

Simplified Ex-Post Evaluation for Grant Aid Project

| | | |
|------------------------|--|------------------------------|
| Evaluator, Affiliation | Hideyuki TAKAGI (Ernst & Young Sustainability Co., Ltd.) | Duration of Evaluation Study |
| Project Name | The Project for the Improvement of Health Facilities in Limpopo Province | October 2011- May 2012 |

I Project Outline

| | | |
|---------------------------|--|---------------------------------------|
| Country Name | Republic of South Africa | |
| Project Period | November 2004 (E/N) ~ March 2006 (Completion date of soft-component activities) | |
| Executing Agency | Department of Health and Social Development (DHSD), Limpopo Province | |
| Project Cost | Grant Limit : 491 million yen | Actual Grant Amount : 445 million yen |
| Main Contractors | Construction: Sumitomo Mitsui Construction Co., Ltd. | Procurement: Sirius, Co., Ltd. |
| Main Consultants | Joint Venture of ITEC (International Total Engineering Corporation) and Yamashita Sekkei, Inc. | |
| Basic Design | “Basic design study report on the project for improvement of the health facilities in the Limpopo Province in the Republic of South Africa,” JICA, Yamashita Sekkei Inc., August, 2003 | |
| Related Projects (if any) | JICA through in-country/third-country training scheme, supported the Finance, Procurement and IT Manager of Letaba Hospital to participate in “Counterpart training on Medical Equipment (2005).” | |
| Project Background | <p>After abolition of apartheid policy, South Africa had launched various programmes to narrow the existing gap between ethnic groups. In 1996, the Government of Japan (GOJ) pledged a “South Africa Assistance Package” expressing its commitment to assist South Africa’s efforts including improvement of the quality of life for the people suffering from poverty. In the year 2000, GOJ conducted a project finding and formation survey in the health, education and water sectors in the Provinces of KwaZulu-Natal, Eastern Cape and Limpopo, where the former “Homelands” are concentrated. In March 2001, following recommendation of the survey, DHSD requested Japanese Grant Aid assistance which includes equipment procurement for the secondary and primary health facilities as well as the construction of primary health facilities for the purpose of improvement in quality of, and accessibility to health services.</p> | |
| Project Objective | To provide necessary medical equipment and to construct health facilities in the Greater Tzaneen Sub-District (population of 380,000, data of 2002) in order to improve primary and secondary health services in Limpopo Province. | |
| Output (Japanese Side) | <ol style="list-style-type: none"> 1) Provision of equipment for 1 regional hospital (Letaba Hospital), 1 district hospital (Dr. C.N. Phatudi Hospital), 4 health centres, 27 clinics in the Greater Tzaneen Sub-District under the Mopani District Health Office in the Limpopo Province 2) Construction of 3 clinics and 4 visiting point shelters the Greater Tzaneen Sub-District under the Mopani District Health Office in the Limpopo Province 3) Soft-component activities: Technical assistance on equipment maintenance and management skills in Letaba Hospital | |

II Result of the Evaluation

| |
|---|
| Summary of the evaluation |
| <p>This project was implemented in response to the need for upgrading aging medical facilities and equipment in Limpopo Province, which is engaged in an effort to improve primary health care services, develop secondary health care services in rural hospitals, and establish a referral system between these health facilities. In addition, since this project is highly relevant to South Africa’s development policy and Japan’s development policy, the relevance of this project is rated high. The project was completed within the scope of the planned project period and cost. Therefore, the efficiency of the project is high. In relation to the effects of this project, “the number of operations” of the secondary health care facilities as well as “the number of patients” of the primary health care facilities have grown in general compared to before the project was implemented. Thus, it is assumed that this project has contributed to the improvement of health care services in the Greater Tzaneen Sub-District, which was the objective of the project. Moreover, as other indirect effects, compared to the old facilities, the quality and variety of the health care services provided, including VCT (Voluntary Counselling and Testing for HIV), has significantly improved in the clinics and mobile point shelters, which were constructed through this project. For instance, protection of the patient’s privacy has been improved through South Africa’s efforts to put up partitions with a partition wall in the mobile point shelters on their own accord. In relation to the sustainability of the effects of the project, the operation and maintenance system has been established to properly match the conditions, while an independent unit for the management of medical equipment established in Letaba Hospital through the soft-component activities has not been continued. For instance, the maintenance of large items of medical equipment has been carried out by the agency and the easy repair of devices and equipment has been conducted within the hospitals have been carried out by the agency. Even if the technical and financial aspects of sustainability remain a challenge, it was confirmed that the overall level of maintenance of the facilities provided has been good so far and large items of medical equipment have been well-maintained under a maintenance contract with the agency.</p> <p>In light of the above, this project is evaluated to be highly satisfactory.</p> |

