

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 336,208,000 yen (as at the time of end term 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>Since 1990s, the Government of Japan through JICA has been involved with the MOH in activities aimed at improving rural health services in the Western part of Kenya. During the cooperation period, it was recognized that more than 50% of childbirths in Kisii and Kericho districts took place without skilled attendance. As a result, the area recorded very high MMRs. The low utilization of health care facilities such as hospitals and health centers by expectant mothers for delivery suggested that there was an urgent need to increase the community's awareness about safe delivery practices in order to increase the number of deliveries assisted by a skilled midwife or deliveries at health facilities.</p> <p>In 2005, JICA entrusted this Project on safe motherhood in Kisii and Kericho districts 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> <p>(1) Overall Goal Health condition, particularly maternal health is improved.</p> <p>(1) Project Purpose Maternal care provided at health centres (HCs) and communities is improved.</p>	

(2) Outputs

- 3-1 Maternal care services at HCs are upgraded.
- 3-2 Management support in the HCs is improved.
- 3-3 DHMTs' system for their supportive supervision for HCs is strengthened.
- 3-4 Maternal care at the community level is improved.
- 3-5 A referral system is arranged and functioning between communities, HCs and District Hospitals.

(3) Inputs (as at the Project's end term) (1 KES = approx. 1.6 Japanese Yen)

Japanese side :

- 4-1 Operation Cost: KES 50,058,000
- 4-2 Experts: 17 Persons (168.77Man – months)
- 4-3 Training Courses: several (4716 Participants);
- 4-4 Provision of Equipment: KES 15,874,000
- 4-5 Renovation of 10 HCs KES 4,624,000

Kenyan Side :

- 4-6 Counterparts: 28 no. from Division of Reproductive Health /MOH HQ, District Health Management Teams and District Hospitals
- 4-7 Operational Budget: Salaries, fuel and maintenance costs
- 4-8 Land and Facilities, training and meeting venues

II. Evaluation Team

Members of Evaluation Team	<JICA> 1. Prof. Yujiro HANDA, Project Formulation Advisor (JICA Regional Support Office for Eastern and Southern Africa)/Team Leader 2. Ms. Yumiko IGARASHI, Advisor (Health), JICA Kenya Office 3. Mr. Satoru WATANABE, Team Leader, Administration Team, Social Development Department, JICA HQs 4. Ms. Ayako MATSUBARA, Consultant, System Science Consultants Inc.	
	<Ministry of Health> 1. Dr. Josephine KIBARU, Head, Division of Reproductive Health	
Period of Evaluation	3rd – 16th November 2007	Type of Evaluation : End Term

III Results of Evaluation

3-1 Result of Cooperation

(1) Achievement of Project Purpose

Maternal services in targeted 14 HCs have been improved during the project period. Number of women who came for Antenatal Care (ANC), delivery and Postnatal Care (PNC) has increased (For ANC 8962 to 11162, for Delivery 871 to 1559 (Jan-Aug; 2004-2008), out of which number of delivery has increased by 78%. Also, the evaluation found out that the Project has made it possible for 13 HCs to start PNC service through training on PNC for HC staff as well as community awareness activities. Customer satisfaction for services provided by HS has been also improved compared to base line data.

(2) Achievement of Output

Output 1: Maternal care services at HCs are upgraded.

Maternal care at the targeted HCs has been improved in the Project period. All 14 HCs can provide delivery services and 13 HCs are able to provide the service for 24 hours. This was a result of 7 training sessions with 118 participants (for nurses, midwives, and community representatives). Number of HC staff is also increasing during the project period and community nurses are newly born, despite the chronic shortages of HC staffs are still existed. Community survey also showed the improvement of performance at target HCs. Facilities and equipment of target HCs was rehabilitated and maintained appropriately, based on the provision of facilities/equipment and two training sessions for 27 staffs at the district hospitals and target HCs.

Output 2: Management support in the HCs is improved.

Management support at the HCs was improved, especially in terms of management capacity for drugs and medical supplies and record keeping systems. 5S1K concept was widespread at target HCs, which shows the foothold of service improvement. As a result of 12 trainings (5 trainings for HIS, 6 for 5S1K, and 1 for drug management) and a study tour, targeted clinical officers, nurses, record officers, and DHMT members (137 participants in total), record keeping system at each HCs was enhanced and stock-out time for drugs and medical supplies was reduced dramatically (65% reduction). However, there is still a difficulty in the management for drugs and medical supplies at the HCs, especially inventory management, since the drug delivery system has been in transitional stage. Waste management system at HCs was also upgraded, but gradually. Based on the systematic trainings and follow-up sessions (81 participants in total), the number of appropriate use of safety box and safety pit was increased, though the system was not satisfied enough to revise and upgrade the management system.

Output 3: DHMTs' system for their supportive supervision for HCs is strengthened.

