Simplified Ex-Post Evaluation for Technical Cooperation Project

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Project Name	The Lusaka District Primary Healthcare Project (Phase II)	March 2010 – December 2010

I Project Outline

Country Name	Republic of Zambia
Project Period	From July 2002~July 2007
Executing Agency	Ministry of Health (MoH), Lusaka District Health Management Team (LDHMT)
Cooperation Agency in Japan	The Associations of Medical Doctors in Asia (AMDA), International University of Health and Welfare, Niigata University
Total Cost	761 million Japanese Yen
Related Projects (if any)	Grant Aid "Water Supply Project in Satellite Area of Lusaka (1993)," constructed water-supply facilities for six (6) unplanned settlements in Lusaka, including the George compound. Community Empowerment Program "Community Empowerment for Water Development (2002)," provided technical assistance in 1) training managers, or "tap leaders," of public taps installed by the above-mentioned Grant Aid, 2) promoting community ownership over the water facility, and 3) providing hygiene education to residents. Development Study, "'Lusaka Unplanned Urban Settlements Living Environment Improvement Plan (1999~2001)," formulated an area action plan for strengthening social services in eight (8) unplanned settlements in Lusaka including Ng'ombe and Kanyama. Technical Assistance, "The Lusaka District Primary Healthcare Project (1997~2002)," was a predecessor of this Project; and, Grant Aid, "The Project for Improvement of Living Environment for Unplanned Urban Settlements in Lusaka (2004)," constructed water-supply facilities accompanied by a technical assistance (TA) component on environmental hygiene and health education for three (3) unplanned settlements in Lusaka, including Ng'ombe compound. The Lusaka District PHC Project (Phase II) technically supported the TA component of this project.
Overall Goal	Long-Term: Health status improvement of under-5 children in Lusaka District is sustained though development of urban health and community value. Short-Term: Health status of under-5 children is improved through establishment of effective and sustainable community-based health activities in Lusaka District
Project Objective(s)	Health status of under-5 children is improved through establishment of effective and sustainable community-based health activities in selected Health Centre catchments
Output[s]	1. Community-based child growth promotion is enhanced. 2. Community-based environmental health activities are improved. 3. Community referral services for under-5 children are enhanced. 4. Planning and financing capacity of LDHMT and health centres in support for community-based health activities is strengthened. 5. Management capacity of community-based organizations (CBOs) to ensure sustainability of community-based health activities is strengthened.

Inputs (Japanese Side)		Inputs (Zambian Side)	
Experts	9 for Long-term (245MM), 21 for Short term (55MM)	Staff allocated	80
Equipments	27 million yen	Equipments	NA
Local Cost	156 million yen	Local Cost	Counterparts salaries and Project Drivers salary (1 person: 2004~2005, 3 persons 2006~2007)
Trainees Received	25	Land etc provided	Office space for Experts (July ~ November 2002)
Others	NA	Others	NA

II Result of the Evaluation

Summary of the evaluation

- The project has been highly relevant to Zambia's health policy/strategy, the development needs of the target area, as well as Japan's ODA policy/strategy, both at the planning stage and during the implementation period. Thus its relevance is rated high. The Project's effectiveness is rated high, considering the fact that the Project Purpose has been mostly achieved and that it made an impact on health policy. As for an efficiency level, it is also rated as high based on the following accounts: 1) inputs and outputs are appropriate in achieving the Project Purpose, as most Output indicators reached the target level; 2) these targets are obtained even with limited financial inputs from Zambian government; and, 3) inputs from Japanese side are evaluated as appropriate by Project's Counterparts. Sustainability is rated high when the following factors are considered: 1) some essential activities at community level have continued despite the lack of health personnel and financial resources from LDHMT/MoH and 2) child health indicators have been continuously improving in the target compounds.
- In light of the above, this project is evaluated to be highly satisfactory.

<Recommendations to MoH and LDHMT>

1. To secure human and financial resources to support due implementation of PHAST and GMP + activities.
2. To inquire into the extent of improvement on child health in other unplanned settlements where PHAST and GMP + approaches have been adopted.

