

Internal Ex-Post Evaluation for Technical Cooperation Project

conducted by Papua New Guinea office (Solomon Field Office): Month, 2013

Country Name	The Project for Strengthening of Malaria Control
Solomon Islands	

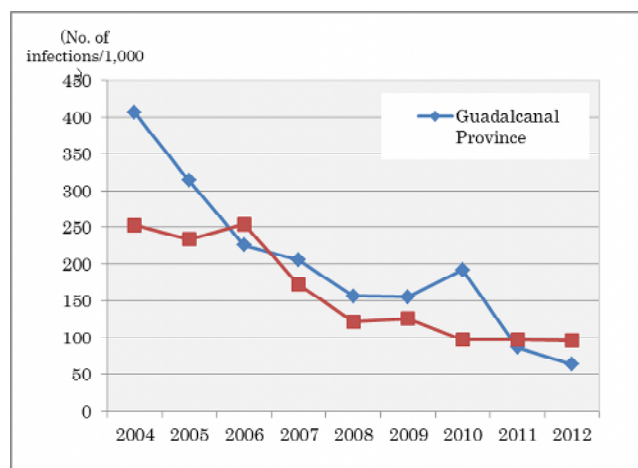
I. Project Outline

Background	<p>Solomon Islands were malaria endemic areas and the Malaria Eradication Plan was implemented under the support of the donors, including the World Health Organization (WHO). As a result, the malaria infection rate has been in a downward tendency. However, the malaria control activities were suspended by the outbreak of ethnic conflict in 1998. Since 2000, the number of malaria infection has increased in Guadalcanal Province and Malaita Province. Also, the fiscal difficulty and the breakdown of the health system caused by the conflict as well as the large scale migrations expanded the malarial infection risk in the country. On the other hand, the low level of medical service and underdeveloped infrastructure including roads increased severity of malaria and made difficulties to cope with severe malaria patients. Therefore, control of severe malaria through adequate examination, diagnosis and care at primary medical institutions where malaria patients firstly visit was a key issue for the country.</p>										
Objectives of the Project	<ol style="list-style-type: none"> Overall Goal: Effective management system of malaria cases is established in Solomon Islands. Project Purpose: Effective management system of malaria cases is established in Guadalcanal Province and Honiara City. Logical flow of how the project responses to development issues: The project delivers trainings for nurses, assistant nurses and microscopists and provides necessary equipment for diagnosis and treatment of malaria. By implementing activities to utilize the Solomon Island Malaria Information System (SIMIS) and to introduce Community Based Malaria Prevention (CBMP), the project aims at establishment of a model of improved methodologies for malaria care and prevention in the target areas as well as dissemination of effective system of malaria care and prevention in the entire country. 										
Project Information	<ol style="list-style-type: none"> Project site: Guadalcanal Province and Honiara City Main activities: Provision of medical equipment for malaria diagnosis and care, trainings for microscopists, nurses and assistant nurses, development of manuals and delivers of trainings for utilization of SIMIS, public awareness workshops for malaria prevention activities, fostering the health community volunteers, and so on. Inputs: <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Japanese Side</td> <td style="width: 50%;">Solomon Side</td> </tr> <tr> <td>1) Experts: 36 for short-term</td> <td>1) Staff allocated: 36 persons</td> </tr> <tr> <td>2) Trainees received: 22 persons</td> <td>2) Land and facilities: project office and costs for</td> </tr> <tr> <td>3) Equipment: Vehicles, microscopes, medical equipment, PC projector, etc..</td> <td>electricity and water supply</td> </tr> </table> 			Japanese Side	Solomon Side	1) Experts: 36 for short-term	1) Staff allocated: 36 persons	2) Trainees received: 22 persons	2) Land and facilities: project office and costs for	3) Equipment: Vehicles, microscopes, medical equipment, PC projector, etc..	electricity and water supply
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Project Period	January, 2007 – January, 2010	Project Cost	274 million yen								
Implementing Agency	Ministry of Health and Medical Service (MHMS), National Vector Borne Disease Control Program (NVNBDCP), Guadalcanal Province Health Office (GHPO), Honiara City Council (HCC)										
Cooperation Agency in Japan	University of Kobe, IC-Net Limited										
Related Projects	<p><u>Japan's cooperation:</u> (GA: Grant Aid, TC: Technical Cooperation)</p> <ul style="list-style-type: none"> The Project for Strengthening of Malaria Control System Phase II (TC, 2011-2014) <p><u>Other donors' cooperation:</u></p> <ul style="list-style-type: none"> Malaria Action Plan (WHO, AusAID, Secretariat of the Pacific Community, the Global Fund for Fight AIDS, Tuberculosis and Malaria (GFATM) (2008-2014) The Solomon Islands Health Sector Project (World Bank, 2008-2011) The Malaria Control Transfer Plan (AusAID, 2012-2014) 										

