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|--|---|--|---|
| Country Name | | Project for Integrated Rural Health Improvement | |
| Republic of Sierra Leone | | | |
| I. Project Outline | | | |
| Background | Sierra Leone was in the process of restoration from a decade of the Civil War which had destructed the most infrastructures and deprived its workforce that had been daunting in the health sector. Infant mortality ratio and under-five mortality ratio were 165 and 283 per 1,000 live births, respectively, and ranked as the worst in the world in 2004. Having gradually recovered from emergencies to the reconstruction period, the government committed to strengthening the delivery of public health services to mitigate the plight. As such, the Ministry of Health and Sanitation and JICA jointly conducted a study on the health situation in 2006-2007. As a result, it identified that strengthening of the management capacity of district health management team was an important agenda in order to increase the efficiency and effectiveness in both the delivery of health services as well as the governance of the health sector on the whole. | | |
| Objectives of the Project | <p>Through development of management capacities of the District Health Management Team (DHMT), the Peripheral Health Units (PHUs) and the District Council in Kambia District, the project aimed at strengthening the capacity to ensure the quality and equitable health service delivery, and thereby better responding to the health needs of communities in the target district.</p> <p>1. Overall Goal: The health status of people in Kambia is improved.</p> <p>Project Purpose: Quality and equitable health service delivery is strengthened by the management capacities of DHMT, PHUs and District Council in Kambia District to better address the health needs of the community</p> | | |
| Activities of the Project | <p>1. Project Site: Kambia District</p> <p>2. Main Activities: (1) Management capacity training for DHMT, (2) Improvement and rehabilitation of office environment for DHMT and PHUs, (3) Strengthening comprehensive supportive supervision, (4) Strengthening PHU reporting system, (5) Strengthening comprehensive District Health Planning system, (6) Improvement in coordinating function of DHMT with stakeholders.</p> <p>3. Inputs (to carry out above activities)</p> | | |
| | Japanese Side | | Sierra Leonean Side |
| | <p>1) Experts: 9 persons</p> <p>2) Trainees received: 4 persons</p> <p>3) Equipment: PCs, Printers, Medical equipment, Motorbikes, Spare parts for Solar Fridge, Three Vehicles etc.</p> | | <p>1) Staff allocated: 23 persons</p> <p>2) Provision of space (Project office, Resource Center for training venue)</p> |
| Project Period | May 2008 – May 2011 | Project Cost | (ex-ante) 176million yen, (actual) 291million yen |
| Implementing Agency | District Health Management Team of Kambia District (DHMT), Ministry of Health and Sanitation (MOHS) | | |
| Cooperation Agency in Japan | - | | |
| II. Result of the Evaluation | | | |
| <Constraints on Evaluation> | | | |
| [Limited availability of comparable data/information] | | | |
| High-ranking officials of the MOHS were arrested on a charge of misuse of funds in 2012. Under investigation, official documents including the database of the District Health Information System (DHIS) –a linchpin to verify the achievement of the Overall Goal in the context of the ex-post evaluation-- were confiscated and they have never been available ever since. | | | |
| [Shuffled health system after going through the large-scale intervention on the Ebola pandemic] ¹ | | | |
| After the containment of the Ebola pandemic, large-scale external support was vested to reform the health sector as the Ebola Recovery Program. Under the newly introduced system, the District Health Planning in the project scope has been obsolete as the official planning mechanism was changed to rather centralized planning in terms of the health sector. | | | |
| < Special Perspectives Considered in the Ex-Post Evaluation > | | | |
| [Limited causal relation between the Project Purpose and the Overall Goal as well as the verifiable indicators] | | | |
| There are logical problems between the narrative summaries of the Project Purpose and the Overall Goals as well as their verifiable indicators in the original Project Design Matrix (PDM) as follows. | | | |
| ➤ Logical inconsistency between the Project Purpose and its verifiable indicators | | | |
| While the Project Purpose is “Improvement in quality and equity of the services delivered by DHMT”, the verifiable indicator for the Project Purpose is “Quality of Comprehensive District Health Plan (CDHP) is improved”, which cannot directly verify whether the quality of health services delivered by DHMT is improved or not. On the other hand, the project mainly addressed the enhancement of management capacity of DMHT. Therefore, it can be logically considered that the Project Purpose should have been conversely “the improvement of CDHP”. In effect, this ex-post evaluation thus examined how the supportive supervision by the DHMT has been improved in terms of quality and equity after the project completion and also how the DHMT utilized PHUs report/proposal to have it reflected in drafting CDHP in order to assess management capacity of DHMT which is the main project effect. | | | |
| ➤ Misplaced indicators and the alternatives for the Overall Goal | | | |
| As mentioned above, the project mainly addressed the enhancement of management capacity of DMHT while the Overall Goal is | | | |

