

Summary of Final Evaluation

1.Outline of the Project	
Country : Islamic Republic of Afghanistan	Project title : Reproductive Health Project
Issue/Sector : Health	Cooperation Scheme : Technical Cooperation Project
Division in Charge : Health Systems Division, Human Development Department	Total cost (As of April 2009) Total : 639,092,000 yen
Period of Cooperation : Sept. 2004 – Sept. 2009	Partner Country's Implementing Organization : Ministry of Public Health (MoPH) Kabul Provincial Health Directorate(KPHD)
	Supporting Organization in Japan : International Medical Center of Japan
	Related Cooperation : "Dasht-e Barchi Hospital Training Center" by remnant of Emergency Grant
<p>1-1 Background of the Project</p> <p>Afghanistan is facing the world's worst health conditions, e.g., maternal mortality ratio of 1,600/100,000 live births. This is due to socio-cultural and physical factors that hinder women's access to reproductive health services, the shortage (both in number and quality) of female health service providers and the weak health systems.</p> <p>Afghanistan's Ministry of Public Health (MoPH) launched Reproductive Health Directorate (RHD) in 2004, aiming to ameliorate the maternal mortality ratio. In order to achieve the policy objectives (i.e. better access to quality family planning services, better access to emergency obstetric care, and increase in deliveries with skilled birth attendants), RHD makes efforts such as allocating a reproductive health officer to each province, training reproductive health service providers at Malalai Maternal Hospital, etc.</p> <p>With this background, the Government of Afghanistan requested a technical assistance to strengthen reproductive health services. This project has started in September 2004, with its purpose: "The capacity of RHOs (Reproductive Health Officers) and RH service providers to provide necessary services based on BPHS (Basic Package of Health Services) and EPHS (Essential Package of Hospital Services) is improved."</p> <p>Before the project completion in September 2009, JICA dispatched the terminal evaluation team and conducted a joint evaluation with the Afghan side.</p> <p>1-2 Project Overview</p> <p>(1) Overall Goal : The coverage of quality maternal and newborn health services is expanded.</p> <p>(2) Project Purpose : The capacity of RHOs (Reproductive Health Officers) and RH service providers to provide necessary services based on BPHS (Basic Package of Health Services) and EPHS (Essential Package of Hospital Services) is improved.</p> <p>(3) Output :</p> <p>Output 1 National Reproductive Health Program is established and functioning.</p> <p>Output 2 In-service training mechanism is established and maintained in an appropriate manner.</p>	

<p>Output 3 RH system is functioning in Urban Kabul.</p> <p>1-3 Inputs (As of April 2009) <Japanese side> Long-term expert 8 Short-term expert 13 Acceptance of trainees (in Japan) 21 Afghan C/P participants in Training in Third Countries (Cambodia, Indonesia, Pakistan) 18 Equipment supplied Vehicles, photocopier, training materials, drug supplies, etc. Local Cost 97,692,000 (Japanese yen)</p> <p><Afghan side> Counterparts (C/P) 38 (including those who were replaced during the Project) Local cost Personnel cost for C/P, provision of office for Japanese experts, cost for materials and consumables</p>	
2.Evaluation Team	
Members of Evaluation Team	<p>1. Mr. Kozo Watanabe (Team Leader) Director, Health Systems Division, Health Systems and Reproductive Health Group, Human Development Department, JICA</p> <p>2. Ms. Keiko Osaki (Maternal and Child Health) Senior Advisor, JICA</p> <p>3. Ms. Ritsuko Yamagata (Project Planning) Staff, Health Systems Division, Human Development Department, JICA</p> <p>4. Ms. Erika Tanaka (Evaluation and Analysis) Researcher, Social Development Department, Global Link Management</p>
Period of Evaluation	<p>17 April 2009 – 2 May 2009</p> <p>Type of Evaluation : Terminal evaluation</p>
3.Results of Evaluation	
<p>3-1 Summary of Evaluation Results</p> <p>(1) Relevance</p> <p>Relevance is high in terms of Afghan development policy, needs in Afghanistan, Japanese official development assistance (ODA) policy to Afghanistan, and Project design.</p> <p>The Project Purpose and Overall goal are consistent with Afghan development policy. In Afghanistan National Development Strategy (ANDS: 2008-2013), reproductive and child health program is given high priority. Improvement of reproductive health is highly needed in Afghanistan. Maternal mortality rate is extremely high, 1600/100,000 live births (Ministry of Public Health, 2004).</p> <p>The Project is consistent with Japanese ODA policy as well. In the Japanese ODA policy to Afghanistan, improvement of health is included in one of the four priority areas.</p> <p>The approach that the Project adopt to achieve Project Purpose is appropriate. Given the fact that the RHD was established only two years before the start of the Project, establishment of mechanism of RH program and human resource development is highly adequate. The Project puts importance on fostering ownership and capacity of C/Ps both as individual and as institution. Another distinctive approach of the</p>	

Project is to achieve its goal through strengthening the RH systems in the public sector. As the assistance to economic and social reconstruction of Afghanistan is a highly important issue in international community, the Project gives consideration to collaboration with other aid agencies, which is desirable in current Afghan situation.

