

Evaluation Summary Sheet

1. Outline of the Project	
Country : Kenya	Project title : Health Service Improvement with focus on Safe Motherhood in Kisii and Kericho Districts
Issue/Sector : Health	Cooperation scheme : Technical Cooperation
Section in charge : JICA Kenya Office	Total Cost : JPN 127,315,000 yen (as at the time of evaluation)
Period of Cooperation	Record of Discussions (R/D): February 2005 to March 2008
	Partner Country's Related Organization(s) : The Ministry of Health (MOH) Supporting Organization in Japan : Health and Development Service (HANDS)
Related Cooperation	The study on strengthening the district health system in the Western part of Kenya, JICA, December 1998. The study was implemented in Bomet and Kericho districts in Rift Valley province and Nyamira, Gucha and Kisii districts in Nyanza province. Grant Aid for Improvement of Health Centres in Kisii and Kericho Districts, 2000. The Project targeted 14 Health Centres in the 2 districts
1. Background of the Project	
<p>Japan International Cooperation (JICA) has been involved with the MOH in activities aimed at developing health services in the Western part of Kenya since 1990s making use of several cooperation schemes, such as assignment of Japan Overseas Cooperation Volunteers and Development Study. These have been complemented by Japan's Grant Aid for facilities construction and equipment provision. In 2005, JICA entrusted this project on safe motherhood in two selected Districts in West Kenya (Kericho and Kisii) to Health and Development Service (HANDS), a Japanese non-profit organization, which has been working in international cooperation in health sector since the year 2000.</p>	
2. Project Overview	
<p>This project commenced in March 2005 as a three year technical cooperation project between Kenya and Japan with the purpose of tangible improvement of health centre level maternal care in the target two districts.</p>	
(1) Overall Goal	
<p>Health condition, particularly maternal health, in Kisii and Kericho districts is improved.</p>	
(2) Project Purpose	
<p>Maternal care in the project area with a focus on health centres (HCs) and communities is improved.</p>	
(3) Outputs	
<p>3-1 Maternal care services at HCs are upgraded.</p>	
<p>3-2 Maternal care in community level is improved.</p>	
<p>3-3 A referral system is arranged and functioning between communities, HCs and District Hospital</p>	

3-4 Health Information System (HIS) and record keeping system in place at HCs is functioning and is utilized for their service and management at the HCs

3-5 Management capability of drugs and medical supplies at HCs are improved.

3-6 District Health Management Team's (DHMT) system for supportive supervision for HCs is strengthened.

(4) Inputs (as at the Project's mid term)

Japanese side :

4-1 Local Cost: KES 89,000,000.00

4-2 Experts: 7 Persons (80.13 Man – months)

4-3 Training Courses: 5 Courses and 3 Study Tours

4-4 Equipment: JPN 22,680,000 yen

Kenyan Side :

4-5 Counterparts: 28 (Division of Reproductive Health (DRH)/Ministry of Health, District Health Management Teams and District Hospitals)

4-6 Equipment: N/A

4-7 Operational Budget: KES 1,092,000.00

4-8 Land and Facilities: DRH, Kisii and Kericho District Hospital Grounds, Meeting and Training Rooms

II. Evaluation Team

Members of Evaluation Team	MOH/JICA Joint Mid Term Evaluation Team JICA Team Leader: Prof. Yujiro HANDA, Project Formulation Advisor, JICA Regional Support Office for Eastern and Southern Africa JICA Team: Mr. Elijah Kinyangi, Programme Officer, JICA Kenya Office JICA Team: Ms. Yumiko Igarashi, Advisor (Health), JICA Kenya Office MOH Team Leader: Dr. Josephine KIBARU, Head, Division of Reproductive Health, Ministry of Health MOH Team: Mr. Daniel Sande, Staff, Division of Reproductive Health, Ministry of Health	
Period of Evaluation	Nov/ 2006 - Mar / 2007	Type of Evaluation : Mid Term Evaluation

III. Results of Evaluation

1. Summary of Evaluation Results

(1) Relevance

This Project was designed as an intervention to improve the capability of Kenyan stakeholders (both in community organizations and district level health service delivery system) in planning, implementation, monitoring, and evaluation related to routine health service with emphasis on safe motherhood. In this regard, the objectives of this project were “relevant”. The target was absolutely in line with the national policy advocated in the National Health Sector Strategic Plan.

(2) Effectiveness

The Project intended to improve the capabilities of communities, health centres, and particularly of DHMT, in order to enhance supervision activities as a part of routine work of local health authorities. In the Project areas of Kericho and Kisii Districts, community-based organizations (CBOs), health centres, and the district health service administrators improved technical and managerial capacities to a standard, where they can plan and implement community programmes for improving working conditions and facilities at respective HC.

