

## Internal Ex-Post Evaluation for Grant Aid Project

conducted by Honduras Office: November, 2013

Country Name	Project for improving San Felipe Hospital
Honduras	

### I. Project Outline

Background	<p>The San Felipe Hospital (the "Hospital"), located in the capital Tegucigalpa, is the oldest hospital in Honduras built in 1882 and one of the 6 tertiary level hospitals in Honduras. Originally developed as a second level hospital, however, in accordance with the needs for the tertiary level hospitals, the Hospital became to have the functions of both tertiary level hospital which offers highly specialized medical service and the only secondary level hospital in the health region number one.</p> <p>However, the Hospital had problems: lack of space in examination and waiting areas, inadequate disposition of facilities, and deteriorated facilities and medical equipment. Outpatients department was always full of patients and they were often left to wait for a long time. It happened several times that patients returned home without being examined and treated.</p>		
Objectives of the Project	<p>To improve the performance of the outpatient department and medical service quality of the San Felipe Hospital by (1) constructing facilities and procuring medical equipment at outpatient department, and (2) providing training (soft component of Grant Aid Project) for the operation and maintenance of medical equipment, thereby contributing to the improvement of health indicators and capacity development of medical staff.</p>		
Outputs of the Project	<ol style="list-style-type: none"> <li>1. Project Site: The San Felipe Hospital</li> <li>2. Japanese side <ul style="list-style-type: none"> <li>- Construction of an outpatient department building (3,588.9 m<sup>2</sup>) and a machinery building</li> <li>- Procurement of medical equipment for outpatient department and support services (Outpatient medical equipment, X-ray, Laboratory Medicine, blood center, endoscopy, etc.): 169 units for 48 items</li> <li>- Training for the operation and maintenance of medical equipment. (Soft component program: capacity building for maintenance and management system, and planning and execution of the annual maintenance)</li> </ul> </li> <li>3. Honduran side: <ul style="list-style-type: none"> <li>- Assurance of land leveling and land clearing, removal of existing building, deleting underground objects</li> <li>- Protecting a wall, which is a historic architecture adjacent to the building being demolished, by setting and removing a service entrance, and constructing an entrance for the wall</li> <li>- Connecting infrastructure services including electricity, water supply and sewage, telephone and others.</li> <li>- Purchase of furniture and general equipment</li> </ul> </li> </ol>		
E/N Date	May 23, 2007	Completion Date	21 September, 2009
Project Cost	E/N Grant Limit:888 million yen, Contract Amount: 885 million yen		
Implementing Agency	San Felipe Hospital (the "Hospital")		
Contracted Agencies	A Joint venture of Nihon Sekkei, Inc. and Fujita Planning Co., Ltd, Konoike Construction Co., Ltd., Sojitz Corporation		
Related Studies	Basic Design Study: July 2006 – December 2006, Detailed Design Study: February, 2007 – January, 2008		
Related Projects (if any)	<p>Japan's Cooperation:</p> <ul style="list-style-type: none"> <li>- The Project for Strengthening Nursing Education and In-service Training in El Salvador, Guatemala, Honduras, Nicaragua and the Dominican Republic (Technical Cooperation, 2007-2011)</li> <li>- Project for improving hospital network in the capital region (Grant Aid, 1996)</li> </ul> <p>Other Donors' Cooperation:</p> <ul style="list-style-type: none"> <li>- USAID supports human resource development in maternal and child health (2009-2010)</li> </ul>		

### II. Result of the Evaluation

1 Relevance	<p>This project has been highly consistent with Honduran development policies, such as "improving of quality and efficiency of the health services, strengthening capacity of tertiary level hospital, and facility and equipment improvement" as set in the "Health Sector Plan 2002-2006", "National Health Plan 2010-2014" and other documents, and development needs to strengthen the function of the tertiary level hospitals, as well as Japan's ODA policy for prioritizing support for the health sector, at the time of both ex-ante and ex-post evaluation. Therefore, relevance of this project is high.</p>
-------------	--

## 2 Effectiveness/Impact

The project has largely achieved its objectives, “to improve the performance of the outpatient department and medical service quality of San Felipe Hospital. The number of outpatients that received treatment increased by 125% from 2005 to the target year 2010, and the number of referred patients has also increased. The increase of the number of laboratory tests shows the enhancement of diagnosis capacity of the Hospital. The facilities and equipment of the project has enabled the Hospital to provide patients with better services. The patients’ satisfaction surveys conducted by the Hospital show the substantial increase on the satisfaction ratio from 37% in 2006 to 74% in 2011. All the facilities are being fully used for the purpose which they were built, and the equipment has been utilized fully, except a few items such as one of the x-ray machines, though the x-ray machine has already been fixed by a local company San Felipe hospital has contracted with and is currently working well.

As to Impact, although the project was expected to contribute to a decrease in death rates from diabetes, liver cirrhosis and others, it is difficult to find how the project contributes since the Hospital only keeps track of the obligatory notification diseases, and does not collect any data (impact indicators) to follow up the current situation of chronic diseases. However, the project has contributed to capacity development of the human resource especially nursing, dentist, medical students, who mention that the opportunity to be assigned to this Hospital has helped them develop better skills and improve their knowledge, environmental conditions and proper gear provided for this capacity development purpose.

Therefore, effectiveness/impact of this project is high.