DHMT's supportive supervision became to be currently conducted in a regular basis by the multi-purpose vehicles provided by the Project. As a result of training and technical exchange visit to Morogoro Health Project Study Tour in Tanzania, to DHMT members, the quality of supervision by DHMT members was improved, which was evident by the survey on satisfaction of HC in charge. It was found that DHMTs are able to inform HCs before they visit, DHMT's attitude is improved, DHMT is more supportive to solve problems and DHMT is more willing to hear request by HCs.

Output 4: Maternal care at the community level is improved.

There is an increase of the community members seeking maternal care services in target HCs. Several activities to the community members were held during the project period, such as 4 workshops between HC in-charges and community representatives, maternal care trainings to the community members, and community campaigns. As a consequence, relationships between community members and HC staff were improved and community people's awareness to the HCs was changed to the positive side. In addition, IGAs are implementing at all HCs (compared to 9HCs in 2006), using the original idea at each HC and the community phones (*Simu Ya Jamii*) provided by the Project, based on the trust between HCs and community members. This encourages the improvement of the quality of maternal services from the perspective of women and improvement in attitude to health services and health workers as the primary source of information on maternal health

Output 5: A referral system is arranged and functioning between communities, HCs and District Hospitals.

The number of referral reporting cases to district hospital from HCs has been increasing (13% to 19%), by using multi-purpose vehicles and community phones. In addition, 3 trainings regarding referral issues also contribute to the enhancement of the referral system between HCs and district hospitals. However, there are some constraints which hinder the smooth implementation of the Project; 1) no reliable data regarding appropriate arrangement, between communities, HCs, and district hospitals, was existed; and 2) no appropriate road systems was maintained, especially the one connected most of the HCs and the higher classes of paved roads, which is rather outside of Project's control, mentioned in the mid-term evaluation report.

3-2 Summary of Evaluation Results

(1) Relevance

The Project was designed with coherence to the existing national and international initiatives, such as Kenyan National Reproductive Health Strategy Paper (KNRHSP, 2005-2010) focusing on "Safe Motherhood" in reproductive health under the framework of the country's development policy and health – related Millennium Development Goals (MDGs). The policy includes strategies seeking increment of deliveries assisted by skilled attendants and the use of health and family planning services. With regard to Japan's Official Development Assistance (ODA) strategies, this Project was consistent with the priority setting by Japan that is a development partner of Kenya.

Selection of target areas and content of the Project is also relevant. Target areas were determined by development study conducted in collaboration with JICA in 1997-1998 and other trend of health situation. In addition, level of maternal health services in target areas is lower than other areas.

(2) Effectiveness

Effectiveness of this Project was demonstrated based on some evidences, such as the number of normal deliveries conducted at all Health Centres (HCs) in two targeted districts. The Project achieved harmonization of various factors related to service provision and health knowledge reception by the HC users. To realize the progress, the role of various training programs was vital. In addition to the trainings, community campaigns, which were implemented by this Project, brought the synergy effects in uplifting knowledge level to awareness creation both in HC staff and the potential users of HCs. Community involvement was found to be effective for enhancing attachment of the community people to HCs. In conjunction with the trainings, maternal care-related hardware was provided to the HCs. Those items were all effectively matched to the skill and conceptual trainings, which was conducted in a synchronized way in terms of technical and managerial topics.

Supervision by the District Health Management Team (DHMT) was improved from the traditional style to the facilitative one. Systematic supervision was implemented by the DHMT, although the achievement level was not enough to meet the expected level. Referral system remained unsatisfactory among communities, HCs, and District hospitals. Multi-purpose vehicles and community phones introduced by the Project were useful means for the problem solving.

(3) Efficiency

The assignment of Japanese experts was well planned and was appropriate in terms of the number, duration and the selected technical areas. This Project was implemented under the Proposal-Type Technical Cooperation (PROTECO) scheme, an outsourcing scheme of technical cooperation project to the registered Japanese NGO. With relatively small number of experts and short assignment periods, Health & Development Service (HANDS), a Japanese NGO, could implement the activities with high efficiency. The Kenyan counterparts played a vital role in coordinating the relationships among communities, HCs and the Project.

In general, wastage of the resource input by the Project was not evident. The regulatory mechanism on the fund utilization was functional at all levels of the Project implementation structure. On the other hand, flexibility in resource utilization was not left to the contracted NGO during the project period. Even minor alteration in the activity level could not be easily allowed due to the rigidity of PROTECO scheme guideline. Regarding the assumptions related to the Project efficiency, there were no findings of the deterioration on the uncontrollable external conditions, which might have negatively affected the implementation process.

(4) Impact

No negative impacts were observed so far in relation to objective settings and implementation of Project activities at the communities, HCs, DHMT, and other stakeholders. The magnitude of the external uncontrollable factors, which were identified in the planning stage, was found unchanged during the project period. Involvement of Traditional Birth Attendant (TBA) in the Project was a sensitive issue in relation to government policy. This Project was not instrumental to TBAs actually, whereas there was no visible conflict among TBAs and HCs. Community participation and self-help activities for improving

HCs were further enhanced as a positive impact at communities in the Project areas through the intervention and facilitation of the Project.

