follow-up consultation to community health nurses the SD supervisors.		
Output4 4-1 Regularly report achievements of SD IST to MOH. 4-2 Present progress at meetings. 4-3 Conduct seminars or workshops at divisional, national and regional level for mutual exchange and dissemination of the Project model. 4-4 Publish news letters.		**Precondition** • Other 6 Divisions in MOH provide resources upon request by the project manager/counterparts • Collaboration with other donors is discussed.

*1: Supervisors of Community health nurses, i.e. 5 Sub-Divisional Medical Officers, 5 Sub-divisional Health Sisters, 3 Senior Health Sisters and 8 Health Sisters

*2: Community health nurses, i.e. Outpatient Nurses, FP/MCH Nurses, & Zone Nurses at Health Centers and District Nurses at Nursing Stations.

ANNEX:

1. SD = Sub-Division or Sub-Divisional
2. MOH = Ministry of Health
3. IST = In-Service Training
4. JCC = Joint Coordinating Committee
5. NEC = National Executive Committee
6. CMR = Consolidated Monthly Return

JOINT MID-TERM EVALUATION REPORT ON THE JAPANESE TECHNICAL COOPERATION FOR THE PROJECT FOR IN-SERVICE TRAINING OF COMMUNITY HEALTH NURSES IN THE REPUBLIC OF THE FIJI ISLANDS

Japan International Cooperation Agency
and
Ministry of Health, Government of Republic of the Fiji Islands

17 November 2006

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LIST OF ABBREVIATIONS

Abbreviation	Full Terminology
CHN	Community health nurse
CMR	Consolidated Monthly Returns
F$	Fiji Dollars
JICA	Japan International Cooperation Agency
JPY	Japanese Yen
MoH	Ministry of Health
PDM	Project Design Matrix
PMS	Performance Management System
PO	Plan of Operations

1. PURPOSE OF THE EVALUATION

1.1 Objectives of the Evaluation

Japan International Cooperation Agency (JICA) has collaborated with the Ministry of Health (MoH) of the Government of Republic of the Fiji Islands (hereinafter referred to as "the Government of Fiji")in the implementation of the Project for In-service Training for community health nurses (hereinafter referred to as "the Project") with the aim to enhance the management skills and competencies of the community health nurses in the Central Division. The Project was launched on 1 April 2005, and will be completed on 31 March 2008.

JICA dispatched an evaluation team (hereinafter referred to as "the Team") to Fiji from 5 to 18 November 2006 to conduct a mid-term evaluation, as the Project has come to the mid-point of its implementation period. The evaluation was a joint undertaking by the Fiji and the Japanese sides, with full cooperation from the MoH and other relevant authorities.

The objectives of the evaluation mission were as follows:

1. To review the past inputs, activities, and outputs of the Project;
2. To evaluate the overall achievement of the Project since its commencement in 2005, using JICA's standard project evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability;
3. To discuss about the Project implementation and highlight constraints if any;
4. To summarize recommendations for the remaining period of the Project, and to draw lessons learned for the benefit of both the Governments of Fiji and Japan.

1.2 Evaluators

The evaluation exercise was conducted jointly by two team of evaluators, representing both the Japanese and Fiji sides. The members of respective teams are as follows:

1.2.1 Japanese Team:

	Name	Designation	Position, Organization
1	Mr. Yojiro ISHII	Team Leader	Group Director, Group III (Health I), Human Development Department, JICA Headquarters
2	Dr. Kayoko HIRANO	In-service Training for Nurses	Director, Department of Public Health Nursing, National Institute of Public Health
3	Ms. Akiko ENDO	Evaluation Planning	Associate Expert, Health Personnel Development Team, Group III (Health I), Human Development Department, JICA Headquarters
4	Ms. Minako NAKATANI	Evaluation Analysis	Researcher, Social Development Department, Global Link Management, Inc.

1.2.2 Fiji Team:

	Name	Position, Organization
1	Dr. Salimoni TUQA	Director, CentEast Health Service, Ministry of Health
2	Dr. Sala SAKETA	General Manager of Community Health, CentEast Health Service, Ministry of Health
3	Ms. Mereani TUKANA	Manager, Nursing Service, Central Division, CentEast Health Service, Ministry of Health
4	Ms. Talatoka TAMANI	In-service Training Coordinator, CentEast Health Service, Ministry of Health

1.3 Mission Schedule

The detailed schedule of the final evaluation mission is attached as **Annex 1.**

1.4 Stakeholders Consulted/Interviewed

The stakeholders who were consulted or interviewed for the evaluation consisted mainly of the following:

- Counterparts of the Project (4)
- Officials from MoH (5)
- Supervisors and Community Health Nurses of the five Sub-division in the Central Division (28)
- Japanese experts assigned to the Project (2)
- Other relevant partners such as donor agencies (1)

The detailed list of the parties consulted by the evaluation teams is included in **Annex 2**.

