Internal Ex-Post Evaluation for Grant Aid Project

conducted by Uzbekistan Office: March, 2013

Country Name	The Project for Improvement of Primary Medical Services in Tashkent and Djizak Regions
Uzbekistan	

I. Project Outline

Project Cost	E/N Grant Limit: 595 million yen	Contract Amount: 535 million yen
E/N Date	January, 2007	
Completion Date	March, 2008	
Implementing Agency	Ministry of Health	
Related Studies	Basic Design Study: June, 2005 – October, 2006	
Contracted Agencies	Consultant	UNICO INTERNATIONAL CORPORATION
	Contractor	-
	Supplier	Ogawa Seiki Co., Ltd
Related Projects (if any)	Other donors' cooperation ・ World Bank " First Health Project" (1999-2004), and "Health-2 Project (2005-2010)" ・ Asian Development Bank "Woman and Child Health Development Project (2004-2009)"	
Background	In Uzbekistan, there had not been evident progress in reduction of the infant mortality rate and the under-5 mortality rate, and improvement of maternal health. Thus, people suffered poor health. More than 63% of the national population of Uzbekistan lived in rural areas and many of them were considered to be living in poverty. Because of a skewed distribution of medical and healthcare institutions that placed the rural areas at a disadvantage, the residents of those areas were in a position of inferiority with regard to maintenance of health and access to medical and health care. In addition, most of the medical/healthcare facilities in rural areas were structures that had been built during the Soviet era, and very many of them were in need of reconstruction or major repair. In national development policies, the Uzbekistan government adopted the improvement of healthcare and medical services as a priority concern and augmenting the regional allocation of medical resources creating rural medical centers (SVP) which provides primary healthcare services. The government aimed to create and improve SVPs in over 2,800 locations. The Uzbekistan government under assistance by the World Bank and Asian Development Bank (ADB) undertook to supply medical equipment for SVP. These efforts, even with the support of the World Bank and Asian Development Bank, were insufficient to accomplish the improvement of the equipment available at primary care facilities, as the number of SVP was large and the facilities were dispersed over a wide area. Under this circumstance, the government of Uzbekistan requested the government of Japan to provide grant aid assistance for improvement of SVPs at locations except the target areas of assistance from the World Bank and ADB to avoid duplication	
Project Objectives	Outcome To contribute to the improvement of primary healthcare services in the target areas by improving the medical equipment available for small rural ambulatory posts (SVP) at 114 locations in four districts in Tashkent Region and four districts in Djizak Region	
	Outputs Japanese Side: ・ Procuring medical equipment for primary healthcare (for GP Section, Treatment Room, Preventive Inoculation, Laboratory, Gynecological Section, Disinfection Room) for 114 SVPs in Tashkent and Djizak Regions (64 SVPs in Kibray District, Tashkent District, Yukorichirchik District, and Zangiota District in Tashkent Region and 50 SVPs in Gallaorol District, Djizak District, Pahtakor District, and Zarbdor District in Djizak Region) Uzbekistani Side: • Moving or relocating existing equipment and facilities, completing architectural work, and furnishing facilities for the necessary electricity, water, drainage, air-conditioning, and others.	

II. Result of the Evaluation

Summary of the Evaluation

This project is a project procuring equipment to SVPs which were not covered by the World Bank assistance projects. SVPs in Tashkent and Djizak Regions faced a problem of shortage of primary healthcare facilities.

This project has largely achieved its objective of improving primary healthcare services in the target areas by improving the medical equipment available for healthcare facilities in rural areas as the number of visitors has increased while the number of patients referred to the secondary medical facilities has decreased. With respect to impact, decrease in infant mortality rate and under-5 mortality rate have been reported. As for sustainability, no problem has been observed in institutional and technical aspects. However, some problems have been observed in terms of financial aspect and the current status of operation and maintenance as maintenance cost is not secured and there is no maintenance plan.

For relevance, the project has been highly relevant with Uzbekistan's development policy, development needs as well as Japan's ODA policy at the time of both ex-ante and ex-post evaluation. For efficiency, both the project cost and the project period were within the plan.

In the light of above, this project is evaluated to be highly satisfactory.

1 Relevance

This project has been highly relevant with Uzbekistan's development policy "improvement of primary healthcare services as set in the Welfare Improvement Strategy 2005-2010 and 2008-2010", development needs "improving the primary medical equipment available for healthcare facilities in rural areas", as well as Japan's ODA policy "support for the reconstruction of social sector (healthcare)" at the time of both ex-ante and ex-post evaluation.

Therefore, relevance of this project is high.

2 Effectiveness/Impact

This project has largely achieved its objective of improving primary healthcare services in the target areas. According to the three SVPs which responded to the questionnaire, the number of visitors has increased while the number of patients reoffered to the secondary medical facilities has decreased[1]. Data on all of the 114 SVPs was not obtained, however, the effect of this project can be said to be high since the related project by the World Bank "Health-2 Project (2005-2010)" which provided the same kind of primary medical equipment as this project to the SVPs nationwide achieved the targets in terms of the number of visitors and decrease of patients referred to the secondary medical facilities. (Health-2 Project was implemented in all regions of the country, including the pilot regions of project "Health-1". The World Bank's project target areas include Djizak region where this project also provided equipment)[2].

The equipment provided by this project is utilized well, and after the replacement of the aging equipment and furnishing new equipment, the time required for diagnosis has decreased, and the quality of healthcare services have improved as the SVPs are able to provide services of examination, diagnosis, and treatment that could have not been carried out without the project.