It was revealed in the mid-term evaluation visit to sampled health centres that the utilization of HCs by the community people was improved particularly at HC, where service was started for normal deliveries. District hospitals staff s serving for maternity care was also trained to update their skill and knowledge through training courses provided by the Project. There were positive indications of effectiveness of maternity care particularly both at HCs and district hospitals.

(3) Efficiency

Safe motherhood and improved maternity care in the project areas were achieved with relatively high efficiency as a well organized package of training, equipment inputs, mobilizing DHMT monitoring function and community involvement. HCs' facilities and equipment were substantially improved making maximal use of community support and project input. Construction of some physical facilities was conducted by the community people. The activities related to uplifting HC function in the Project areas were designed and implemented in an efficient manner.

The training component related to simple but essential health informatics were well-designed and regarded as an activity with high efficiency for HCs, where computerized clinical recording and patient registration system was not introduced. It is, however, obvious that the extension of the improved practice to other facilities in the referral ladder is mandatory if the Project intended to monitor the improvement of the referral system in the district through this information system.

(4) Impact

No major negative impacts to the community, health centre, DHMT or other stakeholders were found. At the moment of mid-term evaluation, positive impacts were found primarily related to the practice of maternity care particularly of normal deliveries, which was extended to at least 13 HCs out of 14 in the Project area, whereas before the starting point of the Project only 9 conducted the service of deliveries. It was also recognized that increase of clients coming for antenatal care at most of the HCs, resulted from the provision of deliveries.

(5) Sustainability

The Project was sensitive to the importance of achieving sustainability of ongoing activities since the planning stage. The involvement of central / local government and health authorities was properly done to pursue tangible outcomes of project activities and also to ensure the sustainability of the project outputs.

Finance is the key to ensure sustainability even for successful activities. The most sensitive issue for sustainability is recurrent costs. MOH and DHMT are aware of the demand for allowances and

incentives seemingly needed for continued engagement of various health personnel including volunteers. It is not easy to maintain credibility for funding such allowances and incentives.

2. Factors that prompted realization of effects

The good working relationship between counterparts of the district ministry of health, staff at HCs and experts prompted realization of effects. The Experts encouraged the participation of community people in the management of HCs, which promoted cooperation between staff at HC and community people to improve service at HCs.

3. Factors that impeded realization of effects

(1) Factors concerning to Planning

The referral system of the health service in the districts targeted in this Project was too extensive to be adequately addressed by the Project as one of the “output” components. The issue was multi-factorial and required strategies both from bottom-up and top-down in the existing referral system. The referral system improvement activity in relation to emergency obstetric care in the Project was not well organized due to difficulty in logistics and lack of tangible outcome.

(2) Factors concerning to the Implementation Process

Dispatch of the Project Manager from Japan to this Project was supposed to be well planned to retain an assignment period long enough to maintain the stable managerial condition for the entire project. Due to several reasons, Project Manager was, however, changed a few times. It impacted on the managerial condition for the project.

4. Conclusions

Institutional and capacity building related to “safe motherhood” particularly on maternity care in the target areas enabled a community participatory approach to achieving the benefits of the project

The financial credibility of the recurrent costs and human resources necessary to sustain the improved standards of care is an issue for the central and district health authorities to tackle through involvement of the policy and strategy level decision makers from a long term perspective

The project will be a model to provide evidence to the central health authorities and development partners alike who are responsible for maintaining policy coherence for such international development initiatives and also rationalizing resource mobilization, allocation and effective utilization.

5. Recommendations

- (1) HCs with improved utilization by the community people should further be monitored regarding the work environment improvement and quality of service.
- (2) Referral activities among HCs and district hospitals should further be looked into by the Project with focus on triage and communication.
- (3) The Project should maintain the existing policy to make maximal use of community participation.
- (4) The situation of congestion in the maternity wards at district hospitals in the Project areas should be continuously monitored together with relevant and gradual intervention on the work environment and service contents improvement.

(5) Introduction of work environment improvement concept to the HCs will be a good entry point of work efficiency improvement and further improvement of the quality of service.

(6) Assignment of the project manager from Japan to this Project should be well planned to retain periods as long as possible to maintain the stable managerial condition for the entire project.

6. Lessons Learned

Empowerment of the community in collaboration with local technical and administrative personnel is a decisive condition to ensure the activation of maternity care activities particularly in the communities and HCs. To guarantee the sustainability, participatory approach should be employed, with coherence, both in the planning and implementation strategies.

Strategies to strengthen health education on maternity, should be combined with uplifting quality of care at HCs as the supply of safe and obtainable best maternity care including baby delivery.

The components of the referral system should be implemented on a larger scale and in depth if the substantial outcomes are to be achieved. These are the topics with multi-factorial background to be tackled as independent projects.