

Summary

I. Outline of the Project	
Country: Afghanistan	Project Title: Urban Health System Strengthening Project
Issue/Sector: Health	Cooperation Scheme: Technical Cooperation
Division in Charge: Health Division 4, Health Group 2, Human Development Department	Total Cost (at the time of evaluation): 380 million yen
Period of Cooperation	December 2009 – December 2012 (three years)
	Record of Discussion (R/D): August 23, 2009
Partner Country's Implementation Organization: Ministry of Public Health (MoPH), Kabul Provincial Health Directorate (KPHD)	
Supporting Organization in Japan: N/A	
Related Cooperation Project: Technical Cooperation “Reproductive Health Project Phase 2” The World Bank, Japanese Social Development Funds	
1. Background of the Project	
<p>In Islamic Republic of Afghanistan (hereinafter Afghanistan), provision of basic healthcare services is one of the urgent priorities. The Government of Afghanistan set Basic Package of Health Services (BPHS) as minimum requirement of healthcare service in community health centers and contract out to NGOs for its expansion with financial support from donors, especially in rural areas to improve the health indicators which used to be worse than those of urban areas. As a result, the coverage of BPHS accounts for 85% of the population (as of 2008). On the other hand, urban areas including Kabul city have specific problems such as high population density and mobility of the population, considerable disparity among households, and growing urban poor including internal displaced people. Moreover, shortage of budget and little assistance for healthcare in urban areas leads moral hazard of the staff due to delay in paying salary and shortage of equipment and medicines. As a result, healthcare facilities cannot deliver appropriate services.</p> <p>Accordingly, JICA and the Ministry of Public Health (hereinafter “MoPH”) had agreed to implement a technical cooperation project, “Urban Health System Strengthening Project (Hereinafter refer to as the Project)” in 2009 to develop an urban health system model to resolve urban-specific challenges, and the World Bank would finance for the trial of the model via Japanese Social Development Funds (hereinafter referred to as “JSDF”).</p>	
2. Project Overview	
<p>The Project has been conducted based on the PDM version 0 and 1 signed in June 2009 and September 2011 respectively. The summary of the Project is described below.</p>	
(1) Overall Goal	
Urban health services are effectively and efficiently provided in Kabul.	
(2) Project Purpose	
The urban health system is strengthened in Kabul.	
(3) Outputs	
<ol style="list-style-type: none"> 1) Interventions strengthening Urban Health System based on the results of the situation analysis are examined. 2) Management capacity (planning and budgeting, monitoring and evaluation, data collection and analysis) of the Kabul Provincial Health Directorate (KPHD) is strengthened. 	
(4) Inputs	
- Japanese side:	
Short-term Experts 25 persons (The total number of man-months was 79.7 at the time of the Terminal Evaluation)	
Equipment Medical equipment, essential drugs, and medical supplies for CHC etc	
Operational cost in Afghanistan 59,412 thousand yen (up to March 2012)	
- Afghan Side:	
Counterparts 40 persons (MoPH: 19, KPHD: 21)	
Land and Facilities Project office (in KPHD)	

