

Summary

1. Outline of the Project

Country: The Republic of Kazakhstan

Project Title: Technical Cooperation for the Improvement of Health Care Services in the Semipalatinsk Region in the Republic of Kazakhstan

Issue/Sector: Healthcare and medical care

Cooperation Scheme: Technical Assistance Project

Division in Charge: Health Administration Team, Group III, Human Development Department, JICA

Total cost (as of the time of evaluation): 342,194 thousand Japanese yen

(Extended period): 189,928 thousand Japanese yen

Period of Cooperation (Duration):

(R/D): March 20, 2000 – June 30, 2003

(Extended): July 1, 2003 – June 30, 2005

Partner Country's Implementing Organization: Health Care Department of East Kazakhstan Oblast, Semipalatinsk Consulting and Diagnostic Center, etc.

Supporting Organization in Japan: Oita University of Nursing and Health Sciences, Radiation Effects Research Foundation (RERF), Hiroshima Atomic Bomb Casualty Council, Hiroshima University, Nagasaki University

Related Cooperation: Grant Aid Project for the Improvement of Medical Equipment for the Semipalatinsk Region of Kazakhstan

1-1 Background of the Project

It is said that about 470 nuclear tests were conducted in and around the Semipalatinsk Region over a 40-year period during the Soviet era. As a result, groundwater and soil were contaminated and people's living conditions deteriorated. Members of the United Nations unanimously passed a resolution on proceeding with assistance to the Semipalatinsk Region in 1997, and Japan proposed convening an international conference at the United Nations General Assembly in 1998. In specific terms, Japan decided to assist the region in relation to the health sector, and investigated the current situations regarding health administration organizations and medical facilities through the dispatching of short-term experts and the implementation of a project formulation study. Japan also hosted the International Conference on the Semipalatinsk Region in Tokyo and presented Japan's position regarding its policy for future assistance through technical cooperation and grant aid.

In this context, following the two preliminary surveys, JICA publicized the minutes of March 2000 meeting on the subject of “Technical Cooperation for the Improvement of Health Care Services in the Semipalatinsk Region in the Republic of Kazakhstan,” a three-year project starting in July 2000, and implemented technical cooperation focusing on the establishment of systems for primary screening, detailed health examination and diagnoses for residents of the heavily-polluted region near Semipalatinsk City, assistance with the collection and analysis of post-diagnosis data, the development of human resources through accepting trainees and the provision of machinery and equipment.

As a result of the evaluation study implemented for the period from January 24 to February 8 2003, it was decided by the relevant parties that the period of the project should be extended in order to establish the diagnosis system initiated through this project and to achieve the project purpose, and therefore the project period was extended for a two-year period from July 1, 2003 to June 30, 2005.

1-2 Project Overview

(1) Overall Goal

To improve the health care services in Semipalatinsk City and the neighboring regions.

(2) Project Purpose

To improve the systems for primary screenings, detailed health examination and diagnoses in the heavily polluted area near Semipalatinsk City.

(3) Project Outputs

1) Understanding of the health consequences of radiation on the part of the government and the public to be promoted.

2) Primary screening is to be implemented in an effective and systematic fashion through the use of existing health care facilities and mobile examination vehicles.

3) Detailed health examinations of persons selected for examination are to be implemented in an effective and systematic fashion.

4) Diagnoses are to be reached so as to confirm what diseases are to be targeted by the project.

5) Data on screening, detailed health examinations and the diagnoses are to be accumulated.

6) The local government is to utilize the accumulated data so as to formulate countermeasures.

(4) Project Inputs (as of this terminal evaluation)

Japanese Side:

Short-term experts 76 persons (114.75M/M in total, among whom 43 were dispatched for an extended period of 66.54M/M)

No. of trainees received in Japan 16 persons (13 persons in the field of health administration, one person in the field of databases and two persons in the field of cytology)

Kazakhstani Side:

Equipment supply (extended period): 35,392 thousand Japanese yen

Local cost (extended period): 10,954 thousand Japanese yen

Assignment of personnel: 1,004 persons in total

Buildings and facilities: Semipalatinsk Consulting and Diagnostic Center provided space for the JICA Project Office.

