

Country Name	Project for Improvement of Health Services with a focus on Safe Motherhood in the Kisii and Kericho Districts
Kenya	

I. Project Outline

Project Cost	333 million yen	
Project Period	March, 2005 – March, 2008	
Implementing Agency	Department of Preventive and Promotive Health Service, Ministry of Health (MOH) District Health Management Team (DHMT) of Kisii District, Nyanza Province and Kericho District, Rift Valley Province	
Cooperation Agency in Japan	Health and Development Service (HANDS)	
Related Projects (if any)	[Japan's Cooperation] <ul style="list-style-type: none"> • Study on Strengthening District Health System in the Western Part of Kenya (Development Study) • The Project for Improvement of Health Centers in the Western Part of Kenya (1/2)(2/2) (Grant Aid) • Project on Promotion of Maternal and Neonatal Care Focusing on Breastfeeding in Kericho District (Baby-friendly Project) (Grassroots Technical Cooperation, August 2009 – Jan 2012) 	
Background	<p>Despite the government efforts, health conditions remained poor in Kenya due to poor social investments, particularly in the western part of the country.</p> <p>In 1997-1998, the Japanese Government commissioned JICA to conduct a development study and formulated a master plan for strengthening the district health system in the western part of Kenya, namely the Kisii, Nyamira and Gucha Districts in Nyanza Province and the Kericho and Bomet Districts in Rift Valley Province. In accordance with this master plan, health centers (HCs) in these districts were rehabilitated by the end of 2001. The Government of Kenya (GOK) then requested the Japanese Government to implement a technical cooperation project to support these rehabilitated HCs for the improvement of their management systems and services. As a result of the discussions between the GOK and JICA, it was decided that the project target areas would be Kisii and Kericho Districts.</p>	
Inputs	Japanese Side	Kenya Side
	1. Experts: 17 persons 2. Equipments: 28 million yen 3. Local Cost: 78 million yen 4. Others: counterpart training in Kenya	1. Staff allocated: 28 persons 2. Land, facilities and training rooms 3. Local Cost: personnel cost for the Kenyan side, fuel cost and operation and maintenance cost
Project Objectives	Overall goal Health condition, particularly the maternal health, is improved in the target areas.	
	Project Objective(s) Maternal care, provided at health centers (HCs) and communities, is improved in the target areas.	
	Output(s) <ul style="list-style-type: none"> • Output 1: Maternal care services at HCs are upgraded. • Output 2: Management support in HCs is improved. • Output 3: District Health Management Team (DHMT)'s system for their supportive supervision for HCs is strengthened. • Output 4: Maternal care at the community level is improved. • Output 5: A referral system is arranged and functioning between communities, HCs and District Hospitals. 	

II. Result of the Evaluation

Summary of the Evaluation
<p>In the period around year 2004, the Western part of Kenya faced challenges of high prevalence of infectious diseases including malaria and HIV/AIDS, low social capital compared to a large population, and the deterioration of health facilities.</p> <p>The Project has achieved the purpose of improving maternal care provided at health centers (HCs) and communities in the target areas, as well as overall goal of improving health condition, particularly maternal health in the target areas: with improved knowledge and skills accumulated from the Project, Antenatal Care (ANC) services are widely available showing increased utilization by clients at the target HCs. As for sustainability, there is some problem that has been observed in terms of technical aspect(s) due to limited updated knowledge and skills building on maternal and newborn health for lower levels as primary service delivery points.</p> <p>For relevance, the project has been highly relevant with Kenya's development policy, development needs as well as Japan's ODA policy. For efficiency, the project period slightly exceeded the plan.</p> <p>In the light of above, this project is evaluated to be satisfactory.</p>

This project has been highly relevant with Kenya's development policy "meeting the fundamental concerns of equity, access, affordability and quality in the provision of basic health services" as set in Economic Recovery Strategy, 2003 – 2007 and National Reproductive Health Policy, 2005", development needs "improvement of maternal health in Kisii and Kericho Districts", as well as Japan's ODA policy "JICA - Country Assistance Program, 2000", at the time of both ex-ante evaluation and project completion. Therefore, relevance of this project is high.

2 Effectiveness/Impact

This project has largely achieved the project purpose of improving maternal care provided at HCs and communities in the target areas, as well as overall goal of improving health condition, particularly the maternal health in the target areas: through the facility improvements, equipment supply and maternal care skills building realized through the project, ANC services have become widely available with increased utilization, and normal delivery service by skilled attendants is available 24 hours a day at all of the 14 target HCs. Measures to strengthen referrals such as financing for better communication and availability of fuel for transportation for cases with maternal complications, have also been put in place and optimized with increased community participation. Therefore, effectiveness / impact of this project are high.

Performance of Overall Goal Indicators

	2009	2011
Case fatality due to maternal complications at referral hospitals	Kisii 25 Kericho 12	Kisii 26 Kericho 11
Infant mortality rate (IMR) (per 1000 live births (LB))	Kisii N.A. Kericho 27/1000 LB	Kisii N.A. Kericho 23/1000 LB

Sources: DHMTs and District Hospitals

Note: MMR was not readily available at district level: MMR is usually available as a national level indicator (488/100,000 from Kenya Demographic and Health Survey (KDHS) – 2008/9).

