Internal Ex-Post Evaluation for Technical Cooperation Project

conducted by Papua New Guinea Office (Solomon Representative Office): January 2018

Country Name	**Project for Strengthening of Malaria System Phase II**
Solomon Islands	

I. Project Outline

Background	Malaria was endemic in Solomon Islands. Due to the ethnic conflict in 1998, malaria control activities were suspended. From 1999 to 2001, the malaria incidence rate per a population of 1,000 increased from 149 to 169 in Guadalcanal Province (GP) and Honiara City (HC)*. With the donor's assistance since 2004, the rate was dropped down to 74.8 in 2009. However, there was a wide regional gap in malaria morbidity. Upon the request from the Ministry of Health and Medical Services (MHMS) of Solomon Islands, JICA implemented "The Project for Strengthening of Malaria Control" (hereafter "the preceding project") from January 2007 to January 2010 to control malaria incidence by strengthening the health system of malaria control. With the successful implementation of the project, malaria morbidity was reduced and severe cases were decreased. It was also identified that the Community Based Malaria Prevention model developed and introduced by the project was effective in that it promoted behavior change of the people at community level, one of preventive measures for malaria control. Having found it difficult to carry out such health promotion activities by itself due to the lack of finance and human resources, the MHMS requested Japan to extend the assistance to further strengthen the health system of malaria control in both national and provincial levels with community involvement. *Source: WHO World Malaria Report 2005		
Objectives of the Project	In collaboration and coordination with other development partners, the project aimed at strengthening the health system for malaria control focusing on community involvement by strengthening the central and provincial capacity to implement "Malaria Action Plan (MAP)" and by facilitating community-based health promotion as well as strengthening the functions of secondary level health facilities in GP, HC and Malaita Province (MP), and thereby transferring the strategy of health system strengthening for malaria control to wider areas of Solomon Islands.		
	1. Overall Goal: Strategy of Strengthening of health system, effective for malaria control (including community-based health promotion), is transferred to wider areas in Solomon Islands. **2.** Project Purpose: Health system, effective for malaria control (including community-based health promotion), is strengthened in MHMS, GP, HC and MP.		
Activities of the Project	1. Project site: Guadalcanal Province (GP), Honiara City (HC), Malaita Province (MP) *MP was involved in activities under Output 3 only. 2. Main activities: (1) enhance the operations of the National Vector Borne Disease Control Program (NVBDCP), Health Promotion Department (HPD), and other related bodies in the implementation of MAP; (2) strengthen the Solomon Islands Malaria Information System (SIMIS) and the Supervisory Visit (SV) program, which requires cooperation at the national and provincial and local health facility level; (3) establish a Healthy Village model of effective malaria control in target communities; and (4) improve the medical services at health facilities (Area Health Centres (AHCs), Rural Health Clinics (RHCs), and Nurse Aid Posts (NAPs) for malaria patients. 3. Inputs (to carry out above activities) <u>Japanese Side</u> 1) Experts: 7 persons 2) Trainees received: none 3) Equipment: vehicles, PCs, copiers, portable generators, and other office equipment 4) Operational Expenses <u>Solomon's Side</u> 1) Staff allocated: 45 persons 2) Provision of Facilities and Equipment 3) Operating expenses		
Project Period	February 2011 - February 2014	Project Cost	(ex-ante) 280 million yen, (actual) 253 million yen
Implementing Agency	Central level: National Vector Borne Disease Control Program (NVBDCP), Health Promotion Department (HPD) under the Ministry of Health and Medical Services (MHMS) Provincial level: Guadalcanal Province Health Office (GPHO), Honiara City Council (HCC), Malaita Province Health Office (MPHO)		
Cooperation Agency in Japan	IC Net Limited		

II. Result of the Evaluation

<Constraints on Evaluation>

It should be well noted that the outcome of the project studied under this ex-post evaluation is the combined effects by this project, assistance from other development partners and subsequent JICA project named "Health Promoting Village Project" (2016-2020) (hereafter "the subsequent project"). It is not possible to assess the effect of this project by itself because of the nature of issues (health system strengthening) and large scale of assistance by other development partners.

Unavailability of provincial level data has made it difficult to examine the achievement of the Overall Goal.

<Special Perspectives Considered in the Ex-Post Evaluation>

Evaluating Continuation Status of Project Effect(Continuation status of achievement for the Project Purpose)

Regarding Indicator 1 of the Project Purpose ("MAP planning, implementation, monitoring and evaluation system is improved at national, provincial and

health facilities level"), to verify its continuation status requires to review the continuation status of Output 1, 2 and 4 that were referred to as the basis for judgment of the achievement status of the Project Purpose at the terminal evaluation. Therefore, indicators representing the continuation status of Output 1, 2 and 4 are used as the supplemental information.