II. Evaluation Team			
Members of Evaluation Team	Ms. Hiroe ONO	Team Leader	Director, Health Division 4, Health Group 2, Human Development Department, JICA
	Ms. Aya KAGOTA	Cooperation Planning	Staff, Health Division 4, Health Group 2, Human Development Department, JICA
	Ms. Miki KOBAYASHI	Evaluation Analysis	Non-Profit Organization HANDS (worked only in Japan)
Evaluation Period	8 – 19 Sep. 2011		Type of Evaluation: Terminal Evaluation
III. Results of Evaluation			
1. Project Performance			
(1) Outputs			
The Outputs have not been completely achieved up to date. As for Output 1, the effectiveness of the interventions will be examined. The Output 2 has been achieved through various trainings.			
Output 1: Interventions strengthening Urban Health System based on the results of the situational analysis are examined.			
Indicator 1: <u>At least one intervention¹ provides evidence to support Urban Health System strengthening</u>			
MoPH and JICA, both ensured that the interventions support strengthening of urban health systems in Kabul. The activities as CHCwD started in May, 2012. It also took time for decision if the MoPH and KPHD would be responsible for JSDF fund management. Training for Community Health Worker (CHW) started in June, 2012. At the time of the Terminal Evaluation, effectiveness of the three interventions for Urban Health System strengthening has not been examined. It will be examined in September and October, 2012			
Output 2: Management capacity (planning and budgeting, monitoring and evaluation, data collection and analysis) of the KPHD is strengthened.			
Indicator 2-1: <u>Proportion of KPHD staff trained</u>			
The trainings for KPHD staff mainly on management related topics have been organized in the second and third year of the implantation although there is delay from the original schedule of these trainings. The implementation had been delayed because the Project formulated training plan after conducting the additional survey on the capacity of KPHD based on the changed direction of urban health model. In addition, On the Job Trainings (OJTs) have been conducted through team approach and collaborative approach in daily work. The number of participants of organized training sessions is totally 335. Since the total number of KPHD staff is 52 as of September 2012, the average number of the training for each staff member is 6.4 times.			
Indicator 2-2: <u>The number of submitted reports of new initiatives which are reviewed by the RH taskforce meeting.</u>			
The Provincial Public Health Coordination Committee (PHCC) meeting is scheduled every month. Since the Project implementation started in December, 2009, the PHCC was organized every month.			
Indicator 2-3: <u>Submission rate of reports and proportion of timely-submitted reports to MoPH</u>			
The submission rate of activity reports from the KPHD to the MoPH has shown progress since the Project started (95.8% in JFY2010, 44.4% in JFY2011, and 100% in JFY2012 (up to June)).			
(2) Project Purpose			
Project Purpose: The urban health system is strengthened in Kabul			
The project purpose was partially achieved at the time of the Terminal Evaluation. There is a great improvement of indicator 1, and indicator 2 is under examination.			

¹ Following the PDM (ver.1), the Project focuses on interventions in three fields to strengthen the urban health system, 1) Improving Maternal and Child Health (MCH) service at Comprehensive Health Center (CHC) with Delivery (CHCwD), 2) Expanding immunization coverage using PPP, and 3) Piloting Community Health Workers (CHWs) for CBHC in urban Kabul.

Indicator 1: Proportion of monitoring and evaluation (M&E) visits implemented as planned.

Regarding available data in the KPHD, planned monitoring visits were conducted as shown in the following table. Even though the result in Apr. 2011 to March 2012 showed the decline of implementation, M&E activities in 2012 have been fully conducted according to the plan.

	The number of planned M&E visits	The number of actually conducted M&E visits	The proportion of implemented as planned (%)
Apr. 2010 – Mar 2011	24	23	95.8
Apr. 2011 – Mar. 2012	133	59	44.4
Apr. 2012- Aug.2012	116	116	100.0

Indicator 2: No. of female and under five children visited out-patient department of Urban-BPHS facilities.

Data to examine the effects of the interventions are being collected.

2. Summary of Evaluation Results

(1) Relevance: high

(i) Relevance in respect of policy of Afghanistan

The health sector is part of the “economic and social development” which is one of the three “pillars” defined by Afghanistan National Development Strategy (ANDS) and expansion of basic health service is one of the priorities. As already mentioned, BPHS has been expanded in collaboration with other donors especially in rural areas. As a result, the coverage of BPHS in the country has increased to 85%. On the other hand, the coverage of basic health services is not enough in urban areas of Kabul. The project focuses on improvement of basic health services through development of urban health model suitable for the urban situation. Therefore, the project is relevant in respect of policy of Afghanistan.

(ii) Relevance in respect of policy of Japan

International community agreed six prioritized area including health sector for reconstruction of Afghanistan at the International Conference on Reconstruction Assistance to Afghanistan held in Tokyo in January 2002. Thereafter, the Government of Japan (GOJ) has supported health sector as one of their priority area. GOJ announced its continuous support at Tokyo Conference on Afghanistan in July 2012 towards sustainable and self-reliant development focusing on the agricultural sector, infrastructure development and human resource development, as well as education and health/medical care. Therefore, the project is relevant in respect of policy of Japan.

(iii) Relevance in consistency with the needs of the recipient country

Major donors have supported delivery of BPHS by contracting out to NGOs in rural areas of Afghanistan. On the other hand, urban areas have not been supported because of better health indicators compared to those of rural areas. However, the urban areas face particular health problems such as large population, high density and mobility of the population, economic disparity, and growing urban poor including internal displaced people. Considering the situation, it is relevant that the Project aims to strengthen urban health system in Kabul.