Performance of Project Purpose Indicators (excerpts)

	2005	2007	2011 ⁽¹⁾
No. of deliveries at target HCs (monthly average per HC)	Kisii 12 Kericho 2	Kisii 19 Kericho 14	Kisii 27 Kericho 26
No. of ANC at target HCs (monthly average per HC)	Kisii 93 Kericho 34	Kisii 101 Kericho 43	Kisii 140 Kericho 47
4 th ANC attendance rate by district	N.A.	(2009) Kisii 27% Kericho 27%	(2011) Kisii 32% Kericho 47%

Sources: DHMTs and sampled HCs

average of the 7 HCs (3 in Kericho and 4 in Kisii) that were sampled from the 14 target HCs and visited by the ex-post evaluation team.

3 Efficiency

While the inputs were appropriate for producing the outputs of the project and the project cost was within the plan (ratio against the plan: 92.5%), the project period was slightly longer than the plan (ratio against the plan: 102%) because of additional time required for completion of project closure activities following the post-election violence in Kenya (January – March 2008). Also, Therefore, efficiency of the project is fair.

4 Sustainability

The project has some problems in technical aspects of the implementing agency due to limited updated knowledge and skills building on maternal and newborn health for lower levels (i.e., districts, dispensaries and communities as primary service delivery points). While standardized training packages have been developed at the central level, training is still reaching only the national and provincial teams, and a limited number of training is available for staff at lower levels because financing for such training largely relies on Partner's support. Also, on-the-job skills transfer (induction and orientation for new staff) on 5S1K¹, a HC management tools introduced by this project, coaching and mentoring at the HCs, is not practiced after the project completion because the exit strategy for this project did not pay full attention to facilitation skills building among local staff, and there was little or no documentation of good practices from the Project for wider dissemination.

However, no problem has been observed in policy background, structural and financial aspects of the implementing agency: local-level maternal health activities receive policy support in an ongoing manner; even after the split of MOH into two ministries in 2008, DHMTs still take responsibilities for the project activities under Ministry of Public Health & Sanitation (MOPHS); financial resources are mobilized from different streams including the mainstream budget from MOPHS, provision of Health Sector Services Fund (HSSF) from GOK to HCs that started in 2012 and supplements funds collected from cost sharing as Facility Improvement Fund (FIF), as well as the increasing support from a number of development and implementing partners.

Therefore, sustainability of this project is fair.

III. Recommendations & Lessons Learned

Recommendations for Implementing agency

- Continuous training and skills building (through coaching and mentoring) for staff at the primary health care level is a prerequisite to improve service delivery. The Division of Reproductive Health (DRH) which is mandated to handle the project heavily relies on Partners' support for training for lower level staff. The division should thus increase its own resources available at national level as necessary for training, such that Partners only supplement the budget and not filling the gap.
- The HCs reported that HSSF has strengthened their base for operational costs. MOPHS is therefore recommended to maintain the HSSF disbursement and accounting system and possibly increase the budget allocation and scope of items that can be financed through the fund. The DHMTs reported that due to limitations within their own resources

¹ 5S1K: *Seiri, Seiton, Seiso, Seiketsu, Shitsuke*, and *Kiritsu*.

Lessons learned for JICA

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- A white Toyota Land Cruiser is parked on a dirt lot. The vehicle has a blue circular JICA logo on the front door and text on the rear door that reads: "DONATED BY JICA TO JICA HANDED-POW-DATE PARTNERSHIP PROJECT". The vehicle has a red emergency light on the roof. In the background, there are other parked cars, including a blue pickup truck, and a multi-story building with a red roof. The sky is blue with some clouds.

HEALTH INFORMATION BOARD AINAMOI HC

CURRENT POPULATION: 177 GRAM CHILDREN UNDER 1 YEAR 1284

PUB	AGE	SEX	REGION IN CHARGE	NUMBER OF ACTIVITIES		OUTREACH PROG.	
						NOTICE:	
MILK	UNDER 5					MAY 2012	
	UNDER 5						
	FAMILY PLANNING					NURSES 2.5 2012	
	ARTIFICIAL CARE					MAMA 9.5 2012.	
	POTENTIAL CASE					MEPENO 10.5 2012	
	IMMUNIZATION					JUNE 2012	
	TBC						
	DIARRHEA						
	WATER						
	HYGIENE						
OTHERS	POISON						
	SCALD						
	CHOLERA						
	DYSENTERY						
	ENTERIC FEVER						
	ENTERIC COLITIS						
	ENTERIC DYSINTOXICATION						
	ENTERIC TOXEMIA						
	ENTERIC SHOCK						
	ENTERIC DEATH						

MILKIER BORA NEEK
14-30 = APRIL 2012

HIS Board updated at Ainamoi HC