Simplified Ex-Post Evaluation for Grant Aid Project

Evaluator, Affiliation	Masaaki Shiraishi Waseda Research Institute Corporation (WRI)	Duration of Evaluation Study
Project Name	The Project for Improvement of Medical Equipment in Diakov Hospital in Tajikistan	January 2010 – December 2010

I Project Outline

Country Name	The Republic of Tajikistan	
Project Period	February 2005- February 2006	
Executing agency	National Medical Center of the Ministry of Health of the Republic of Tajikistan (Former Diakov Hospital)	
Project Cost	Grant Limit: 480.5 million yen	Actual Grant Amount: 465.2 million yen
Main Contractors	Sojitz Corporation	
Main Consultants	International Techno Center Co., Ltd.	
Basic Design	October 2004	
Related Projects (if any)	N.A	
Project Background	In the Republic of Tajikistan, achieving independence from the USSR created a political vacuum which led to civil war that lasted until 1997. Although a full-scale post-independence economic reform finally begun in 2000, a large amount of external debts and debt repayment obligations weigh heavily on the government, adversely effecting ability to provide public services. A 2001 survey found that 83% of the nation's total population lived below the poverty line. In an attempt to avoid further deterioration, the Poverty Reduction Strategy Paper (PRSP) approved in 2003 aims to reduce poverty to 60% by 2015. However, financial rehabilitation has not sufficiently improved, and the health budget remains far below an adequate level. In the meantime, holdings of equipment and supplies at medical institutions have largely deteriorated over the years. Therefore, providing health care services to the poor is very difficult and is obviously evident in various health indicators of Tajikistan. It is deemed that improving health care services to children younger than 15 years old is especially urgent. In light of the above, Diakov Hospital was chosen because it plays a central role in the field of pediatric health care in the country. Tajikistan government requested Japanese government grant assistance for purchase of facilities and equipment for pediatric medical service.	
Project Objective	Improvement of pediatric healthcare service in Diakov Hospital, a core venue for the pediatric healthcare, by renewal and replenishment of aging facilities and equipment in the Diakov Hospital and promotion of shared use of diagnosis and therapy equipment by technical guidance.	
Output[s] (Japanese Side)	- Infant Incubator - Patient Monitor - Ventilator - Laparoscope - Cysto-Uretheroscope with Video Monitor - Bronchoscope, Fiber - Ultrasound Scanner, Doppler - Anesthesia Apparatus	- Operation Light - Operation Microscope, Orthopedics - Operation Microscope, Neurosurgery - Neurosurgery Set - Diathermy Unit - Ophthalmic Examination Unit - CT Scanner - X-Ray Apparatus, C-arm with X-Ray Shield Apron - X-Ray Apparatus, Mobile with X-Ray Shield Apron - X-Ray Apparatus, General & Fluoroscopy

II Result of the Evaluation

Summary of the evaluation

This project has high integrity with healthcare requirements and national healthcare policy. The project has been implemented nearly as planned. As result of evaluation based on the questionnaire response, as for expected outcomes, though there has been a little partial delay in achievement of targets, outcomes have been getting higher over time, and have amounted to large outcome as a whole. As for operation and maintenance, slight influence is observed in the decrease of staff due to lower salaries, and one of the essential pieces of equipment (CT-scan) has been broken and unusable since June 2010. It has not been repaired due to financial reasons. Although aggressive management including rationalization of hospital functions is highly appreciated, some problems are evident in organizational and financial aspects.

In light of the above, this project is evaluated to be fairly satisfactory.

<Constraints of this evaluation study>

Numerical discrepancies are found between the Basic Design Study Report and replies to the questionnaire, and caused difficulties in the evaluation study.

1 Relevance

(1) Relevance with the Development Plan of Tajikistan

At the time of project planning, in the national policy statement in the Poverty Reduction Strategy Paper (2003), top priority was assigned to the health sector, notably to provide medical care treatment to every citizen and to ensure wide and fair access to primary health care services. Furthermore, the Fourth Three-Year Plan (2004-2006) indicates that public investment to the medical and health field accounted for 23.3% of the national budget.

At the time of the ex-post evaluation, the health sector remained a top priority. The current policies such as the Framework for National Health Improvement (2002) and National Health Maintenance Strategy toward 2020 (2010) address the improvement of medical care, better access to better services, and development of a long-term health delivery system. This project, in the above context, is consistent with the policy of Tajikistan.

(2) Relevance to with Development Needs of Tajikistan

For Tajikistan whose infant mortality is the highest in the Central Asian countries, strengthening of medical facilities and a budget increase for medical and health service are essential needs. On the medical front, dissatisfaction has been voiced regarding a fund shortage, while this project is highly regarded as having the function of meeting health care needs.

(3) Relevance with Japan's ODA Policy

This project is relevant to human security policy and aid policy for poverty-related healthcare as stated in the Japan's ODA Charter.

This project has been highly relevant with Tajikistan's development plan, development needs, as well as Japan's ODA policy, therefore its relevance is high.

2 Efficiency

(1) Project Outputs

Despite slight changes, outputs by the Japanese side have been attained essentially as planned.

(2) Project Period (Project Inputs)

The project implementation period has been slightly longer than planned (106.3%).