How to deal with source documents for indicators

Regarding Indicator 1 of the Overall Goal ("MAP related activities are accomplished in Solomon Islands"), the source of the target values of this indicator is MAP (2008-2014). However, this document does not cover the period up to the time of ex-post evaluation as it was renewed and replaced by "Solomon Islands Malaria Control and Elimination Strategic Plan (SIMCESP) (2015-2020)" It is, therefore, from 2015 up to the time of ex-post evaluation, SIMCESP is used as the source document.

Regarding Indicator 3 of the Overall Goal ("Malaria morbidity and mortality fall below the targeted provincial/municipal and governmental goal."), the target year is not set. According to the general framework of internal evaluation, it is decided that the target year should be the latest year of its data obtainable. Therefore, SIMCESP (2015-2020) serves as the source document for this indicator as well.

1 Relevance

<Consistency with the Development Policy of Solomon Islands at the Time of Ex-Ante Evaluation and Project Completion>

At the time of ex-ante evaluation, this project was consistent with development plans such as "National Health Strategic Plan (2006-2010)" which focused on strengthening the medical services in both provincial and community levels and MAP (2008-2014) which was a practical action plan to carry out the national level malaria program, namely "National Malaria Program". At the time of project completion, the project was also consistent with the development plans such as "National Health Strategic Plan (2011-2015)" which sets the priority in health promotion and MAP (2008-2014).

<Consistency with the Development Needs of Solomon Islands at the Time of Ex-Ante Evaluation and Project Completion >

At the time of ex-ante evaluation, this project was consistent with Solomon Island's development needs to implement MAP, especially in terms of malaria related health promotion activities. In that, the Community Based Malaria Prevention model developed and introduced under the preceding project was proven to be effective, and there was a need to further strengthen the health systems with community-based health promotion. At the time of project completion, the capacity building of those health staff in NVBDCP, HPD, HCC, GPHO and MPHO was still necessary to implement MAP.

<Consistency with Japan's ODA Policy at the Time of Ex-Ante Evaluation>

The Fifth Pacific Islands Leaders Meeting (PALM) in 2009 pledged that "overcoming vulnerabilities and promoting human security" was one of three pillars of the Japanese assistance. The Sixth PALM in 2012 continued to address the "sustainable development and human security" as one of five priority areas underlining the importance of health service delivery with a view to achieve the Millennium Development Goals. Based on the economic cooperation policy dialogue with Solomon Islands in June 2009, Japan's ODA policy to Solomon Islands in 2009 included the improvement of the social services as one of the priority areas which highlighting the assistance for the material control.

<Appropriateness of Project Design/Approach>

Upon the request from the MHMS based on "Health Promotion Policy (2008-2013)" which stipulates that the community participation and community empowerment should be carried out through the Healthy Setting Approach, the project modified the Community-Based Malaria Prevention to the Healthy Village model accordingly in 2012. As is described below, it is judged that the effectiveness/impact and the sustainability of the project are low. However, it is mainly due to the integrated approach taken by the side of Solomon Island after the project completion. The approach taken by the project itself is considered as appropriate.

<Evaluation Result>

In light of the above, the relevance of the project is high.

2 Effectiveness/Impact

<Status of Achievement for the Project Purpose at the time of Project Completion>

By the project completion, the Project Purpose, "Health system, effective for malaria control, (including community-based health promotion) is strengthened in MHMS, GP, HC and MP" was achieved.

For indicator 1 "MAP planning, implementation, monitoring and evaluation system is improved at national, provincial and health facilities level", related Outputs, namely, the national-level MAP implementation capacities (Output 1), SIMIS and SV through cooperation among national, provincial and health facility level (Output 2), and medical service provision at health facilities (Output 4) were improved/strengthened mostly as planned. For indicator 2, "Guidelines, tools and formats for the Healthy Village model developed by the project are reviewed by the National Healthy Setting Committee /MHMS for authorization", the subject documents (Guidelines and 12 tools and formats for the Healthy Village model) were developed, reviewed and revised and were finally endorsed at the endorsement meeting on January 31, 2014.

