

Terminal Evaluation

Africa

1. Outline of the Project

Country:

Tanzania

Project title:

Maternal and Child Health Services Follow-up Project

Issue/Sector:

Health (Maternal and Child Health)

Cooperation scheme:

Project-type Technical Cooperation

Division in charge:

Second Medical Cooperation Division,
Medical Cooperation Department

Total cost:

1,248 Million Yen

Period of Cooperation 1 December 1994 -30 November
1999

Partner Country's Implementing Organization:

Ministry of Health(MOH)
Muhimbili Medical Center, Ministry of Health (MMC)
Tanga Regional Development Directorate, Regional
Hospital
Koregwe District Development Directorate, District Hospital

Supporting Organization in Japan:

School of Medicine, Mie University

Related Cooperation:

Equipment Supply Program for Infectious Diseases Control
Grant Aid; "Project for the eradication of Poliomyelitis"
Project-type Technical Cooperation; "Maternal and Child Health Services Project"

1-1 Background of the Project

In Tanzania, the infant mortality rate (IMR) had not declined significantly (102/1,000 in 1990, 85/1,000 in 1998) despite expanded vaccination coverage. High rates of birth and infant mortality continued because of a shortage of health personnel and medical facilities, making improved maternal and child health services a major national issue. Under these circumstances and at the request of the Government of Tanzania, the Government of Japan launched the five-year Project-type Technical Cooperation "Maternal and Child Health Service Project" in December 1994. The Muhimbili Medical Center, under the Ministry of Health (MMC), was assigned as the implementing organization. The goals of the Project's three main activities were: (1) to enhance the maternal and child health activities in the Tanga Region, (2) to upgrade virology diagnosis capacities in the microbiology section of MMC and (3) to improve the inspection and diagnosis abilities of the pediatric section of MMC.

According to the results of the survey by the Evaluation Team in June 1999, a two-year Follow-up Project (-November 2001) was implemented in the field needing support to accomplish the output of the project. This evaluation covers the Follow-up Project only.

1-2 Project Overview

To achieve the output of the "Maternal and Child Health Service", the Project implemented reeducation for traditional birth attendants (TBAs) in the pilot areas (Korogwe district and Magoma district), the training of trainers (TOT) for public health nurses (PHNs), and maternal and child health assistants (MCHAs), the retraining to engineers in the virus laboratory, and the allocation and training of the managers at the Special Pediatrics laboratory (SPL).

(1) Overall Goal

1) Maternal mortality and infant mortality rate in the pilot areas (Korogwe district and Magoma district) are decreased.

- 2) EPI diseases are reduced and Polio should be eradicated in the United Republic of Tanzania.
- 3) Pediatrics services at MMC are improved.

(2) Project Purpose

- 1) Maternal and child health services through TBA activities in pilot areas are improved.
- 2) Virology diagnosis capabilities of EPI diseases at MMC are strengthened.
- 3) Laboratory based medicine by utilizing accurate lab-data for diagnosis is established.

(3) Outputs

- 1) TBAs and MCHAs in pilot areas are educated.
- 2) Referral system of high risk pregnancy is established in the pilot areas.
- 3) Revolving system of TBA's services is applied throughout the pilot areas.
- 4) Implement system for the activities in the pilot areas is established.
- 5) Poliovirus isolation and identification are improved.
- 6) Equipment installed in Virology laboratory is well maintained.
- 7) Concept of "Laboratory Based medicine is further understood by doctors, nurses and laboratory technicians.
- 8) Collaboration of medical personnel is improved.
- 9) Pediatric Laboratory is efficiently managed by the Tanzanian personnel.

(4) Inputs

Japanese side:

Long-term Experts	4	Equipment	4 Million Yen
Short-term Experts	8	Local Cost	20 Million Yen
Trainees received	2		

Tanzanian side:

Counterparts	25
Local Cost	0.18 Million Yen

2. Evaluation Team

Members of Evaluation Team	Team Leader/General: Michiyo HASHIGUCHI, Director, Second Medical Cooperation Division, Medical Cooperation Department, JICA		
	Public Health: Yasuo CHINZEI, Professor, Faculty of Medicine, Mie University		
	Pediatrics: Yoshihiro KOMADA, Professor, Faculty of Medicine, Mie University		
	Evaluation Planning: Ritsuko SAKAMOTO, Second Medical Cooperation Division, Medical Cooperation Department, JICA		
	Evaluation Analysis: Makiko KOMASAWA, Earth and Human Cooperation		

Period of Evaluation	26 July 2001 - 11 August 2001	Type of Evaluation:
		Terminal Evaluation

3. Results of Evaluation

3-1 Summary of Evaluation Results

(1) Relevance

The Project Purpose and Overall Goal were in line with the Tanzanian national policy, the needs of the Tanzanian people's and the needs of counterparts, so the Project was highly relevant. The Project was also in line with the aid policy of the Government of Japan, because, according to the Japanese Official Development Assistance policy in Tanzania, the "response to the

population, AIDS and child health" is a "the prioritized area". The Project had three different Project Purposes and pilot areas because the targets were too wide to implement as one project.

