

Summary

I. Outline of the Project		
Country : Republic of Niger		Project title : Malaria Control Project
Issue/Sector : Health Sector		Cooperation scheme : Technical Cooperation Project
Division in charge : Human Development Dept., Health Division 2		Total cost (estimated at completion of the project) : 241 million yen
Period of Cooperation	November 5, 2007~	Partner Country's Implementing Organization : Ministère de Santé Publique(MSP) /Ministry of Public Health Programme National de la Lutte contre le Paludisme (PNLP)/National Program of Malaria Control Dosso District régional de santé publique(DRSP Dosso)/Regional District of Public Health of Dosso Boboye District sanitaire (DS Boboye)/Health District of Boboye
	November 4, 2010	
Supporting Organization in Japan: -		
Related Cooperation :		
1 Background of the Project		
<p>Niger is one of the lowest health situation in the world, as seen in under-5 mortality rate; 160/1,000 live births (WHO, 2009), maternal mortality ratio; 820/100,000 live births (WHO, 2008). The main causes of the under-5 deaths are malaria, pneumonia, and diarrhea. (cf. Malaria morbidity rate is 60.47%, National Average in 2005) Falciparum Malaria, which is widely spread in Niger and high fatality rate, is an urgent issue to be tackled for government of Niger. The project site is located in Boboye District in Dosso Region, which is around 100km south-east from Niamey city. The average malaria morbidity rate is 86.62% in Boboye, and 74.19% in Dosso region in 2005.</p> <p>In Boboye, there are 1 district hospital, 23 Integrated Health Center (CSI: Centre de Santé Integre), 72 Health Post (CS:Case de Santé). Most of the villages, however, have difficulties to receive adequate health services due to the insufficient health staffs, drugs for malaria, and etc. Also, the knowledge of community members on Malaria are insufficient due to the lack of information delivered from health facilities. Due to the poor health system, malaria control in community level was not actually functioning well, even though it is institutionalized by the national government to utilize the community participation for health promotion, through COSAN(Comate de Santé) at each level of province, district, and village.</p> <p>Under these circumstances, the government of Niger requested to the government of Japan for the support on the technical cooperation project "Malaria Control Project", and JICA launched this project on November 2007 to November 2010 for 3years, after the survey mission on July 2006.</p>		
2 Project Overview		
(1) Overall Goal		
Malaria morbidity and mortality in the Health District of Boboye are reduced.		
(2) Project Purpose		
An effective community-based malaria control model is established to strengthen malaria control in the Health District of Boboye.		
(3) Outputs		
1)The capacity of village COSANs in the pilot area to plan and implement malaria control measures is strengthened.		
2) The capacity of 11 pilot CSI/CS COSANs and 10 pilot school COGES to plan and implement malaria control measures is strengthened.		
3)The quality of the treatment of malaria patients by health officers(nurses, midwives, and ASCs) is improved.		
4)The capacity of Boboye Health District to plan and implement community based malaria control measures is strengthened.		
5)The understanding of partners on the community-based malaria control model is promoted.		

(4) Inputs			
Japanese side :			
Long-term Expert: 4 person (74.5 MM in total)			
Short-term Expert : 5 person (11.7 MM in total)			
Equipment: 74,778,000 FCFA			
Local cost: 353,646,000FCFA (*1FCFA ≒ 0.174yen)			
CP Trainees received in Japan: 3 person			
Niger side:			
Counterpart : 27 person in total			
Land and Facilities: None			
II. Evaluation Team			
Members of Evaluation Team	Assignment	Name	Organization
	Team Leader	Mr. Masakatsu KOMORI	Director of Health Division 2, Human Development Department, JICA
	Malaria Control	Dr. Tetsuya MIZOUE, MD.PhD	Director, Department of Epidemiology and International Health, National Center for Global Health and Medicine
	Cooperation and Planning	Ms. Yuki HAYASHI	Health Division 2, Human Development Department, JICA
	Evaluation Analysis	Ms. Akiko HAYASHI	Nonprofit Organization HANDS
Period of Evaluation	From May 23, 2009 to June 19, 2009		Type of Evaluation : Terminal Evaluation
III. Results of Evaluation			
(1) Relevance: High			
<p>Relevance of the Project is evaluated high considering the consistency with the policy of the government of Niger and needs of the target group, the Japan's aid strategy and technical advantage, and the appropriateness of the Project design.</p> <p>Malaria is one of the top priorities in health sector in Niger and obliged to be urgently addressed. Having a long stretch of wetlands, Boboye District suffering from higher malaria morbidity than the national average and Dosso Region is in urgent needs of malaria control intervention. Project purpose "establishment of the "community-based malaria control model (hear after model)" is consistent with the needs of the target group, because prevention is an effective way in the context of poor accessibility to health facilities in the target area. The Project is in line with policies and plans of the government of Niger, since community participation is articulated in the fourth Program of the National Health Development Plan (2005-2010).</p> <p>The Project is consistent with the concept of "human security" articulated in the Japan's Official Development policy, and a part of "Program of improvement of maternal and child health" which is priority area of Japan's aid strategies for Niger. Japan's accumulated experience and lessons learned has applied to the model, since Japan has an edge in the field of community health developed through health center/community organization. This community participatory model was developed from the preceding JICA project "Support to the improvement of school management through Community Participation in Niger (School for all)".</p>			
(2) Effectiveness: High			
<p>Four Outputs out of five have improved, and the Project Purpose considered to be achieved. All the five Outputs have contributed to the realization of Project Purpose through the processes described below;</p> <p>1) Output 1: Capacity development of village COSAN</p> <p>In the catchment's areas of the five pilots CSI, the entire process of the establishment of 42 village COSAN was finished by the middle of 2009. The project developed training modules and conducted training 260 village COSAN members, and they started action plans carrying out malaria control activities. The interviewed village COSAN members mentioned the fact that they were elected in</p>			