II. Result of the Evaluation

1 Relevance	<p>This project has been highly consistent with the Solomons' development policy, such as reduction of malaria infection rate and mortality rate specified under "the National Health Plan (2004-2005)", "the Solomon National Health Strategic Plan (2006-2010)" and "the National Malaria Strategic Plan (2007-2016)", and development needs to control severe cases of malaria, as well as Japan's ODA policy prioritizing support for sustainable development (health and medicine, education, infrastructure and industrial promotion), including improvement of health and medical services. Therefore, relevance of this project is high.</p>
2 Effectiveness/Impact	

The project aimed at improvement of the malaria diagnosis and care system through installation of equipment for malaria diagnosis and care and trainings for nurses, assistant nurses and microscopists as well as IEC (Information, Education and Communication) about malaria control for the local people and communities in the pilot areas. As a result, in the pilot areas of Guadalcanal Province and Honiara City, the malaria morbidity and the number of severe malaria cases considerably decreased from 2004 before starting the project to 2012. Also, the recovery rate of patients hospitalized in the National Referral Hospital (NRH) had been maintained at more than 90% for the project period. Also, according to the satisfaction survey in three regions of Guadalcanal Province conducted during the project implementation, around 70% of the patients were satisfied with almost all items of services in Honiara region and Weather Coast region and 50% of patients were satisfied in Terere region.



Graph: Trends of Malaria Infection in Guadalcanal Province and Honiara City (2004-2012)

As for the Overall Goal, the project aimed at reduction of morbidity and mortality by malaria in the country by dissemination of the effective malaria control and care system introduced by the project to the entire country. After the project completion, 20 nurses/assistant nurses and microscopists in total, who worked in areas other than the pilot areas, had trainings of the guidelines for malaria diagnosis and treatment revised by the project. In addition, all the clinics utilized "Strengthening Quality of Malaria Service", which compiled findings of the project. Therefore, the project effects have been disseminated in the country at certain level. Also, the project supported community-based malaria prevention activities, including trainings for Health Community Volunteers (HCV). After the project completion, MHMS incorporated "healthy setting"¹ in the National Health Strategic Plan. The Project for Strengthening of Malaria Control System Phase II, which has been in under implementation after this project, has been supporting the pilot activities of "the Healthy Villages", a part of "healthy setting". The HCVs trained by the project have been involved in the HV activities. On the other hand, at the time of ex-post evaluation, data of the reduction of morbidity and mortality of malaria in the entire country could not be verified.

For the malaria control in Solomon Islands, "the Malaria Action Plan (MAP) (2008-2014)" was developed under the supports by WHO, AusAID, GFATM and so forth and the various malaria control actions have been implemented in the light of MAP. In particular, while distribution of mosquito nets and indoor residual sprays (IRSs) funded by the donors including GFATM seems very effective for malaria prevention, the JICA's technical cooperation including this project complementarily contributed to enhancement of public awareness activities for the health staff and communities.

Therefore, effectiveness/impact of the project is fair.

Achievement of project purpose and overall goal

Aim	Indicators	Results
(Project Purpose) Establishment of effective malaria control system in Guadalcanal Province and Honiara City	Reduction of number of malaria cases in Guadalcanal Province and Honiara City (Reduction of morbidity from 2005 before starting the project)	<u>Project Completion:</u> Achieved. Downward trends in Guadalcanal Province and Honiara City from 2005 to 2010. <u>Ex-post Evaluation:</u> Downward trends in Guadalcanal Province and Honiara City from 2010 to 2012.
	Increase in cure rate of malaria in-patients at NRH	<u>Project Completion:</u> 90-93% from 2006 to 2009 despite of improvement in 2008 (95.5%). <u>Ex-post Evaluation:</u> No data available.
	Reduction of number of severe malaria cases* in the pilot areas (Reduction of the number of cases in the province from 2005 before starting the project)	<u>Project Completion:</u> Achieved. In Guadalcanal, from 1,742 cases in 2005 to 227 cases in June, 2009. In Honiara, from 67 in 2005 to 40 in June, 2009 (172 in 2006 and 188 in 2007) <u>Ex-post Evaluation:</u> In 2012, 117 in Guadalcanal and 1 in Honiara.
	Improvement of results of patients' satisfaction survey** at health facilities (Improvement from 2005 before starting the project)	<u>Project Completion:</u> Mostly achieved. According the satisfaction survey in three regions of Guadalcanal Province (Honiara, Terere and Weather Coast), significant improvement in Honiara, slight changes both in positive and negative in other two regions. <u>Ex-post Evaluation:</u> No data.
(Overall goal) Establishment of	(Revised Indicator) Promotion of human resource development of health staff in	<u>Ex-post Evaluation:</u> Around 20 health staff trained.