As to impact, people's awareness, knowledge, reputation and behavior have changed. At the three SVPs which responded to the questionnaire, infant mortality rate and under-5 mortality rate have improved due to the increase of the stock of vaccines by procuring vaccination related equipment and therefore the increase of the number of children vaccinated (vaccination is implemented over a wider area). No adverse effect on natural environment is observed.

Therefore, effectiveness/impact of this project is high.

Quantitative Effect

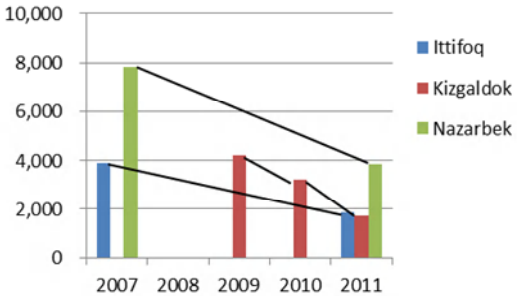
	2006 Actual (BD)	2009 Planned	2009 Actual	2010 Actual	2011 Actual
Indicator 1: daily number of visitors at the target SVPs	Average 79/day	Average 96/day *1	(Annual figures) Ittifoq 55,883 *2 Kizgaldok 45,857 Nazarbek 122,860	(Annual figures) Ittifoq 63,399 Kizgaldok 38,260 Nazarbek 14,049	(Annual figures) Ittifoq 60,280 Kizgaldok 42,524 Nazarbek 50,272
Indicator 2: Decrease of the number of patients referred to the secondary medical facilities *3	Average 1,100/month	Average 900/month	(Annual figures) Ittifoq N/A Kizgaldok 4,215 Nazarbek N/A	(Annual figures) Ittifoq N/A Kizgaldok 3,200 Nazarbek N/A	(Annual figures) Ittifoq 1,842 Kizgaldok 1,720 Nazarbek 3,866

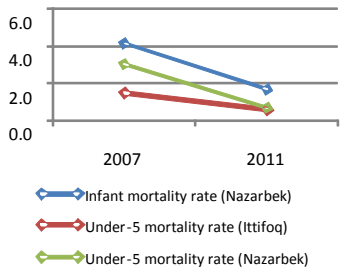
*1 Maximum anticipated number of visitors at a SVP is 35,040 (96 people X 365 days =35,040), although the figure varies according to the number of business days at respective SVP.

*2 Ittifoq、Kizgaldok、Nazarbek are SVPS located in Zangiota district in Tashkent Region. The number of visitors at Nazarebek in 2010 and 2011 decreased because the renovation of the facility was carried out.

*3 Comparison with the plan was impossible because data from the secondary medical facilities was not obtained. However, at Kizgaldok SVP, from which data was obtained, there is a decreasing trend for three years after the project completion. The decreasing trend was also observed at Illifoq SVP and Nazarbek SVP, as the actual number in 2007 is 3,892 and 7,845 respectively.

(Source: the Ministry of Health)





(Data was not obtained from Kizgaldok)

[1] Since the Ministry of Health does not have data on the primary level healthcare facilities, the evaluator tried to collect data from each SVP, however, only able to collect answers from 3 SVPs.

[2] The result of Health-2 project includes (1)94% against the plan in case of " Number of visits to primary healthcare facilities ", and (2) 125% against the plan in case of % of patients referred from SVPs to hospitals". (World Bank" IMPLEMENTATION COMPLETION AND RESULTS REPORT FOR THE HEALTH II PROJECT(2012)"

Figure1: Location map	Figure 2:The number of patients referred to the secondary medical facilities (per year)	Figure 3: Improvement of Infant mortality rate and under-five mortality rate

3 Efficiency

The outputs of the project were produced as planned, and both the project cost and the project period were within the plan (ratio against the plan: 90%, 94%).

Therefore, efficiency of this project is high.

4 Sustainability

The equipment provided by the project are maintained by target SVPs. The institutional structure is sustained what it was considered desirable at the time of ex-ante evaluation, and is considered enough for continuity of project effectiveness. According to the Ministry of Health, in Zangiota District where the SVPs answered the questionnaire were located, maintenance services of medical equipment are provided by available technical services unit on the contractual basis. Besides, SVPs have an arrangement that agents of manufactures respond to a failure of expensive equipment. No problem has been observed in the technical aspect because SVPs operate the equipment provided by the project with no problem, they carry out maintenance when needed, and training courses are held with using manuals if needed.

On financial issues, an additional budget for the equipment provided by the project has not been allocated. Each SVP pays consumables, spare parts and repair cost from its own operation expenses when needed. According to interview with the Ministry of Health, they will respond to breakdown of the equipment when it arises, however, it is not clear whether they secure the budget necessary for maintenance continuously.

On the current status of operation and maintenance, the equipment provided to SVPs operates well with no problem, according to the Ministry of Health. However, there is a room for improvement, as SVPs currently do not have maintenance plan. For the sustainable operation of the equipment, SVPs need to make a regular inspection, maintenance and renewal plan.

Therefore, sustainability of this project is fair.

III. Recommendations & Lessons Learned

Recommendations for implementing agency:

- The Ministry of Health and SVPs should make a maintenance plan for the equipment provided by the project and secure a budget to implement the plan.

Lessons Learned to JICA

1. JICA should monitor projects even after the completion, in terms of sustainability (whether the maintenance cost is secured or maintenance plan is made and implemented) and continuity of effectiveness. Upon reviewing the status of maintenance for equipment and service life, JICA needs to consider implementation of a follow-up project.
2. It is difficult to understand the operation status of healthcare/medical facilities which are dispersed widely in rural areas. At the time of project planning, it is desirable to establish a monitoring structure by the central government.