<Continuation Status of Project Effects at the time of Ex-post Evaluation>

The project effects have not continued since the project completion. This is partly due to that the programs of malaria control has been integrated with other components such as tuberculosis (TB), HIV, reproductive health and immunization under the Heath Sector Support Program which started after the project completion in 2016. And this change has made it difficult to continue malaria related activities in the previously established manner. For indicator 1, the MAP planning, monitoring and implementation have been done with involvement of other components than those related to malaria control alone. Accordingly, the utilization status of the aforementioned Outputs (i.e. project effects) are limited to some medical service activities at health facilities. For indicator 2, under the integrated program, the subsequent JICA project has been working to develop the new guidelines on the Healthy Village model which may supersede the subject documents (guidelines and 12 tools and formats) developed by the project. Therefore, the utilization of those documents has been discontinued except some villages involved by NGOs in MP and GP.

<Status of Achievement for Overall Goal at the time of Ex-post Evaluation>

The Overall Goal "Strategy of Strengthening of health system, effective for malaria control (including community-based health promotion), is transferred to wider areas in Solomon Islands." has not achieved by the time of ex-post evaluation. No data is available to examine the progress of MAP related activities. However, considering the fact that integrated program has made it difficult to continue malaria related activities in the previously established manner, it is unlikely that MAP related activities have been progressed. (Indicator 1). The Healthy Village model effective for malaria control has been introduced to 142 villages of 10 provinces (including HCC) of the country,

which accounts for only 2.3% of total number of villages and which constitutes only 4.0% of total population and 18.6% of beneficiary population (140,000) of the project estimated at the ex-ante evaluation. According to the interview with MHMS, they have not had the sufficient budget to implement activities for healthy village settings, especially for provincial level. (Indicator 2) As for the malaria morbidity, although it is difficult to judge the achievement of Annual Parasite Incidence (API) as of 2016 against the target under SIMCESP 2020, it is confirmed that the periodical change of API from 2013 to 2016 have shown negative trends except Choiseul province. (The reason of this trends is not obtained.) As for malaria mortality, four provinces such as HC, Isabel, Rennell Bellona and Temotu have achieved the target of "0" mortality set for the year 2035 as of 2016. And GP, MP and Makira Ulawa have shown the steady progress from 2014 to 2016. However, in Western, Central and Choiseul provinces, the situations have got worse during the same period. Considering the fact that the effect of the project has not continued, it is unlikely that the positive progress of mortality has been contributed by the project. (Indicator 3).

<Other Impacts at the time of Ex-post Evaluation>

It was observed that there is a reduction of breeding sites for mosquitos, increased community participation to clean environment. No negative impact has been observed.

<Evaluation Result>

In light of the above, the project achieved the Project Purpose at the time of project completion. However, the effect of the project has not continued after the project completion partly due to the integration of health programs. Thus, the Overall Goal has not been achieved.

Therefore, the effectiveness/impact of the project is low.

Achievement of Project Purpose and Overall Goal

Aim	Indicators	Results
(Project Purpose) Health system, effective for malaria control, (including community-based health promotion), is strengthened in MHMS, GP, HC and MP.	Indicator 1: MAP planning, implementation, monitoring and evaluation system is improved at national, provincial and health facilities level.	Status of the Achievement: achieved (not continued) (Project Completion) Overall, the system was improved in both national and provincial and health facilities levels. As for MAP planning, the Annual Malaria Conference (AMC) functioned more systematically by reflecting the relevant information to fulfill its purpose in a timely manner. As for monitoring, several ideas and measures were proposed to improve supervisory visits and to utilize the Online Information Management System. Outputs which contributed the system were almost achieved as follows. - Output 1: The national-level comprehensive human resource development plan was developed, but trainings based on it were not conducted. The management tools for MAP operation were developed (e.g., organization chart, monitoring sheet). - Output 2: The existing SV system was reviewed and how to improve it was discussed. The actual implementation of the improved SV was to be done after project completion. - Output 4: The Standard Operating Procedure (SOP) for malaria-related medical service provision was introduced to the target facilities in HC and GP. Based on the result of the SOP monitoring, the SOP and related tools were approved by the NVBDCP. (Ex-post Evaluation) According to the interviews with NVBDCP and HPD, the system has not been improved after the project completion. Planning meeting was not held. Planned implementation of at least 3 new healthy setting communities per year was not achieved. Monitoring and evaluation has not been done regularly, thus no annual report about MAP was prepared. Implementation of MAP was only done ad hoc bases in health facility level. - Output 1: Trainings based on the comprehensive human resources development plan such as one-week HPD/MHMS Healthy Setting (training of trainers) have not been conducted due to the unavailability of funds, the management tools have not been utilized among counterparts as planned due to the lack of leadership and understandings.(Supplemental Information 1) - Output 2: In HC, SV was conducted once in 2014 and 2015, and twice in 2016. No SV was conducted in other provinces during that period due to that the financial resources were limited and that counterparts were busy with other numerous activities. No information on whether the conducted SVs were the improved ones based on the review by the field study. (Supplemental Information 2) - Output 4: Some activities such as case management, vector control and monitoring and evaluation have been carried out according to the SOP, while others such as site visits and village services have not been carried out due to a lack of logistic support and financial support. (Supplemental Information 3)
	Indicator 2: Guidelines, tools and formats for Healthy Village model developed by the Project are reviewed by the National Healthy Setting Committee /MHMS for authorization.	Status of the Achievement: achieved (not continued) (Project Completion) Guidelines and 12 tools and formats for the Healthy Village model were developed, reviewed and revised and were finally endorsed by Under Secretary at the endorsement meeting on January 31, 2014. (Ex-post Evaluation) HPD admitted not to use the guideline developed by the project because there was no budget obtained from MHMS and donors. The utilization of those documents has been discontinued except some villages involved by NGOs in MP and GP. According to the interviews, the guideline was developed for general users. Thus, it was not practical for some users. Therefore, subsequent JICA project is now setting a new guideline targeting for the specific users as health promoters.