¹ "Healthy Setting" is an approach for health promotion using comprehensive and multidisciplinary methodologies, in principles of community participation, partnership, empowerment and equity, based on the WHO Health for All Strategy and the Ottawa Charter for Health Promotion. It aims at maximization of disease control as a whole system. There are specific actions such as "the Healthy Cities Program".

effective malarial disease control system in Solomon Island ²	areas other than the pilot areas.	
	(Revised Indicator) Promotion of utilization of SIMIS and the alert system for malaria epidemic control in areas other than the pilot areas	<u>Ex-post Evaluation:</u> No data provided.
	(Revised Indicator) Dissemination of “Strengthening of Quality of Malaria Service” ³ in areas other than the pilot areas	<u>Ex-post Evaluation:</u> Utilized in all clinics in the country.
	(Revised Indicator) Promotion of CBMP activities in areas other than the pilot areas	<u>Ex-post Evaluation:</u> No data provided.

Source : Terminal Evaluation Report, Project Completion Report and the interviews with CPs.

Note: *Severe malaria cases are defined as follows: a) death caused by malaria, b) case of refer by malaria, c) return visit to the clinic by malaria, d) case of quinine administration, and e) case of diagnosis as severe malaria.

**Survey items are as follows: a) reliance for health facility, b) satisfaction with opening hours, c) satisfaction with malaria management, d) satisfaction with explanation.

3 Efficiency

While the inputs were appropriate for producing the outputs of the project and the project period was as planned (ratio against the plan: 100%), the project cost was higher than the plan (ratio against the plan: 119%) due to dispatch of additional expert in “Health Information System” which was not planned at the time of ex-ante evaluation and utilization of local NGO. Therefore, efficiency of the project is fair.

4 Sustainability

In the policy aspect, efforts for reduction of malaria incidence rate and prevalence have been continuously prioritized in the National health Strategy Plan (2011-2015) and the national Malaria Strategic Plan (2006-2017). For the implementation, cooperation based on “healthy setting” between NGO/communities based organizations (CBOs) and the central government organization, including other line ministries is highlighted. The sufficient number of primary health facilities is installed and the sufficient number of health staff is deployed for implementation of malaria control activities. Also, the institutional structure has been maintained by continuous utilization of the training programs and SIMIS which were developed and reinforced by the project. For CBPM, activities to facilitate understanding of the communities about malaria prevention have been implemented. As for the technical aspect, most of the staff trained by the project have been continuing their works and sharing the knowledge and experiences with other staff. The human resource trained by the project became trainers for the trainings in other provinces. In addition, the training materials have contributed to trainings for newly recruited health staff through utilization at the nurse school. Currently, the trainings for medical technicians are delivered by the fund provided by GFATM from time to time. Also, the technical sustainability has been ensured by the second phase of the project through activities prioritizing effective and sustainable practices of skills acquired by the health staff on site such as development and dissemination of the standards of procedures (SOP) at clinic. The necessary budget for activities of malaria control has been depending on funds provided by the donors including GFATM (MAP 2008-2014). The MAP after 2014 has been under discussion. Since the donors plan to continue their supports, it is expected to ensure necessary budget for procurement of necessary equipment and medicines for malaria control and implementation of trainings. Therefore, sustainability of this project effect is high.

5 Summary of the Evaluation

The project mostly achieved the project purpose to establish effective malaria disease control in Guadalcanal Province and Honiara City. The project reduced the malaria morbidity and the number of severe cases and attained more than 90% of the cure rate of in-patients of NRH. As for Overall Goal, the malaria control and care system introduced by the project has been disseminated in the country at certain level through trainings of nurses/assistant nurses and microscopists in areas other than the pilot areas as well as utilization of the proposal compiling findings and lessons learned from the project. As for sustainability, reduction of malaria incidence and infection has been prioritized and the malaria control activities have been implemented by the sufficient institutional structure. Most of the staff trained by the project continue their work and share and disseminate their knowledge and experiences. The necessary budget for malaria prevention is expected to be ensured by the certain support by the donors in future through the budget after 2014 has been under discussion. As for efficiency, the project cost exceeded the plan due to the additional dispatch of expert.

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

III. Recommendations & Lessons Learned

Recommendations for Implementing agency:

- It is necessary to conduct regular supervisions for clinics and communities and to continue trainings in order to entrench the activities for malaria control and treatment introduced by the project.

² For verification of the overall goal, it was redefined as “The effective malaria disease control system is disseminated in Solomon Island” (In the original PDM, it is “The system is established.”) and revised the verifiable indicators for the redefined overall goal since data for the original indicators were not collected or difficult to collect.

³ The proposal, “Strengthening Quality of Malaria Service at the Primary Medical Facilities” compiling findings and lessons learned from the project and issues for malaria control in Solomon Island was developed by the project as a manual for malaria control.

Lessons learned for JICA:

- For the project, the overall goal was set out as “The effective malaria disease control system is established in Solomon Islands” and to be verified by the indicators such as reduction of malaria cases and deaths in the country. However, it was difficult to verify casual relation between the project and reduction of malaria cases and deaths in the entire country since the project was implemented only within the limited pilot areas. Base on the logic of the expected project effect, it is necessary to set out the overall goal considering a structure to disseminate the output produced by project (c.f. methodologies to disease control of malaria) in the case of the project aiming at establishment of a model system within specific area.