(2) Effectiveness

Project Purpose is being achieved and effectiveness is high.

Outputs are being gradually achieved. National RH program has been developed and the capacity of RHD (RH Directorate) is improved. Training mechanism is established at Malalai Maternity Hospital Training Center and is being established at Dasht-e Barchi District Hospital Training Center as well. Some tasks to be achieved are; developed training manuals are still under procedure of official approval; training database is not developed although reporting system is established. Objectively Verifiable Indicators of Output 1 and Output 2 in PDM are generally achieved. As to Output 3, RH system in Kabul City has been remarkably improved since the start of the Project. Not all the PDM Indicators are fully achieved due to complicated setting of Indicators. To make RH system in Kabul City fully function, further capacity development of KPHD and establishment of referral system is necessary.

Project Purpose is being achieved. The administrative capacity of RHOs is greatly enhanced as compared to the beginning of the Project and RH program is appropriately implemented. The capacity of RH service providers is also strengthened and the RH services are also improved. To further improve the capacity of RHOs and RH service providers it is necessary to strengthen supervision and training system.

Three Outputs are logically related to Project Purpose and contributed to achieve Project Purpose. Output 1 and Output 2, establishment of RH program and in-service training mechanism are essential to achieve Project Purpose. Output 3 is to strengthen capacity of RHD, RHO, and service providers to make RH system function in Kabul City. In Kabul City, BPHS is not contracted-out and it is expected that establishing RH system there will serve as a setting to practically implement the outcome of training of RHD, RHO, and service providers. Thus Output 3 is also related to Project Purpose and contributed to achieve Project Purpose.

(3) Efficiency

Efficiency is generally high. Most part of Inputs was implemented as planned and contributed to produce sufficient Outputs.

Most Japanese experts had adequate knowledge and experiences and helped capacity development of Afghan C/Ps.

Training in Japan was effective to strengthen capacity of C/Ps. Participants in Training in Japan acquired skills and method of RH administration and utilize the fruit of the Training in their daily duties. Technical Exchange with projects in other countries was proved to be effective. Some C/Ps participated in Third Country Training provided by JICA in countries with situation similar to that of Afghanistan, e.g. Indonesia as Islamic country, and Cambodia in a reconstruction process. These training courses also helped to enhance knowledge and administrative skills of RHO as they can share similar experiences.

Equipment and materials provided by Japanese side are adequate in terms of specifications and quantity. Malalai Maternity Hospital Training Center provided by the Project serves well as a basis of training activities. Dasht-e Barchi District Hospital Training Center opened only in May 2008 and is not

fully utilized yet at the time of terminal evaluation. Recently the organogram in regard to Dasht-e Barchi District Hospital Training Center was approved and the Training Center is placed under the Dasht-e Barchi District Hospital and KPHD. However, the Training Center is not positioned as regional training center.

All the national staff of the Project has high capacity and strong commitment and made essential contribution to the Project implementation.

The Afghan side allocated C/Ps with sufficient capacity and ownership to implement the Project. The budget for operational cost by the Afghan side is limited. It was difficult for MoPH to provide expenses of maintenance cost for equipment and materials, and the cost for supervision and training was basically born by the Japanese side.

As a part of partnership, the Project successfully planned provision of drugs in collaboration with other donors. This collaborative support made smooth progress in the beginning. However, the share of partner donors was not implemented as planned.

Inputs were generally well utilized and contributed to implement planned activities and to produce Outputs.

The Project implementation process was affected by security to some extent.

As to Important Assumptions, replacement of C/Ps occurred quite frequently in the first part of the Project, causing inconvenience in smooth Project implementation sometimes. After the Mid-Term Review, the C/Ps remain stable in their positions.

(4) Impact

Overall Goal is expected to be achieved if the current benefit of the Project is sustained and activities are expanded after the Project period. The foundation of RH administration is being established through capacity development of RHD and RHO, and the capacity of service providers is being improved through establishment of training mechanism. If the capacity of RHO and service providers is continuously improved, quality maternal and newborn health services are expected to be expanded. It should be noted, however, that achievement of Objectively Verifiable Indicators of Overall Goal, i.e., the number of people benefiting from the RH services, depends on conditions outside of framework of the Project. In order that people enjoy benefit of the RH services, some important factors other than capacity of RHO and service providers should be fulfilled: access to health facilities and security, to name a few.

It is expected that this Project will make great contribution to human security in Afghanistan as reproductive health is an important issue in human security.