<Constraints of this evaluation study>

1) The data obtained by direct observation are not included in this study because this study was conducted based only on document review and questionnaires to the counterparts.
2) When indicator data in response to the questionnaire, JICA internal documents and related published reports are used, raw data and types of formula have not been confirmed.
3) The degree of users' satisfaction, which was the indicator of the Project Purpose, was not measured because the questionnaire survey to the research institutes, line ministries and donors could not be conducted.
4) There was no avenue to discuss the appropriateness and feasibility of the recommendations with the counterparts.
5) It was difficult to identify the level of the Outputs achieved and impacts attained due to the lack of indictor data and inadequacy of a certain indicator:
   - Most data for the indicators of Outputs were sourced from sample surveys conducted by the Project at baseline (2002), mid-term (2004) and six months before the termination of the Project (2006). No data for the indicators were collected at the completion of the Project (2007).
   - Some of the Output indicators were marked as inadequate to assess the achievement level at the time of the Terminal Evaluation. However, the ex-post evaluator did not set alternative indicators at this time due to inaccessibility of raw data and insufficient knowledge of the circumstances to do so. They include "percentage of community-based activities funded by LDHMT," and "transfer ratio of community volunteers."
6) The ex-post evaluator did not exercise strict control over who should respond to the questionnaire, nor the anonymity of the responses.
7) There were numerous similar interventions to improve living conditions and health status of residents in urban unplanned settlements both prior to and during the Project, and either by JICA or by other development assistance organisations, which inferably contributed to the effective Project design and success in developing capacity of the executing agency and the community. However, this evaluation did not conduct a causality assessment between such interventions and Project's achievement.

1 Relevance

(1) Relevance to the Development Plan of Zambia

At the time of planning, integrated child health and nutrition as well as environmental health are considered as priority in the National Health Strategic Plan (NHSP: 2001~05). The renewed NHSP (2006~2010), which was in place at the end of the project, also enlisted these areas within the seven "Public Health Priority Interventions," along with HIV/AIDS, malaria, tuberculosis, etc.

(2) Relevance to the Development Needs of Zambia

At the time of planning, congested living environment and deteriorating hygiene were resulting in communicable diseases such as diarrhoea as well as malnutrition of residents, depriving lives of children in the unplanned settlements in Lusaka. Thus, Project's intervention package consisting of promotion of improved child health and environmental hygiene was consistent with the needs of beneficiaries. At the end of the Project (2007), Lusaka District still had far-above-average incidences of respiratory infections and diarrhoeal diseases (non-bloody) per 1000 under-five children, indicating the assistance in the above area was still relevant to the needs of the target areas at the end of the project.

(3) Relevance to Japan's ODA Policy

From the time of planning (2002) through the end of the Project (2007), the Japan's ODA policy towards Zambia had included "" as main areas of support, which consistently stressed communicable diseases control, environmental health, and primary healthcare among its five Priority Areas. Therefore, the assistance to LDHMT in establishing effective and sustainable community-based health activities for improved child health status was relevant to the Japan's ODA policy from the planning to the end of the project.

Based on the above accounts, this project has been highly relevant to the Zambia's development policy/strategy, development needs, as well as Japan's ODA policy. Therefore, its relevance of the project is rated high.

2 Effectiveness / Impact

(1) Achievement of Project Outputs and Project Objective(s)

【Achievement of the Outputs】

At the time of Terminal Evaluation, much improvement was confirmed in strengthening Growth Monitoring Programme Plus (GMP+) (Output 1), environmental health (Output 2), community referral (Output 3), while some of the indicators for these Outputs had already achieved target value. As for Output 4 regarding planning and financial capacity of LDHMT, activity execution ratio was 50% at the end of the Project, short of the target value of 80%, due to the limitation in budget. Thus, the financial capacity of LDHMT to support community-based activities had yet to have strengthened. Output 5 regarding management capacity of CBOs can be considered moderately achieved, despite persistently high transfer rate of trained community health workers (CHWs) of 40% in 2006 as opposed to 38% in 2002. This is due to the observation that there are significant advances in securing sustainability of community-based activities: LDHMT now has a functional mechanism to select, train and provide technical backstopping for CHWs, and the number of CBOs, which consist of CHWs, having profitable income generating scheme almost reached 10 out of the target value of 12 at the time of ex-post evaluation.

