

Country Name	The Project for Improvement of Rural Health Care Facilities
Malawi	

I. Project Outline

Project Cost	E/N Grant Limit: 717 million yen	Contract Amount: 678 million yen
E/N Date	November, 2006	
Completion Date	May, 2008	
Implementing Agency	The Ministry of Health	
Related Studies	Basic Design Study: February - October, 2006	
Contracted Agencies	Consultant(s)	The Consortium of Kume Sekkei Co., Ltd. And EARL Consultants Inc
	Contractor(s)	TODA Corporation
	Supplier(s)	IWATANI
Related Projects	<p>[Japan's Cooperation]</p> <ul style="list-style-type: none"> -Master plan study on strengthening primary health care services in the Republic of Malawi (1998-2000) -Dispatch of JOCVs (dietitian, public health, HIV) <p>[Other Donors' Cooperation]</p> <ul style="list-style-type: none"> -Sector Wide Approach (SWAp) in health(World Bank, UNICEF, WHO, UNFPA, USAID, GTZ/KfW/CIM, NORD/CIDA, DfID, etc. 2004-2010) 	
.Background	<p>In Malawi, at the stage of BD study, the average life expectancy at birth is low at 38 years (the average figure for the Sub-Saharan region is 46.years) and the infant mortality rate under five years of age is 178 per 1,000. Moreover, the maternal mortality rate is high at 1,800 per 100,000 births. Those figures are higher than those of Sub-Saharan region and the country is in inferior conditions in terms of health. The reasons of these findings pointed to i) shortage of medical facilities and equipment, ii) regional disparities in the level of services, in particular, poor access to facilities and low standard of medical care services in rural areas. Therefore, it was an urgent task to improve health and medical care facilities. In order to improve this situation, the Government of Malawi established "the Essential Health Package (EHP) in the Fourth National Health Plan (1999-2004) and committed to providing health and medical care services based on the district level. However, since large sum of budget was required because of a number of needed facilities in broad areas, the Government of Malawi requested the Government of Japan a grant aid project for improvement of health care facilities.</p>	
Project Objectives	<p>Outcome</p> <p>To improve health and medical services by constructing pediatric and maternity wards and procuring basic medical equipment in Rumphi and Mzimba Districts in the north of the country and Kasungu and Lilongwe Districts in the center.</p>	
	<p>Outputs(s)</p> <p>Japanese side</p> <ul style="list-style-type: none"> -Construction of a total of 17 pediatric, maternity and outpatient wards/facilities (District Hospitals: two pediatric wards, one maternity ward, Health Center (HC): seven maternity wards, seven outpatient facilities) -Procurement of medical equipment (232 hospital beds for adults, 333 bedside lockers, 444 instrument sets, 52 delivery beds, 47 Resuscitator (manuals) sets, 52 solar system for night time delivery) <p>Malawian side</p> <ul style="list-style-type: none"> -Felling of trees in the sites, preparation of grounds at construction areas 	

II. Result of the Evaluation

Summary of the Evaluation

There is high number of socially vulnerable people in the project's target areas, which are Rumphi and Mzimba Districts in the north of the country and Kasungu and Lilongwe Districts in the center. In these districts, medical and health situations were inferior compared to other regions/districts in Malawi because of i) shortage of medical facilities and equipment, ii) poor access to and poor quality in medical and health services, etc.

This project has largely achieved enhancement of accommodation capacity for patients and increase in the number of users at target district hospitals and HCs in Rumphi and Mzimba Districts in the north of the country and Kasungu and Lilongwe Districts in the center. In these districts, medical and health situations were inferior compared to other regions/districts in Malawi. JOCVs (dietitian, public health, HIV) were dispatched to Rumphi and Mzimba District hospitals in liaison with this project and supported activities concerning nutrition guidance and public health training. As a consequence, certain level of improvement was observed at the target hospitals in conducting specific care for mal-nutritious patients and preventing nosocomial infections. In addition, improvements are recognized in terms of access to and quality in medical/health services through i) increase in the number of beds, ii) enhancement of accommodation capacity by improved/newly constructed pediatric and maternity wards and iii) realization of safe delivery by the improved maternity wards. As for sustainability, some problems have been observed in terms of financial aspect and the current status of operation and maintenance due to limited budget for maintenance and management. For relevance, this project has been highly relevant with Malawi'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, the project period slightly exceeded the plan.