### Quantitative Effects

Indicator	Year 2005 (before the project) Actual value	Year 2010 (Target year) Target value	Year 2010 (Target year) Actual value	Year 2011 Actual value	Year 2012* Actual value
Indicator 1 Number of outpatients (persons/year)	129,688	Increase (30 % increase is expected)	292,647	302,564	279,802
Indicator 2 Number of patients referred to the Hospital (persons/year)	31,587	Increase (no target)	42,222	43,863	38,948
Indicator 3 Number of laboratory tests (persons/year)	334,976	Increase (no target)	514,247	494,505	446,701
Indicator 4 Number of imaging tests (persons/year)	10,554	Increase (no target)	11,310	11,393	11,826

Source: The San Felipe Hospital

\* 2012 values of some indicators dropped from previous years. It might be related to i) reduction of hospital staff and ii) 45 no service days caused by 3 strikes of hospital staff.

## 3 Efficiency

Although the project cost was as planned (ratio against the plan: 100%), project period slightly exceeded the plan (ratio against the plan: 122%). The outputs of the project were produced as planned. Therefore, efficiency of this project is fair.

## 4 Sustainability

The operation and maintenance (O&M) of medical equipment provided by the project have been carried out by the Hospital. Institutionally, there is a room for improvement. The Biomedical department is supposed to be responsible for maintenance; directly carrying out O&M activities as well as supervising placing orders for repairs to contract companies. Currently, the communication with those companies is directly made by each department and is not necessarily through the Biomedical department. Therefore, in order to control and supervise the overall status of equipment, spare parts and consumables in the Hospital, the institutional status of the Biomedical department needs to be strengthened. The number of maintenance staff of the Biomedical department is 5 and currently, 5 members are sufficient to carry out basic equipment maintenance. The Hospital contracts a private company for complex equipment repairs who has plenty of experiences in repairs and maintenance of medical equipment such as x-ray, ultrasound machines, etc. As for the number of medical staff, there would be no further cut in the number of medical staff, and therefore, institutionally there is no problem in the operation of the hospital.

In the technical aspect, the current staff of the Biomedical department has some difficulties in carrying out the maintenance. For example, the opportunity for training and updates is very limited and the staff that received the soft component training no longer works at the Hospital. However, the Biomedical department recently incorporated a staff member that fulfills the required profile. Additionally, an operation manual is being prepared by the Hospital that includes the job training program to keep up with technological updates.

Financially, the allocated budget from the government has increased, however the administration department of the Hospital considers that the needs of the Hospital don't match the budget assigned by the government. Thus, the Hospital searches for additional budget from other donors. In addition, in order to keep running some of the equipment, the Hospital authorities have made alliances with private companies who assure better quality of backup services based on social responsibility standards to support the Hospital with specific equipment.

As for the current status of O&M, the Biomedical department is not following a strict maintenance plan with periodical

checkup of the building, and none of ledgers, stock of consumables and spare parts are available. Nevertheless, most of the equipment procured by the project is relatively in good conditions. The Hospital has been able to provide the corrective maintenance required when the equipment procured by the project has had operational problems except one of the x-ray machines, which is being repaired by a contract company. The Hospital has been able to provide consumables except for a few medical equipment items such as the electrocardiograph graduated paper which cannot be found in the country. The Hospital has started an inventory process and work guideline preparation. The outpatient building facilities are maintained clean and in proper conditions. There were some problems with the drainage system in the surrounding of the outpatient building and in the kitchen the Hospital constructed, but the corrective maintenance measures are taking place.

Thus, as this project has problems in institutional, technical and financial aspects as well as the current status of operation and maintenance, sustainability of the effects of this project is fair.

#### 5 Summary of the Evaluation

The project has largely achieved its objectives, "To improve the performance of the outpatient department and medical service quality of San Felipe Hospital", as the number of outpatients, the number of referred patients, and the number of tests have increased as planned. A positive impact was identified in terms of capacity development of medical staff and medical students who were assigned to the Hospital.

As for sustainability, there are issues in institutional, technical, and financial aspects as well as the current status of operation and maintenance. There is no established proper maintenance system, the maintenance staff lacks qualification and training experience, and the Hospital faces financial constraints for maintenance activities. However, equipment and facilities are basically maintained well and the Hospital is taking various measures for solving the above problems.

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

### III. Recommendations & Lessons Learned

Recommendations to implementing agency:

1. The review of the O&M manual, which is being prepared by the Hospital, is needed so that the Biomedical Department would implement them adequately. An equipment inventory action for working equipment is also necessary. It is important to seek mechanisms that guarantee an efficient relation among providers of medical equipment and the biomedical department of the Hospital. To enhance their skills and capacity, the biomedical and maintenance staff could take advantage of assisting and working together with specialized maintenance technicians when special maintenance is needed for certain medical equipment.
2. The periodical checkup of the building is encouraged to make preventive actions and reduce the corrective ones that incur higher costs. The drainage system is a contamination point for the outpatient department, and disposed water that comes from the kitchen area should go through the appropriate sewer system. While the correcting measure is taking place, the repair works should be accomplished completely.

Lessons learned for JICA:

1. In case of the project, a greater number of high level staff participated than that of operational staff. The operational staff is more permanent in the institution and do the work, while high level staff (such as hospital director and sub director) are subject to be moved every 4 years. If more these operational staff participated in the project, a wider participatory methodology could be carried out and thus contribute to strengthening the Project's sustainability. Therefore, emphasizing the participation of operational staff at the designing stage can be useful in case that their movement is more stable than high level staff.
2. In this project there is a problem that consumables for electrocardiograph cannot be procured in the country at the time of this evaluation. Lessons can be drawn for other projects that the procured equipment must be confirmed to get provision of consumables and spare parts for its proper use.



A sterilizer



Waiting areas are all kept under good conditions