¹ However, the management tools introduced by the project, such as the supervision checklist and PHU report, have been revised to adjust a new policy environment by ongoing JICA project for Strengthening Supportive Supervision System (ISSV Project) targeting the country-wide dissemination.

“improvement of health status of the people in the target district”, which cannot be attained by the contribution of the project without substantial improvement of health service delivery the supported by other projects. At the same time, there is no available data on the verifiable indicator of health status of the people in the target district as mentioned above. As an alternative, having assumed that the Project admittedly set up the reporting system at the PHUs, other indicators for Reproductive Child Health coverage were used to assess the achievement, as they are feasible to measure the consequences of the intended service deliveries of the PHUs serving to improve local child and maternal health status of the Project.

1 Relevance

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

The project was consistent with the development policies of Sierra Leone; “the Poverty Reduction Strategy Paper II”, “National Health Sector Strategic Plan” (NHSSP, 2010-2015) as well as the Local Councils Act of 2004. The national health policy was based on the primary health care to be pragmatized through the delivery of quality health services as stated in “the Basic Package of Essential Health Services for Sierra Leone” (BPEHS, 2010 and BPEHS, 2015-2020). The Government of Sierra Leone had addressed the fundamental importance of the well-functioning health sector in achieving its development objectives.

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

The project was consistent with Sierra Leone’s development needs. A set of those critical indicators for measuring infant, under-five children, and maternal mortality was ranked as one of the worst ones in the world. The poor health status was attributed to the prevailing heavy burden of unsolved public health issues in the country. There was no change in the needs for improving the basic health care and service delivery by the time of project completion.

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

The project was consistent with the ODA Charter of Japan and the priority area announced in the course of the TICAD process. Based on the concept of human security and humanitarian support, it was to assist the socially vulnerable in the framework of rural community development. In its priority areas, to improve the basic needs and well-being of the rural community, a range of infrastructures was planned to be provided including education, public health, water, roads, and electricity etc. To ensure the sustainability, it was intended to be combined with technical cooperation for capacity building of local people².

<Evaluation Result>

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

2 Effectiveness/Impact

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

The Project Purpose was partially achieved by the project completion. According to the terminal evaluation report and the survey results of the ex-post evaluation, as per a sole indicator of “quality of Comprehensive District Health Plan (CDHP) /Local Council Health Plan (LCHP) is improved”, it was partially achieved, although it was pointed out that the definition of management capacities was too ambiguous and thus the causality was quite inexplicit between project outputs. Therefore, from perspectives of the original meaning of the Project Purpose, it was confirmed that the project virtually enabled Kambia DHMT to improve relevant management capacities to some extent in a process of implementing “Integrated Supportive Supervision (ISSV)” where synergetic cooperation of the PHUs was predicated. As a result, the Annual District Health Plan formulated at the time of project completion had been considered well-organized in terms of the health needs of local communities although considerable challenge remained in terms of the health service delivery at the PHUs.