1.5 Methodology of the Final Evaluation

1.5.1 Methodology of Evaluation

In accordance with the JICA Project Evaluation Guideline of January 2004, the final evaluation of the Project was conducted in the following process:

Step 1: The Project design is summarized in the Project Design Matrix[1] (PDM) version 1, as agreed upon by both Fiji and Japanese sides at the inception of the Project. Based on the PDM, Project achievements were assessed vis-à-vis the Objectively Verifiable Indicators. The level of inputs and activities were evaluated in comparison with the output levels. The PDM applied in the evaluation is attached as **Annex 3**.

Step 2: Analysis was conducted on the factors that promoted or inhibited the Project's achievement levels including matters relating to both the project design and project implementation process.

[1] Within the latest JICA Evaluation Guideline of 2004, the term Logical Framework, or LogFrame has been introduced in place of Project Design Matrix (PDM). However since the Project continued referring to this tool as PDM throughout the Project Period, this Report will use the term PDM.

Step 3: An assessment of the Project results was conducted based on the five evaluation criteria: "relevance", "effectiveness", "efficiency", "impact", and, "sustainability".

Step 4: Recommendations for the Project stakeholders and lessons learned were formulated.

The definition of the five evaluation criteria[2] that were applied in the analysis for the final evaluation is given in Table 1 below.

Table 1 Definition of the Five Evaluation Criteria for the Final Evaluation

Five Evaluation Criteria		Definitions as per the JICA Evaluation Guideline
1.	**Relevance**	Relevance of the Project is reviewed by the validity of the Project Purpose and Overall Goal in connection with Fiji's development policy and the needs of the target group and/or ultimate beneficiaries in Fiji.
2.	**Effectiveness**	Effectiveness is assessed to what extent the Project has achieved its Project Purpose, confirming whether the achievement of the Project Purpose may be attributed to the production of Outputs.
3.	**Efficiency**	Efficiency of the Project implementation is analysed with emphasis on the relationship between Outputs and Inputs in terms of timing, quality and quantity.
4.	**Impact**	Impact of the Project is assessed in terms of positive/negative, and intended/unintended influence caused by the Project.
5.	**Sustainability**	Sustainability of the Project is assessed in terms of institutional, financial and technical aspects by examining the extent to which the achievements of the Project will be sustained after the Project is completed.

Both quantitative and qualitative data were gathered and utilized for analysis. Data collection methods used for the evaluation were as follows:

- Literature/Documentation Review;
- Questionnaires (Project Counterparts, and Supervisors at the 5 Sub-divisions);
- Key Informant Interviews (MoH Headquarters, Project Counterparts, Japanese Experts, Supervisors, community health nurses, related partner institutions);
- Evaluation Workshop (Project Counterparts, Supervisors)
- Direct Observations

1.6 Limitation of the Evaluation Methodology

The following are the limitations of the evaluation methodology regarding data collection and analysis, due to various constraints in the timeframe and design of the Study:

1) The Team visited all Sub-Divisions of the Central Divisions, nevertheless due to the time constraints, only the head health center of the each Sub-division could be accessed. Even within those centers in many cases, only a few members of the community health nurses were available for the interview, limiting the scope of information collected for that particular Sub-division.

2) At the time of the evaluation exercise, some of the indicators and data sources initially identified to measure the Project's achievements as per the PDM version 1 were not applicable, due to the lack of data or some problems with the indicators themselves. This in turn had placed the Team in a position to

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1 "JICA Project Evaluation Guideline (revised: January 2004)," Office for Evaluation and Post-Project Monitoring, JICA.

rely heavily on qualitative data, collected through stakeholder interviews and questionnaires. The PDM version 1 was reviewed by the Team and after full consultation with the Project's Counterparts, Target Group and the Japanese Experts, a new draft PDM has been proposed with some revised indicators.

3) The timing and the limited stay of the evaluation mission in-country made it difficult to coordinate a meeting with all of the key stakeholders of the Project, especially those at the policy level. The Team made the best of the time available and relied on other information sources when the meeting was not possible.