(Overall Goal)
The strategy of strengthening of health systems, effective for malaria control (including community-based health promotion), have been transferred to wider areas in Solomon Islands

Indicator 1:
MAP related activities are accomplished in Solomon Islands

(Ex-post Evaluation) Unable to verify the situation as of 2017 as Information on MAP related activities is not available from the year 2013 up to the time of ex-post evaluation.

Indicator 2:
Healthy Village model effective for malaria control is introduced to all provinces of the country.

(Ex-post Evaluation) not achieved.

Name of Province	Number of villages to which Healthy Village was introduced As of 2017	Total number of villages in province As of 2017	%	Current population of villages to which Healthy Village was introduced As of 2017	Total number of population in province (Projected for 2017)	%
Honiara City	9	150	6.0	4,350	84,522	5.1
Guadalcanal	26	924	2.8	5,334	139,164	3.8
Malaita	41	2,158	1.9	9,885	156,787	6.3
Isabel	12	291	4.1	1,560	33,139	4.7
Choiseul	9	504	1.8	536	34,197	1.6
Central	7	289	2.4	234	31,289	0.7
Western	11	770	1.4	2,798	93,953	3.0
Makira Ulawa	9	722	1.2	246	51,755	0.5
Rennell Bellona	9	109	8.3	170	3,923	4.3
Temotu	9	335	2.7	973	24,520	4.0
Solomon Island	142	6,252	2.3	26,106	653,249	4.0

Indicator 3:
Malaria morbidity and mortality fall below the targeted provincial/municipal and governmental goal.

(Ex-post Evaluation), not achieved
Malaria morbidity (Annual Parasitic Incidence (A.P.I.)=confirmed cases during 1 year/population under surveillance) x 1000)

Name of Province	Actual 2011	Actual 2012	Actual 2013	Target under MAP 2008-2014	Actual 2016	Target under SIMCESP (2015-2020)
Honiara City	102.9	96.4	65	NA	87	Maintain and intensify high coverage of interventions to further reduce API
Guadalcanal	96.8	64	80	NA	105	
Malaita	33.0	34.5	26	NA	87	<20
Isabel	1.6	1.2	3	NA	6	0
Choiseul	49.9	40.5	40	NA	17	<20
Central	54.1	46.1	46	NA	281	<20
Western	20.6	11.7	8	NA	23	<1
Makira Ulawa	49.1	78	66	NA	93	<50
Rennell Bellona	NA	0.3	NA	NA	0	NA
Temotu	6.5	10.8	10	Elimination	43	0
Solomon Island	49.1	44	NA	9	81	25

Malaria mortality (Unit: deaths per 100,000 population)

Name of Province	Actual 2012	Actual 2014	Target under MAP 2008-2014	Actual 2016	Target under SIMCESP (2015-2020)
Honiara City	0	0	NA	0	NA
Guadalcanal	3.7	2.9	NA	1.82	NA
Malaita	2.4	5.3	NA	3.71	NA
Isabel	3.6	3.3	NA	0.0	NA
Choiseul	6.9	0.0	NA	3.23	NA
Central	10.3	0.0	NA	6.54	NA
Western	1.2	1.2	NA	5.55	NA
Makira Ulawa	7.1	9.0	NA	8.42	NA
Rennell Bellona	0	30.0	NA	0	NA
Temotu	0	4.3	NA	0	NA
Solomon Island	3.2	3.2	<1	3.0	0 by 2035

Source：Project Completion Report, Questionnaire and interviews with NVBDCP, HPD, MP, GP and HCC.
Province Settings under report Health Promotion -2017, Solomon Islands, National Statistic Office Website, Interview with MHMS,
http://www.wpro.who.int/world_health_day/2014/progressinmalariacontrolSOLVAN.pdf
Statistical health core indicator report Solomon islands 2016

3 Efficiency

Both of the project period and the project cost were within the plan (ratio against plan: 100%, 90%). Therefore, efficiency of the project is high.