1 Relevance

(1) Relevance to the Health Sector Strategy of South Africa and Limpopo Province

In the “Health Sector Strategic Framework (1999-2004),” the Ministry of Health placed priority on access and equity of health services. Its successor “Strategic Priorities for the National Health System (2004-2009)” also reiterated continuous improvement of the health care delivery system with “focuses on access, equity, efficiency, quality and sustainability” in its mission statement. Both placed emphasis on strengthening primary health care services, emergency services as well as hospital services implemented under the district health system. By the same token, at the time of planning, DHSD of Limpopo Province had emphasis on strengthening 1) primary health care services, including outreach by mobile clinics for difficult-to-reach areas, 2) secondary care services at the regional hospital, which receives referrals from the primary facilities, and, 3) referral system between these two tiers of facilities. At the time of ex-post evaluation, the “Annual Performance Plan, Vote 07 (2008/09),” acknowledged significant achievements in addressing fragmented health services and improving access to universal and comprehensive services, the challenges in primary health care appeared to have shifted from increasing number of facilities to improving quality of services through provision of 24-hour services and increasing effectiveness for better health outcomes. As for hospital services, challenges still remain in 1) addressing provision of appropriate health technology for hospitals, and 2) appropriate and responsive referral system. In light of the above, the project is considered to have been relevant to health sector strategy of South Africa and Limpopo Province at the time of planning. At the time of the ex-post evaluation, most of the project contents remain relevant with the sector strategies, except for the additional construction of primary health facilities.

(2) Relevance to the Development Needs of South Africa and Limpopo Province

At the time of planning and of ex-post evaluation, the above strategy documents pointed out that the Limpopo Province, along with a few others, still lagged behind in securing health resources and in providing health services. For instance, immunisation coverage amongst one-year olds was 66%, lower than the national average of 82% in 2003. The PHC per capita expenditure ranked at the lowest second in 2005/06 and 2006/07, but improved in 2007/08 when the country achieved more equitable allocation. The Basic Design report also stresses 1) the inequity in access to health facilities due to geophysical and social/ethnic reasons, especially in mountainous and remote areas, 2) degrading essential medical equipment in hospitals, health centres and clinics, and, 3) insufficient management structure for operation and maintenance of medical equipment. Therefore, the renewal of medical equipment in existing facilities, as well as new construction of health facilities in hard-to-reach areas in Limpopo Province were relevant to the needs of South Africa and Limpopo Province.

(3) Relevance to Japan’s ODA Policy

Policy dialogues between governments of South Africa and Japan in December 1998 and August 1999 reached an agreement on the development cooperation priorities. The priority areas of support included health sector along with other four areas (human resources development, basic education, small and medium-enterprises development, environment, and regional cooperation among the Southern African countries), with a special focus on improvement of living conditions in the former “Homeland” areas. In the year 2000, GOJ conducted a project finding and formation survey in the health, education and water sectors in the Provinces of KwaZulu-Natal, Eastern Cape and Limpopo, which produced concrete suggestions for the “South Africa Assistance Package.” This project is based on the suggestion. Therefore, it is considered to be relevant to the Japan’s country assistance plan at the time of planning.

In light of the above, this project has been relevant with the country’s sector framework and strategy, development needs, as well as Japan’s ODA policy, therefore its relevance is rated high.

2 Efficiency

(1) Project Outputs

Equipment was procured as planned for the district hospital, four health centres and 27 clinics, except for some of these facilities. Three new clinics and four mobile point shelters were constructed as planned. The changes made to the initial plan was about omitting some medical equipment, such as a high pressure steam sterilizer and a trial lens set for Letaba Hospital, in order to make up the currency losses caused by drastic changes in foreign exchange rates between the time planning and the implementation, as well as soaring consumer prices in South Africa. In addition, it was confirmed that some items of the omitted equipment were restored using the remaining funds, and the rest of the equipment was also purchased later on by South Africa on its own accord. In addition, Letaba Hospital has established a unit for management of medical equipment as planned, which received technical guidance by Japanese engineers as soft-component activities. Additionally, 20 health workers in nearby health facilities were also trained in inventory system and equipment maintenance.

(2) Project Period (Project Inputs)

Compared to the 16 months planned, the actual project period was 13.6 months (85.1%), which was shorter than planned.

(3) Project Cost (Project Inputs)

The actual project cost was 445 million yen (90.6%), safely within the planned 491 million yen.

Both the project period and project cost were within the planed; therefore the efficiency of the project is high.

