

Evaluation Summary

I. Outline of the Project		
Country: The Republic of Sierra Leone		Project title: The Project for Strengthening District Health Management in Kambia District
Issue/Sector: Health (human resource development)		Cooperation scheme: Technical Cooperation Project
Division in charge: JICA Ghana Office		Total cost (as of January, 2011): 240 million yen
Period of Cooperation	May 2008 – May 2011	Implementing Organisation: District Health Management Team of Kambia District; Ministry of Health and Sanitation
		Supporting Organisation in Japan:

1. Background of the Project

Transiting from the post conflict to development stages, the health sector of Sierra Leone continued to be characterised by its high mortality and morbidity, with poor access to clean water and medical care as two of the major underlining factors. Majority of the Development Partners (DPs) are making direct investment in service delivery, especially in reproductive and child health in order to achieve the MDGs’ health related goals. Meanwhile the country initiated decentralisation of the government administration in 2004, with which the roles and responsibilities of the District Health Management Teams (DHMTs) in delivering health care through Peripheral Health Units (PHUs) significantly increased. In view of the needs to strengthen management capacities of DHMTs through human resource and system development, Ministry of Health and Sanitation (MOHS) requested JICA’s support in implementing a three-year project called “The Project for Strengthening District Health Management in Kambia”. Responding to the request, the project was started at DHMT which locates next to the district hospital, where Medecins Sans Frontieres has just pulled out as the country shift to development phase. It was the 1st technical cooperation in health sector for JICA.

2. Project Overview

The project aimed to strengthen the management capacities of the Kambia DHMT which supervises health facilities and establish annual district health plan in Kambia district.

(1) Overall Goal

The health status of people in Kambia is improved.

(2) Project Purpose

Quality and equitable health service delivery is strengthened by the management capacities of DHMT, PHUs and District Council in Kambia District to better address health needs of the community (to strengthen the capacity of DHMT for establishing a good annual district health plan)

(3) Outputs

1) Management capacities of DHMT are developed.

2) Office environment of DHMT and PHUs is improved and maintained.

leadership and accounting procedures and practices of the GoSL/Kambia District Council. As a result, the overall usage of computer in routine work has increased, thanks also to more computers now available at DHMT. Likewise, finance-related reports are reportedly of better quality now and leadership skills are being applied by some of the officers in their routine work.

Output 2: Office environment of DHMT and PHUs is improved and maintained.

Indicator 2-1: Number of users of Resource Centre

The output 2 was achieved through establishing a resource centre within DHMT as the central depot of health-related information materials, as well as through some minor renovations at DHMT, provision of a generator, office furniture, some basic medical equipment, spare parts for dysfunctional solar-powered refrigerators and motorbikes for supervisors, and so forth. The resource centre clocked up 500 users by the end of December 2010.

Output 3: Comprehensive supportive supervision is strengthened and effectively operated.

Indicator 3-1: Number of checklists submitted to DHMT meeting

The output 3 has been partially achieved. The system has been strengthened by the Project through introducing the concept of “comprehensive supportive supervision” and developing tools for the supervision such as check lists. The check list in the current system is submitted to the coordinators, and is kept at the evaluation division of the DHMT. Considering the situation change, the information as follows was collected for the better analysis; (1) the quality and the convenience of the developed tools, and (2) the comprehensive supportive supervision. The tools are utilised as requisite implements due to high convenience and effectiveness. However, there are some tools that has not been utilised as the feedback system from DHMT to PHU has not been fully established. Moreover, the comprehensive supportive supervision has not been fully implemented as planned because of the lack of budgets and human resources.

Output 4: PHU reporting system is strengthened and effectively operated.

Indicator 4-1: The number of PHU reports qualified by minimum requirement

The output 4 was achieved. The achievement under this output is signified by the submission rate of the PHU reports, which has improved from 80-85% to 98%. It is primarily attributed to the strengthened supervision (output 3), in which supervisors go through the reports with the PHU staff correcting errors on the spot before they are submitted. The project organised training and orientation sessions on how to fill the reporting forms when they were modified by the MOHS several times during the project period. Other activities complementary to the MOHS’s initiatives include training of M&E staff in the District Health Information System (DHIS) and of DHMT members and PHU staff in Logistics Management Information

System (LMIS) when they were introduced to the district by MOHS in 2009 and 2010 respectively.