voting gave them confidence and authority as the community health representatives.

2) Output 2: Capacity development of CSI/CS COSAN and school COGES

5 CSI/6 CS COSAN and 10 school COGES obtained capacity to plan and implement malaria control measures through democratic the elections of members, training, action plan preparation, awareness raising and provision of educational materials to school COGES.

3) Output 3: Improvement of malaria treatment

The project conducted trainings on prevention and treatment to 152 health staffs (nurse, midwife, ASC). Health District is convinced that skills of health staffs who had received the training have been enhanced. According to the monitoring conducted by Health District during March and April 2010, however, some technical problems of health staff and shortage of blood test kit was pointed out. It is necessary to strengthen further more the capacity of health staffs who have not yet received the training.

4) Output 4: Capacity development of the Boboye Health District

Boboye Health District has established village COSAN in two non-pilot CSI catchment's areas (Kankandi: November 2009-February 2010 and Bossia: since May 2010) by themselves. They acquired the necessary know-hows to implement applying this model through the above activities, even though planning and monitoring capacity still needs strengthening.

5) Output 5: Promotion of partners' understanding on the model

Concerted efforts by the project and JICA Niger office to promote understanding of the model have started yielding results, through the communication and workshop with Niger government.

(3) Efficiency: High

Efficiency of the Project is high, since all the OVIs have either improved or realized from 2008 to 2010 and the four out of five Outputs are considered to be achieved. The project's activities are sufficient to achieve the corresponding Outputs, even though a few weak components remains. For the achievement of the outputs, inputs are mostly adequate and external condition is fulfilled, even though frequent personal changes might affects the efficiency of the project.

(4) Impact: Very High

Impact of the Project is evaluated very high because of the good prospect of realization of Overall Goal and the positive impacts. Overall Goal is considered partially realized, since number of malaria deaths is declining, while malaria cases are on increase, and also confirmed the following impacts;

<Expected positive impacts>

- People's behavior for malaria prevention and treatment have changed. (Increasing of usage of malaria nets, High tendency to come to health facilities on the onset of malaria symptoms, etc.)
- Severe malaria cases decreased.
- COSAN have succeeded in mobilizing local resources for improvement of community health. (The collected funds are used not only to donate materials that CSI lacks, but also to purchase a donkey carts to transport patients from a village to health facilities.)

<Unexpected positive impacts>

- Boboye Health District is motivated to act on its own initiative to establish village COSAN in two non-pilot CSI catchment's areas (Kankandi and Bossia).
- A workshop to amend the legal documents of community participation organized to incorporate experiences of the project.

- Partnership with the Japanese grass-roots grant's donation of 8,000 mosquito nets
- The involvement of school teacher activated the malaria control activities

(5) Sustainability: Fair

It is expected to stabilize knowledge and know-hows to implement this model, if Niger government confirmed the effectiveness, practicality, applicability of this community-based model, and assured the appropriate assignment, and education of human resources in the future. However, due to the present limitation of human and financial resources of Health District, the future sustainability remains concerns as seen in below;

1) Institutional sustainability

Health District is suffering from shortage of human resources and over workload, and consequently without external (MSP, DRSP and partners) assistance it is assumed difficult for them to implement and expand the application of the model.

On the other hand, COSAN and school COGES members are highly motivated for community health, and also the cooperative relationship between the public health sector and communities has been strengthened through this project. In this context, the model activities are expected to be sustained in community level.

2) Financial sustainability

Most of COSANs have secured the sales profits from LLINs, important income source for COSAN activities, and succeeded in mobilizing local resources to enable some of actions for malaria control. Also there is a plan of LLINs provision through Japanese grant aid. Therefore it is expected that the model activities will be sustained in certain extent at community level, even though some concerns remains, such as non- existence of transportation needed for monitoring.

In the context of the financial dependence on donors, on the other hand, it is very unlikely for the MSP to fully bear the program expenses, resulting in non-availability of funds. Under the situation of the present interim governance, the possibility of securing of outer financial resource is unknown after 2011.