(5) Sustainability

Elaboration was done by the Project, to build-in sustainable mechanism to the existing service delivery system related to maternal care in the target area. From the viewpoint of the operational aspect, the key to success was the periodical intervention of this Project in facilitating interaction between HCs and communities. DHMTs, the counterpart organizations, are supposed to be bodies to continue this intervention, if the sustainability has to be ensured.

In relation to that, finance is the key issue for sustainability for successful activities. Recurrent costs of HCs are determinant factors in ensuring sustainability. For the betterment of HC utilization by the people and referral activities, the road network connecting most of the HCs to the higher classes of paved roads remains a serious constraint. Further dialogue and interventions are required with and by the relevant authorities in the Project area (Roads Ministry, Local Authorities etc)

3-3 Factors that contributed to realization of Project effects

1) Factors related to Planning

The good working relationship between district counterparts of the Ministry of Health (MOH), staff at HCs and Japanese 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 the quality of service delivery at HCs.

2) Factors related to Implementation Process

Most of equipment were provided in the first part of the Project period, which contributed timely implementation of other activities.

Information sharing between HCs and communities were important to promote involvement of communities in HC activities.

3-4. Factors that impeded realization of Project effects

(1) Factors related to Planning

Some of the indicators were not clear to stakeholders; therefore it was desirable if they are modified in the middle of the Project.

The scope of the Project is rather wide, which was also pointed out by the mid term evaluation. For example, 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. For examples,

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 related to the Implementation Process

Bad condition of road between HCs and main roads hamper the effectiveness for the project although this was one of important assumptions.

3-5 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 was 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.

3-6 Recommendations

The MOH and its decision-makers are highly recommended to scrutinize the progress report of this project to extract the evidences and hints to make further improvement of community-based maternal health, which is regarded as an important entry point of health for all. Attention is drawn to the fact that vitalization of HCs with 24 hour service provision of normal deliveries is the key in enhancing community – HC interaction and links. The stronger ties make the utilization of HCs by the communities better. The better utilization of HCs makes the primary and secondary prevention of various diseases and conditions easier by raising motivation and awareness of the people towards healthy lives and healthy living.

Top – down initiatives and objective oriented decision-making are needed for strengthening investment to HCs. Priority setting in resource allocation to HCs is absolutely necessary to realize this situation in the front-line of maternal care. Among the various needs for investment in health sector in the government, this target is one of the most important one prior to the investment to tertiary level health care. Essential supplies to HCs particularly for normal deliveries and peri-natal care is crucial to maintain the performance of the front-line staff. Decision-making on this matter will save more babies and mothers in the near future than present time with relatively small scale investment.

Work environment improvement by means of simple and understandable managerial instruments is mandatory for all levels in the health service delivery system. HCs and district hospitals are required nothing less of this. In this Project, 5S1K initiative was advocated for in the latter part of the project period. The simple tool consisted of Sort, Set, Shine, Standardize and Sustain that was called 5-S Principle and was utilized for uplifting the situation of physical work environment. This sort of bottom-up improvement should further be promoted with good leadership and initiative from top-down, and is a key to success in maximizing the productivity of health facilities, where there is chronic shortage of health resources.

Commitment of community organizations is further expected to maintain HCs at obtainable best operational condition in close collaboration with HC staff under the facilitative supervision of DHMT. Community representatives, such as HC committee members and safe motherhood group members, play the key roles on this through various learning processes on health-related issues, and exchanging ideas for better management. It was revealed in the evaluation process that community mobilization for HC support activities are in progress in the majority of HCs, although the commitment and magnitude of contribution remains diverse based upon the involvement level of the community people.

The referral system and practice in all levels in the district health service delivery system should be further strengthened, although it is not an easy task for the all parties concerned. Each step of referral ladder starting from household to the secondary health care facility should be well scrutinized to improve one by one using existing resources and personnel. In the present context, it is practical to improve the referral channel from household to HC by strong intervention to the women in the reproductive age bracket and their spouses with well focused health promotion activities.

3-7 Lessons Learnt

Maintaining high regard and respect in terms of community involvement regarding maternal health care services, which enabled building of trust and confidence between HC staff and community organization was important. This also brought positive influences on effectiveness and efficiency of the Project.

Utilization of HCs for normal deliveries is one of the essential components of safe motherhood movement in the rural areas. HC function that enables the provision of 24 hours delivery services should be strengthened and combined with uplifting quality of care at HCs.

As noted in the mid-term evaluation report, the components of the referral system should be implemented on a larger scale. These are topics with multi-factorial background that need to be tackled as independent projects. This topic on referral system can be handled through a separate Project intervention.

3-8 Follow up

None at the timing of final evaluation