3 Effectiveness • Impact

(1) Quantitative Effects

With respect to two hospitals (Letaba Hospital and Dr. C.N. Phatudi) that provide secondary health care, “the number of operations (Letaba Hospital, Dr. C.N. Phatudi Hospital),” “the number of dental treatments (Dr. C.N. Phatudi Hospital),” and “the number of radiography examinations (Letaba Hospital)” were established as indicators of the quantitative effect. For the clinics that provide primary health care (three relocated clinics) and mobile clinics, “the number of patients” was established as an indicator metric. Compared to the baseline of 2002, the figures for these indicators have in general risen between the time of project completion and 2010. Therefore, as the expected effects of this project on the targeted facilities, the attainment level of the recovery and improvement of primary and secondary health care services is considered high. “The number of operations” has risen 1.7 times from approximately 4,000 to 6,700 a year in total at the two hospitals, while “the number of patients” has risen 1.5 times from approximately 120,000 to 180,000 a year at a total of three clinics and a mobile clinic. In addition, “the number of radiography examinations” in Letaba Hospital has risen 1.2 times and “the number of dental treatments” in Dr. C.N. Phatudi Hospital has risen 1.9 times, both have sustained a higher level than before the implementation of the project. This indicates that the large items of medical equipment, which were provided to secondary health care facilities, have been efficiently utilized.

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

It is assumed that the health facilities and equipment provided through this project have contributed to the improvement of health care services in the Greater Tzaneen Sub-District, which was the target of the project. In addition, since doctor’s offices and treatment rooms were provided, it was confirmed that the quality of various health care services has significantly improved compared to the old facilities, including consultations and HIV testing in the clinics and mobile point shelters (South Africa’s efforts at putting up partitions with a partition wall in the shelters on their own accord enabled the VCT to be conducted at the locations where the patient’s privacy is protected). With regard to the referral system between primary and secondary health care facilities, it is on a declining trend with regards to the number of patients transferred from the primary health care facilities to Letaba Hospital. This contributing factor could not be verified through this evaluation survey. However, it is assumed that before the project, even patients who should have originally been treated in primary health care facilities had been treated in secondary health care facilities (Letaba Hospital), and patients have less likely to be transferred to Letaba Hospital as a result of the growing acceptance of patients in primary health care facilities after the project.

In light of the above, the effects have in general been generated as planned as a result of the implementation of this project, therefore its effectiveness is high.

4 Sustainability

(1) Institutional Aspects of Operation & Maintenance

With the aim of establishing an independent operation and maintenance system for medical equipment within Letaba Hospital, a “medical equipment operation and maintenance office,” which consists of persons in charge from the Information Division, Finance Division, and Asset Management Division, was established through the soft-component activities. However, the activities under the original system have not been continued for various reasons, such as that large items of medical equipment require maintenance by the agency and the budget is not sufficient for the implementation of operation and maintenance activities in accordance with the plan. Currently, operation and maintenance has been carried out by two senior managers, three technicians, and eight assistants. It was confirmed that the operation and maintenance of the provided equipment has been properly carried out by the “Operation Management Department, which carries out the maintenance of facility equipment only (except for medical equipment),” “maintenance carried out by the agency for large items of medical equipment,” and the “easy repair of devices and equipment carried out by the person in charge of medical equipment from the Clinical Technology Department (wiring problems, etc.)” While no staff are assigned to the operation and maintenance of medical equipment in the clinics, the Mopani District Health Office is assigned to respond in case the provided devices or equipment, etc., (sterilizers, blood pressure monitors, etc.) break down. Therefore, no major issues are considered to exist regarding this aspect of the system.

(2) Technical Aspects of Operation & Maintenance

Even though the Government of Limpopo Province is moving forward toward reinforcing maintenance functions, with only six technicians affiliated with the DHSD of Limpopo Province, the technological capacity available for dealing with the variety of items of medical equipment is deficient. In addition, the targeted medical facilities in this project are facing a shortage of operation and maintenance technicians within the hospitals and clinics. Therefore, there remain some issues in relation to the technical aspects of operation maintenance.

(3) Financial Aspects of Operation & Maintenance

The Government of Limpopo Province set aside a small budget for operation and maintenance in the medical field as well as an extremely small budget for the operation and maintenance of the hospital facilities. Therefore, there remain some issues in relation to the finance aspects of operation maintenance.

(4) Current Status of Operation & Maintenance

While some challenges remain with regard to the technical and financial aspects of each facility and the main equipment provided, the condition of the large items of medical equipment, which requires regular maintenance, generally remains good through outsourcing. It was confirmed that the large items of medical equipment of Letaba Hospital (X-ray equipment, dental unit) are being kept very clean and maintained under a maintenance contract with the agency. At two locations (Mohlaba Clinic and Letsitele Clinic) out of the three transferred clinics, the maintenance condition of the facilities and equipment generally remains good and the equipment is being kept clean. However, the failure of some medical equipment was observed, such as the adjustment function for a bed and the malfunctioning of a hemoglobin meter. Moreover, except for the aforementioned large items of medical

equipment at the medical facilities, many of the provided items of equipment are devices and equipment with a short service life and these were being upgraded gradually at the time of the ex-post evaluation.

In light of the above, there remain some issues in relation to the technical and financial aspects. It was confirmed that the maintenance condition of the facilities provided has overall remained good so far and large items of medical equipment have been maintained under a maintenance contract with the agency. Therefore, sustainability of the project effects is rated as fair.