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

The project effects have been partially continued after the project completion. According to the survey results of the ex-post evaluation, the management capacities enhanced by the project have been maintained, as confirmed that the Kambia DHMT kept utilizing data/information obtained through the ISSV and Health Facility (HF) Reporting practice in hope of serving the health needs of the district. In the course of operations, they became more capable to coordinate with other stakeholders to take necessary actions. However, there is still room for improvement of health service delivery as identified issues and challenges at the level of PHUs remained unsolved. Regarding “quality and equitable health service delivery”, especially equitable distribution of health services was not evidently confirmed in terms of the comparison of the population per clinical staff across seven Chiefdom in Kambia District.

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

The Overall Goal has been partially achieved at the time of ex-post evaluation. According to the survey results for the ex-post evaluation, the predetermined indicators of three mortality rates (Infant, under five-year Children, Maternal) of Kambia District were not available. Moreover, due to the large-scale external support for the Ebola pandemic, a comparison of time-series data in the renewed health statistics (2012-2017) made virtually impossible and inadequate because of enhanced accuracy in surveillance and improved health facilities. Instead, although data are limited, the number of recipients of several Reproductive Child Health (RCH) services and the number of maternal deaths in Kambia District may well explicate some aspect of health situation as an alternative. The data show a steady improvement in service delivery as the number of the recipients has notably increased. It may have affected RCH positively as the number of maternal deaths has inversely decreased over the years.

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

No negative impact was confirmed.

<Evaluation Result>

In light of the above, the effectiveness/impact of the project is fair.

Achievement of Project Purpose and Overall Goal

| Aim | Indicators | Results |
|---|-----------------------------------|--|
| (Project Purpose) Quality and equitable health service delivery is strengthened by the | Quality of CDHP /LCHP is improved | Status of the Achievement: partially achieved (partially continued) (Project Completion) ● Comprehensive management capacities of DHMT were improved by the Project. |

² MOFA, ODA Databook (JP) 2007, p.531

| management capacities of DHMT, PHUs and District Council in Kambia District to better address the health needs of the communities. | | (Ex-post Evaluation) <ul style="list-style-type: none"> ● Kambia DHMT has continued using the ISSV checklist developed by the project and has tried to identify issues and challenges at the PHUs. And yet, they could not follow through the given Guideline to carry out all the ISSV activities. ● Each of the seven chiefdoms in Kambia District showed improvement in terms of the work burden of health worker over the years. However, equitable health service delivery has remained a considerable challenge. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-------|-------|--------|--------|------|------|------|---------------------------|-------|-------|-------|-------|-------|--------|---------------------------|-------|-------|-------|-------|--------|--------|--|-------|-------|-------|-------|-------|-------|-----------------------------|-------|-------|-------|-------|--------|--------|-----------------|----|-----|-----|-----|----|----|
| (Overall Goal) The health status of people in Kambia is improved. | (1) Infant mortality ratio, (2) under 5 mortality ratio, (3) maternal mortality ratio Supplementary data/information | (Ex-post Evaluation) Not verified ³ <ul style="list-style-type: none"> ● No data available. (Ex-post Evaluation) Judging from the trend of the number of maternal deaths below, the general status of maternal mortality has been improved. And the trends of the number of recipients of RCH services also suggested that the child health may be affected positively. Table 1: The number of recipients of Reproductive Child Health (RCH) services and the number of maternal deaths in Kambia District <table border="1"> <thead> <tr> <th></th> <th>2012</th> <th>2013</th> <th>2014</th> <th>2015</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Fully Immunized children*</td> <td>6,517</td> <td>7,109</td> <td>7,309</td> <td>7,679</td> <td>9,148</td> <td>10,073</td> </tr> <tr> <td>Vitamin A Supplementation</td> <td>4,432</td> <td>6,802</td> <td>8,223</td> <td>8,706</td> <td>12,553</td> <td>11,088</td> </tr> <tr> <td>Antenatal Care (ANC) coverage (4 visits)</td> <td>6,598</td> <td>7,820</td> <td>7,946</td> <td>8,048</td> <td>8,350</td> <td>8,126</td> </tr> <tr> <td>Delivery at Health Facility</td> <td>6,289</td> <td>8,004</td> <td>8,850</td> <td>9,974</td> <td>11,236</td> <td>11,052</td> </tr> <tr> <td>Maternal Deaths</td> <td>--</td> <td>197</td> <td>285</td> <td>117</td> <td>63</td> <td>44</td> </tr> </tbody> </table> Note: the fully immunized child in Sierra Leone receives BCG, OPV (4doses), DPT-HepB-Hib (3doses), Pneumococcal (3doses) Rota (2doses), IPTi (3doses), Measles, and Yellow Fever. | | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | Fully Immunized children* | 6,517 | 7,109 | 7,309 | 7,679 | 9,148 | 10,073 | Vitamin A Supplementation | 4,432 | 6,802 | 8,223 | 8,706 | 12,553 | 11,088 | Antenatal Care (ANC) coverage (4 visits) | 6,598 | 7,820 | 7,946 | 8,048 | 8,350 | 8,126 | Delivery at Health Facility | 6,289 | 8,004 | 8,850 | 9,974 | 11,236 | 11,052 | Maternal Deaths | -- | 197 | 285 | 117 | 63 | 44 |
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| Fully Immunized children* | 6,517 | 7,109 | 7,309 | 7,679 | 9,148 | 10,073 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Source : Sierra Leone Health Information Management System (HIMS)