Output 5: System for Comprehensive District Health Planning is strengthened.

Indicator 5-1: Total number of people involved in the process of CDHP

The output 5 was achieved. The planning system was strengthened by the selected DHMT members working closely with Japanese experts who coached them through every step of the planning in accordance with the guidelines provided by MOHS for Comprehensive District Health Plan (CDHP) in 2008 and 2009 and for Local Council Health Plan (LCHP) in 2010. It has become more participatory evident from the increase in the number of people who took part in the process from 27 in 2008 to 48 in 2010. The project also contributed in strengthening the planning system at the national level through an analysis of the qualities of LCHPs from different districts and giving feedback to MOHS.

Output 6: Coordination of DHMT with District Council, PHUs and relevant stakeholders is strengthened.

Indicator 6-1: Number of meetings regularly conducted

The output 6 was achieved. In order to strengthen its coordinating function, DHMT instituted three regular meetings with stakeholders in the district, including the quarterly Inter-Agency Meeting which serve as a platform for information sharing. Through this mechanism the stakeholders' cooperation for Kambia Health Day was effectively solicited. The participatory approach for planning of the CDHP/LCHP (output 5) also contributed to the output 6. Similarly a significant progress was made through the training of finance officers, an activity under the output 1, through which the accounting practices at DHMT were aligned more closely to those of the District Council (DC), increasing the compatibility of the financial records kept by the two. The Kambia Health Directory, a publication produced under this project, is widely recognised as a useful resource especially for those making health-related interventions.

(2) Project Purpose: Quality and equitable health service delivery is strengthened by the management capacity of DHMT, PHUs and District Council in Kambia District to better address health needs of the community (to strengthen the capacity of DHMT for establishing a good annual district health plan)”

Indicator: Quality of CDHP is improved

The project purpose was achieved. The project has managed to improve overall management capacity of DHMT to some extent, as already discussed under the outputs 1-6 above. CDHPs were drafted with various stakeholders during the project period. Also, the plan drafted by the Kambia district is recognised as one of the highest quality district plan by MOHS. However, the assigned indicator found invalid as the quality of CDHPs and LCHP are not comparable. This is due to the differences in methodologies and presentation formats employed by changing from CDHP to LCHP.

2. Summary of Evaluation Results

(1) Relevance

The relevance of the project in terms of the prevailing policies and the needs is high. In terms of methodologies of technical transfer, having Japanese experts as dedicated coaches for DHMT members, especially when a new initiative was introduced to the district, was reportedly an effective way to build up the capacity. Selecting a DHMT as the main target may not have been appropriate when the country's health system is being redesigned at the central level and when the decentralisation of the government system had not progressed much, but the project tried to involve the national level counterparts through organizing Joint Coordinating Committee together and reporting the progress periodically. The design of the project, including the scope and the size of inputs, could have been more relevant to the reality if the actual (as against the perceived) capacity of the Kambia DHMT had had been assessed and taken into consideration at the planning stage of the project.

(2) Effectiveness

The effectiveness of the project can be recognised due to the achievement of the project purpose. The rehabilitation of the health facilities and the training of the ICT, including activities of accommodating needs of the counterparts, contributed to promote DHMT's interest to the project containing the difficulties of the invisible output on capacity development.

(3) Efficiency

The efficiency of the project does not appear to be high as of the terminal evaluation. During the project implementation, the scope of the project was more focused and the inputs were added to reflect the situation of the project. When the scope of the project was narrowed down, some activities already carried out, such as those related to community mobilisation, became out of focus of the project even though they are in fact still relevant to the DHMT's mandate.

(4) Impact

The positive impact of the project is visible in the following: (1) the reported improvement in DHMT in working as a team, (2) improved service delivery at the PHUs rehabilitated under this project and (3) good recognition of JICA's cooperation within MOHS due to the assistance/contributions at the central level made by the Japanese experts. The impact of this project as per the overall goal could not be assessed due to the lack of applicable and credible set of data on the indicators. With the recent introduction of the Free Health Care Services, through which maternal and child health care is provided free of charge, the project has conducted the training such as medical commodity management and reporting to enable them to respond the increasing service demand. If they maintain their knowledge attained through the training and continue responding to the increasing utilization of the service, the positive impact is expected.