2. RECORD OF PROJECT IMPLEMENTATION

2.1 Inputs

2.1.1 Japanese Side

a) Experts Dispatched: **2 Long-term experts** were assigned for a total of 47.93 months[3]. One expert took on the role of the Chief Advisor/Health Promotion to manage all programmatic activities for the Project as well as to provide technical supervision on the in-service trainings. The other long-term expert assigned as the Coordinator was responsible for all administrative aspects of the Project. In addition, **6 Short-term experts** were assigned for a total of 4.13 months. The areas in which the short-term experts were dispatched are as follows: Community Health Nursing (2 experts), Community Health Management, Human Resource Development, Information Management, Community Health Nursing Management. The detailed list of Japanese experts is shown in **Annex 4.**

b) Training in Japan: A total of **3 Counterparts** were accepted to be trained under the Counterpart Training Scheme in Japan. One Counterpart participated in the *Seminar on Health Systems Management*, and two Counterparts participated in *Seminar for Health Policy Development*. The detailed list of Trainees is shown in **Annex 5**.

Furthermore, although not part of the Project framework, five among 32 Counterparts assigned at the beginning of the Project were trained in JICA's *Community Health Administration* course in Okinawa Prefecture in Japan. Among them, at the time of the evaluation, three remain to continue working as Counterpart of the Project.

c) Equipment Provided: Machinery and equipment worth a total of **F$98,667.50 or JPY 6,956,059** equivalent[4] were provided by the Japanese side as of 31 October, 2006. Some of the equipments included a desktop computer and printer for each of the Sub-divisions, multimedia projector and digital video camera. At the time of the evaluation, one desktop computer and printer was not being used since its accessories were stolen. The Project decided to withhold the distribution of the equipment procured for FY2006 until appropriate measures are taken by the Fiji side to address security concerns. The detailed list of equipment provided is shown in **Annex 6.**

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[3] This includes the time when the Chief Advisor was assigned to the MoH when the Project was still in the Pipeline (June 2004 ~ June 2005)

[4] Exchange rate used for the conversion in this report was JPY 70.50 per 1 F$. This is the official rate utilized in the JICA Fiji office as per 10 November 2006.

d) ***Operational Expenses:*** As of 31 October 2006, a total of **F$71,215.99 or JPY 5,020,727**equivalent was allocated for the operational expenses of the Project by the Japanese side. The details of the operational expenses are shown in **Annex 7.**

2.1.2 Fiji Side

a) ***Appointment of Counterpart Personnel:*** A total of **33 personnel** (5 in Headquarters, 6 in CentEast Health Service, 5 Sub-divisional Medical Officers, 5 Sub-divisional Health Sisters, 2 Senior Health Sisters, 10 Health Sisters) were assigned as the Counterparts of the Project by the Fiji side. In addition, since May 2006, **one full time Counterpart** was assigned at the Cent East Health Service to The list of the counterpart personnel as of October 2006 is attached as **Annex 8.**

b) ***Provision of Facilities and Services for Project Operations:*** The Fiji side provided various facilities and services to support the Project. First office space was secured within the office of CentEast Health Service (for the Japanese Experts, with necessary furniture, phone lines and phones for the office. All recurrent costs for telephone (domestic calls), electricity and water are fully covered by the Fiji side. In addition, one full-time driver was hired for the Project.

c) ***Cost-sharing of Operational Expenses:*** Operational cost-sharing with the Fiji side has been promoted since the beginning of the Project. As of 31 October 2006, the Fiji side provided a total of **F$6,475.9 or JPY 456,551** to match the funding worth F$8,798.01 or JPY 613,985 equivalent provided by the Japanese side for the various workshops organized by the Project. In addition, the Fiji side provided for all of the in-service training implemented at the Sub-divisional level, for the total of **F$6,514.83** or **JPY 459,237**. The details on cost sharing in direct operational expenses by the Fiji side for the Project are shown as **Annex 9.**

2.2 Activities Implemented

Most of the Project's activities, as specified under the PDM Version 1 and the Plan of Operation, have been implemented on schedule. The achievements for each of the activities are summarized in **ANNEX 10**

2.3 Achievement of Output 1

Output 1:	**Objectively Verifiable Indicators**
Role and function of community health nurses are redefined.	1. The Position Description with defined roles and functions of supervisors. 2. The Position Description with defined roles and functions of community health nurses. 3. Implementation of evaluation of community health nurses with the Competency Requirement Standard. 4. Degree of utilization of the handbook in practice.

Although some of the delays in the activities have limited the level of achievement of Output 1, the

prospect of Output 1 being achieved by the end of Project remains reasonably high.

In view of the current set of indicators identified to measure this Output's achievements, Indicators 1 and 2 related to the Position Descriptions have become inapplicable since the Project dropped all activities regarding the Position Descriptions. New indicators will need to be identified in their place. As for Indicators 3 and 4, both the Competency Required Standard (now renamed as Competencies Standard for Community Health Nurses) the Project plans to pilot these tools only after the mid-term evaluation. Thus these indicators are also inapplicable. The Team agreed to assess Output 1's achievement level based on the qualitative data collected during the evaluation as described below.