3) Technical sustainability

In general, the three major actors; Health District, health staffs, and COSAN/COGES members have their capacity strengthened, but there are some weaknesses need to be addressed. Thus the knowledge and skills must be strengthened by regular training, particularly in the fields of malaria treatment, monitoring, and planning capacity.

Health District

Health District has acquired know-hows and capability to implement the community-based malaria control activities through the process of applying COSAN establishment at the two non-pilot CSI areas. Nevertheless their planning and monitoring capacity still needs strengthening. The frequent transfer of personnel should be addressed by introducing effective means to ensure institutional retention of the technical capacity, such as guides/manuals.

Health workers (CSI/CS staff)

The malaria treatment training of the health workers by the Project has ameliorated their capacity. However, it is necessary to create additional training mainly for who have not received this training to consolidate the lessons learned.

CSI/CS/village COSAN and school COGES members

COSAN and COGES members were highly motivated to work for improvement of community health through acquiring know-hows and implementation of the community based malaria activities, even though the planning and reporting capacity needs to be strengthened.

3. Factors that promoted realization of effects

Frequent publicity for Malaria Control has made through the event of World Malaria Day, radio broadcasting, and etc. The GFATM, UNICEF, and other donors have supported Niger in the field of malaria, and the awareness of malaria has been raised in the nationwide.

4. Factors that impeded realization of effects

1) Due to the constant shortage of human resources and over workload, Health District had difficulties to handle several programs at the same time, and it may affect the efficiency of the project activities.

2) Frequent personal changes of Health District, and chief of CSI/CS of pilot catchment area may affect the smooth implementation and accumulation of know-how of the project implementation.

5. Conclusion

The concept of the model is simple enough to understand and practical for personnel in Niger. As a result of the analysis of the performance of the Project and the opinions of the stakeholders in the course of the terminal evaluation, it is concluded that the project succeeded in formulating and constructing an effective and practical model of community-based malaria control. The collaborative mechanism created between community representatives and the public health sector is a valuable asset which deserves further investment and elaboration so that it will be able to lay the foundation of the sustainable improvement of community health. Being based on COSAN/COGES, the National strategy of community participation in service delivery by the public sector, it is highly likely that the model will be sustained and applied to other areas after the completion of the Project. It is therefore essential for the government of Niger to concert efforts at all levels (national, regional, and district), and to mobilize resources to continue operating the model. The expertise obtained from the pilot trials of the Project to be compiled into documents should be utilized for application of the model in other area.

6. Recommendations

<Toward the completion of the Project>

- (1) Till the end of the Project, the Project specially focuses on the weak components such as malaria treatment, monitoring and planning capacity. The malaria treatment training should be organized mainly for the health workers who have not yet received it. Supervisory field visits to guide and monitor quality of malaria diagnosis and treatment at health facilities are considered useful.
- (2) The community-based malaria control guide, village COSAN establishment manual, and training modules have to be finalized and shared among the stakeholders.
- (3) In order to ensure the better understanding of the model, the Project is advised to conduct the stake-holders experience sharing workshop before the end of the Project. In this workshop, experiences and lessons learned shall be shared, and possibility of partnership shall also be discussed.

<During the Project term and after the completion of the Project>

- (1) It is advisable to involve CS in the cooperation between CSI and village COSAN in the catchments areas of the same CSI. This could reinforce the relations between two parties and reduce burden of CSI charged with guidance and monitoring of village COSAN.
- (2) It is indispensable to provide COSAN and school COGES members serving as volunteers with some form of incentives—not necessarily money or material (per diem, travel expenses, means of transportation, etc.), but opportunities to learn about health and other issues, recognition by authorities, gratitude and respect from villagers and so on. If the incentive for the volunteers is incorporated in the community-based malaria control model, it will further contributes the continuity and sustainability of the activity.
- (3) In order to keep COSAN and school COGES members motivated, respective district health and educational departments are ought to continue guiding, training, monitoring, supervising and supporting them. The national and regional governments must provide financial, material, technical and managerial support to the district departments. It is crucial that Health District addresses the issue of continuous assignment of the trained personnel to the positions in charge of the community-based malaria control. The efforts to secure LLINs, which are main income resources, are also crucial to keep activation of the COSAN and school COGES.

- (4) It is essential for MSP to secure the human and financial resources necessary to operate and apply the community-based malaria control model after the completion of the Project. Submission of proposal to the funding schemes such as the Global Fund could be an option.
- (5) The health workers and members of COGES/CSI in pilot area will form and elaborated micro plan which will integrate the activities of the malaria control. MSP is expected to play strong role to integrate the activities of this model into the micro plan of CSI.
- (6) MSP will ensure the new legal document for the community participant to be adapted as soon as possible, in order to assure good function of the community participatory organization.
- (7) It is important for COSAN and school COGES to maintain integrity and transparency to be able to serve as community representatives on the long-term basis.

7. Lessons Learned

The internalization of community participation needs long procedures, which requires close contacts to create trust and respect between all the parties concerned. For the continuous achievements, which have been made by the project in three years, it is essential sufficient and continuous technical and financial supports for planning, implementation, monitoring and evaluation at the community level.