3 Efficiency

Although the project period was as planned, the project cost exceeded the plan (ratio against the plan: 167%) due to the inappropriate projection of required resources for the initial project scope. The outputs were produced as planned.

The efficiency of the project is fair.

4 Sustainability

<Policy Aspect>

Promotion of the management capacity of the DHMT has remained fundamentally important in the national policy of the Government of Sierra Leone. Going through the Ebola pandemic, a major public health crisis in recent year, it has very much reinforced the notion as the “Health Sector Recovery Plan” (2015-2020) and “Human Resources for Health Strategy” (2017-2021) have emphasized the capacity to effectively mobilize the national health workforce through the integrated planning, management, and monitoring as the ISSV both at the central and district level. At the district level, in particular, all the capacity building efforts have been to be prioritized in order to facilitate the implementation of the BPEHS (2015-2020) to promote the health service delivery for local communities.

<Institutional Aspect>

The roles and responsibility of MOHS, Kambia DHMT have not been changed. Although limited and insufficient in manpower, MOHS has been responsible for the formulation of health policies and advisory function for policy-makers on the health sector. The Kambia DHMT has had a substantial role to play in the context of the ISSV to work with hands-on service providers, PHUs and secondary hospitals. The number of Kambia DHMT staff has been increased from 20 to 33, in line with the new sectoral direction as above. However, according to the survey results, only one focal person has been assigned to each specific area of public health that does not suffice to cover all. Thus, it was deemed that it remained insufficient in terms of manpower at the DHMT. For 67PHUs in Kambia District, it has been seriously understaffed in order to provide quality health services for local people. Under a severe budgetary constraint, there were more volunteers (254) than staff on the payroll (179).

Moreover JICA has been implementing the ISSV Project since 2013, through this project MOHS formulated ISSV implementation systematic structure both central and district levels in order to support and effectively implement ISSV at district at District Level. This help Kambia DHMT to have proper support from MOHS and District Council for ISSV.

<Technical Aspect>

According to the survey results, they perceived that all the required skills at each level were considered insufficient, although various training and technical assistance have been provided by development partners that have enabled to improve the capacities more than ever. The management tools by the project were still used and modified by the DHMT. However, there was a concern in the DHMT that any training mechanism such as periodic refresher training, has not been established to retain the necessary skills to conduct the ISSV. And all the training has not been systemically programmed to build a career path to be incentivized and conducted only on an ad-hoc basis.

But in terms of ISSV aspect MOHS National Facilitators providing technical training to improve the capacity of DHMT on Project Cycle Management (PCM), utilization of Action Plan Management Matrix (APMM), supervision communication skills and technical knowledge of

3 Demographic Health Survey (DHS) conducted by the WHO in 2008 and 2013. The data are considered relatively reliable, but inadequate to measure the achievement status of the project.

health issues.