4 Sustainability

<Policy Aspect>

According to “National Health Strategic Plan (2016-2020)”, malaria control is the one of priority interventions to be done by MHMS in the integrated approach.

<Institutional Aspect>

Malaria program has been integrated with other programs such as TB and HIV at both central and provincial levels. Accordingly, the organizational structure of MHMS has been modified for smooth operation of the integrated program in which more responsibilities have been delegated to the provincial levels. According to the questionnaire and interviews with MHMS and provincial levels, the number of staff assigned in each level is sufficient enough to carry out activities. At the central level, 17 staff is allocated to NVBDCP and 10 for HPD. At the provincial level, 6 staff is allocated in GPHP, 4 for HCC and 19 for MPHP. (Reasons why it is considered sufficient were not provided). Donor coordination has functioned not in the form of the Malaria Steering Committee established for malaria control alone, but in the form of monthly meeting among relevant development partners for health field to effectively coordinate their assistances to generate the synergy effects.

<Technical Aspect>

Many of Counterparts have left the organization and it has affected the continuation of the effect by the project. There have been no refresher trainings conducted for staff of health facilities (AHC, RHC and NAP) on operation of malaria control according to SOP. Furthermore, management tools developed by the project have not been used because the roll-out of the healthy village model has never happened after the project. It was observed during the field study that some equipment provided by the project were broken and were left unused in HPD. It is identified through the interview with NVBDCP that the procurement of malaria diagnostic equipment has often been delayed due to the internal problems of the National Medical Store.

<Financial Aspect>

Partly due to the integration of progamme implementation and the organizational reform of MHMS, the total amount of budget for MHMS has been decreasing since 2013 and the designated budget for malaria control has also been decreasing. According to the interview with Health Promotion Department of MHMS, they have not had the sufficient budget to implement activities for healthy village settings, especially for provincial level. In HCC, they depend on donor's assistance for the malaria related activities. Under these circumstances, many of malaria related activities have been discontinued.

<Evaluation Result>

In light of the above, major problems have been observed in terms of technical and financial aspects of the implementing agency. Therefore, the sustainability of the effectiveness through the project is low.

5 Summary of the Evaluation

The project achieved the Project Purpose for strengthening of health system, effective for malaria control in MHMS, GP, HC and MP. The effect by the project has not continued since the project completion, partly due to the program integration and organizational reform of health sector. Consequently, the Overall Goal to expand the effective health system for malaria control to wider areas in Solomon Islands has not been achieved. As for sustainability, major problems have been observed in terms of technical and financial aspects of the implementing agency.

Considering all of the above points, this project is evaluated to be unsatisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

The evaluation study revealed that the effect of the project has not been continued after the project completion. This is partly due to that the MHMS has failed to effectively coordinate the work among related departments and provincial level health offices under the integrated health program which is being planned after the project completion. Thus, it made it difficult for those related health departments and offices to carry out the malaria related activities in the previously established manner.

It is recommended, therefore, that the MHMS should carefully examine key factors that have made the coordination between MHMS and provincial department difficult and take possible measures to remedy the situation, so that they can take an initiative to manage the integrated program by involving all departments and health offices concerned and by gradually delegating their responsibilities.

Lessons Learned for JICA:

The subsequent JICA project has been working to develop the guidelines for the new model which would be used for currently implemented "integration of health program" that covers not only Malaria but also wider health related issues and this new guideline may result in superseding the guidelines and related documents developed by this project. However, when JICA discussed with MHMS at the time of ex-post evaluation, it was revealed that MHMS wanted JICA to focus more on this project rather than developing a new model.

JICA should take the possible measures to sustain the effect generated by the project, by discussing with the implementing agency before the end of the project. Or JICA should formulate the subsequent project by carefully examining the effective way for the implementing agency to benefit from the previous project, so that any duplication of activities should be avoided.

One of the targeted communities to which Healthy Village model was introduced and where Health Promoting Activity didn't continue, Naro in GP

Provided Video Camera which were broken and were left unused in HPD