(3) Project Cost (Project Inputs)

The project cost has been lower than planned (96.8%).

Although the project period was slightly longer than planned, the project cost was lower than planned, therefore efficiency of the project is fair.

3 Effectiveness / Impact

(1) Quantitative Effects

As the targeted outcome of the quantitative effects to be attained by 2006, numbers of outpatients, inpatients, ultrasonic diagnosis and CT-scan diagnosis have been set up at the start of the project (2004). However, except the quantitative target of CT scan diagnosis, no specific numerical target was given for the other outcome items, only an indication of "be increased".

As for record of results on numbers of outpatients, inpatients, and ultrasonic diagnosis, as shown in the attached table, the number of diagnosed patients during the three year period of 2003 to 2006 has been remarkably increased by 2 to 3 times. But it must be noted that these numerical outcomes are not attributable only to effect of the project, but also due to other composite reasons including educational campaigns on health, improvement of general hygienic environment, etc. Nevertheless it is undeniable that there have been and now are patients visiting the hospital because of advanced facilities provided by the project. As for result of targeted outcome on CT scandiagnosis, however, was not attained in 2006 (achievement rate: 75.1%) but nearly reached the target number of patients in 2008 (achievement rate: 95.8%). Then, the number of diagnosed patients increased significantly through 2009 exceeding the target and justifying the project. However, reportedly, it is said that the CT scanner has been unusable since June, 2010, due to a serious breakdown. Despite some obvious outcomes of the project, due to nonattainment of a part of the targeted outcome, evaluation of the total effect of the Project is downgraded.

(2) Impacts (Impacts on the Natural Environment, Land Acquisition and Resettlement, Unintended Positive/Negative Impact)

No negative impacts due to destruction of nature, land expropriation, etc. took place. In regard to treatment of medical wastes, though preparation of Treatment Manual had been planned at the time of project implementation it has not been realized yet, but is reported as scheduled to be prepared by 2011. Proper treatment of medical wastes is to be properly treated as an urgent issue from the view point of reduction of environmental burden. As for impacts of the project on specific subjects such as strengthening of the referral system, reduction of infant mortality, and contribution to achievement of national targets in the health and medical fields, are all valued as highly effective by the executing agency.

This project has somewhat achieved its objectives, therefore its effectiveness is fair.

4 Sustainability

(1) Structural Aspects of Operation Maintenance

Diakov Hospital, the recipient organization in this project, has changed its name to “National Medical Center” under Ministry of Health. Although the performance of medical services in 2009 substantially increased in terms of the number of outpatients and inpatients compared to the levels of 2004, staff members of the National Medical Center decreased; i.e., medical doctors declined from 454 (2004) to 420 (2009), and nurses from 837 (2004) to 680 (2009). Reasons for the decrease of nurses are explained by low salaries. In addition, according to the executing agency, though neither numerical evidence nor policy documents were obtained, the number of beds and professional staff tends to decrease. There is fear that qualitative and quantitative debasement of medical service may be caused by this. On the other hand, non-professional staff such as in general affairs, accounting, or other departments have been increased from 42 to 53, indicating potential for further rationalization of the organizational structure of the entire hospital. In addition, the National Medical Center, as the top referral hospital in the region, has strengthened its systems (outpatient referral system, carrier system).

(2) Technical Aspects of Operation Maintenance

As for technical aspects of maintenance management by the hospital staff, it is required that all staff members take refresher training every five years. In regard to the technical training for operation and maintenance of the equipment supplied under the project, it is reported that basic and operation training are continuously conducted. Regarding service contracts with supply agents of equipment, it is reported that two contracts with equipment supply agents are valid, and their performance has been satisfactory. To the question about status of preparation of internal maintenance and operation manuals, no answer was received.

(3) Financial Aspects of Operation Maintenance

Since 2004, disbursement of budget to the National Medical Center by the government is favorably increasing. At the time of planning the project (2004), the government budget for Diakov Hospital was 0.7 million Somonies (approx. 25 million Japanese Yen), while the budget in 2009 was 6.15 million Somonies (approx. 132 million Japanese Yen) or 5.26 times of the one in 2004. Analysis in detail of the amount shows, it is confirmed that patients diagnosed by CT scan are subsidized by the government, while the hospital itself collects a certain amount of CT scan diagnosis fees, and the collected total sum was 0.2 million Somonies (approx. 3.8 million Japanese Yen) in 2009.

(4) Current Status of Operation Maintenance

Since June, 2010, the CT scanner, one of the durable equipment, is out of order and unusable. Since the number of patients for CT diagnosis has increased significantly, immediate repair of CT-scan is desirable to ensure satisfactory project outcomes.

Some problems have been observed in terms of technical aspects, therefore sustainability of the project effects is fair.

Table-1 Performance of Targeted Outcomes

Item of Outcome	Baseline	Target	Performance	After Target Year	
	2003	2006	2006	2008	2009
Nos. of Outpatients	28,169	Increased	90,268	91,324	92,781
Nos. of Inpatients	11,216	Increased	30,268	31,324	32,781
Ultrasound Diagnosis	1,589	Increased	3,628	3,680	4,180
CT-scan Diagnosis	0	2,000	1,502	1,915	3,136