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

1 Relevance

This project has been highly relevant with Malawi's development policy "development of health and medical care" as set in "Malawi Poverty Reduction Strategy Paper (2002)" and "the Second Malawi Growth Development Strategy (2011-2016)", development needs "improvement of health care facilities at district and below levels in underdeveloped northern and central Malawi" as well as Japan's ODA policy "improvement of health level" 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 objectives of increase in the number of beds/capacity and the number of patients as planned. The number of beds at pediatric and maternity wards in Rumphi District and that at pediatric wards in Mzimba Districts increased 1.5 - 3 times (2012), as compared the number at the stage of the basic design study (2006), and therefore, more patients are now able to be accommodated. The number of delivery at Rumphi District hospitals slightly decreased from average of 250 to 233 per month. In Rumphi District, a large number of migrant workers used to work in large-scale tobacco farms and outpatients to Rumphi District hospitals were those workers and their families; however, due to depression of the tobacco industry after 2009, they have lost their job and left the district, which may have affected the decrease in the number of delivery. The number of pediatric patients increased by 1.3 times, in comparison with before and after the project, both at Rumphi and Mzimba District hospitals. The Ministry of Health does not have the accurate data regarding the number of normal delivery at seven HCs with improved maternity wards and the number of outpatients at seven HCs with improved outpatient wards; however, according to the hearing with HC personnel at the stage of ex-post evaluation, both numbers are recognized to have been increased. JOCVs (dietitian, public health, HIV) were dispatched to Rumphi and Mzimba District hospitals in liaison with this project and supported activities concerning nutrition guidance and public health training. As a consequence, certain level of improvement was observed at the target hospitals in conducting specific care for mal-nutritious patients and preventing nosocomial infections. In addition, improvements are recognized in terms of access to and quality in medical/health services through i) increase in the number of beds, ii) enhancement of accommodation capacity by improved/newly constructed pediatric and maternity wards and iii) realization of safe delivery with the improved maternity wards. The project didn't make any negative impacts in terms of the natural environment, and medical wastes from each hospital and HC are properly disposed at the existing disposal facilities.

Therefore, effectiveness/impact of this project is high.

Quantitative effects

Indicator (unit)	baseline value (2006)	target value (2008)	actual value (target year: 2008)	actual value (2012)
Indicator 1 Increase in the number of beds/capacity for patients in the target districts				
pediatric wards at Rumphi District hospitals	24	48	48	54
maternity wards at Rumphi District hospitals	24	60	60	72
pediatric wards at Mzimba District hospitals	48	72	72	72
Indicator 2 Increase in the number of delivery at maternity wards in Rumphi District hospitals (number of cases/month)	average 250 cases /month (including complicated delivery)	increase	N.A.	average 233cases /month
Indicator 3 Number of pediatric patients (number/month)				
pediatric wards at Rumphi District hospitals	Average 220 persons /month	Increase	N.A.	average 303persons/ month
pediatric wards at Mzimba hospitals	Average 220 persons /month	increase	N.A.	average 287persons/ month
Indicator 4 Increase in the number of normal delivery at the improved maternity wards of HCs (number/month)	N.A.	increase	N.A.	increase (sampling survey based on hearing)
Indicator 5 Increase in the number of outpatient at the improved outpatient wards of HCs (number/month)	N.A.	increase	N.A.	increase (sampling survey based on hearing)

Source: Ministry of Health

Note 1: Pediatric, maternity and outpatient wards that were newly established by this project are as follows;

- Rumpi District hospitals: one pediatric ward, one maternity ward
- Mzimba District hospitals: one pediatric ward
- Seven HC maternity wards: Katowo Regional Hospital, Mwazisi HC, Endindeni HC, Euthini Regional Hospital, Kapelula HC, Chamwabvi HC, Mtenthera HC
- Seven outpatient wards of HC: Endindeni HC, Kafukule HC, Chulu HC, Simulemba HC, Khola HC, Chiwamba HC, M'bang'ombe HC

Note 2: At the stage of planning, the number of beneficiaries was set at 740 thousand at the level of district hospitals that provide the secondary medical services (Rumpi District: 150 thousand, Mzimba District: 590 thousand) and 320 thousand at the level of HCs that provide the first medical services.