For any human resource development program to be effective, it is essential to first identify what the targeted person needs to be able to do vis-à-vis his/her responsibilities and the necessary competencies. Thus, in its initial design, the Project had intended to carry out these two steps by first review and revise[5] the Position Descriptions for the community health nurses, and second identifying the required competencies of the community health nurses, which in turn would form the basis in to design, implement and monitor the in-service training programs.

Due to some unforeseeable developments in its external environment, the Project had not been able to implement the activities under Output 1 according to its original design. The activities to review and revise the Position Descriptions for the community health nurses (activity 1-1 of PDM) were halted at the very early stages of the Project. The Performance Management System (PMS) adopted by the MoH, in which the Position Descriptions were integral part of, was put on hold in 2005 while the Government, through its Public Service Commission, reviewed the implications of such performance-based staff evaluation systems across relevant ministries and agencies. In this context, the Project decided to put on hold all activities relating to the Position Descriptions, and to concentrate on the development of the Competencies Standard for Community Health Nurses (hereinafter referred to as "Competencies Standard" activity 1-2 of PDM). The Team learned during the evaluation that the MoH, after the completion of the Competencies Standard, would be considering to revise the Position Descriptions as a parallel activity to the Project.

The development of the Competencies Standard also has taken much longer than its scheduled completion in 2005. The Project had initially intended the Competencies Standard to be utilized as one of the means to determine the training needs of the community health nurses through an annual evaluation of achievement of competency[6]. However, several factors came into play which made its development a much prolonged and laborious process. First of all, some adjustments were required to ensure consistency with the existing framework of competencies within the Government of Fiji. Second, the Project began involving more stakeholders than it had anticipated, expanding and deepening the consultation process, but contributed to its difficulties in achieving consensus on the outputs. Third, the Project altered the framework of the Competencies Standard to accommodate the advice given from the MoH and other stakeholders, halfway into its development.

Despite the delay, the activities regarding the Competencies Standard produced some good results. The current Competencies Standard, at this stage has high potential to become an operational tool with greater implications than just identifying needs for training programs among the community health nurses. Rather,

[5] Post Descriptions for all MoH staff at the central, divisional and sub-divisional levels, including all community health nurses were identified by end 2004. Therefore the Project's role in the initial plan, as agreed upon by both the Fiji and the Japanese sides, was to provide support in the revision of such Post Descriptions, which were intended to be reviewed on an annual basis.

[6] Project Document for Technical Cooperation Project for In-service Training of Community Health Nurses in the Republic of the Fiji Islands, 2005.

the Competencies Standard has evolved as a tool to facilitate the supervisors to regularly monitor and supervise the community health nurses based on an objective set of standards. It has also been designed so that it would complement whatever evaluation system the Ministry opts to adopt in the upcoming years to ensure consistency in the monitoring and evaluation systems.

With the Project's efforts to define the functional roles of the community health nurses, the Project already produced several tools mainly to encourage effective collection, management and application of health information by the community health nurses, since this has increasingly become an important part of their work responsibilities. The Data Entry Standard and Data Analyses Format for the Consolidated Monthly Returns (CMR), have already been introduced in all five Sub-divisions through the in-service training, and are being utilized by the community health nurses to differing degrees. Recently another tool to standardize all data collected by the community health nurses, Handbook for Community Health Nurses for the Better Management, was developed and is about to be piloted in the Central Division.

2.4 Achievement of Output 2

Output 2:	**Objectively Verifiable Indicators**
Supervisors' knowledge for in-service training is reinforced.	1. Number and timing of task force meetings implemented. 2. Satisfaction rate of supervisors of Trainers' Training. 3. Participation rate of supervisors in Trainers Training. 4. Annual reports on prioritized issues and in-service training plan in each sub-division (to CentEast Divisional Health Services).

The Project has shown good progress so far in the production of Output 2, and is expected to consolidate its activities as it enters the second half of its implementation period.

The Project conducted four out of the scheduled five trainings in the first half of the Project, targeting the supervisors[7] of community health nurses. As shown in Table 2 below, both the participation rate and the satisfaction rate among the targeted supervisors remained high. Also during in the questionnaire survey conducted during the mid-term evaluation, out of 13 supervisors that responded, 12 (92.3%) answered that the trainings so far were either very much or to a fair extent useful in carrying out the in-service trainings. In addition, among 14 respondents, all confirmed that their capacities as trainers of the in-service training have been enhanced to some degree. During the Team's interviews with the community health nurses, almost all those interviewed recognized that there has been an improvement in the management and implementation of in-service training programs by the supervisors.

[7] Supervisors of community health nurses are 5 Sub-divisional Medical Officers, Sub-divisional Health Sisters, 3 Senior Health Sisters and 8 Health Sisters from the Central Division.