(2) Effectiveness

The Project Purpose was mostly achieved in the fields of maternal and child health in the Tanga Region and MMC microbiology. This achievement was the result of (1) reeducation of MBAs, (2) establishment of a revolving system of TBA kits, (3) upgrading of the health centers, (4) the technical improvement on poliomyelitis virus isolation and identification, and (5) enhancement of the revolving system for the facilities and inspection equipment. However, the Referral system was not established in the Tanga Region. There was some technical and management improvement at SPL. For example, the requested inspection was implemented, the inspection result was recorded on charts and the appropriate diagnosis and medical treatment were increased utilizing the inspection results. However, "health services based on inspection data" in the pediatrics ward were not fully established.

(3) Efficiency

Inputs from the Japanese side were generally appropriate in terms of timing, quality and quantity. However, the counterparts evaluated the expert dispatch period and timing as unfavorable in the field of maternal and child health in the Tanga Region. Efficiency is at a low level for the referral system in the high risk pregnancy cases. Because the activity plan was not sufficiently prepared, the chief adviser could neither manage nor provide system instructions due to geographic reasons, and the Long-term Experts did not have the coordinating capability. In the field of MMC Pediatrics, the specialty of the experts was different from what was expected on the Tanzania side, which affected efficiency.

As for Inputs from the Tanzanian side, the local cost was not sufficiently disbursed and the assignment of personnel responsible for management at SPL was behind schedule, which had a negative impact on Project efficiency.

(4) Impact

In the field of maternal and child health in the Tanga Region, the rates of mortality at birth in Tanga city and the Korogwe district decreased. However, the causal relationship between the decrease and the Overall Goal could not be verified. There were some positive impacts as well. The MBA kits were adopted by other aid organizations, and the MBA activities resulted in the empowerment of women.

In the field of MMC microbiology, though the Overall Goal "decrease of poliomyelitis virus", was not clearly evaluated, there were some positive impacts. The laboratory was recognized as the "national measles laboratory" by the World Health Organization (WHO), and the researchers of infectious diseases in Tanzania were motivated.

In the field of SPL, the fatality rate of patients at the hospital remained the same, and the contribution to the Overall Goal could not be measured. There were some positive impacts. The Project offered a model to share the costs between the SPL and the pediatric ward for Tanzanian basic health care, and the manuals to interpret the inspection results were widely utilized inside and outside the MMC.

(5) Sustainability

There was no problem with regard to political and technical sustainability as a whole. However, there remain some concerns with regard to organizational sustainability, because the MMC is in the process of organizational restructuring. The Pediatrics Division, in particular, is building a new ward, and it is not clear to which part the SPL will belong in the future. There remain some concerns on financial sustainability as well, because each field can hardly be funded by the Ministry of Health. In the meantime, the head of the Tanga Regional Development Directorate, Regional Hospital is considering to request a common basket fund to support the activities. The microbiology laboratory actively tries to ensure funds from other aid organizations. The inspection income covers 70 percent of the expenditures at SPL. Thus, each counterpart organization tries to ensure financial sustainability.

3-2 Factors that promoted realization of effects

(1) Factors concerning Planning

It was effective to select the methods utilizing TBA in the Tanga Region, which was consistent with the overall needs of pregnant/parturient women in remote districts.

(2) Factors concerning the Implementation Process

In the field of SPL, marketing methods were introduced for the improvement of the services, and a good model was established to introduce a self-supporting accounting system for the future.

3-3 Factors that impeded realization of effects

(1) Factors concerning Planning

As pointed out at the terminal evaluation of the former project, the initial requests from the Tanzanian side was too comprehensive to coordinate at the planning stage, and a Project with three different purposes was implemented in different areas. As a result, the Project had to cover broad fields, methods and areas, surpassing the coordinating capacity of the Project, and weakening the relevance of the plan.

(2) Factors concerning the Implementation Process

- 1) The specialty of the experts was not reflected by the needs of the counterparts, which affected efficiency.
- 2) The assignment of the personnel who were in charge of the management at SPL was behind schedule, and the local costs were not sufficiently disbursed by the Tanzanian side, which affected Project efficiency .

3-4 Conclusion

N/A

3-5 Recommendations

(1) It is recommended that the Outputs of the Project in the Tanga Regions be objectively reported by the end of the Project, and the reports disseminated to other areas.

(2) The microbiology laboratory should be recognized as the Tanzanian national laboratory by the polio laboratory network of WHO.

(3) It is necessary to thoroughly implement "health services based on inspection data" in the field of Pediatrics.

(4) To fully enforce "health services based on inspection data", the Government of Japan should give minimum support, such as to dispatch the Long-term Experts and to establish the Tanzania supporting committee (two persons in charge) instead of the Supporting Committee in Japan, in order to give advice and instruction on the activities of specialists.

3-6 Lessons Learned

(1) It is important for regional activities that the community proactively participates in the Project for the sustainability of Project outcomes.

(2) It is effective to concentrate on transfer techniques after the basis of the Project has been established to a certain degree.

(3) In the field of maternal and child health in the developing countries, self-supporting accounting system can be introduced by using the cost-sharing system.

(4) Integrating multiple project plans into one project should be avoided.

3-7 Follow-up Situation

A Long-term expert in the field of Pediatrics was dispatched to the Muhimbili Medical Center, Ministry of Health, for two years from FY 2002 to FY 2004.