【Achievement of the Project Purpose】

Project Purpose indicators have shown much improvements during the Project, and till the time of ex-post evaluation: 1) incidence of diarrhoea (non-bloody and bloody) in the Project areas were 212 and 5.3 per 1000 under-five children, respectively, clearing the target value of 218 and 9.5 (2007); 2) prevalence of the malnourished was 14.4 per 1000 under-five children, also clearing the target value of 24; and, incidence of measles has shown significant improvement since the beginning of the Project, from 18.2 per 1000 under-five children in 2002, 1.2 in 2004, to 0.9 in 2007. However, it was only in 2009 when they reached the target value of 0.6. Given the above achievement level, one can conclude that the Project Purpose has been mostly achieved.

【Contribution of the Outputs to the Project Purpose】

At the time of Terminal or Ex-post Evaluation, levels of achievement in Output 4 and 5 were partial. Nevertheless, notable improvement in child health indicators and its continuous improvement till the time of Ex-post Evaluation inferably suggests significant and larger contribution of Output 1, 2 and 3. Furthermore, a multiple regression analysis based on data from Project's sample survey reported significant co-relations between factors such as 1) proportion of households that adopt appropriate hand-washing behaviour; 2) proportion of households with access to safe water, and incidence of diarrhoea and prevalence of malnourished children in a report prepared by one of the Japanese experts. Given that partial achievement of Output 4 and 5 had not hinder attainment of the Project Purpose, it can be inferred that indicators of Output 4 and 5 were either overestimated or inadequate, and/or there were significant non-Project factors that influenced Project's achievement.

As other factors that contributed to the achievement, MoH points out 1) increase in knowledge of child caretakers and residents through participation in GMP+ and PHAST activities promoted by the Project; and, 2) availability of incentives for health education and volunteer activities through CHW-organised income generation scheme. Non-project factors may include 1) effects brought by several NGOs (Care International, Valid International, etc.) active in the area, 2) increased rate of immunisation rate brought by the 2003 Nation-wide Measles Campaigns, and, 3) lessons and knowledge brought to the Project from several predecessor JICA-funded Projects in the same areas.

(2) Achievement of Overall Goal, Intended and Unintended Impacts

Overall Goals are partially achieved. GMP+ and PHAST Manuals are in use in four (4) and eleven (11) catchment areas other than six (6) Project areas, respectively, exceeding the target value of three (3). Improvement of child health indicators in those areas, however, could not but confirmed due to the null response in questionnaire. Other impact observed is the planned national scale-up of PHAST methods (NHSP 2006~2010). Not only the PHAST Manual developed through the Project has been approved by MoH for use in other compounds, but also been adopted by other aid agencies including UNICEF. At the time of ex-post evaluation, MoH had already completed the training of PHAST in twenty-two (22) out of seventy-two health districts. Furthermore, MoH reported that a certain protocol in the PHAST Manual had been put to good use when the eruption of cholera caused by heavy flooding in 2010 affected the unplanned settlement. No negative impacts have been reported.

Therefore, given that the targeted effects have been largely obtained through implementation of the Project and that a policy-level impact of PHAST methods is confirmed through its nation-wide expansion, the effectiveness of the project is rated high. As for the impact, although the GMP+ and PHAST methods have successfully been promoted to and adopted in non-project areas, its impact on child health status could not be verified due to lack of information. Hence, it is difficult to access the level of impact at this level.

3 Efficiency

(1) Inputs

As for the inputs made by the Japanese side, the actual number and timing of the experts, trainees received, equipment provided, financial inputs made were reported mostly as planned in the Terminal Evaluation. The Executing Agency also pointed out that inputs from the Japanese side were appropriate for intended Outputs. For the inputs made by the Zambian side, external factors such as devaluation of foreign aid revenue due to appreciation of local currency and insufficient and unreliable budget allocation from the central government resulted in non-fulfilment of part of the planned inputs.