(iv) Relevance in respect of the project design

The project consists of two components: 1) examining the valid interventions to strengthen urban health system and 2) strengthening of management capacity of KPHD. As these two aspects are crucial to achieve the project purpose, the project design is relevant. Selection of the three interventions in the PDM (ver.1) is also considered relevant because they are formulated based on the needs identified through the situational analysis conducted from the end of 2009 to 2010. Also the interventions are considered feasible as they can be implemented during the Project period.

(2) Effectiveness: moderate

(i) Achievement of the Project Purpose

The project purpose was achieved partially at the time of the Terminal Evaluation due to a short implementation period of the three interventions. Indicator 1 of “monitoring and evaluation (M&E) visits implemented as planned” has been achieved.

(ii) Causal relationship between Outputs and Project Purpose

The current version of PDM (ver.1) includes two Outputs. The Output 1 should contribute to the achievement of the Project Purpose through verifying effective measures which will improve some aspects

of urban health care. The achievement of Output 2 on the management capacity of KPHD would contribute to the achievement of the project purpose.

(iii) Assumption

The Important assumption for realization of Project Purpose is “The equipment and medicines through JSDF will be procured timely”. The disbursement of JSDF was delayed since the change of policy for UHM implementation caused the delay of writing proposal to JSDF. In addition, even though the proposal was approved by JSDF for operation of three interventions, it took time to prepare implementation system among MoPH and KPHD. Thus, the important assumption of the Project was failed. However the Project has provided some of the medicine to lessen the negative influence.

(3) Efficiency: moderate

Shortage and high turnover of human resources of the MoPH and KPHD caused difficulty in assignment of the Afghanistan counterparts. As well as there were insufficient appointment of the health staffs for provision of 24 hour delivery services in spite of efforts by KPHD and MoPH. These facts affected the efficiency in the aspect of human resources.

In terms of Japanese expert team, dispatches of Japanese experts were not necessarily appropriate as for timing and expertise. For example, the expert of health policy assigned to the Project stayed in Afghanistan for less than thirty days in the first year of the Project’s implementation when the UHM was discussed and produced. In addition, due to security reason, not more than two Japanese experts have been permitted to stay in Afghanistan at a time since 2011 by JICA restriction. This arrangement resulted in the difficulties for assigning experts with proper expertise in right timing.

(4) Impact: moderate

(i) Possibility of Achievement of Overall Goals

The possibility is uncertain at the time of the Terminal Evaluation. After analyzing the effectiveness of interventions, the Project will prepare “Recommendation on Sustainable Measures for Strengthening of Urban Health System and Expansion to the Urban Cities of the Country.” With the strong commitment for improvement of urban health system, it will possibly contribute to effective and efficient service provision in urban area if the recommendation is incorporated into the other urban health projects of MoPH including System Enhancement for Health Action in Transition Project (SEHAT) by World Bank and EU planned to start from 2013 to 2018.

(ii) Positive impact

The Project had an activity in collaboration with Reproductive Health Project Phase 2 (RHP2), implemented by Reproductive Health Directorate (RHD) of MoPH and JICA, after discussion among RHP2 (RHD/JICA), MoPH, KPHD and the Project. The RHP2 supported conducting training of Basic Emergency Obstetric and Newborn Care (BEmONC) for 22 skilled birth attendants who would work in the target CHCwD. Although this kind of collaboration between the two projects was not planned when the Project was commenced, the collaboration contributed to increase efficiency and also enhanced the relation between KPHD and RHD.

(5) Sustainability: moderate

(i) Institutional Sustainability

Management capacity of KPHD has improved through various trainings. Also, KPHD has contracted with technical assistants under a project funded by JSDF to support daily activities of KPHD. These would reinforce institutional sustainability.

(ii) Financial Sustainability

MoPH does not have enough financial resources for programs and projects. The resources from donors are crucial to ensure financial sustainability of urban health related activities. The JSDF finances the KUHP to deliver BPHS for US\$ 3,500,280 from September 2011 to September 2013. In addition, the World Bank and EC are in preparation of SEHAT which includes component of urban health.