2. Evaluation Team Overview

Members of the evaluation team

(Area in charge: name, title)

(1) Team leader:

Akira Hashizume

Executive Technical Advisor, Human Development Department, JICA

(2) Technical Evaluation 1:

Tomoko Kusama

President, Oita University of Nursing and Health Sciences

(3) Technical Evaluation 2:

Chikako Ito

Director, Health Management & Promotion Center, Hiroshima Atomic Bomb Casualty Council

(4) Project Evaluation:

Tatsuya Ashida

Health Administration Team, Group III, Human Development Department, JICA

(5) Analysis and Evaluation:

Keiko Kita

Global Link Management

(6) Interpreter

Jun Katori

Japan International Cooperation Center

Evaluation Period

From May 14, 2005 to June 8, 2005

Evaluation type: Terminal evaluation

3. Overview of Evaluation Results

3-1 Achievements

(1) Achievement of the Project Purpose

The project purpose, namely making improvements to primary screening systems, detailed health examinations and diagnoses in the heavily polluted area near Semipalatinsk City, has for the most part been achieved. All the frameworks have been established; 15,751 people have been screened, 829 people have received detailed examinations, and 71 patients suffering from types of cancer targeted under the project are registered in the “Oracle” database. Introduction of the “Papanicolaou” method has improved the accuracy of diagnoses, allowing early detection of cancers. 36 medical personnel have already adopted the “Papanicolaou” method. The route for transfer from primary screening to diagnosis has already been decided/implemented for each targeted disease.

(2) Outputs Achievement

Activities were smoothly implemented during the extended period of the project, and all outputs apart from Output 6 have essentially been achieved. For issues to be addressed in the future, the need to improve the follow-up system for people who have received screening has been pointed out. It is probable that Output 6, “utilization by local governments of the accumulated data on the formulation of measures,” will be implemented once the input of all data is completed and the data has been processed.

(3) Implementation Process

The arrival of medical equipment provided under the Grant Aid Project has significantly delayed the commencement of screening. However, technical transfers in the fields of cytology and pathology, for which grand aid was not required, resulted in success immediately upon the introduction and diffusion of the “Papanicolaou” method in Kazakhstan.

The project was smoothly implemented during the extended period of the project, and ownership was successfully transferred to the Kazakhstani side.

3-2 Summary of Evaluation Results

(1) Relevance

It is considered that the relevance of this project is high. Support based on experience gained through the provision of medical care to atomic bomb victims in Hiroshima and Nagasaki met the needs of residents in the heavily polluted area near Semipalatinsk City. The project was also coherent to the Kazakhstan's "National Development Plan for the Year 2010," which sets out the social policy and environmental protection as strategic issues.

(2) Effectiveness

It is considered that the effectiveness of the project is high. Virtually all activities under Outputs 1-5 have been completed. Upon the completion of all of the project's activities, the output will have been achieved, as will the project purpose accordingly. On the other hand, none of the two activities planned under Output 6 had been initiated as of yet. However, it is probable that these activities will begin once input of the examination data program has been completed and statistics drawn therefrom. The previous final evaluation pointed out the necessity for the establishment of a comprehensive examination system by way of integrating all outputs in a systematic fashion. It is considered that this suggestion had been implemented.

(3) Efficiency

Overall, it is considered that the project has been implemented in an efficient manner. The dispatching of experts for technical transfers was mostly appropriate in terms of timing, duration and numbers of personnel, with the exception of database preparation. Although technical transfers in relation to database preparation should have been finished at the initial stage of the project, the adequate provision of dispatched experts and Japan-based training during the extended period contributed to the overcoming of this delay.

As for the provision of equipment, although there was a delay in the introduction of the Grant Aid Project at the initial stage of the project due to factors on the Kazakhstani side, no serious problems occurred over the extended period, and most of the equipment provided has been utilized adequately.