(5) Sustainability

The sustainability of the project is moderate. The policy environment is conducive to the sustainability, as such initiatives as LCHP and supportive supervision are reportedly priorities of MOHS. On the other hand, the financial sustainability is not promising, in view of the current situation at the district level where funds are often not available even for budgeted routine activities such as supervisory visits. This would undermine the sustainability of the effects of this project as well as the equipment provided, unless the current bottlenecks in fund disbursement are identified and addressed both at the district and central levels. Technical sustainability depends on the future efforts by DHMT in institutionalisation of the skills and knowledge acquired by the individual officers. The tools produced under the project contribute greatly to sustainability if they are kept properly allowing easy access by everyone. DHMT members now seem to have adequate technical capacity to update/revise them as and when necessary, if sufficiently motivated. MOHS's monitoring and providing technical and moral support to DHMT in this regard would be crucial.

3. Factors promoting better sustainability and impact

(1) Factors concerning to the Implementation Process

- DHMT recognises LCHP, supervision and PHU reporting as their major responsibilities and has good sense of ownership on these elements.
- Project design and scope was revised based on the current situation through the implementation process.
- To motivate the counterparts, the activities to meet their immediate needs are included.
- The project accommodated the changes caused by various initiative introduced at national level and tried not to established duplicated or parallel system.

4. Factors inhibiting better sustainability and impact

(1) Factors concerning to Project Design

As explained in (1) Relevance, DHMT was selected as the main target though the country's health system is being redesigned at the central level and the decentralisation of the government system had not progressed much. This made the project to respond to the frequent change caused by various initiatives. Also, the change of the main counterpart who played the key role of project formulation affected the project implementation.

(2) Factors concerning to the Implementation Process

The frequent change of DMOs seems to be inevitable in the current environment, which may threaten the sustainability unless the new DMOs are well-briefed and interested. The frequent campaign and training

at national level and its' sudden notice affected the plan of the project activities.

5. Conclusion

The management capacity of the DHMT has been strengthened through the Project to some extent. In terms of the five evaluation criteria, the Relevance is high and the Effectiveness is also recognised. Though, the Efficiency is limited, the Impact is also seen such as the recognition of the importance of capacity development of the human resources. The Sustainability is moderate. It is important to ensure the budget of the MOHS and related ministry and to maintain the activities of the DHMT for improving the sustainability.

As a result of above findings, the project purpose can be achievable, and the project will terminate in May, 2011 as planned.

6. Recommendations

To Project and DHMT

- The project is to discuss and implement ways to institutionalise the skills learnt by individual officers so that institutional capacities are established.

To MOHS

- The MOHS is to monitor the performance of the DHMT and provide technical, material and moral support to the extent possible. Effective and practicable ways to do so must be devised.
- The MOHS, together with related parties, is to ensure the technical role of DHMT in the decentralised district administration is respected. The District Council and DHMT are to continue strengthening the financial monitoring system which is being developed, so that the information related to finance is effectively shared.

7. Lessons Learnt

- When a national system is not established, it may be more effective to target the central level (and districts if resources permit) rather than the district level alone.
- For capacity development projects, of which effects are often intangible and difficult to feel, it may be difficult to generate and sustain interest and ownership among the counterpart. In this sense, it may be effective, or even necessary to include activities that address their tangible needs.
- A joint capacity assessment involving counterparts may be not only useful for setting a baseline but also for establishing shared understandings on the real needs and strategies employed by the project. It is also expected to increase the level of ownership and motivation among the counterpart.
- When the indicators are set, the data availability should be confirmed.

8. Follow-up situation

The project has assisted to strengthen the capacity for establishing the district health plan. In current, the importance of the supportive supervision, which monitors the situation of service provision of DHMT and PHU, has been recognised by the MOHS. Based on this background, the Japanese expert to be dispatched in JFY 2011 is requested by the GoSL in order to strengthen the supportive supervision at the country level.