(iii) Sustainability of the interventions

The Project plans to propose the stakeholders “Recommendation on Sustainable Measures for Strengthening of Urban Health System and Expansion to the Other Urban Cities of the Country” after examining the effectiveness of the interventions. A draft of the Recommendation has been produced at the end of August. The final version of the Recommendation is planned to be presented in November after

consultation with the stakeholders. It is crucial to build consensus and commitment of those stakeholders especially MoPH, World Bank and EU to ensure sustainability and further expansion by including the activities in JSDF's Urban Health Project and SEHAT.

Moreover, the Project make efforts to assure sustainability; the three interventions have been implemented with capacity building of KPHD, existing facilities are utilized for implementation, improve an environment for CHC activities by obtaining understanding of their family and community. These factors contribute operational sustainability of the interventions.

3. Factors promoting better sustainability

(1) Factors concerning to Planning

- Feasible activities are planned in revision of PDM based on the results of the situation analysis and with consideration of the remaining of the Project period.

(2) Factors concerning to the Implementation Process

- PDM was revised to shift the direction of the Project due to the change of implementation policy of UHM.

- In addition to the technical assistance by the Project, technical assistants funded by JSDF also contribute the enhancement of capacity of KPHD and its sustainability.

4. Factors inhibiting better sustainability and impact

(1) Factors concerning to Planning

No specific factor is observed.

(2) Factors concerning to the Implementation Process

- The Project had to undertake a full review of its plan due to the change of direction of planned UHM implementation by KPHD and MoPH.

- The Project was designed to develop UHM and work out the Model on trial basis by utilizing JSDF. However, the JSDF funded activities were delayed because of the late submission of the proposal and preparation of the implementation system among KPHD and MoPH. Therefore, the Project supported the activities until JSDF disbursement.

- Worsening security situation influenced project implementation. The Project's office needed to move out from MoPH to JICA's premises which sometimes caused difficulty of communication among KPHD, MoPH and the Project. Additionally, not more than two Japanese experts have been permitted to stay in Afghanistan at a time since 2011 as JICA restriction. This arrangement resulted in the difficulties for assigning experts with proper expertise by right timing.

5. Conclusion

The Project met difficulties in the implementation. Especially, the direction change on UHM required the change of the Project design itself. There were also external conditions which had negative influence on the implementation such as security. As a result, the implementation process was not necessarily smooth. The revision of PDM in September, 2011 was one of the efforts by the Project to change track of the direction and accelerate implementation. The implementation period of the three interventions was relatively short and many activities are still underway. On the other hand, the capacity of KPHD is enhanced through various trainings. The outcome of the Project including achievement of Project Purpose is limited at the time of the Terminal Evaluation.

After the Terminal Evaluation, the Project proposed "Recommendation on sustaining implementation of the interventions for urban health system strengthening and expansion to the country" to present direction for improvement of urban health services to other areas of Kabul. It is important that the recommendation is shared and discussed with the stakeholders including the MoPH, World Bank, EU for further improvement of urban health system.

6. Recommendation

The Project is recommended to start consultation as soon as possible on the proposed "Recommendation on Sustainable Measures for Strengthening of Urban Health System and Expansion to the Other Urban Cities of the Country" with stakeholders such as the MoPH, World Bank and EU to elaborate more feasible and effective contents. The final version of the recommendation should be agreed at the Joint Coordination Committee (JCC) in November, 2012.

It should be taken into account that the Recommendation was produced based on the survey and

experiences of three kinds of interventions in Kabul. It is recommendable to first expand recommended activities from the current target areas to other areas of Kabul. In case of expansion to other cities in the country as the next step, it would be necessary to conduct assessment on the situation of those cities and reflect the situation and needs of those cities.

7. Lessons Learned

Coordination with stakeholders including the approval by the country's authority and consensus building require time and efforts. Especially for an innovative project like the Project, coordination and collaboration among stakeholders including different departments within the MoPH, KPHD and donors are important, and time for coordination should be taken into account in to the implementation period.

Understanding of the family members is important for sustainability of the activities that involve women. The Project designed CHW activities to involve women among the community as CHW. However, one of the CHCs met resistance by the family and community members at the beginning of CHWs activities because it is not common that women participate in activities in the community. Thus the Project advocated the community to obtain understanding for the activities by women.