(4) Impact

Several positive impacts were confirmed through the implementation of the project. Screening using mobile vehicles has provided opportunities for free-of-charge medical checkups to residents in remote areas. As the screening was conducted by a

team of medical personnel from different hospitals, it also contributed to the establishment and reinforcement of inter-hospital partnerships. Provision of the most advanced medical equipment has helped improve the treatment/curing capabilities and the practicing speed of medical doctors, which has contributed to the shortening of hospitalization periods for patients. An unexpected result was an increase in the number of cases of early diagnosis of tuberculosis.

(5) Sustainability

It is considered that the organizational and technical basis necessary for the future independent maintenance and development of the results achieved under the project by the project counterparts in the future. Also, at the JCC meeting, the Director of the Health Care Department of East Kazakhstan Oblast promised continuous political and financial support into the future upon the completion of the project.

3-3 Factors Contributing in the Production of Effects

(1) Planning

The project has been able to generate highly sustainable results during the limited project period through linkage between the Grant Aid Project and the Technical Assistance Project.

(2) Implementation Process

In order to cope with the late arrival of medical equipment provided under the Grant Aid Project, the schedule had been adjusted so as to give priority to the dispatching of experts in the fields of cytology and pathology, for which grant aid was not required. Also, primary responsibility for project coordination and supervision was shifted from the city to the oblast, while the Director of the Health Care Department of East Kazakhstan, who continuously provided support and backup to the project, remained in office throughout the duration of the project. In addition to the participation of the KazNII (the Kazakhstan Research Institute of Radiation Medicine and Ecology), the continued growth of the Kazakhstani economy since the commencement of the project also contributed to the success of the project.

3-4 Problems and Factors that Raised Problems

(1) Planning

Nothing specific

(2) Implementation Process

The late arrival of medical equipment provided under the Grant Aid Project due to a delay in the signing of the Exchange of Note and the ratification thereof by the Parliament of Kazakhstan had a significant effect on the implementation process of the project thereafter. Although two out of three administrative C/Ps who participated in training in Japan during the three-year period prior to the extension of the project left their positions, virtually all of those who participated in the training in Japan held during the extension period continue to be engaged in the project.

3-5 Conclusion

With the exception of Output 6, “the utilization by local governments of the accumulated data on the formulation of measures,” all outputs were achieved successfully, and it is probable that the project purpose will be achieved in the near future. If Output 6 is also achieved with the further efforts of the Kazakhstani side in the future, it is certain that the project purpose will be achieved.

As for the five evaluation criteria, the relevancy of the project is high, and the efficient and effective implementation of the project has resulted in significant positive impacts. It is probable that the results achieved through the project will be maintained and developed into the future.

3-6 Recommendations (Specific Measures, Recommendations and Advice in Relation to this Project)

(1) Cooperation among medical personnel, programmers and other parties involved should be maintained in order to efficiently and effectively utilize the database constructed through this project. Also, the Kazakhstani side should continuously consider the property and accessibility thereof.

(2) A system for follow-up examinations for those who received primary screening should be established through the utilization of the database.

(3) An exclusive team charged with implementing screening practices should be organized.

(4) The Kazakhstani side should consider issues pertaining to further expansion of the knowledge and skills transferred through this project to other regions.

3-7 Lessons Learned

(1) The successful outcome of this project were attributed to: (i) project implementation in terms of the manner in which the linkages between Grant Aid and Technical Cooperation Projects was implemented simultaneously; (ii) favorable collaboration among the five implementing institutes (four counterpart hospitals and KazNII) established with the support of the Health Care Department of the East Kazakhstan Oblast; (iii) cooperation among the members of the screening team consisting of medical doctors, nurses and engineers.

(2)The Kazakhstani side effectively utilized the Japanese experts by way of such means as holding seminars pertaining to the transfer of the “Papanicolaou” method, which was introduced to Kazakhstan for the first time, not only in Semipalatinsk but also in regions such as Astana and Almaty.

(3) Despite the fact that no long-term Japanese experts were dispatched, cooperative relations were maintained between counterparts and the short-term Japanese experts who were repeatedly dispatched.

(4) The project coordinators on the Kazakhstani side were assigned for the entire five-year period during which the project was implemented, which permitted the monitoring of the implementation of the project.