3 Efficiency

Although the project cost was within the plan (ratio against the plan: 94%), the project period slightly exceeded the plan (ratio against the plan: 113%), because of the delay in construction caused by shortage of cement, which was accompanied by stadium construction for FIFA World Cup in South Africa, as well as insufficient capacity of sub-contractor. Outputs were produced mostly as planned. Therefore, efficiency of this project is fair.

4 Sustainability

While the equipment provided by the project are maintained by the maintenance section of Rumpi and Mzimba District hospitals, daily cleaning is carried out by staff of each HC. Although the number of staff has gradually been increasing at target hospitals and HCs, rate of vacancy is high and shortage of staff is chronic. Therefore, the project has some problems in structural aspect. JICA implemented "The Project for Strengthening Physical Assets Management (PAM) Programme (2006-2010)" and dispatched an expert for "medical equipment maintenance/management (2011-2013)", and has conducted technical support for technical staff who deal with district medical equipment as well as for users in order to enhance capacity in maintaining and managing such equipment. The Ministry of Health encourages the existing doctors and nurses to obtain qualification/certification as well as higher education and promotes employment of technical staff dealing with medical equipment at the district level. The project has no problem in technical aspect despite chronic shortage of relevant personnel. Budget for maintenance and management of facilities constructed/improved by this project is supposed to be provided according to district health plan; however, the budget is chronically insufficient due to limited financial allocation. Therefore, the project has some problems in financial aspect. While facilities constructed/improved by this project are currently utilized without major problems, there are some difficulties in dispatching maintenance staff to HCs in remote areas from district hospitals due to insufficient personnel and fuels. Thus, it is observed that part of facilities is kept improperly maintained or damaged, and attritions and damages of equipment are recognized due to excessive use by increased patients.

The project has some problems in financial aspect and the current status of operation and maintenance of the executing agency. Therefore, sustainability of this project is fair.

III. Recommendations & Lessons Learned

Recommendations for Implementing agency

- It is desirable to secure sufficient budget for maintenance and management of facilities and equipment constructed/procured by this project. In particular, personnel expenses share the largest ratio among all expenditures and in reality, based on the direction of each hospital, the budget for maintenance and management of facilities and equipment is transferred to be spent as personnel expenses including trips and training of relevant staff. However, part of such trips and training is not necessarily needed and also daily allowance is paid as an incentive for staff to participate in the training. These are recognized as a problem of inefficient budget expenditure. It is considered that budget spending for maintenance and management of facilities and equipment would be improved to a certain extent by prioritization of budget and promotion of more efficient expenditure mainly by the Ministry of Health.
- Shortage of medical staff is an important issue to be overcome for the sustainability of the project's effects. It is understood that the entire amount of budget to employ staff is insufficient. In addition, coordination with the Ministry of Finance and the Ministry of Economic Development Plan, which are in charge of budget allocation, is not smoothly conducted in securing budget for the Ministry of Health to employ staff. These ministries are not fully aware of the serious shortage of medical staff and therefore do not allocate sufficient budget for such purpose. Thus, it is considered that budget allocation for staff employment would be enhanced by improving coordination among relevant ministries. Moreover, as mentioned above, it is considered possible to cut back such expenditures as unnecessary meeting cost, travel expenses and daily allowance, and transfer such fund saved by cutting needless expenditure to employ necessary staff.

Lessons learned for JICA

- Since i) obligations/responsibilities of recipient country, i.e. arrangement of electricity and water, were not smoothly taken in this project and ii) as mentioned in "II Summary of the Evaluation" and "4 Sustainability", there are some problems in structural aspect of the implementing agency, it is necessary to carefully examine basic infrastructures such as electricity and water as well as authorities and structures of health administration agencies, and to prepare a plan that takes active measures to overcome risks concerning delay in project implementation. In addition, it is essential to regularly monitor institutional system of relevant agencies as well as situational changes of the recipient country and to urge these agencies to take necessary measures in order to keep planned effects after the completion the project.



Maternity Ward in Rumph District Hospital



Pediatric Ward in Mzimba District Hospital



Pediatric Ward in Mzimba District Hospital (hospitalization room)