(2) Period of Cooperation

Both the planned and actual project period was 60 months. Thus, the period of cooperation is as planned (100%).

(3) Project Cost

The planned cost is unknown.

Given that Project's intended Outputs have largely been achieved within the planned period with adequate inputs, efficiency of the project is rated high. The fact that a certain portion of Inputs was insufficient did not overly suppress the Project's gain, and that it was caused by external an factor that was difficult to neither predict nor prevent. Note that this analysis does not include comparison

between the planned and actual project cost.

4 Sustainability

(1) Related Policy towards the Project

Zambia MoH considers integrated child health and environmental health as public health priority interventions: PHAST is stipulated as the method adopted by NHSP and thus an agenda for national scale-up, while child health adopts Community IMCI (Integrated Management of Childhood Illnesses), a method similar to GMP+. By the same token, the Ministry of Local Government and Housing (MLGH) stresses the importance of complementarities of water supply and environmental hygiene promotion through community participation as means to prevent water-borne diseases in its "National Urban Water Supply and Environmental Health Programme (2009)." MoH is reaching out to MLGH in establishing collaborative mechanisms as well. Furthermore, Manuals on GMP+ and PHAST, formulated under the Project, are utilised in LDHMT to date. Considering these factors, it is concluded that participatory approaches to child health and environmental health addressed by the Project are continuously held as priorities by MoH, and that these approaches have policy-level sustainability.

(2) Institutional and Operational Aspects of the Executing Agency

All the health centres in Project areas now have one or two community focal points. Numbers of primary-level health workers did increase over the past four years, but the fill rate dropped from 86% for nurses and 77% midwives in 2006 to 79% and 71% in 2010, respectively. Number of CHWs in 2010 was not confirmed through the questionnaire (was 120 in 2006). Number of Nutrition Promoters retained the same level of 100.

(3) Technical Aspects of the Executing Agency

LDHMT has seven (7) GMP + and five (5) PHAST trainers, who have conducted fifteen (15) and twenty-one (21) training courses, respectively, between Project termination and this evaluation. LDHMT also continued regular annual orientations for community organisations on child health and environmental hygiene, and Manuals are in use and referred to by practitioners in twenty-six (26) and seventeen (17) health centres in Lusaka Districts out of twenty-seven (27). In light of the above, LDHMT has sufficient technical capacity in sustaining activities initiated by the Project.

(4) Financial Aspects of the Executing Agency

Detailed financial status, such as proportion of personnel-related expenditures and amounts of total annual expenditure, of the LDHM is unknown. According to the above-mentioned NHSP, deficit to annual MoH budgets are estimated between 12% (2007) and 22% (2009). However, both child health and environmental health have been itemised as independent budget components. Some amount, though lesser, is likely to be expended under these line items. During the same period, not much fluctuations are observed in LDHMT's annual expenditures for child health and environmental health activities, ranging between 570 ~1,083 million kwacha, or 400~877 million kwacha, respectively.

(5) Continuity of Effectiveness and Impact

As described above, under such circumstances with limited human and financial resources, community-based income generation activities organised by CHWs, GMP+ including health education activities, and PHAST activities have been sustained in the six target compounds, and there is a inclining trend in child health-related indicators in the area. At the planning stage of the Project, incidence of diarrhoea (non-bloody) was 682 per 1,000 children (2002), while it improved at the Terminal Evaluation to 212 (2007) and again at the time of this evaluation to 49 (2009). Likewise, incidence of diarrhoea (bloody) also improved from 26 per 1,000 children (2002), to 5.3 (2007) and 2.2 (2009); incidence of measles 18 (2002) to 0.9 (2007) and 0.6 (2009); and percentage of malnourished under 5 children has significant decrease from 72 per 1,000 (2002) to 14 (2007) and 11 (2009).

Based on the above, given that the effects obtained through the Project have been sustained in Project areas despite certain limitations in human and financial resources, the sustainability of the project effects is rated (a) high, unless the said limitations seriously hamper community-based activities in the future.