Unexpected positive impact is observed. The Project aims to establish referral system in reproductive health in Kabul City as Output 3. During implementation of activities, those involved in the Project realized that it is necessary to develop policy and strategy to build more comprehensive health systems in urban Kabul.

One negative impact is pointed out. The Project made suggestion to convert polyclinics to DH (District Hospital) and CHC+ (Comprehensive Health Center with 24-hour service) in Kabul City. Out of nine polyclinics, two were converted to DH and one to CHC+. When the polyclinic was converted to CHC+, the number of staff was reduced. According to interview, it is estimated that 30 to 40 employees, including workers, lost their job.

(5) Sustainability

Sustainability is generally high in terms of policy, technical, and institutional aspects, but financial sustainability is not expected without external support.

The policy to put importance on reproductive health is expected to continue. In ANDS, which describes policy until 2013, reproductive health is a prioritized area.

Technical sustainability is quite high. Those who were trained by the Project, including RHOs, training coordinators, trainers, and service providers have acquired knowledge and skills to implement their duties on their own. Most of them have strong commitment to execute their responsibilities as well. To enhance sustainability, continuous capacity development is required. It is also important to conduct training when staff is replaced.

Institutional sustainability is also high. RHD was strengthened as an organization and RH program was developed. Training Centers were constructed by Japanese support at Malalai District Hospital and Dasht-e Barchi District Hospital. Training Department was established at Malalai Maternity Hospital and training center regulations were developed. Activities introduced by the Project are expected to be sustained.

Financial sustainability is the concern. MoPH is not provided sufficient budget to implement its responsibilities. The majority of the budget is allocated to personnel cost and running cost is limited. There is not an established mechanism to allocate budget to training and supervision. Therefore, the Malalai Hospital Training Center is not provided with enough budget to conduct training courses and supervision. KPHD is not provided with sufficient budget either. To conduct training and supervision introduced by the Project, it is necessary to secure the budget, especially in terms of running cost.

3-2 Factors that promoted realization of effects

One of contributing factors to achieve Project Purpose is strong commitment of both Japanese experts and Afghan C/Ps. Another contributing factor is the situation of RHD at the start of the Project. The Project was launched soon after MoPH set up RHD and appointed Deputy Minister in charge of reproductive health. Almost simultaneous start of the Project promoted smooth implementation of the Project.

3-3 Factors that impeded realization of effects

One concern to fully achieve Project Purpose is that the trained service providers sometimes leave their position.

3-4 Conclusion

The Project has been implemented appropriately in general and the Project Purpose is being achieved in spite of difficult situations in Afghanistan. Project implementation process was promoted by strong commitment of C/P organizations led by Deputy Minister. As a result, the capacity of RHOs and RH service providers has been significantly increased and it is expected that they will be able to continue their tasks on their own to some extent.

The three Outputs are also being achieved. National Reproductive Health Program is established although it is not yet in documentation. National Reproductive Health Program is established but further capacity development of RHD is required. In-service training mechanism is being established but it is still necessary to strengthen the training management mechanism and the capacity of training coordinators, trainers, and service providers. RH system in Kabul City has been clearly improved as well. However, as

the RH system covers a variety of components, such as referral system and drug distribution, it is still necessary to further enhance the capacity of KPHD and strengthen RH system in Kabul City.

3-5 Recommendations

Based on the results of evaluation, recommendations on actions to be taken during the remaining period of the Project are as follows.

- MoPH will compile National Reproductive Health Program in documentation.
- MoPH will complete the procedure for approval of developed training manuals and in-service training guideline.
- MoPH will compile and analyze HMIS data collected after the first quarter of 2008, and make decisions based on the results. MoPH will strengthen the capacity of RHD staff in data analysis.
- MoPH will translate Annual Report 2008 into English.
- MoPH will have Dasht-e Barchi District Hospital Training Center function as regional training center and improve the capacity of Dasht-e Barchi District Hospital as well.
- MoPH will compile information on NGOs in collaboration with Grant and Contract Management Unit to facilitate joint supervision with NGOs.
- MoPH will make continuous effort to estimate, secure, and distribute budget to cover running cost for management of training and supervision.

During Evaluation, the following suggestion was raised. It may not be a matter to be considered during the remaining Project period, but it is desirable to give consideration.

- Although Dasht-e Barchi District Hospital meets the requirement of number of staff specified by BPHS, the staff is not sufficient to adequately conduct increasing deliveries. The criteria of BPHS may not be appropriate in urban situation. It is recommended to review BPHS and revise BPHS regulations to be adopted in urban area.

3-6 Lessons Learned

Through the Terminal Evaluation of the Project, following lessons learned were extracted.

- When a certain input is implemented in collaboration with other donor agency, it is important to assure that expected input by partner agency will be surely implemented.
- Personnel replacement occurs frequently in a country in the process of reconstruction like Afghanistan.

In this case it is effective to establish the results of activities in documentation to sustain the activities and achievements of the project.