<Financial Aspect>

As the Government of Sierra Leone has highly depended on the external support to implement health promotion related activities, it has been vulnerable in terms of own funding mechanism. MOHS has had to manage to confine the scope of the actual implementation to be disbursed only 30-40% of the given budgetary ceiling as anticipated the lesser amount of revenue, although the annual budget has been allocated for health service delivery as 97,686 million Sierra Leonean Leon (SLL) (the fiscal year of 2015), 88,215 million SLL (FY2016), 89,572 mil SLL (FY2017), 116,522 mil SLL (FY2018). Despite that the need of healthcare service delivery has been reinforced more than ever, under the current public finance, MOHS has difficulty in funding any ISSV training programs for the DHMT to retain the capacity and skills even though they have been fully aware of the necessity, and therefore MOHS negotiated World Bank to utilize WB Health System Strengthening Project budget to conduct ISSV cycle and capacity building training. So meanwhile MOHS can continue conduct ISSV cycle. It is not ideal solution to sustain activities by external budget, but considering about the country financial situation, we should appreciate the best efforts of MOHS to solve financial aspect.

<Evaluation Result>

Therefore, the sustainability of the effects through the project is fair.

5 Summary of the Evaluation

The project partially achieved regarding the Project Purpose and the Overall Goal as the capacities being enhanced may have positively affected RCH in Kambia District. As for sustainability, institutionally understaffed to perform each duty and technically challenging to retain the skillset. Also, the necessary budget has not been sufficiently secured for training to conduct the ISSV. As for the efficiency, the project cost exceeded the plan.

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

III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

- (1) To maintain the project effect to the extent to ensure the improvement of health status of Kambia population, MOHS, as well as Kambia DHMT, should independently seek financial support from interested Development Partners (DPs) as the Government of Sierra Leone has been suffering from a chronic budget deficit. However, while DPs incline to design and implement their project on their own firsthand investigation and framework, to convince such partners to constructively collaborate on a basis of a competitive advantage, MOHS and Kambia DHMT need to approach DPs with their project proposal and implementation framework based on empirical data and evidence compiled by the regular ISSV cycle established in the ongoing technical assistance project.
- (2) For the next step, inasmuch as MOHS is supposed to implement and operationalize their own proposed activities for public health promotion by using external finance and/or any donor funding instruments (e.g. general budget support), it must be accompanied by thorough accountability. So far, MOHS has established the Integrated Health Partners Account Unit (IHPAU) for the very purpose on the use of funds, yet, it has not been fully functional and streamlined to fund priority projects on a timely basis as mandated. MOHS should identify the institutional bottleneck together with the Ministry of Finance and prepare countermeasures in mobilizing and incentivizing staff to satisfy requirements for receiving external funds.

Lessons Learned for JICA:

Although the introduced approach was much needed and pertinent, the project design was not appropriate particularly on the expected outcome of the project that may have devalued the contribution of the project. The management capacity of the DHMT should have been merely one factor to improve health service readiness in part among all other factors in the health system. Further, it should be noted that the health service readiness alone cannot improve the health status of the population without overall improvement of accessibility to qualified health facilities by other interventions. In order to avoid such misconception and logical failure, a project formulation team should have conducted a detailed study and thoroughly communicated with the stakeholders to agree on what they all can realistically expect from the project activities as objectives. Also, it should strengthen the document review process and internal evaluation exercises preferably with the third-party experts. In the case that logic of the project and/or indicator(s) is found inappropriate in a given recipient country, such as this project, it should expedite to remediate the project design during the project period at the earliest possible occasion of the Joint Coordination Committee (JCC).



Kamgbew Maternal and Child Health Post (MCHP)



Filed Integrated Supportive Supervision (ISSV) documents at the Monitoring & Evaluation office, Kambia District Health Management Team (DHMT)